



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

NPDES Compliance Inspection Report

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" value=""/>	74 <input type="text" value=""/>	75 <input type="text" value=""/>	80 <input type="text" value=""/>

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Fort Smith Plating Company, Inc. P Street POTW-AR0033278 4302 Wheeler Fort Smith, AR 72901	Entry Time /Date 1325 / December 02, 2010	Permit Effective Date N/A
	Exit Time/Date 1430 / December 02, 2010	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Bobby Dolan, Jr. / Owner / 479-646-5266	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Bobby Dolan Jr. / Owner / 479-646-5266 4302 Wheeler Fort Smith, AR 72901	Contacted Yes <input checked="" type="checkbox"/> No <input 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)

Recommendation was made to label any hazardous waste and store in a centralized location.

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: Fort Smith Plating Company, Inc.

Industry Contacts: Bobby Dolan, Jr.

Type of Industry: Electroplating

Date of Visit: December 02, 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: The recommendation was made to label any hazardous waste and store in a central location.

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