



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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES										yr/mo/day					Inspec. Type	Inspector	Fac Type											
1	N	2	5	3	A	R	0	0	2	1	4	8	2	11	12	0	8	0	4	1	6	17	18	I	19	S	20	2	
Remarks																													
0	0	2	-	C																									
Inspection Work Days				Facility Evaluation Rating				BI	QA	Reserved																			
67	0	0	1	69	70	N	71	N	72	N	73		74	75															80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)		Entry Time /Date	Permit Effective Date
AR. Valley Truck Wash of America 121 Access Road Van Buren, AR 72956		1300 / April 16, 2008	N/A
POTW-City of Van Buren AR0040967-Nouth Plant		Exit Time/Date	Permit Expiration Date
		1330 / April 16, 2008	N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)			Other Facility Data
Mr. Brian Taylor / Owner / 479-474-2899			N/A
Name, Address of Responsible Official/Title/Phone and Fax Number			Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mr. Brian Taylor / Owner / 479-474-2889 P.O. Box 1666 Van Buren, AR 72957			

Section C: Areas Evaluated During Inspection

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

N	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	Y	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other: Effluent Limits

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

No problems were noted at time of inspection.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Jeff Tyler	ADEQ / FSM /479-452-4822 ext. 11 / 479-452-4827	June 3, 2008
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: AR. Vallev Truck Wash of America

Industry Contacts: Mr. Brian Taylor

Type of Industry: Non-Categorical

Date of Visit: April 16, 2008

- | | | | |
|--|---|--|---|
| 1. Significant industrial user: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Determined |
| 2. Pretreatment equipment or procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Pretreatment equipment maintained and operational? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Hazardous waste generated or stored? | <input type="checkbox"/> Yes | <input checked="" 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Adequate spill prevention? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input 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: _____

Visit Conducted By: Jeff Tyler Date: April 16, 2008