

EJIF Municipal Inspection Checklist

Municipality Name: _____

Administrator/Clerk: _____

Primary DPW Contact: _____ Title: _____

DPW Physical Address: _____

DPW Mailing Address: _____

Telephone: _____ Fax: _____

E-mail address(es): _____

Number of facilities that Municipality operates:

DPW/ Maintenance Garage Recycling Depot Shooting Range
 Sewage Treatment Plants Water Treatment Plants Collection/Distribution Systems
 Wells/Pump/Lift Stations Marinas Other: _____

Has the Municipality acquired any additional properties/facilities in the past year? Y N Unknown (Indicate in Notes)

Is EJIF Poster posted in DPW or in accordance with emergency procedures? Y N

SECTION I – USTs

1. How many active USTs are listed in the database? _____ New? _____ Removed since last inspection? _____	YES	NO	N/A	POINT DEDUCTION
2. Has the inspector confirmed UST information from the EJIF Municipality database with the Municipal Representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is each UST registered with NJDEP? If no, list: _____ (Heating Oil USTs are regulated when a facility's aggregate HO volume exceeds 2,000 gallons.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Have all unregulated Heating Oil USTs older than 15 years passed an integrity test within the past year? (If No, -2 points) Date of last test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Does each facility have a Release Response Plan? (If No, -5 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Does each UST facility have a NJDEP licensed A, B, and C Operator? (If No, -10 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are records present for monthly Release Detection Monitoring (RDM) tests? (If No, -2 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Are all systems indicated to be functioning properly? (If No, -10 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<ul style="list-style-type: none"> • Date of last Annual RDM system test (if not tested, -5 points) – Tank(s) _____ Piping _____ • Date of last Annual Spill Bucket Tightness test (if not tested, -5 points) _____ • Date of last CP test – Tank(s) _____ Piping _____ 				
9. Is an overfill alarm audible and/or visible from the filling area, or is a flow-restrictor present? (Not applicable for USTs receiving less than 25 gallons per drop) (If No, -2 points)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are records present for monthly sump, spill bucket and pre-delivery inspections? (Not applicable for USTs receiving less than 25 gallons per drop) (If No or if a spill bucket is not present, -2 pts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Are all fill ports marked according to API #1637? Unmarked ports: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Has the facility been inspected by the NJDEP/County within the past year? If so, have any deficiencies or Notices of Violations been issued for areas of noncompliance? (If yes, please obtain copy of inspection report.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUBTOTAL _____

SECTION II – ASTs

1. How many active ASTs are listed in the database? _____ New? _____ Removed since last inspection? _____
2. Has the inspector confirmed AST information from the EJIF Municipality database with the Municipal Representative? YES NO N/A POINT DEDUCTION

3. Does each tank have secondary containment?
4. Does each tank have external protection?
5. Does the facility regularly inspect the tanks, piping, sumps, hoses, spill buckets and secondary containment?
6. Are there any leaks, drips or spills associated with any AST? (-5 points) _____
7. Are there any underground pipes associated with any AST? (If no testing, -5 pts) _____
- Date of last RDM test: _____
 - Date of last CP test: _____

SECTION III – SPCC

1. Does any facility have a total aboveground oil storage capacity >1,320 gallons? YES NO
2. Could local surface waters, wetlands, dry stream beds, or storm water systems potentially be affected by a spill from oil storage at that/those facility(ies)? YES NO
- If the answers were "YES" in No.1 and No. 2, this facility is subject to SPCC regulation.*

Please list each facility subject to SPCC:

Facility	Total Facility Capacity	Potentially Impacted Navigable Waters	Distance from Conduit to Nearest Source	SPCC Plan Available?	
				Y	N
				Y	N
				Y	N
				Y	N

3. Has an SPCC Plan been implemented for each facility, including: (If no, -5 pts) YES NO N/A POINT DEDUCTION
- a. Secondary containment/Site improvements _____
- b. Overfill protection?
- c. Spill protection?
- d. Annual SPCC training?
4. Has this facility had any spill incidents reported to NJDEP in the past year?
- Does the municipality have arrangements with a Spill Response Contractor?
- Does the municipality have arrangements with Local Emergency Response?

SECTION IV – MAINTENANCE

1. Is salt stored in a permanent structure that is walled and roofed with an impermeable floor, or a steel-framed fabric structure with a door? (If no, -5 pts) YES NO N/A POINT DEDUCTION

2. Any derelict/abandoned vehicles? _____
If less than 5 vehicles, -2 points
If 5 or more vehicles, -5 points
3. Evidence of vehicle fluid leakage outside?(If yes, -5 points) _____
 Explain: _____

SUBTOTAL _____

SECTION V – NJPDES

A. POINT SOURCE

- | | YES | NO | N/A | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Does this facility have any functioning floor drains? <i>(If Yes, -1 point)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| 2. Does this facility have an Oil-Water Separator? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Is the separator cleaned/maintained on a regular basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. When was the last time it was cleaned/maintained? _____ | | | | |
| 5. Where does the Oil-Water Separator/Floor drains ultimately discharge? | | | | |

Check all that Apply

- | | WATER | OIL | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> Discharge to POTW <i>(If discharge not permitted, -5 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Discharge to Storm / Surface Water <i>(If discharge not permitted, -15 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Discharge to Groundwater / Dry Well <i>(If discharge not permitted, -30 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Oil Water Separator (Oil reservoir within unit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Storage Tank (AST or UST) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- | | YES | No | N/A | |
|--|--------------------------|--------------------------|-----|-------|
| 6. Is there any history of septic system use at this facility?
If so, when? _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. If present, is the following unpermitted discharge directed to the environment?
<input type="checkbox"/> Air Compressor Blowdown <i>(If yes, - 2 points)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |

B. NON-POINT SOURCE

- | | YES | No | N/A | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 8. Does this facility have any storm drains?
<i>(If storm drains are located within 25 ft of any petroleum or hazardous chemical storage, -10 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | | _____ |
| 9. Do vehicle washwaters from this facility discharge to the environment?
<i>(If Yes, -5 points) Describe: _____</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Are any dumpsters/roll-offs leaking <i>(-5 pts)</i> or exposed to precipitation? <i>(-2 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Does the facility annually update its Stormwater Pollution Prevention Plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Are the municipality's SPPP and SMP posted on the municipal website? <i>(-2 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13. Has training been presented to, and documented for, the following: | | | | |
| a. Municipal Employees (annual) <i>(-2 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Governing Body members (once per elected term) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Is the facility implementing each of the SPPP-required SOPs: | | | | |
| a. Fueling Operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Vehicle Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Good Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Is aggregate material and construction debris stored in accordance with
Attachment E of the Municipal Stormwater permit? <i>(-2 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16. Has a copy (in any format) of the municipality's stormwater Outfall Map been
provided to the NJDEP by January 1, 2019? <i>(-2 pts)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| a. Provided electronically by December 21, 2020? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SUBTOTAL _____

SECTION VI – ROAD WASTE

Yes No POINT DEDUCTION

- 1. Does this facility generate road waste from street sweeping or stormwater / sanitary system maintenance? Yes No
- 2. How is the material stored prior to disposal? (check all that apply) Covered Uncovered
 Impervious Ground Pervious Ground Roll-Off Container/Dumpster
- 3. Does the municipality track how much road waste material is generated on a monthly basis? Yes No
- 4. How does the municipality dispose of the road waste:
 Landfill Re-use (describe: _____)
 Outside Contractor Other (describe: _____)
- 5. How does the municipality dispose of liquid waste generated from road waste & stormwater inlet cleaning operations?
 Discharged to stormwater system (-3pts) Discharged to POTW
 Discharged to soil / groundwater (-3pts) Contained on drying pad
 Disposed of off site

SECTION VII – WASTE MANAGEMENT

INSIDE/COVERED OUTSIDE NO POINT DEDUCTION

- 1. Waste Paint & Finishes (If stored incorrectly, -2 points) INSIDE/COVERED OUTSIDE NO _____
- 2. Used Tires (If stored incorrectly, -2 points) INSIDE/COVERED OUTSIDE NO _____
- 3. Contaminated Absorbent (If stored incorrectly, -2 points) INSIDE/COVERED OUTSIDE NO _____
- 4. Universal Wastes
 Used Lead Acid Batteries (If stored incorrectly / evidence of staining, -2 pts) INSIDE/COVERED OUTSIDE NO _____
 Waste Lamps (Fluorescents) INSIDE/COVERED OUTSIDE NO _____
 Computers and Electronics INSIDE/COVERED OUTSIDE NO _____

SECTION VIII – CONTAINER MANAGEMENT

YES NO N/A

- 1. Are stored compressed gas cylinders on cart or secured, capped and separated properly? (If No, -3 pts) YES NO N/A _____
- 1. Any Drum Storage? How many? _____ Size? _____
 Drum locations? _____ YES NO N/A _____
- 2. Evidence of fluid leakage from drums? (If yes, -5 points) YES NO N/A _____
- 3. Any unlabeled drums or drums w/unknown contents?
 1-5 drums (-5 pts) 6-10 drums (-10 pts) 11 or more (-15 pts) YES NO N/A _____
- 4. Are there any unprotected storage of petroleum or hazardous chemicals within:
 5 feet of a floor drain (-10 points) YES NO N/A _____
 10 feet of a floor drain (-2 points) YES NO N/A _____
- 5. Is outside drum storage properly managed? (If no, -5 points) YES NO N/A _____
- 6. Is a spill kit available to all potential spill sources, including:
 a. Aboveground storage tanks and fueling areas (If No, -2 points) YES NO N/A _____
 b. Drums and maintenance areas (If No, -2 points) YES NO N/A _____
 c. On vehicles with hydraulic lines (recommended) YES NO N/A _____

SUBTOTAL _____

SECTION IX – AIR EMISSIONS

1. Are there any **boilers/heaters** within the municipality rated at 1,000,000 BTU/hr or greater? YES NO
2. Are there any **emergency generators** rated at 1,000,000 BTU/hr or greater?

List each regulated boiler/heater/emergency generator that is not in the database or does not have a valid air permit:

TYPE OF COMBUSTION UNIT (B/H/EG)	FACILITY/LOCATION	MAKE & MODEL	RATING (kW OR BTU/HR)	FUEL TYPE	HAS REQUIRED PERMIT?		PERMIT NO. & EXPIRATION DATE	IS PERMIT POSTED BY UNIT?	
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N
					Y	N		Y	N

4. Is the municipality maintaining proper operational records regarding during testing and maintenance of emergency generators with a power output of 37kW or greater? YES NO N/A
5. Are there any **gasoline storage tanks** containing 2,000 gallons or greater?

List each regulated gasoline tank that is not in the database or does not have a valid air permit:

FACILITY/LOCATION	MAKE & MODEL	AST OR UST SYSTEM	SIZE (GALLONS)	PERMIT NO. & EXPIRATION DATE

6. Are there any **parts washers** that are subject to air permitting* or operating rules**?

*An Air Permit is required when the open-top measures more than 6 square feet -OR- the solvent storage capacity is more than 100 gallons
 **Operating Rules apply when the Cold-Solvent Parts Cleaner stores 2 gallons or more of solvent

SECTION X – WATER AND SEWER

Yes No LOCATION POINT DEDUCTION

1. Is this municipality responsible for their own:
 - Water Department? _____
 - Water Treatment Plant? _____
 - Sewer Department? _____
 - Wastewater Treatment Plant? _____
2. Has there been any infrastructure added or heavily modified within the last 5 years? _____
3. What percentage of the system is pressurized? _____
4. How many wells, pump, or lift stations does this municipality own/operate? _____
5. How many of these facilities have emergency generators? _____
6. How many of these facilities have ASTs or USTs? _____
7. Do you have an emergency response plan detailing the procedures for handling an emergency if any of the lift/pump stations fail? (If No, -5 points) _____

SECTION XI – RECYCLING

Yes No

1. Does the municipality own or operate a Recycling Depot?
 If Yes, please indicate address: _____

2. Indicate which of the following materials are accepted at this depot:

- | | | |
|---|---|--|
| <input type="checkbox"/> Plastic Containers | <input type="checkbox"/> Appliances (White Goods) | <input type="checkbox"/> Leaves and Brush |
| <input type="checkbox"/> Steel Containers | <input type="checkbox"/> Electronic Components | <input type="checkbox"/> Grass Clippings |
| <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Tires | <input type="checkbox"/> Propane Canisters |
| <input type="checkbox"/> Other Aluminum Scrap | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Clothing/Textiles |
| <input type="checkbox"/> Glass Containers | <input type="checkbox"/> Used Antifreeze | |
| <input type="checkbox"/> Other Glass | <input type="checkbox"/> Paper, Mail, Magazines, Cardboard, Newspaper | |
| <input type="checkbox"/> Metal Scrap | <input type="checkbox"/> Other (please list): _____ | |

Yes No N/A

3. Is the Recycling Depot approved for coverage on the database report?
 (Please review with the municipal representative)

Please check all of the following deficiencies that apply to the Recycling Depot:

1.	Improper acceptance or management of tires, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)5;
2.	Improper acceptance or management of Class B recyclable materials, contrary to the requirements of N.J.A.C. 7:26A-1.4(a)8;
3.	Waste oil collection and storage procedures insufficient to reduce the potential of environmental contamination resulting from spillage;
4.	Acceptance of hazardous wastes at the recycling center, contrary to the requirements of N.J.A.C. 7:26A-4.1(a)5;
5.	Improper acceptance or management of tree branches, tree limbs, and brush, contrary to the requirements of N.J.A.C. 7:26A-1.4 (a)3;
6.	Lead acid battery storage procedures insufficient to reduce the potential of environmental contamination due to battery leakage;
7.	Discarded appliance handling procedures insufficient to reduce the potential of environmental contamination due to the release of chlorofluorocarbon (CFC) based refrigerants;
8.	Insufficient site access controls or site supervision to prevent the drop-off of hazardous or otherwise prohibited waste materials at the recycling center.

Yes No N/A

4. If a deficiency exists in items 1, 3, 4 or 6 above, does the inspector recommend continued coverage for this facility?

Yes No N/A

5. Does this municipality have a composting or transfer operation?

If yes, please indicate address _____

6. If yes, does this municipality have an Exemption or General Approval issued by the NJDEP to operate the facility? Permit # _____ Exp. _____

SUBTOTAL _____

INSPECTION SUMMARY

Subtotal page 1 = _____

Subtotal page 2 = _____

Subtotal page 3 = _____

Subtotal page 4 = _____

Subtotal page 7 = _____

100

-- _____ (Total Point Deduction)

FINAL SCORE:

Total Point Deduction = _____

EJIF INSPECTOR: _____

DATE OF INSPECTION: _____

Please note this checklist is intended to be a summary of targeted environmental concerns. It does not include all potentially applicable USEPA or NJDEP requirements. If you have questions related to compliance with environmental regulations, please contact FE.

MUNICIPAL REPRESENTATIVE NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

INSPECTOR NOTES:
