\$EPA

Form Approved OMB No. 2040-0003 Approval Expires 7-31-85

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460													
	NPDE												
Section A: National Data System Coding													
1	Transaction Code												
L					Dī	- 04	<u> </u>			Dagawad			
Inspection Work Days Facility Evaluation Rating													
						ility Data							
	ne and Location of Facility Inspected and POTW name and NPDES permit		harging to POTW		Entry Time/Date 10:00 am 4/13/11			Permit Effective Date 10/1/08					
	rker Hannafin Mobile Cylin / discharges to City of Benton PO	at 20138 I-30 in I	LAI	Exit Time/Date 12:00 pm 4/13/11			Permit Expiration Date 9/30/13						
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Gombrich – EHS Manager / 501-794-0334, ext. 423 Other Facility Data										ner Facility Data			
Day 201	ne, Address of Responsible Official rid Gombrich – EHS Manager / 50 38 I-30 tton, AR 72019)er		Contacted Yes ✓ No □									
	Section C: Areas Evaluated During Inspection (S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)												
N	Permit	N	Flow Measuremen	nt	N	Operatio	ons & Main	tenance	N	Sampling			
N	Records/Reports	ds/Reports N Self-Monitoring		Program	N	Sludge Handling/Disposal		sposal	N	Pollution Prevention			
N	Facility Site Review	N	Compliance Sche	dules	N	Pretreat	ment		N	Multimedia			
N	Effluent/Receiving Waters	N	Laboratory		N	Storm V			-	Other:			
		Se	ction D: Summary	of Findings/Com	ments	(Attach a	dditional sl	heets if necessa	ry)				
	o problems noted at Park		Iannifin; the o	. 5			al user i	n Benton.					
	ne(s) and Signature(s) of Inspector(Lindsay Stoker	Agency/Office/Telephone/Fax ADEQ/ North Little Rock/ 501-682-0657/ 501 682-0910 (Fax)					Fax)	Date 4/13/11					
Sig	nature of Reviewer	Agency/Office/Phone and Fax Numbers					Date						

POTW Pretreatment Program

Industrial Site Visit

Date of Visit: April 13, 2011								
1.	Significant industrial user:	<u>X</u> Yes	No	Not Determined				
2.	Pretreatment equipment or procedures?	XYes	No	N/A				
3.	Pretreatment equipment maintained and operational?	Yes	No	N/A				
4.	Hazardous waste generated or stored?	XYes	No	N/A				
5.	Proper solid waste disposal?	<u>X</u> Yes	No	N/A				
6.	Solvent management/TTO control?	XYes	No	N/A				
7.	Suitable sampling location?	XYes	No	N/A				
8.	Appropriate self-monitoring procedures / equipment?	Yes	No	N/A				
9.	Adequate spill prevention?	<u>X</u> Yes	No	N/A				
10.	Industry familiar with limits and requirements?	XYes	No	N/A				
	Iditional Comments: <u>CIU not operat</u>							