



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 <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="1"/> <input type="text" value="7"/> <input type="text" value="5"/> <input type="text" value="0"/> 11 <input type="text" value="0"/> 12 <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="5"/> 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" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> 69	70 <input type="text" value="N"/>										71 <input type="text" value="N"/>	72 <input type="text" value="N"/>	73 <input type="text"/>	74 <input type="text"/>	75 <input type="text"/>	80 <input type="text"/>		

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Qual-Serv Corporation 7400 South 28 th Street Fort Smith, AR 72906	P Street POTW- ARR0033278	Entry Time /Date 1415 / May 15, 2008	Permit Effective Date N/A
		Exit Time/Date 1500 / May 15, 2008	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Mike Cash / Corporate EHS Manager / 479-646-8386 ext. 245/ fax / 479-646-5517		Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Jerry Frederickson / Manager / 479-646-8386 ext. 246/ 479-646-5517 7400 South 28 th Street Fort Smith, AR 72906		Contacted Yes <input type="checkbox"/> No <input checked="" 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: Effluent Limits

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

No problems were noted at the facility at time of the inspection. Facility has maintained a zero discharge since 2004, waste water is drained into a holding tank and pumped by US Filter on an as need basis.

Name(s) and Signature(s) of Inspector(s) Jeff Tyler	Agency/Office/Telephone/Fax ADEQ / FSM /479-452-4822 Ext. 11 / 479-452-4827	Date June 6, 2008
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Qual-Serv Corporation

Industry Contacts: Mr. Mike Cash

Type of Industry: Metal finishing- manufacture food service equipment

Date of Visit: May 15, 2008

- | | | | |
|--|----------------|-------------|--------------|
| 1. Significant industrial user: | <u> X </u> Yes | <u> </u> No | <u> </u> N/D |
| 2. Pretreatment equipment or procedures? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 3. Pretreatment equipment maintained and operational? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 4. Hazardous waste generated or stored? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 5. Proper solid waste disposal? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 6. Solvent management/TTO control? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 7. Suitable sampling location? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 8. Appropriate self-monitoring procedures / equipment? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 9. Adequate spill prevention? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |
| 10. Industry familiar with limits and requirements? | <u> X </u> Yes | <u> </u> No | <u> </u> N/A |

Additional Comments: No problems noted at the facility at time of inspection.

Visit Conducted By: Jeff Tyler

Date: May 15, 2008