NPDES Compliance Inspection Manual

Appendix J



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Appendix J – Inspection Conclusion Data Summary (ICDS)

EPA MANUAL INSPECTION CONCLUSION DATA SHEET (ICDS) FORM

1. Region: Facility Name/Location:
2. General Facility Permit ID or Media-Specific Permit ID number (e.g. NPDES permit #):
3. SIC (4-digit): □□□□□ OR NAICS Code (5-digit) : □□□□□
4. Date of Inspection: (mm/dd/yyyy)
5. Media Type (check one only) CAA-Stationary □ CWA-NPDES □ GLP □ TSCA Lead Paint □ CAA 112r □ CAA-Mobile Sources □ RCRA □ UST □ TSCA core, PCBs, asbestos □
6. Deficiencies: Did you observe deficiencies during inspection? Yes □ No □ [N/A is not allowed] a. If YES, go to #7 b. If NO, go to #9
7. If YES: Did you communicate the deficiencies to the facility during the inspection? Yes \square No \square
8. Actions Taken: Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated? Yes \(\sqrt{NO} \) No \(\sqrt{N/A} \) is not allowed\(\) a. If NO, go to #9 b. If YES, check the action(s) taken, or describe any other actions taken. (Check all that apply)
Action(s) taken Verified compliance with previously issued enforcement action -part or all conditions Corrected recordkeeping deficiencies Corrected monitoring deficiencies Completed a notification or a report Requested a permit application Implemented new or improved management practices or procedures Improved pollutant identification (e.g., labeling, manifesting, storage, etc.) Reduced pollution (e.g., use reduction, industrial process change, emissions or discharge change, etc.). Specify the pollutant(s) reduced only if this action is checked.
Water: Ammonia □ BOD □ COD □ TSS □ O/G □ TC □ DO □ Metals □ CN □
Air: NOx □ SO2 □ PM □ VOC □ Metals □ HAPs □ CO □
List other actions observed or other pollutants reduced:
9. Assistance: Did you provide <i>general</i> assistance based on national policy? Yes ☐ No ☐ Did you provide <i>site-specific</i> assistance based on national policy? Yes ☐ No ☐ Note: EPA inspectors are not required to provide compliance assistance.
Optional Information: Describe actions taken or assistance provided to assist the facility.