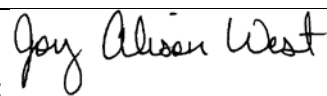

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT					
		AFIN: 04-00106		PERMIT #: AR0020273		DATE: 9/16/2015	
		COUNTY: 04 Benton		PDS #: 086916		MEDIA: WN	
		GPS LAT: N36.19976 LONG: W-94.52271 LOCATION: Entrance					
FACILITY INFORMATION			INSPECTION INFORMATION				
NAME: Gates Rubber Company LOCATION: 1801 N. Lincoln CITY: Siloam Springs			FACILITY TYPE: 2 - Industrial	INSPECTOR ID#: 14939 S - State			
RESPONSIBLE OFFICIAL NAME: / TITLE Daniel Harrington / Plant Manager COMPANY: Gates Rubber Company MAILING ADDRESS: 1801 N. Lincoln Address 2 CITY, STATE, ZIP: Siloam Springs AR 72761 PHONE & EXT: / FAX: 479.524.1211 / EMAIL:			FACILITY EVALUATION RATING: ***		INSPECTION TYPE: Industrial User		
			DATE(S): 9/16/2015	ENTRY TIME: 14:54	EXIT TIME: 15:52	PERMIT EFFECTIVE DATE:	
CONTACTED DURING INSPECTION: No			PERMIT EXPIRATION DATE:				
			FAYETTEVILLE SHALE RELATED: N			FAYETTEVILLE SHALE VIOLATIONS: N	
			INSPECTION PARTICIPANTS			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Tonya Bond/Gates Rubber Company Health Safety Environmental Technician Tom Myers/Siloam Springs Environmental Compliance Manager	
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 noted at the time of the inspection.							
GENERAL COMMENTS							
Industrial User Inspection was conducted at Gates Rubber Company as part of a Pretreatment Inspection with the City of Siloam Springs.							
INSPECTOR'S SIGNATURE: 				DATE: 9-24-2015			
SUPERVISOR'S SIGNATURE: 				DATE: 10/1/2015			

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: **Gates Rubber Company**

Industry Contacts: **Tonya Bond, Health Safety Environmental Technician**

Type of Industry: **Manufacturing rubber belts for automotive and industrial use.**

Date of Visit: **9-16-2015**

- | | | | | |
|-----|--|---|-----------------------------|---|
| 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/E |
| 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:

Visit Conducted By: **Alison West** *Joy Alison West*

Date of Report: **9-24-2015**