



# Small Business and Local Government Assistance

## Foundry Compliance Checklist

This checklist is for guidance purposes only. It is not a substitute for the rules and regulations. The Small Business and Local Government Assistance (SBLGA) program is separate from the Office of Compliance and Enforcement (OCE) of the Texas Commission on Environmental Quality (TCEQ). Contact SBLGA on its toll-free hotline 800-447-2827 or visit the SBLGA website <www.texasenvirohelp.org>.

**Company Information**    \_\_\_ 1st visit    \_\_\_ 2nd visit    \_\_\_ C2 Renewal Site Visit Date: \_\_\_\_\_

|                             |                      |                         |                      |
|-----------------------------|----------------------|-------------------------|----------------------|
| <b>Company Name</b>         | <input type="text"/> | <b>Facility Contact</b> | <input type="text"/> |
| <b>Mailing Address</b>      | <input type="text"/> | <b>Physical Address</b> | <input type="text"/> |
|                             | <input type="text"/> |                         | <input type="text"/> |
|                             | <input type="text"/> |                         | <input type="text"/> |
|                             | <input type="text"/> | <b>County</b>           | <input type="text"/> |
| <b>Owner's Name</b>         | <input type="text"/> | <b>Business Phone</b>   | <input type="text"/> |
| <b>Date of Construction</b> | <input type="text"/> | <b>Primary SIC</b>      | <input type="text"/> |
| <b>Start of Operation</b>   | <input type="text"/> | <b>Secondary SIC</b>    | <input type="text"/> |
| <b>Latitude</b>             | <input type="text"/> | <b>Longitude</b>        | <input type="text"/> |
| <b>RN/CN</b>                | <input type="text"/> | <b>Facility ID</b>      | <input type="text"/> |

**Important Notes:**

•Compliance-related questions are denoted with an asterisk (\*). Answering "no" to a question with an asterisk may mean the facility is out of compliance with state or federal environmental rules.

•Have there been any process changes since the last site visit?\*

\*If yes, explain the changes and include the date of changes in the comments

### Air Regulations (30 TAC 116.119) – De Minimis Status

| Rule Citation         | Question   | Yes                                 | No                                  | N/A                                 |
|-----------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 116.119        | Does this facility claim De Minimis status?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 116.119        | In order to claim De Minimis, you must answer yes to either (a) and (b), or (c).   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 116.119(a)(2)  | *a. Does the facility meet the material usage limits?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119(a)(2)  | *b. Does the facility maintain records demonstrating compliance with the usage limits?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119 (a)(1) | *c. Or, are sources at the facility claimed as De Minimis included on the "De Minimis Facilities and Sources" list?<br><a href="http://www.tceq.state.tx.us/permitting/air/guidance/newsourcereview/list-of-de-minimis-facilities.html">Http://www.tceq.state.tx.us/permitting/air/guidance/newsourcereview/list-of-de-minimis-facilities.html</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 116.119 (b)    | If the facility is claiming De Minimis, this status could be revoked if the facility is in violation of any agency rule.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

### Air Regulations (30 TAC 106) – Permits by Rule

| Rule Citation  | Question  | Yes                                 | No                                  | N/A                                 |
|----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 106     | Does the facility claim a Permit by Rule (PBR)? If yes:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 106     | Does the facility meet all requirements of Permits by Rule (PBR) claimed?                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 106.144 | *Bulk Mineral Handling  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.221 | *Extrusion Press  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.227 | *Soldering, Brazing, Welding  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.261 | *Facilities Emissions Limitations   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.262 | *Facilities (Emission and Distance Limitations)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.265 | *Hand-held and Manually Operated Machines   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.311 | *Crucible Pot Furnace   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.313 | *Tumblers for Cleaning or Deburring Metal   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.314 | *Shell Core and Mold Machines   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.315 | *Sand or Investment Molds   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.316 | *Metal Inspection   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.317 | *Miscellaneous Metal Equipment  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.318 | *Die Casting Machines   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.319 | *Foundry Sand Mold Forming Equipment  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.320 | *Miscellaneous Metallic Treatment   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.321 | *Metal Melting and Holding Furnace  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.433 | *Surface Coating Facilities   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.452 | *Dry Abrasive Cleaning  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.512 | *Stationary Engines and Turbines  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106     | *Other/Previous PBRs: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106     | *Other/Previous PBRs: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106     | *Other/Previous PBRs: _____   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.4   | Does the facility meet the requirements in 30 TAC 106.4?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.8   | *Does the facility maintain records that demonstrate compliance as required by 30 TAC 106.8 for all PBRs? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If the facility operates under PBR 106.311, does the facility meet the following requirement:**

| Rule Citation  | Question  | Yes                      | No                       | N/A                      |
|----------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 106.311 | *If the facility operates under PBR 106.311 does the crucible or furnace contain less than 450 cubic inches of any molten metal at all times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If the facility operates under PBR 106.321, does the facility meet the following requirements: For ferrous and non-ferrous metals:**

| Rule Citation        | Question  | Yes                                 | No                                  | N/A                                 |
|----------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
|                      | Are the following statements true ("yes") or false ("no") for the facility?   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 106.321(1)    | *i. The holding capacity of the crucible, pot or induction furnace is not more than 1,000 lbs.                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                      | *ii. No smelting, reduction, sweating, metal separation, refining, or distillation operations are being conducted.      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.321(2)    | *iii. The holding capacity of aluminum melting or holding furnaces is not more than 2,000 lbs.                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.321(2)    | *iv. The facility melts only clean aluminum ingots or pigs.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.321(2)    | *v. No refining, smelting, metal separation, sweating, distilling, or fluxing with chlorine bearing gases is performed. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 106.321(1)(D) | *vi. No lead, leaded brass, leaded bronze and/or manganese bronze is melted, poured or held in a molten state.          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If the facility operates under PBR 106.321, does the facility meet the following requirements: For ferrous metals only:**

| Rule Citation            | Question  | Yes                      | No                       | N/A                      |
|--------------------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 106.321(1)(B)(i)  | *i. When ductile iron is produced are all emissions captured by a vent hood and filtered, or visible emissions excluded by a crucible which contains a lid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(B)(ii) | *ii. Is the furnace charge free of oil and grease and/or paint?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If the facility operates under PBR 106.321, does the facility meet the following requirements: For Non-ferrous metals only:**

| Rule Citation             | Question  | Yes                      | No                       | N/A                      |
|---------------------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 106.321(1)(C)      | Are the following metals exclusively melted, poured, or held in a molten state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(C)(i)   | *i. Aluminum or any alloy containing over 50% aluminum                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(C)(ii)  | *ii. Magnesium or any alloy containing over 50% magnesium                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(C)(iii) | *iii. Tin or any alloy containing over 50% tin                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(C)(iv)  | *iv. Zinc or any alloy containing over 50% zinc                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 106.321(1)(C)(v)   | *v. Copper, brass, bronze or precious metals.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Air Regulations (30 TAC 101) – Emission, Maintenance, Start-up, Shutdown**

| Rule Citation                    | Question   | Yes                      | No                       | N/A                      |
|----------------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 101.201                   | *Does the facility track all reportable and non-reportable emission events and report them to TCEQ by March 31 of each year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.211                   | *Does the facility track all reportable and non-reportable scheduled maintenance, start-up, and shut-down activities and report them to TCEQ by March 31 of each year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.10                    | Is the facility required to submit an annual emissions inventory?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 101.201(b),<br>101.211(b) | *Are these records maintained for a minimum of 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations

| Rule Citation | Question   | Yes                      | No                       | N/A                      |
|---------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 101.4  | *Does the facility avoid being a nuisance (noise, dust, odor, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations (30 TAC 116) – Permits

| Rule Citation | Question   | Yes                      | No                       | N/A                      |
|---------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 116    | *Does this facility have an air permit? If yes, Permit No. _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 116    | *If yes: Does the facility comply with all permit conditions? (Use comments section) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations (30 TAC 115) – In addition to any other requirements, coating, solvent using, and degreasing processes in the following counties must meet the requirements outlined in this section.

| Rule Citation                            | Question   | Yes                      | No                       | N/A                                 |
|--|--|--------------------------|--------------------------|-------------------------------------|
|  | Is the facility located in the Dallas/Ft. Worth Area (Johnson, Kaufman, Parker, Rockwall, Collin, Denton, Dallas, Tarrant, Ellis counties)?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | Is the facility located in the Houston/Galveston Area (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, Waller counties)?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | Is the facility located in the Beaumont/Port Arthur Area (Hardin, Orange, Jefferson counties)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | Is the facility located in any of the following counties (Bastrop, Bexar, Caldwell, Comal, El Paso, Gregg, Guadalupe, Hays, Nueces, Travis, Victoria, Williamson, Wilson)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 115                               | *If yes to any of the above, does the facility comply with applicable 30 TAC Chapter 115 requirements? (Control of Air Pollution from Volatile Organic Compounds)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|  | Does the facility have a degreaser? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 115.412,<br>115.413, 115.417      | *a. Does the degreaser meet the control requirements in 30 TAC 115.412 or 115.413?<br>*An exemption in 30 TAC 115.417 may apply*   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 115.415                           | *b. Are the required tests being conducted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 115.416                           | *c. Are records of maintenance of control equipment and test results being kept for at least two years?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 115                               | Does this facility have any other processes, activities, or equipment subject to 30 TAC Chapter 115 rules? These include, but are not limited to:                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 115<br>Subchapter B<br>Division 1 | a. Storage of volatile organic compounds (VOCs);   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

|  |   |                          |                          |                          |
|--|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 115<br>Subchapter B<br>Division 3 | b. VOC water separation;                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 115<br>Subchapter B<br>Division 4 | c. Industrial wastewater containing VOCs; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 115<br>Subchapter B<br>Division 6 | d. Batch Process;                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Air Regulations (30 TAC 117) – In addition to other requirements, facilities located in the counties in the Dallas/Fort Worth Area or Houston/Galveston/Brazoria Area Ozone Nonattainment Area listed above must meet the requirements in this section.**

| Rule Citation  | Question   | Yes                      | No                       | N/A                                 |
|--|--|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 117.10(29)  | Is the facility a major source of NOx? If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 117<br>Subchapter B                                     | *a. Is the facility compliant with all applicable parts of 30 TAC Chapter 117 Subchapter B?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117<br>Subchapter D                                     | Is the facility a minor source of NOx, operating a stationary internal combustion engine? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 117.2103  | *a. If located in DFW area, is the facility meeting an exemption listed in 30 TAC 117.2103? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2103(c),<br>117.2135(e),<br>117.2145(b) and (c)     | *b. Does the facility have records showing compliance with the exemption and 30 TAC 117.2103(c), 117.2135(e), and 117.2145(b) and (c)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2003  | *c. If located in HGB area, is the facility meeting an exemption listed in 30 TAC 117.2003? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117.2030(c),<br>117.2035(e), and<br>117.2045(b) and (c) | *d. Does the facility have records showing compliance with the exemption and 30 TAC 117.2030(c), 117.2035(e), and 117.2045(b) and (c)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 117<br>Subchapter D                                     | *If the facility is not meeting an exemption, does the engine meet the associated emission specification and does the facility comply with the applicable operational, testing, reporting and recordkeeping requirement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**Air Regulations (30 TAC 122) – Federal Operating Permit**

| Rule Citation     | Question   | Yes                      | No                       | N/A                                 |
|-------------------|--|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 122.10(13) | Is the facility a major source?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 122.120    | *If yes, does the facility have a federal operating permit? If yes, operating permit number: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**Air Regulations (30 TAC 113 and 40 CFR Parts 60, 61, and 63 Requirements) – Federal Requirements**

| Rule Citation                                  | Question  | Yes                      | No                       | N/A                      |
|--|---|--------------------------|--------------------------|--------------------------|
| 30 TAC Chapter 113, 40 CFR Part 61 and Part 63 | *If the facility is a source of hazardous air pollutants (HAPs), do they comply with applicable National Emission Standards for Hazardous Air Pollutants (NESHAP)? For more information on NESHAPs, visit the EPA's Web page at <a href="http://epa.gov/ttn/atw/mactfnla">http://epa.gov/ttn/atw/mactfnla</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC Chapter 113, 40 CFR Part 63             | *Does the facility comply with any applicable 30 TAC 113 requirements? (Standards of Performance for HAPs)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR PART 60                                 | *Does the facility comply with any applicable New Source Performance Standards (NSPS)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations (40 CFR Part 63, Subpart T) – Solvent Cleaning and Degreasing Operations

| Rule Citation            | Question   | Yes                      | No                       | N/A                                 |
|--------------------------|--|--------------------------|--------------------------|-------------------------------------|
| 40 CFR Part 63 Subpart T | Does the facility use any of the following solvents in a cleaning machine? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 63.460(a)         | a. Trichloroethylene   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.460(a)         | b. 1,1,1 Trichloroethane   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.460(a)         | c. Perchloroethylene   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.460(a)         | d. Methylene chloride  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.460(a)         | e. Chloroform  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.460(a)         | f. Carbon tetrachloride  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### For batch vapor and in-line cleaning machines:

| Rule Citation | Question   | Yes                      | No                       | N/A                      |
|---------------|--|--------------------------|--------------------------|--------------------------|
| 40 CFR 63.463 | *Does the facility meet the overall emission limit or the equipment standard for each machine?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 63.466 | *If the equipment standard is used, does the facility also meet basic design, work practice, and operator test requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### For batch cold cleaning machines:

| Rule Citation | Question  | Yes                      | No                       | N/A                      |
|---------------|---|--------------------------|--------------------------|--------------------------|
| 40 CFR 63.462 | *Does the facility comply with equipment control and work practice requirements for each machine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Air Regulations (40 CFR Part 63, Subpart ZZZZZ) – Iron and Steel Foundries

| Rule Citation                 | Question   | Yes                      | No                       | N/A                                 |
|-------------------------------|--|--------------------------|--------------------------|-------------------------------------|
| 40 CFR 63.10880               | Is the facility subject to 40 CFR Part 63, Subpart ZZZZZ—National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources? <a href="http://epa.gov/ttn/atw/mactfnlalph.html">http://epa.gov/ttn/atw/mactfnlalph.html</a> . If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR Part 63, Subpart ZZZZZ | *Is the facility in compliance with the requirements of 40 CFR Part 63, Subpart ZZZZZ—National Emission Standards for Hazardous Air Pollutants for Iron and Steel Foundries Area Sources?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10899               | *Has the facility kept adequate records to demonstrate compliance?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10899               | *Has the facility maintained these records for at least 5 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

|  |  |                          |                          |                                     |
|--|--|--------------------------|--------------------------|-------------------------------------|
| 40 CFR 63.10880(g)                       | *If the facility is a new source, have they submitted a written notification that identifies the facility (area source) as a small foundry or a large foundry no later than 120 days after startup?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10880(f)                       | *If the facility is an existing, affected source, have they submitted a written notification that identifies the facility (area source) as a small foundry or a large foundry no later than January 2, 2009? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10885                          | *Is the facility compliant with all applicable best management practices for metallic scrap and mercury switches?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10885, 63.10890, and 63.10899  | *Has the facility submitted a site-specific plan for mercury switches for approval?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.10890(e)(6) and 63.10899(b)(5) | *Does the facility keep records of the annual quantity and composition of each HAP-containing chemical binder or coating material used to make molds and cores?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 63.11544                          | Is the facility subject to 40 CFR Part 63, Subpart ZZZZZZ—National Emission Standards for Hazardous Air Pollutants for Aluminum, copper and other nonferrous (not iron or steel) foundries ?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 63.11545                          | *a. The compliance date for existing sources is June 27, 2011. The compliance date for new sources is when the source starts up. Is the facility in compliance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Public Water Supply

| Rule Citation                       | Question   | Yes                                 | No                                  | N/A                                 |
|-------------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 290.38(66)                   | Does the facility have a well or manage a water distribution system that provides drinking water to employees or customers? If no, then this section does not apply.   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(66)                   | Does the facility have a well or manage a water system that provides drinking water to at least 15 service connections or serve at least 25 individuals at least 60 days out of the year? If no, then this section does not apply. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(14), (52), (54), (77) | What type of PWS system does the facility have?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(77)                   | a. transient, non-community – serves at least 25 people at least 60 days of the year and is not part of a community system.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(54)                   | b. non-transient, non-community – serves at least 25 of the same people at least 6 months out of the year and does not include residential service connections.  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                     | What is the water source for the PWS?  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 290.38(29)                   | a. Groundwater   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                     | b. Surface water   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.38(30)                   | c. Groundwater under the influence of surface water  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.39(a)                    | *Is the facility registered with the TCEQ as a PWS?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.46(e)                    | *Does the facility have a licensed operator? (transient non-community water systems are exempt if using groundwater or purchase treated water from another public water system)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.109                      | *Does the facility conduct monthly microbiological testing?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 290.110(b)(4),               | *Does the facility conduct chlorine residual testing?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

290.110(b)(5)

30 TAC 290.106, 290.107, 290.108 \*Does the facility conduct other contaminant testing as required for their system?

30 TAC 290.106 (inorganic), 290.107 (organic), 290.108 (radionuclides) Indicate what contaminants the facility is testing for:     
☒ \_\_\_\_\_  
\_\_\_\_\_

30 TAC 290.45(a)(2) \*Does the facility conduct water pressure testing?

**Stormwater Discharges**

| Rule Citation           | Question   | Yes                      | No                       | N/A                                 |
|-------------------------|--|--------------------------|--------------------------|-------------------------------------|
| MSGP Part II, Section A | Does the facility have an SIC code that requires coverage by a stormwater permit ( <a href="http://www.osha.gov/pls/imis/sicsearch.html">http://www.osha.gov/pls/imis/sicsearch.html</a> ) If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                         | Does the facility have coverage under the Multi-Sector General Permit (MSGP) for discharges from industrial activities or the No Exposure Certification (NEC)? To find out if you have coverage, check <a href="http://www2.tceq.texas.gov/wq_dpa/index.cfm">http://www2.tceq.texas.gov/wq_dpa/index.cfm</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**For facilities covered under the Multi-Sector General Permit for Discharges from Industrial Activities**

| Rule Citation                      | Question   | Yes                      | No                       | N/A                      |
|------------------------------------|--|--------------------------|--------------------------|--------------------------|
| MSGP Part II, Section B.2          | *If the facility has a TPDES wastewater discharge permit, is the facility in compliance with stormwater discharge requirements in that authorization?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section B.12         | Does the facility discharge stormwater? If no, the facility is not eligible for Multi-Sector General Permit (MSGP) as there is no discharge to sample.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1          | Does the facility have discharge authorization under the No Exposure Certification (NEC)? If yes, the rest of this section will not apply.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section A.1.(a)     | *Does the facility have a Storm Water Pollution Prevention Plan (SWP3) prepared, implemented, and readily available?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section A.1.(a)     | *Does the facility update the SWP3 as changes are made on site?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section B and D     | *Does the facility conduct the periodic inspections and discharge monitoring in the frequency and manner required? Example: Samples are collected in first 30 minutes of discharge during the appropriate permit period and approved sampling methods are us   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section B.3         | *Does the facility conduct Quarterly Visual Monitoring? It is required every calendar quarter for all facilities.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section B.7.(c)(3)e. | *Does the facility use controls to prevent exposure of any Pollutant of Concern (POC), document that the POC is not present, or provide analytical data showing that the discharge will not contribute to the impairment/TMDL? (Part II, Section B.7. Impaired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section B.7.(e)(3)b. | *If the Water Quality Monitoring shows that a POC is above the benchmark value, has the facility implemented a Pollutant Reduction Plan (PRP) for controlling those discharges?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section C. 1.(d)    | *Does the facility conduct Numeric Effluent Limitations (aka hazardous metals) Monitoring (applies annually to all facilities)? If certain conditions are met, facilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

may opt out of all or part of this requirement.

|                                    |   |                          |                          |                          |
|------------------------------------|---|--------------------------|--------------------------|--------------------------|
| MSGP Part IV                       | *Does the facility conduct Benchmark Monitoring (applies twice per year to all facilities except those in industry Sectors I, P, R, V, W, X, Z, AB, AC)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part IV, Section A.2.         | *If discharges are not within benchmark limits, have actions been taken to improve the quality of the discharges (applies to all facilities except those in industry Sectors I, P, R, V, W, X, Z, AB, AC)?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section C. 1.(c)(1) | *Are monitoring results recorded on Discharge Monitoring Reports (DMR)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section C.1.(c)(3)  | *Does the facility report any noncompliance by March 31 of the following calendar year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III. Section B.5         | *Does the facility conduct an Annual Comprehensive Site Compliance Inspection? This inspection may substitute for a routine facility inspection if scope is sufficient to meet requirements in Part III. Section B.5.(a). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III. Section B.5.(b)     | *Does the facility prepare an Annual Comprehensive Site Compliance Inspection Report (signed and certified as required in Part III. Section E.6.(c)) within 30 days of performing the annual site compliance inspection?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section D.1(c)      | *Does the facility have a rain gauge on-site or in the immediate area and maintain a rainfall log on-site or that is readily available?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part III, Section D.1.(c)     | *Does the facility monitor the rain gauge and log rainfall activity at a minimum of once per week and once per day during storm events?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### For facilities covered under the No Exposure Certification

| Rule Citation                    | Question   | Yes                      | No                       | N/A                      |
|----------------------------------|--|--------------------------|--------------------------|--------------------------|
| MSGP Part II, Section C.1        | Does the facility meet the requirements of the no exposure certification?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1        | *There are no industrial materials or activities (including using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain) exposed to stormwater. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1        | *There are no materials or residuals on the ground or in stormwater inlets from spills/leaks exposed to stormwater.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1        | *There are no materials or products from past industrial activity exposed to stormwater.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1.(a)(4) | *There is no material handling equipment (except adequately maintained vehicles) exposed to stormwater.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1        | *There are no materials or products during loading/unloading or transporting activities that are exposed to stormwater.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1.(a)(2) | *There are no materials or products stored outdoors that may be exposed to stormwater (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants).                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1.(a)(1) | *There are no materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers that may be exposed to stormwater.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1        | *There are no materials or products handled/stored on roads or railways owned or maintained by the operator that may be exposed to stormwater.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section            | *There is no waste material (except waste in covered, non-leaking containers [e.g.,  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                  |   |                          |                          |                          |
|----------------------------------|---|--------------------------|--------------------------|--------------------------|
| C.1.(a)(5)                       | dumpsters]) that may be exposed to stormwater.  |                          |                          |                          |
| MSGP Part V, Section E.2         | *There are no activities that include application or disposal of process wastewater that are not otherwise permitted.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MSGP Part II, Section C.1.(a)(7) | *There is no particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) evident in the stormwater discharge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Discharge to Publicly Owned Treatment Works (Sanitary Sewer System)

| Rule Citation                 | Question  | Yes                                 | No                                  | N/A                                 |
|-------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
|                               | Does the facility discharge process wastewater to the sewer system? If yes,   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 CFR 403.8(f)(1)(iii)       | *Has the facility obtained permission from the publicly owned treatment works to discharge process wastewater?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR Part 403.1, 30 TAC 315 | a. Does the publicly owned treatment works have an approved pretreatment program?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 403.8(f)(1)            | *b. Does the facility have a permit to discharge process wastewater to the publicly owned treatment works?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 403.8(f)(1)            | *c. Does the facility comply with the requirements of this permit?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                               | If the publicly owned treatment works does not have an approved pretreatment program,   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR Parts 405 through 471  | a. Is the facility a categorical industrial user subject to the requirements of any category in 40 CFR Parts 405 through 471?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 403.12(e)              | *b. If yes, does the facility submit monitoring reports to the TCEQ each June and December?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 403.12(h)              | c. If no, the facility may be required to submit semi-annual monitoring reports to the TCEQ if it is a significant non-categorical industrial user. It is also recommended that the facility contact the city and inform them of the nature of their discharge. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 403.6                  | *d. Does the facility's effluent comply with federal categorical pretreatment standards?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

### Discharges to On-Site Sewage Facilities (Septic Systems)

| Rule Citation               | Question   | Yes                      | No                       | N/A                      |
|-----------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 285.2(45), 285.2(66) | *Does the facility avoid discharging any process wastewater to a septic system? (Note: On-site septic systems can only be used for domestic sewage.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Discharges to Waters in the State

| Rule Citation                   | Question   | Yes                      | No                       | N/A                                 |
|---------------------------------|--|--------------------------|--------------------------|-------------------------------------|
|                                 | Does the facility discharge wastewater into surface water (via outfall, run-off, storm drains, rivers, creeks, dry waterways)? If no, the rest of this section does not apply. If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 281.25                   | *Does the facility have a Texas Pollutant Discharge Elimination System (TPDES) Permit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 319.1, Individual Permit | *a. Does the facility meet the daily average flow from each outfall?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 319.1, Individual Permit | *b. Does the facility meet the daily maximum flow from each outfall?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

|  |  |                          |                          |                                     |
|--|--|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 319.1,<br>Individual Permit             | *c. Does the facility meet the discharge limitation for each parameter?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 319.11,<br>Individual Permit            | *d. Does the facility conduct monitoring and sampling as required by their discharge permit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 319.7,<br>Individual Permit             | *e. Does the facility submit discharge monitoring reports (DMRs) as required by their permit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 305.125, 40<br>CFR 122.41               | *f. Does the facility submit non-compliance reports?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 281.25, 40<br>CFR Part 122<br>Subpart B | *g. Does the facility's TPDES wastewater discharge permit include stormwater discharges?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Individual Permit                              | *h. Is the facility in compliance with stormwater discharge requirements listed in their TPDES wastewater discharge permit?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Individual Permit                              | Does the facility dispose of wastewater adjacent to surface water (by irrigation, evaporation pond, subsurface injection, or another approved method)? If yes: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 312,<br>Subchapter (B)                  | *a. Does the facility have a Texas Land Application Permit (TLAP)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 312,<br>Subchapter (B)                  | b. If so, are they in compliance with the requirements of the TLAP permit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

### Edwards Aquifer Regulations

| Rule Citation                             | Question   | Yes                                 | No                                  | N/A                                 |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 30 TAC 213<br>Subchapter A, 30<br>TAC 214 | Is the facility located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson Counties?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 30 TAC 213, 214                           | If in the affected counties, is the facility located over the recharge zone, contributing zone, transition zone, or contributing zone within the transition zone of the Edwards Aquifer? For maps, see <a href="http://www.tceq.texas.gov/field/eapp/vendors.html">http://www.tceq.texas.gov/field/eapp/vendors.html</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 213                                | If yes, please see the Edwards Aquifer Compliance Checklist as the facility has additional compliance requirements.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

### Generator Status

| Rule Citation                     | Question  | Yes                      | No                       | N/A                      |
|-----------------------------------|---|--------------------------|--------------------------|--------------------------|
| 30 TAC 335.78(a), 40<br>CFR 261.5 | Is the facility a Conditionally Exempt Small-Quantity Generator? CESQGs generate no more than 220 pounds of hazardous waste per month; generate up to 2.2 pounds of acutely hazardous waste per month; never accumulate more than 2,200 pounds of hazardous was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 262.34                     | Is the facility a Small-Quantity Generator? SQGs generate more than 220 pounds but less than 2,200 pounds of hazardous waste per month; generate up to 2.2 pounds of acutely hazardous waste per month; never accumulate more than 13,200 pounds of hazardous w | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 262.34                     | Is the facility a Large-Quantity Generator? LQGs generate more than 2,200 pounds of hazardous waste per month; generate more than 2.2 pounds of acutely hazardous waste per month; and have a 90-day storage time limit.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Waste Regulations (General Requirements)

| Rule Citation                    | Question   | Yes                      | No                       | N/A                                 |
|----------------------------------|--|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 335.62, 335.504           | *Has the facility performed a hazardous waste determination on all solid waste streams?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.510, 335.511, 335.513 | *Does the facility maintain documentation to support all hazardous waste determinations?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.9                     | *Does the facility have records of monthly waste generation to support its claimed generator status?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.6,335.63              | *Is this facility registered with the TCEQ as a hazardous waste generator? (not required for CESQG) TCEQ Registration No. _____ EPA ID _____                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                  | Is the facility an industrial waste generator? If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.503                   | *Is all non-hazardous waste classified as Class 1, Class 2, or Class 3?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.6                     | *If this facility generates greater than 220 lbs of Class 1 waste are they registered with the TCEQ? (Only required if not already registered as a SQG or LQG) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.6                     | *Is the facility's Notice of Registration (NOR) up to date, including all waste streams and waste management units? (Not required for CESQG)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9                     | *Has the facility submitted an Annual Waste Summary each year? (Not required for CESQG)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9, 335.70             | *Does the facility fulfill all other recordkeeping and reporting requirements for its generator status?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.9                     | *Has the facility reconciled their manifests with their records of generation to verify the amounts of waste transported off-site and disposed?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Waste Regulations (On-Site Accumulations Requirements)

| Rule Citation                                     | Question  | Yes                      | No                       | N/A                                 |
|---|---|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 335.69                                     | *Does the facility comply with appropriate accumulation time requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.69, 40 CFR 262.34(c), 262.34(d), 261.5 | *Does the facility comply with appropriate accumulation quantity requirements?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 261.190                                    | Is hazardous waste accumulated in tanks at the facility? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 265.191                                    | *a. Has the tank system's integrity been assessed and certified by an independent, qualified, registered professional engineer? (Applies to LQG only)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.69(a)(3)                               | *b. Are tanks labeled with the words "hazardous waste"?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 265.195                                    | *c. Are records kept of daily tank inspections?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 265.193(e)                                 | *d. Do tanks have a secondary containment system designed to contain 100% of the largest tank within its boundaries? (LQG only)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 265.193(e)                                 | *e. If yes, is the secondary containment either designed or operated to prevent run-on or infiltration of precipitation into the secondary containment system or have sufficient excess capacity to contain run-on or infiltration of precipitation from a 25 y | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|   | Is hazardous waste accumulated in container storage areas at the facility? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 265.172                                    | *a. Are waste containers labeled, dated, closed, and compatible with their contents?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

(Required for LQG and SQG only, although CESQG may want to adhere to this also.)

If the facility is a SQG or LQG:

|  |  |                                     |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|-------------------------------------|
|  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 265.174   | *a. Does the facility conduct weekly container inspections?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.15(d)   | *b. Does the facility document weekly container inspections?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.16  | *c. Have employees been trained in the handling of hazardous waste with regards to their job duties?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265.55  | *d. Has an emergency response coordinator and alternative been designated, available 24 hours a day to respond to on-site spills and accidents?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC<br>335.69(f)(5)(B) , 40<br>CFR<br>262.34(d)(5)(ii)(A) | *e. Have emergency numbers been posted by the telephone at the facility?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34  | Is hazardous waste accumulated in satellite accumulation areas at the facility?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|  | If yes, answer the following if the facility is a SQG or LQG   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 265.172,<br>262.31, 262.34(a)(3),<br>262.34(a)(2)     | *a. Are waste containers labeled, closed and compatible with their contents?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34(c)(1)  | *b. Is the amount of accumulated waste at each satellite accumulation point less than 55 gallons or 1 quart of acutely hazardous waste?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 262.34(c)(2)  | *c. Is waste from the satellite area moved to a waste management unit within 3 days once the 55-gallon limit or 1 quart of acutely hazardous waste is exceeded?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 265 Subpart<br>I, 262.34                              | *d. Is the location of the satellite accumulation area documented? For rule interpretation, see the EPA FAQ here:<br><a href="http://www.epa.gov/osw/hazard/generation/labwaste/memo-saa.htm">http://www.epa.gov/osw/hazard/generation/labwaste/memo-saa.htm</a> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 30 TAC 335.6   | *Have all on-site and off-site hazardous waste recycling activities been registered with the TCEQ? (entered on NOR or Form TCEQ-0525, SQG and LQG only)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 264.13(b)   | *If hazardous waste is treated, stored, or disposed of on-site, has the facility compiled a waste analysis plan (WAP) or obtained a permit for that activity?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

### Waste Regulations (Transportation and Disposal Requirements)

| Rule Citation              | Question   | Yes                      | No                       | N/A                      |
|----------------------------|--|--------------------------|--------------------------|--------------------------|
| 30 TAC 335<br>Subchapter D | *Does the facility use a TCEQ/EPA registered transporter? (CESQGs may transport their own waste without a manifest to an authorized disposal facility.)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 335.41              | *Does the facility use a TCEQ/EPA permitted treatment, storage, disposal (TSD) facility?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 335.10              | *Does the facility manifest all hazardous and Class I waste that is transported?<br>☐<br>(Applies to SQG, LQG, and CESQGs that generate more than 220 lbs of Class I waste. Class I waste sent for recycling does not require a manifest.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 TAC 335.13(i)           | *Does the facility have all applicable copies (generator/transporter/disposal) of manifests for the last 3 years? (Applies to SQG and LQG only)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 CFR 268.7               | *Does the facility have Land Disposal Restriction (LDR) certification statements per waste stream and disposal facility for the last 3 years? (Applies to SQG and LQG)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Universal Waste Regulations

| Rule Citation                                 | Question  | Yes                      | No                       | N/A                                 |
|---|---|--------------------------|--------------------------|-------------------------------------|
| 30 TAC 335 Subchapter H Division 5            | Does the facility currently manage any of its hazardous waste streams as "universal waste?" If yes:   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335 Subchapter R, 40 CFR 273           | *a. Are the waste streams appropriately classified and eligible for coverage under the universal waste rule?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 273.14, 273.34, 30 TAC 335.69(a)(1)(A) | *b. Are all containers holding universal waste properly labeled?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 273.13, 273.33, 30 TAC 335.262(c)(2)   | Are universal waste containers closed, structurally sound, compatible with the waste, and lacking signs of leakage?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 273.15, 273.35                         | *Are all universal waste streams shipped to a TSD facility or universal waste handler within 1 year of their initial generation date?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.69(a), 40 CFR 262.34(a)            | *If not, does the facility have appropriate documentation on hand to show that an extended time limit is needed to facilitate proper recovery, treatment or disposal of universal waste?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR Section 273.39                         | *If the facility is a Large Quantity Handler of universal waste, are all universal waste shipments accompanied by a bill of lading or other shipping document?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 273.32                                 | *If the facility is a Large Quantity Handler of universal waste, has written notification of universal waste management been sent to the TCEQ and has the facility been assigned an EPA identification number before accumulating or exceeding the 5,000 kg sto | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 273 Subpart E                          | *Does the facility use a TCEQ/EPA authorized recycling or TSD facility for handling universal waste?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

## Other Requirements

| Rule Citation                | Question  | Yes                                 | No                                  | N/A                                 |
|------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 40 CFR Part 372.3, 372.22(a) | Is the facility subject to Section 313 of EPCRA requirements for annual toxic release inventory?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 372.3                 | a. Did the facility employ more than 10 full-time employees during the year(s) in question? Or, if less than 10 full-time employees, were more than 20,000 hours worked collectively by all full-time, part-time and contract employees for the facility? Per   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 CFR 372.23                | b. Does the Business SIC/NAICS code trigger TRI reporting? For NAICS, go to <a href="http://www.census.gov/eos/www/naics">www.census.gov/eos/www/naics</a>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 CFR 372.28                | c. During the year in question, did the facility use more than the threshold amounts of a toxic chemical? It should be noted that thresholds for reporting of persistent bioaccumulative toxic (PBT) chemicals are significantly lower than for non-PBTs (see 4 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|                              | That is:  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 CFR 372.25                | *i. Did the facility "manufacture" (a covered TRI activity) more than 25,000 pounds of non-PBT toxic chemical, or more than the threshold amount of a PBT chemical?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 CFR 372.25                | *ii. Did the facility "process" (a covered TRI activity) more than 25,000 pounds of non-  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

PBT toxic chemical, or more than the threshold amount of a PBT chemical?

|                        |  |                          |                          |                                     |
|------------------------|--|--------------------------|--------------------------|-------------------------------------|
| 40 CFR 372.25          | *iii. Did the facility "otherwise use" (a covered TRI activity) more than 25,000 pounds of non-PBT toxic chemical, or more than the threshold amount of a PBT chemical?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 40 CFR 370.42          | *Does the facility comply with the Texas Department of State Health Services' requirements for Tier II? <a href="http://www.dshs.state.tx.us/tiertwo/">www.dshs.state.tx.us/tiertwo/</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.473         | Is the facility subject to the Waste Reduction Policy Act (WRPA)?<br><a href="https://www.tceq.texas.gov/p2/wrpa/wrpa.html">https://www.tceq.texas.gov/p2/wrpa/wrpa.html</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 335.474         | *a. Has a Source Reduction Waste Minimization Plan (SR/WM) been developed? (SQGs, LQGs and TRI form R reporters submit once every 5 years) Plan requirements can be found in the publication Guide to Pollution Prevention Planning at <a href="http://www.tceq.texas.gov">http://www.tceq.texas.gov</a> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.476         | *b. Has an Executive Summary of the SR/WM plan and a Certificate of Completeness and Correctness been submitted? (SQGs, LQGs and TRI form R reporters only)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.476         | *c. Has an Annual Progress Report been submitted? (LQGs and TRI form R reporters only)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 30 TAC 335.476         | *d. If the facility is a SQG, are they meeting annual progress report requirements either through their annual waste summary and hazardous waste reduction goals or by submitting an Annual Progress Report?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 29 CFR 1910.1200(g)(8) | *Does the facility have Safety Data Sheets (SDS) or other information for all chemicals used in the last 24-months?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 327             | Have there been any spills at the facility? If yes:  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 30 TAC 327.5           | *a. Has the facility taken appropriate reporting and abatement actions?<br><a href="http://www.tceq.texas.gov/response/spills.html">Http://www.tceq.texas.gov/response/spills.html</a>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                        | *Does the facility practice good housekeeping?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### Multimedia Recordkeeping Review

| Rule Citation | Question  | Yes                      | No                       | N/A                                 |
|---------------|---|--------------------------|--------------------------|-------------------------------------|
|               | Can the facility demonstrate adequate recordkeeping with all applicable rules and permits? Note: A minimum of 25% of all required records must be reviewed during the site visit. List records reviewed in the comment section below. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### Comments