



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

Form Approved
OMB No. 2040-0003

NPDES Compliance Inspection Report

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		
Remarks																														
0	0	2	C	A	F	I	N	7	3	-	0	0	0	5	5															
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved														
67						70	N							71	N	72	N	73												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) Yarnell Ice Cream Company, Inc. 205 S. Spring St, Searcy AR, 72143 (City of Searcy AR0021601)		Entry Time/Date 2:30 am 5/13/09	Permit Effective Date 2/1/2008
		Exit Time/Date 3:30 pm 5/13/09	Permit Expiration Date 1/31/2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tim Cleveland (Searcy) and Richard Taylor (Yarnells)			Other Facility Data 35.267878 -91.720967
Name, Address of Responsible Official/Title/Phone and Fax Number Dan Dawson/(501) 268-2481 City of Searcy Searcy Board of Utilities PO Box 1319 Searcy, AR 72145			
			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)

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

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

Name(s) and Signature(s) of Inspector(s) <i>Lindsay Stoker</i> Lindsay Stoker/	Agency/Office/Telephone/Fax ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0910 (Fax)	Date 5/13/09
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Yarnell Ice Cream Company, Inc.

Industry Contacts: Richard Taylor- Quality Manager

Type of Industry: Ice cream making facility

Date of Visit: 5/13/09

- | | | | |
|--|---|--|---|
| 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 checked="" type="checkbox"/> No | <input 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 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 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 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: Lindsay Stoker Date: 5/13/09