



A R K A N S A S
Department of Environmental Quality

WATER DIVISION INSPECTION REPORT

AFIN: 72-00003	PERMIT #: AR0022063	DATE: 9/18/2015
COUNTY: 72 Washington	PDS #: 086787	MEDIA: WN
GPS LAT: 36.189679 LONG: -94.109625 LOCATION: General Area		

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: Kawneer Company Inc. LOCATION: 600 Kawneer Drive CITY: Springdale, AR	FACILITY TYPE: 2 - Industrial INSPECTOR ID#: 102078 S - State FACILITY EVALUATION RATING: 3 - Satisfactory INSPECTION TYPE: Industrial User DATE(S): 9/18/2015 ENTRY TIME: 10:50 EXIT TIME: 11:50 PERMIT EFFECTIVE DATE: PERMIT EXPIRATION DATE:
RESPONSIBLE OFFICIAL	FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N
NAME / TITLE: Nick Nathan / COMPANY: Kawneer Company Inc. MAILING ADDRESS: 600 Kawneer Drive CITY, STATE, ZIP: Springdale AR 72764 PHONE & EXT. / FAX: / EMAIL:	INSPECTION PARTICIPANTS
CONTACTED DURING INSPECTION: Yes	NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Matt Holden/Field Inspector/479-267-0811, ext. 16 Alison West/Field Inspector/479-267-0811, ext. 12 Brad Stewart/Springdale Pretreatment Manager/479-756-3657 Nick Nathan/Kawneer Company

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
**	PERMIT	**	FLOW MEASUREMENT	**	STORMWATER
**	RECORDS/REPORTS	**	LABORATORY	**	FACILITY SITE REVIEW
**	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
**	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				

SUMMARY OF FINDINGS

No violations were noted at the time of inspection.

GENERAL COMMENTS

An industrial user site visit was conducted as part of a Pretreatment Compliance Inspection of the City of Springdale. I observed both military and standard time being used on Chain of Custody (COC) records. I informed Mr. Nathan COCs should use either military or standard time but not both to provide a clearer record of when samples are collected.

INSPECTOR'S SIGNATURE: Matt Holden	DATE: 09/24/2015
SUPERVISOR'S SIGNATURE: ←Click text to left to add signature -Supervisor Name	DATE:

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Kawneer Company Inc.

Industry Contacts: Nick Nathan

Type of Industry: Aluminum Forming

Date of Visit: 09/18/2015, 10:50-11:50

- | | | | | |
|-----|--|---|-----------------------------|---|
| 1. | Significant industrial user: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 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 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: No violations observed at time of inspection.

Visit Conducted By: Matt Holden, Alison West, Brad Stewart

Date of Report: 09/24/2015