



Form Approved  
OMB No. 2040-0003

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

|   |       |                                   |              |   |                                   |
|---|-------|-----------------------------------|--------------|---|-----------------------------------|
| Transaction Code  | NPDES | Yr/Mo/Day                         | Inspec. Type | Inspector   | Fac. Type                         |
| 1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> 11 12 <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="9"/> 17 18 <input type="text" value="I"/> |       |                                   |              | 19 <input type="text" value="S"/>   | 20 <input type="text" value="2"/> |
| Remarks   |       |                                   |              |   |                                   |
| <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="C"/>   |       |                                   |              |   |                                   |
| Inspection Work Days  |       | Facility Evaluation Rating        |              | BI QA -----Reserved-----  |                                   |
| 67 <input type="text"/> <input type="text"/> <input type="text"/> 69  |       | 70 <input type="text" value="N"/> |              | 71 <input type="text" value="N"/> 72 <input type="text" value="N"/> 73 <input type="text"/> <input type="text"/> 74 75 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 80 |                                   |

## Section B: Facility Data

|  |  |  |
|--|--|--|
| Name and Location of Facility Inspected ( <i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i> )<br><b>Cobb Vantress</b><br><b>4703 Hwy 412</b><br><b>Siloam Springs, AR 72761</b><br><b>POTW: City of Siloam Springs</b><br><b>Permit #: AR0020273</b> | Entry Time/Date<br><b>11:15 a.m./5-29-08</b> | Permit Effective Date<br><b>NA</b>   |
|  | Exit Time/Date<br><b>11:45 a.m./5-29-08</b>  | Permit Expiration Date<br><b>NA</b>  |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)<br><b>Dan Cole/Environmental Health and Safety Manager/479-549-2826/NA</b>   |  | Other Facility Data  |
| Name, Address of Responsible Official/Title/Phone and Fax Number<br><b>Daniel Cole/Environmental Health and Safety Manager/479-549-2826/NA</b><br><b>Cobb-Vantress</b><br><b>P.O. Box 1030</b><br><b>Siloam Springs, AR 72761</b>  |  | Contacted<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

|                                |                           |                                |                         |                                |                          |                                |                      |
|--------------------------------|---------------------------|--------------------------------|-------------------------|--------------------------------|--------------------------|--------------------------------|----------------------|
| <input type="text" value="N"/> | Permit                    | <input type="text" value="N"/> | Flow Measurement        | <input type="text" value="N"/> | Operations & Maintenance | <input type="text" value="N"/> | Sampling             |
| <input type="text" value="N"/> | Records/Reports           | <input type="text" value="N"/> | Self-Monitoring Program | <input type="text" value="N"/> | Sludge Handling/Disposal | <input type="text" value="N"/> | Pollution Prevention |
| <input type="text" value="N"/> | Facility Site Review      | <input type="text" value="N"/> | Compliance Schedules    | <input type="text" value="Y"/> | Pretreatment             | <input type="text" value="N"/> | Multimedia           |
| <input type="text" value="N"/> | Effluent/Receiving Waters | <input type="text" value="N"/> | Laboratory              | <input type="text" value="N"/> | Storm Water              | <input type="text" value="N"/> | Other:               |

## Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

The inspection of this facility was part of a pretreatment compliance inspection of the city of Siloam Springs.

The contract lab, ESC, does all of the sampling and analysis for the industry. Duplicates on pH were not indicated on the chain of custody from April 2007 to the present.

|  |   |                        |
|--|---|------------------------|
| Name(s) and Signature(s) of Inspector(s)<br><b>Alison West</b> | Agency/Office/Telephone/Fax<br><b>AR Dept. of Environmental Quality-Fayetteville</b><br><b>479-267-0811 ext 12/479-267-0819</b> | Date<br><b>5-30-08</b> |
| Signature of Reviewer  | Agency/Office/Phone and Fax Numbers   | Date                   |

### Industrial Site Visit

Name of Industry: Cobb-Vantress

Industry Contacts: Dan Cole, Environmental Health and Safety Manager

Type of Industry: Egg Hatchery

Date of Visit: 5-30-08

- |  |   |  |   |
|--|---|--|---|
| 1. Significant industrial user:                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> Not Determined |
| 2. Pretreatment equipment or procedures?               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| 3. Pretreatment equipment maintained and operational?  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| 4. Hazardous waste generated or stored?                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| 5. Proper solid waste disposal?                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| 6. Solvent management/TTO control?                     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| 7. Suitable sampling location?                         | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| 8. Appropriate self-monitoring procedures / equipment? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 9. Adequate spill prevention?                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| 10. Industry familiar with limits and requirements?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |

Additional Comments: Duplicates on pH were not being conducted by the contract lab.

Visit Conducted By: Alison West Date: 5-29-08