\$	EPA								Form Approved OMB No. 2040-0003	
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460										
	NPDES									
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 6 0 1 11 12 0 9 0 5 1 3 17 18 I 19 S 20 2										
	0 0 2 C A	F	IN7	3 - 0	0	0	5 5			
								F	Reserved	
	67 69		70 N	71	Ν	72	N 73 74 75		80	
				Section E	3: Fac	ility	Data			
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)Entry Time/Date 1:15 am 5/13/09Eaton Hydraulics, Inc									Permit Effective Date 2/1/2008	
	Lincoln St, Searcy AR, 72143 y of Searcy AR0021601)				Exit Time/Date 2:20 pm 5/13/09				Permit Expiration Date 1/31/2013	
	ne(s) of On-Site Representative(Dawson (Searcy) Daniel Mart i	her Facility Data								
Nar	ne, Address of Responsible Offic	267878 .720967								
Dar	n Dawson/(501) 268-2481 y of Searcy				Contacted					
Searcy Board of Utilities PO Box 1319							Yes No			
Searcy, AR 72145										
Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)										
-	Permit	-	Flow Measurem	ent ⁻ Op		Ор	perations & Maintenance		Sampling	
-	Records/Reports	ecords/Reports - Self-Monitoring Program		Program	-	Sludge Handling/Disposal		-	- Pollution Prevention	
-	Facility Site Review	-	Compliance Sch	nedules	les Y Pre		etreatment		- Multimedia	
-	Effluent/Receiving Waters	-	Laboratory		⁻ Storm Water				Other:	
	3	ectio	n D: Summary of	Findings/Comn	nents	(Att	ach additional sheets if neces	sary)	
Name(s) and Signature(s) of Inspector(s)				Agency/Office/Telephone/Fax ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0910 (Fax)					Date 5/13/09	
Lindsay Stoker/				Agency/Office/Phone and Fax Numbers					Date	

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: <u>Eaton Hydraulics, Inc.</u>

Industry Contacts: Daniel Martin, Lead Environmental Tech and Kevin Caldwell, EHS Manager

Ty	Type of Industry: <u>metal finisher</u>									
Dat	te of Visit: <u>5/13/09</u>									
1.	Significant industrial user:	<u>X</u> Yes	No	Not Determined						
2.	Pretreatment equipment or procedures?	<u> </u>	No	N/A						
3.	Pretreatment equipment maintained and operational?	<u> </u>	No	N/A						
4.	Hazardous waste generated or stored?	<u> </u>	No	N/A						
5.	Proper solid waste disposal?	<u> </u>	No	N/A						
6.	Solvent management/TTO control?	<u> </u>	No	<u> </u>						
7.	Suitable sampling location?	<u> </u>	No	<u> </u>						
8.	Appropriate self-monitoring procedures / equipment?	<u> </u>	No	N/A						
9.	Adequate spill prevention?	<u> </u>	No	N/A						
10.	Industry familiar with limits and requirements?	<u> </u>	No	N/A						

Additional Comments: <u># 6 TOMP submitted to the city.</u> Facility has accomplished 70% reduction in use of Napthla and is working to reduce acetone as well.

Visit Conducted By:

_____Date: ____<u>5/13/09</u>___