

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Hiland Dairy Foods

Industry Contacts: Jeff Ventimiglia

Type of Industry: Milk Processing

Date of Visit: December 22, 2009

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

Additional Comments: Recommend improvements in regards to the spill prevention program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visit Conducted By: Jeff Tyler

Date: December 22, 2009



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	7	5	0	11	12	0	9	1	2	2	2	17	18	I	19	S	20	2	
Remarks																													
0	0	2	C																										
Inspection Work Days				Facility Evaluation Rating				BI		QA		-----Reserved-----																	
67	0	0	0	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) <b>Hiland Dairy Foods</b> 415 South 10 <sup>th</sup> Street Fort Smith, AR 72901	P Street POTW- ARR0033278	Entry Time /Date 1400 / December 22, 2009	Permit Effective Date N/A
		Exit Time/Date 1450 / December 22, 2009	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Jeff Ventimiglia / Quality Control Manager / 479-782-2833/ fax / 479-782-2309		Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Woody Rogers /General Manager / 479-782-2833 /fax / 479-7822309 7400 South 28 <sup>th</sup> 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)

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)

Recommendation made in regards to improving the spill prevention program at the facility.

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 January 20, 2010
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date