



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 12 <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> 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="0"/> 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) Hickory Springs Manufacturing Company P Street POTW- AR0033278 4925 State Line Road Fort Smith, AR 72902	Entry Time /Date 1445 / December 02, 2010	Permit Effective Date N/A
	Exit Time/Date 1555 / December 02, 2010	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Erin Billings / Environmental Manager / 479-646-6161 ext. 310 Chris Murphy / Quality Manager / 479-646-6161	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Mark Stenger / Vice-President / 479-646-6161 / 479-646-0213 P.O. Box 1667 Fort Smith, AR 72902	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)

There were not any problems observed with the pre-treatment process of the wastewater on date of inspection.

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 December 9, 2010
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Hickory Springs Manufacturing Company

Industry Contacts: Erin Billings and Chris Murphy

Type of Industry: Metal finishing

Date of Visit: December 2, 2010

- | | | | |
|--|---|-----------------------------|---|
| 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 checked="" type="checkbox"/> Yes | <input 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: None

Visit Conducted By: Jeff Tyler Date: December 09, 2010