



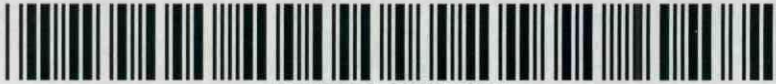
SEPARATOR



10-00102



WATER NPDES



PRETREATMENT



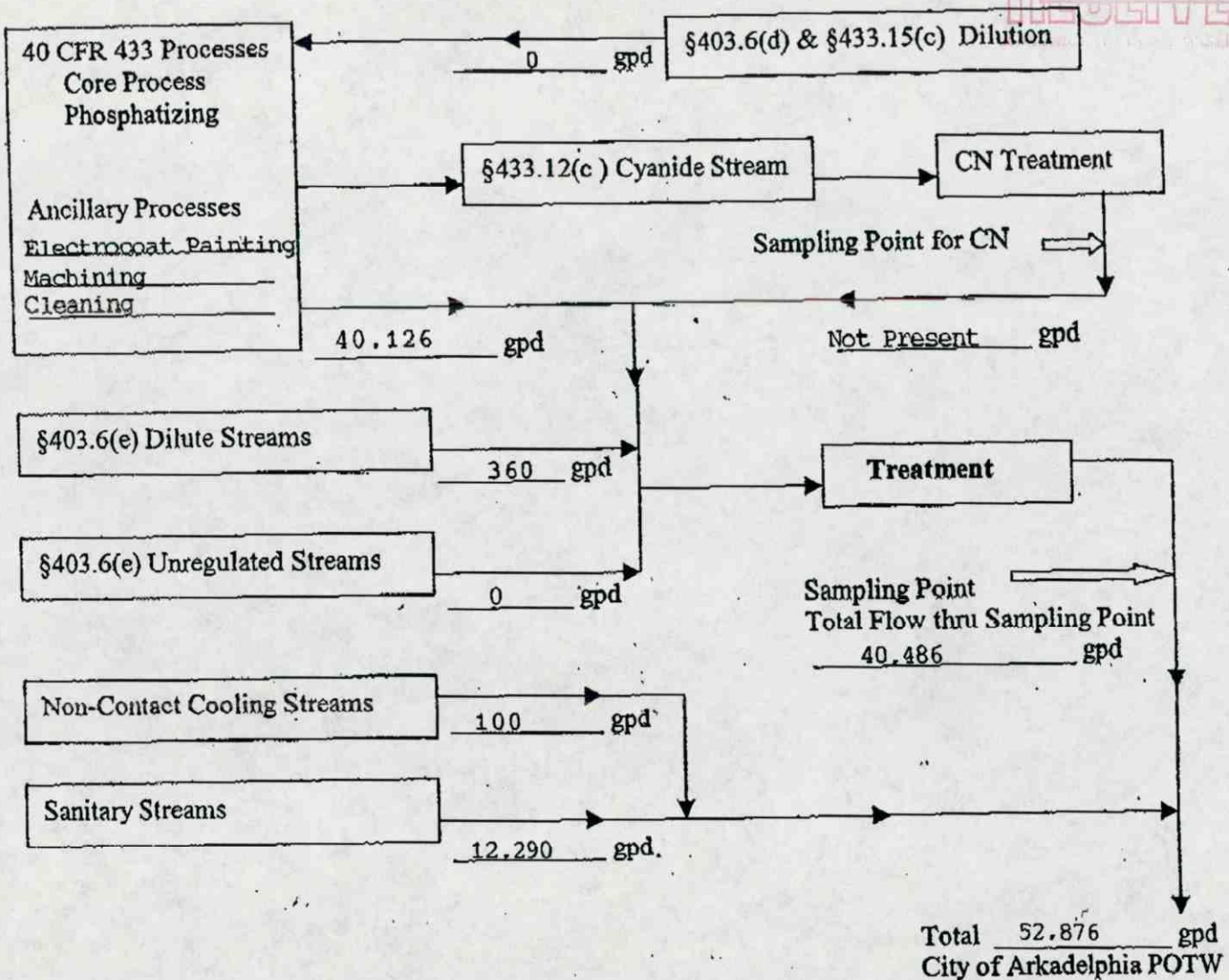
09/24/2002



ARP001040

Scroll Technologies

Arkadelphia, Arkansas



If a stream is not present, show NOT PRESENT or N/P. If a stream is present, the wastewater can enter the POTW but currently has no flow, show 0.0 gpd. If a stream is present but the wastewater cannot enter the POTW, show Zero Discharge or Z/D. If an unregulated stream is present but the User has decided not to declare it at this time, show N/P.

William B. Denton, P.E.
Signature of §403.12(b) Professional

September 24, 2002
Date

I certify under penalty of law that I have personally examined and am familiar with the information in this document and that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
Plant Manager or the authorized §403.12(l) official

9/24/02
Date
SCT_Diagram.doc (03-14-2002)

Submitted with Sep 2002 SAR

INDUSTRIAL BASELINE MONITORING REPORT

Instructions: Please complete this form in as much detail as possible. Include additional information on attached sheets as necessary. Refer to the supplemental instructions and return this report to the address shown in the instructions.

(1) Identifying Information: *Scroll Tech*

A. Legal Name: United Technologies Carrier
 Mailing Address: One Scroll Drive
Clark County Industrial Park
Arkadelphia, Arkansas Zip: 71923

B. Facility Name: Same as Above
 Location: Same as Above
 Zip: _____

C. Name of Owners: United Technologies Carrier

D. Name of Operators: Carrier Corporation

E. Facility Contact (provide the name, title & phone number of a designated person to contact if additional information is necessary.) Jim Rumburg, Plant Engineer
Tel. (501) 246-0783

F. Number of Employees 400 G. Number of Shifts 4

H. Number of Months/Year in Operation 12 months/year

I. Provide the name of the publicly owned treatment works (sewerage authority, municipality, etc.) that receives the wastewater discharges from this facility (if this facility is not connected to a sewerage system describe where wastewater is discharged.) Arkadelphia Water and Sewer Utility, 601 Caddo Street,
Arkadelphia, Arkansas 71923

J. Provide the date the facility began/will begin discharging to the publicly owned treatment works (sewerage authority, municipality, etc.) June 25, 1992
 Date facility began operation April 4, 1993

(2) Permits:

Describe all environmental control permits held by or for the facility

Describe Title of the Permit	Permit No.	Issuing Office	Exp. Date
Air Pollution Control Permit	1223-A	ADPC&E	-
General Storm Water Permit	ARR00A000	ADPC&E	9/30/97
Hazardous Waste Generator ID	ARD980868491	ADPC&E	-

ARPO01040

(3) Description of Operations:

A. List Raw Materials Used: Previously Submitted

B. List Chemicals Used: MSDS Previously Submitted, See Additional Information

C. Describe Manufacturing or Service Activities Conducted and the Final Products: The facility manufactures air conditioning compressors for use in residential and commercial HVAC systems

D. Summarize each Regulated Process: The regulated core process is coating (phosphating); the regulated unit processes are cleaning, grinding, machining and painting. All regulated process are described in the attached additional information.

Process Description	Production Rate	Pretreatment Standard		SIC Code
		Category	Subpart	
1. Painting	-	433.17	A	3585
2. Phosphating	-	433.17	A	3585
3. Cleaning	-	433.17	A	3585
4. Grinding	-	433.17	A	3585
5. Machining	-	433.17	A	3585
6. Machining	-	433.17	A	3585

E. Provide on a separate sheet:

- 1) a schematic drawing of flow chart of each regulated process that generates wastewater. ATTACHED
- 2) a schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system, and sampling locations and estimated flows for each individual wastestream. ATTACHED
- 3) a schematic process diagram which indicates points of discharge to the POTW from regulated processes. ATTACHED

(4). Flow Measurement:

A. Total Plant Flow in Gallons Per Day (gpd):

Average 33,403 Maximum 36,427

B. Individual Process Flows in Gallons Per Day (gpd) SEE ADDITIONAL INFORMATION

<u>Regulated Process</u>	<u>Average Flow Rate (gpd)</u>	<u>Maximum Flow Rate (gpd)</u>	<u>Type of Discharge (Batch, etc)</u>
1. Painting	26,057	28,800	Continuous
2. Phosphating	3,909	4,320	Continuous
3. Cleaning	3,909	4,320	Continuous
4. Grinding	825	900	Batch
5. Machining	433	6,500	Batch
6. Machining	30	300	Batch

<u>Unregulated Process</u>	<u>Average Flow Rate (gpd)</u>	<u>Maximum Flow Rate (gpd)</u>	<u>Type of Discharge (Batch, etc.)</u>
SEE ADDITIONAL INFORMATION			
Cooling Water	50	100	Continuous
Sanitary Wastewater	9,000	14,000	Continuous

(5) Measurement of Pollutants

A. Provide on a Separate Sheet:

1) The user shall identify the Pretreatment Standards applicable to each regulated process. ATTACHED

2) A description of any and all wastewater treatment utilized (show treatment system location in relation to process flows and sampling points on schematic drawing required by Question 3.E.).

ATTACHED

B. Analysis of Regulated Flows:
 The industrial user must perform sampling and analysis of the effluent from all regulated processes (after treatment, if applicable). Provide the analytical data for the regulated processes in the space provided below. Attach additional sheets if necessary. (Only those pollutants specifically regulated by the applicable category need be reported.)

Regulated Process: Phosphating - (Alkaline/Phosphate Washer)

Pollutant (mg/l)										
Maximum										
Average										

Sample Location: _____

Sample Type (composite samples are required except where not feasible or where grab samples are specifically required (see 40 CFR 403.12(b)(5)(iii))): _____

Number of Samples and Frequency Collected: _____

Analytical Methods Used: _____

C. Analysis of Total Plant Flow (if appropriate) SEE ATTACHED CALCS.
 An industrial user may sample and analyze the total plant flow and calculate an equivalent concentration limit using the combined wastestream formula if regulated process flows are mixed with other flows prior to treatment and/or sampling. Record the analytical results for all regulated pollutants below. Record the calculated concentration limits as well as the actual measured concentrations.

Pollutant (mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	Cn	TTO		
MEC*	.109	2.73	3.33	.68	3.92	.42	2.57	1.18	2.10		
AEC*	.069	1.69	2.04	.42	2.35	.24	1.46	.64	-		
AMMC*	.004	.045	2.61	.06	1.40	.002	.923	.02	.30		
AAAC*	.002	.016	.513	.02	.566	.001	.355	.006	.131		

Sample Location: Final discharge from pretreatment system to sewer
 Sample Type (composite samples are required except where not feasible or where grab samples are specifically required (see 40 CFR 403.12(b)(5)(iii))): Metals - composite, O&G, pH - grab
 Number of Samples and Frequency Collected: 6 over six month period
 Analytical Methods Used: See attached laboratory analyses

- *MEC - Maximum Equivalent Concentration (derived through the combined wastestream formula)
- *AEC - Average Equivalent Concentration (derived through the combined wastestream formula)
- *AMMC - Actual Measured Maximum Concentration
- *AAAC - Actual Measured Average Concentration

(6) Certification:

A. Is the facility meeting applicable categorical pretreatment standards on a consistent basis? YES X NO _____

B. If no, do you require:

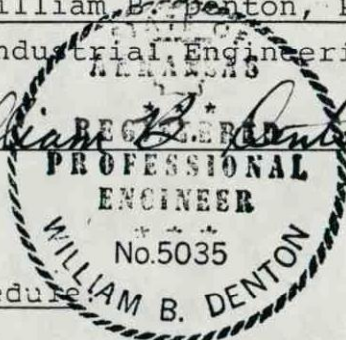
1) additional operation and maintenance (O&M) to achieve compliance? YES _____ NO _____

2) new or additional pretreatment facilities to achieve compliance? YES _____ NO _____

3) Name of Qualified Professional that reviewed this certification:

Name & Title William B. Denton, P.E. President
Industrial Engineering Associates, Inc.

Signature *William B. Denton* Date April 26, 1993



(7) Compliance Schedule

A. If additional O&M or new or additional pretreatment will be required to meet categorical pretreatment standards on a consistent basis, attach a schedule on a separate sheet projecting increments of progress indicating dates for the commencement and completion of major events leading to compliance with the standard. Note: the final compliance date in this schedule shall not be later than the compliance date for the applicable pretreatment standard. Written progress reports are required within 14 days of each of the compliance dates specified in the compliance schedule.

B. Signatory Requirement

I certify under penalty of law that I have personally examined and am familiar with the information in this Baseline Monitoring Report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name - Authorized Representative

Geary Pope

Signature

Geary Pope

Official Title

Plant Manager

Date

4/27/93

Torrence, Rufus

From: Torrence, Rufus
Sent: Thursday, May 10, 2007 10:33 AM
To: 'Beer, Ian'; Sam Ngar (sngar@leerlp.com)
Cc: Bailey, John; 'aswanson@uscompliance.com'
Subject: ARP000012 AFIN 21-00061 Leer Star/Starrett Compliance Assurance Sampling Site Visit in Dumas, AR0033987

Tracking: Recipient	Delivery
'Beer, Ian'	
Sam Ngar (sngar@leerlp.com)	
Bailey, John	Delivered: 5/10/2007 10:33 AM
'aswanson@uscompliance.com'	

Attn: Ian Beer, Plant Manager

Thank you for taking the time to show me the Leer Star/Starrett Dumas facility on May 9, 2007.

Based upon my site visit I have attached the following process description and sampling requirements. Please advise me of any changes that may be necessary.

The Dumas facility manufactures commercial ice storage freezer units. The facility receives steel sheets which have been pre-cut to the approximate final size (about 4' X 6' X 1/16") Star/Starrett assembly crew cuts the sheets to the final desired size using sheers; automated machine tools punched the sheets. The crew uses presses to fold the sheets. The crew sends the sheets through cleaning (alkaline bath & rinse) and coating (iron phosphate bath & rinse) operations before the crew powder paints the sheets.

The crew assembles the interior sheet metal shell and attaches copper cooling coils or compact refrigeration units depending on the customer requirements; the refrigeration units are manufactured off-site. The crew encloses the interior shell with the painted exterior shell, add doors, insulation and logos. The crew tests the final units for UL compliance.

During the pre-inspection meeting Mr. Beer handed me a TOMP (Toxic Organic Management Plan); I did not get a chance to review the TOMP until I returned to my office. The TOMP does not have a signature; Mr. Leer must mail me a TOMP with his signature and date.

During the plant tour I took a sample of wastewater from the clarifier tank in the pretreatment system; only rinse water was entering the treatment system at this time. The results of this analysis should be available within a month.

Leer has a rinse tank with continuous overflow. The phosphate and sealer tanks have batch discharges at four to six month intervals. Based upon current operations the sample must be taken when Leer is releasing wastewater from BOTH the sealer and phosphate tanks at concentrations representative of what would be seen at the POTW.

Star/Starrett next pretreatment report and the "signed" TOMP are due in August 2007.

If you have any questions or concerns, give me a call or email me.

Rufus J. Torrence, NPDES Pretreatment Engineer

5/14/2007

Pretreatment Industrial Inspection

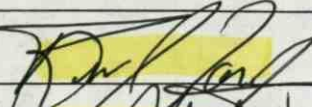
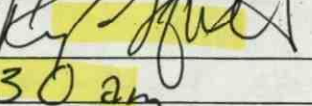
Facility Information

Facility Name: <u>AFIN 10-00102</u> <u>Scroll Technologies</u>	Site Address: <u>One Scroll Drive</u> <u>Arkadelphia, AR 71923</u>
Signatory Authority (Name & Title): <u>Carlos Zamudio, Gen Mgr</u>	
Phone: <u>(870) 246-0700</u>	Mailing Address (if different): <u>(same)</u>
Fax:	
Address: <u>(same)</u>	Corporate Owner Name and address (if applicable): <u>Joint Venture of Carlyle</u> <u>& Bristol / Carrier & York</u>
Phone:	Phone:
Fax:	Fax:
Contact Person (Name & Title): <u>Robby Tefteller, Tech Ser Mgr</u>	Corporate CEO: <u>N/A</u>
e-mail: <u>robby.tefteller@scrolltech.com</u>	e-mail:
Facility Permit # <u>X</u> or ARP00 <u>1040</u>	Last Inspection Date: <u>6-8-05</u>
POTW (City) IU discharges to: <u>Arkadelphia Water Util</u>	POTW's NPDES #AR00 <u>20605</u>
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant
If Categorical, list which CFR #(s) the facility is subject to: <u>40 CFR 433</u>	

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A. General Information		
B. Facility Permits		
C. Additional Comments		
III. Attachments "Yes" indicates item exists at the facility and attachments will be included		
"No" indicates item does not exist at the facility and attachments aren't necessary		
A. Industrial Processes	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of

Comments :

Inspector's Name (Print): <u>Rufus Torrence</u>	Signature: 
IU Rep's Name (Print): <u>Robby Tefteller</u>	Signature: 
Date and Time Inspection Ended: <u>5-3-06 @ 11:30 am</u>	

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|-------------------------------------------|-------------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual - Bi | <input type="checkbox"/> Spill/Slug | <input type="checkbox"/> Unscheduled |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint |

Inspection Objective(s)

Compliance Assurance

Checklist of items to be reviewed and/or visually inspected:

- | | | |
|-------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Pre-inspection Meeting | <input type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Process Inspection | <input type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Discharge point(s) | <input type="checkbox"/> Spills/Slug Control Plan |
| <input type="checkbox"/> Records Review | <input type="checkbox"/> RCRA information | <input type="checkbox"/> Process/Flow/Pretreatment Schematics |
| <input type="checkbox"/> IU sampling procedures | <input type="checkbox"/> Flow/pH Meter(s) | <input type="checkbox"/> Calibration Records |
| <input type="checkbox"/> MSDS Inventory List | <input type="checkbox"/> New MSDS | <input type="checkbox"/> |

Comments:

B. Inspection Analysis

Were there any deficiencies/violations identified and noted during the inspection? Yes No

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 5-3-06 @ 10:00 am		SIC code(s): 3585	
IU Reps/Titles Robby Tefteller		Control Authority Reps/Titles Rufus Torrence, Pret Eng	
End product(s): Scroll Compressors		Approx. # of units produced: 2300/day	
Days of Operation: 7 days/week		Days of Production (if different): 5 days/week	
Hours of Operation: 24 hrs/day		Hours of Production (if different): Same	
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to	
# of Employees: 786	Peak Mos.: Mar to Sep	"Off" Mos.: Winter	
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when?		Labor Day	
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when?			
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If No, explain:			
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Production Levels? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Flow rates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Are regulated and non-regulated wastestreams combined?		yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Prior to Pretreatment System?		yes <input checked="" type="checkbox"/>	no <input type="checkbox"/> N/A <input type="checkbox"/>
If Yes, was the CWF used to calculate limits?		yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Prior to connection to the POTW sanitary sewer?		yes <input type="checkbox"/>	no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
At connection to sanitary sewer?		yes <input type="checkbox"/>	no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Production and flows verified for Production-Based Standards?		yes <input type="checkbox"/>	no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
What is the current avg. production rate and process flow?			
N/A			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits?		yes <input type="checkbox"/>	no <input type="checkbox"/>
N/A			

B. Facility Permits		
Permit Type	Permit No.	Expiration Date
Air	1223-A	Voided
RCRA		
NPDES	ARRO0B641	Active
Other	ARRO0A240	Voided

C. Additional Comments

(Note which section or attachment comments are regarding)

* Water Sample taken from pH adjustment Tank; split sample w/ Scroll.

* (Passivation)
 10% Nitric Acid used with Manganese Phosphate Coating to provide preliminary lubrication

* Phosphoric Acid Cleaning/Coating on paint line

Attachment A: Industrial Process(es)

List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not

1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

General observations of facility's indoor housekeeping: **Good**

General observations of area outside facility's building: **Excellent**

Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M) or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).

<input type="checkbox"/> Process Rinse Overflows	<input type="checkbox"/> Equip. Cleanup	<input type="checkbox"/> Floor Cleanup	<input type="checkbox"/> Spent Bath Solutions
<input type="checkbox"/> Product Cleaning	<input type="checkbox"/> Forklifts Maint./Wash	<input type="checkbox"/> Tank Dragout	<input type="checkbox"/> Air Pollution Devices
<input type="checkbox"/> Boiler Blowdown	<input type="checkbox"/> Spent Rinse Tanks	<input type="checkbox"/> Equipment Coolants	<input type="checkbox"/> Non-Contact Cooling Water
<input type="checkbox"/> Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Major Raw Materials and Chemicals used:

Phosphate
Alkaline

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) <i>Cd, Cr, Cu, Pb, Ni, Ag & Zn</i>	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂		
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<input type="checkbox"/> pH	<input type="checkbox"/>		

Are there floor drains in the Process area? Yes No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

Preventative Maintenance Program Yes No (hydraulic systems, valves, pumps, etc)

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

Inventory Control / "Green Purchasing": Yes No (lean manufacturing/"env. friendly purchasing", etc)

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

Recycle Paper, Aluminum, Boxes, and Pallets? Yes No

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

Overflow Alarms

Fog Spray Rinsing

Dragout Collection Trays

Air Jets to Blow Parts Dry

Aqueous Paint Stripping Solutions

Water Soluble Cutting Fluids

In-Process Recycle (Ion Exchange, Reverse Osmosis)

Dead Rinse Tanks

Aqueous Cleaning Solutions

Countercurrent Rinsing

Seal-Less Pumps

Secondary Containment of Process Solutions

Bead Blasting to Remove Paint

Recycle Overspray

Conductivity Meters

Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment? Yes No N/A
 Are they pretreated prior to discharge to the sanitary sewer? Yes No N/A
 Was the pretreatment system visually inspected during this visit? Yes No N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:

<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Belt/Disk Oil Skimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

Does the description match the schematic currently on file? Yes No N/A

System Operator(s) Name: Joe May, James Diemer & Douglas Cue are operators

Does discharge permit require licensed operator? Yes No N/A

Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3?) Yes No N/A

List Name(s) and License classification:

(see above)

Is training provided to the Pretreatment System Operator(s)? Yes No N/A

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? Batch Continuous Combination

If any discharges are batch type or combination, describe the following:

Volume of each batch: _____ gallons per

Describe process from which batch originated (spent bath, e.g.):

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Oil & Sul Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Alk & Phos Acid Wash	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer

Does the Chemical Storage Area(s) contain any of the following?

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Dikes, Berms for Containment ① | <input type="checkbox"/> Plugs for Floor Drains |
| <input type="checkbox"/> Secondary Tanks for Holding | <input type="checkbox"/> Premix (low) Concentrations |
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Chain restraints, limited access |
| <input type="checkbox"/> Spills Control Kits for Cleanup | <input type="checkbox"/> Notification Procedures |
| <input type="checkbox"/> Chemical desegregation within Storage Area | <input type="checkbox"/> Other |

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Chemical storage comments:

① Poly IBC Spill Containment Units

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan? yes ^① no

If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place?

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Is the spill/slug control plan <2 years old? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| (A) Describes discharge practices including non routine batch (slug) discharges | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| (B) Describes storage and handling of chemicals | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| (C) Procedures for immediate notification to POTW of slug discharges | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| (D) 1. Describes measures for controlling toxic/hazardous pollutants | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| 2. Describes procedures and equipment for emergency response | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| 3. Describes follow-up to limit damage suffered by POTW or environment | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| 4. Does the facility have Spill/Slug Notification Procedures posted? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |
| 5. Are worker personnel provided training in the event of a spill or slug discharge? | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A |

If no:

- | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the facility have Spill/Slug Notification Procedures posted? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is it posted in areas where chemicals are used and stored? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If Yes how many? | |
| Are appropriate personnel provided training in the event of a spill or slug discharge? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have there been any non-routine, episodic discharges or chemical spills in the past year? | <input type="checkbox"/> yes <input type="checkbox"/> no |

(Briefly Describe, Include Dates)

Was the City notified of these occurrences? yes no N/A

Visual Inspection of Discharge Lines/Points

Provide description of manhole condition and flow channel of the following where applicable:

Sampling / Monitoring Point	Vat at end of treatment system
Total Flow Monitoring Point	Line from vat w/ totalizer
Upstream Manhole	

Point of Connection:

① Facility has no open floor drains so a SPCC for the POTW is not required.

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title.

Operators take 24-hr Composite sample from vat at end of pretreatment system

Where is the sample point located?

<input type="checkbox"/> End of Process	<input checked="" type="checkbox"/> Pretreatment Effluent	<input type="checkbox"/> Total Flow
<input type="checkbox"/> Combined Flow	<input type="checkbox"/> Metered Flow	<input type="checkbox"/> Flow Actuator
<input type="checkbox"/> Private Manhole	<input type="checkbox"/> Utility Manhole	<input type="checkbox"/> Advance Notice Required
<input type="checkbox"/> Safety Hazards Identified	<input type="checkbox"/>	<input type="checkbox"/>

Is the Sample Collection Site Adequate? Yes No N/A

Does the facility rep. request a split sample on this sampling/inspection? Yes No

Does the facility perform self-monitoring tests in-house? Yes No N/A

If no, record the name and address of Contract Lab: *Soprells*

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed: Yes No N/A

Is the Contract Lab certified by ADEQ for test parameters? Yes No N/A

Dates and Times of Sample Analysis Recorded? Yes No N/A

Correct Methods Used for Test Analysis (Refer To 40CFR Part 136) Yes No N/A

EPA recommended holding times being met (Refer to 40CFR Part 136) Yes No N/A

Chain of Custody Records for Self-Monitoring Samples Reviewed Yes No N/A

Were correct Sample Types Collected Yes No N/A

Dates and times of Sample Collection Recorded? Yes No N/A

Were Samples preserved correctly (refer to 40CFR Part 136) Yes No N/A

Were Self Monitoring records on file for past 3 years? Yes No N/A

List the parameters the facility monitors and the frequency:

<input type="checkbox"/> Cd(t)	<input type="checkbox"/> Cu(t)	<input type="checkbox"/> Cr(t)	<input type="checkbox"/> Ni(t)	<input type="checkbox"/> Pb(t)
<input type="checkbox"/> Ag(t)	<input type="checkbox"/> Zn(t)	<input type="checkbox"/> pH	<input type="checkbox"/> CN'(t)	<input type="checkbox"/> CN'(a-c)
<input type="checkbox"/> TTO-Vol	<input type="checkbox"/> TTO-B/N	<input type="checkbox"/> TTO-A.E.	<input type="checkbox"/> TTO-Pest	<input type="checkbox"/> Cr(hex)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? Analysis Certification Statement

Does the facility have a Toxic Organic Management Plan? Yes No N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? Yes No N/A

List the date of the last revision to the TOMP:

Is the TOMP being followed as written? Yes No N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? Yes No N/A (If yes, provide description of evidence in comments.)

Comments:

Pretreatment Industrial Inspection

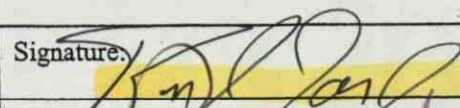
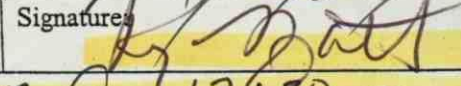
Facility Information

Facility Name: <u>Scroll Technologies</u>	Site Address: <u>One Scroll Drive</u> <u>Arkadelphia, AR 71923</u>
Signatory Authority (Name & Title): <u>Carlos Zamudio, Gen Mgr.</u>	
Phone: <u>(870) 246-0700</u>	Mailing Address (if different): <u>(same)</u>
Fax:	
Address: <u>(same)</u>	Corporate Owner Name and address (if applicable): <u>Joint Venture of Carlyle</u> <u>& Bristol/Carrier & York</u>
Phone:	Phone: <u> </u>
Fax:	Fax: <u> </u>
Contact Person (Name & Title): <u>Robby Tefteller, Tech Serv Mgr.</u>	Corporate CEO: <u>N/A</u>
e-mail: <u>robby.tefteller@scrolltech.com</u>	e-mail: <u> </u>
Facility Permit # <u> </u> or ARPO0 <u>1040</u>	Last Inspection Date: <u>N/A</u>
POTW (City) IU discharges to: <u>Arkadelphia Water Utilities</u>	POTW's NPDES #AR00 <u>20605</u>
Industrial Classification: <input checked="" type="checkbox"/> <u>Categorical</u>	<input type="checkbox"/> <u>Significant</u>
If Categorical, list which CFR #(s) the facility is subject to: <u>40 CFR 433 *</u>	

Table of Contents

I. Summary of Inspection	Page	of
A. Inspection Objectives		
B. Inspection Analysis		
II. Pre-Inspection Meeting	Page	of
A. General Information		
B. Facility Permits		
C. Additional Comments		
III. Attachments "Yes" indicates item exists at the facility and attachments will be included		
"No" indicates item does not exist at the facility and attachments aren't necessary		
A. Industrial Processes <u>& Attm't A-1 & A-2</u>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of

Comments :

Inspector's Name (Print): <u>Rufus Torrence</u>	Signature: 
IU Rep's Name (Print): <u>Robby Tefteller</u>	Signature: 
Date and Time Inspection Ended: <u>6-8-05 @ 12:30 pm</u>	

* Possible 40 CFR 420 CIU



I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|-------------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input type="checkbox"/> Annual | <input type="checkbox"/> Spill/Slug | <input type="checkbox"/> Unscheduled |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint |

Inspection Objective(s)

Checklist of items to be reviewed and/or visually inspected:

- | | | |
|-------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Pre-inspection Meeting | <input type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Process Inspection | <input type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Discharge point(s) | <input type="checkbox"/> Spills/Slug Control Plan |
| <input type="checkbox"/> Records Review | <input type="checkbox"/> RCRA information | <input type="checkbox"/> Process/Flow/Pretreatment Schematics |
| <input type="checkbox"/> IU sampling procedures | <input type="checkbox"/> Flow/pH Meter(s) | <input type="checkbox"/> Calibration Records |
| <input type="checkbox"/> MSDS Inventory List | <input type="checkbox"/> New MSDS | <input type="checkbox"/> |

Comments:

B. Inspection Analysis

Were there any deficiencies/violations identified and noted during the inspection? Yes No

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

B. Facility Permits

Permit Type	Permit No.	Expiration Date
Air	None	_____
RCRA	"	_____
NPDES	"	_____
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

342,000 sqft for
entire plant

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: <u>6-8-05 @ 10:15</u>		SIC code(s): <u>3585</u>
IU Reps/Titles	Control Authority Reps/Titles <u>Rufus Torrence, Pret Eng</u>	
End product(s): <u>Scroll Compressors</u>	Approx. # of units produced: <u>2,300/day</u>	
Days of Operation: <u>7 days/week</u>	Days of Production (if different): <u>5 days/week</u>	
Hours of Operation: <u>24 hr/day</u>	Hours of Production (if different): <u>same</u>	
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to
# of Employees: <u>646</u>	Peak Mos.: <u>March to Sep</u>	"Off" Mos.: <u>Winter</u>
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? <u>Labor Day</u>		
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when?		
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If No, explain:		
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, explain:		
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, explain:		
Has there been any changes since the last inspection regarding the following items:		
Plant/flow/process layout? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, obtain copy of updated schematic for facility file.		
Processes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
 		
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
 		
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
 		
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
 		
Are regulated and non-regulated wastestreams combined? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		
Prior to Pretreatment System? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>		
If Yes, was the CWF used to calculate limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>		
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
At connection to sanitary sewer? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
What is the current avg. production rate and process flow? <u>N/A</u>		
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/> <u>N/A</u>		

Attachment A: Industrial Process(es)

List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not

1.	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

General observations of facility's indoor housekeeping: Modern & Clean

General observations of area outside facility's building: Excellent / New Facility

Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M) or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).

<input type="checkbox"/> Process Rinse Overflows	<input type="checkbox"/> Equip. Cleanup	<input type="checkbox"/> Floor Cleanup	<input type="checkbox"/> Spent Bath Solutions
<input type="checkbox"/> Product Cleaning	<input type="checkbox"/> Forklifts Maint./Wash	<input type="checkbox"/> Tank Dragout	<input type="checkbox"/> Air Pollution Devices
<input type="checkbox"/> Boiler Blowdown	<input type="checkbox"/> Spent Rinse Tanks	<input type="checkbox"/> Equipment Coolants	<input type="checkbox"/> Non-Contact Cooling Water
<input type="checkbox"/> Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Major Raw Materials and Chemicals used: Phosphate Wash
Alkaline Wash

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input type="checkbox"/> CN ⁻	<input type="checkbox"/> Metals (List) <u>Ni, Cd, Cu, Cr, Pb, Ag/Zn</u>	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂		
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<input type="checkbox"/> pH	<input type="checkbox"/>		

Are there floor drains in the Process area? Yes No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

Preventative Maintenance Program Yes No (hydraulic systems, valves, pumps, etc)

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

Inventory Control / "Green Purchasing": Yes No (lean manufacturing/"env. friendly purchasing", etc)

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

Recycle Paper, Aluminum, Boxes, and Pallets? Yes No

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

Overflow Alarms

Fog Spray Rinsing

Dragout Collection Trays

Air Jets to Blow Parts Dry

Aqueous Paint Stripping Solutions

Water Soluble Cutting Fluids

In-Process Recycle (Ion Exchange, Reverse Osmosis)

Dead Rinse Tanks

Aqueous Cleaning Solutions

Countercurrent Rinsing

Seal-Less Pumps

Secondary Containment of Process Solutions

Bead Blasting to Remove Paint

Recycle Overspray

Conductivity Meters

Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment? Yes No N/A
 Are they pretreated prior to discharge to the sanitary sewer? Yes No N/A
 Was the pretreatment system visually inspected during this visit? Yes No N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:

<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Belt/Disk Oil Skimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

System well maintained based on appearance

Does the description match the schematic currently on file? Yes No N/A

System Operator(s) Name: Joe May, James Diemer & Douglas Coe 2H 2re "wastewater treatment operators"

Does discharge permit require licensed operator? Yes No N/A

Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3)? Yes No N/A

List Name(s) and License classification: (see above)

Is training provided to the Pretreatment System Operator(s)? Yes No N/A

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? Batch Continuous Combination

If any discharges are batch type or combination, describe the following:

Volume of each batch: gallons per

Describe process from which batch originated (spent bath, e.g.):

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
		63675.1

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. OILS & Sul Acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. ALK & g hus Acid WASH	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer

Does the Chemical Storage Area(s) contain any of the following?

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Dikes, Berms for Containment ① | <input type="checkbox"/> Plugs for Floor Drains |
| <input type="checkbox"/> Secondary Tanks for Holding | <input type="checkbox"/> Premix (low) Concentrations |
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Chain restraints, limited access |
| <input type="checkbox"/> Spills Control Kits for Cleanup | <input type="checkbox"/> Notification Procedures |
| <input type="checkbox"/> Chemical desegregation within Storage Area | <input type="checkbox"/> Other |

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Chemical storage comments:

① Poly IBC Spill Containment Units

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<input checked="" type="checkbox"/> yes ^① <input type="checkbox"/> no
If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place? ^②	
Is the spill/slug control plan < 2 years old?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(B) Describes storage and handling of chemicals	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(C) Procedures for immediate notification to POTW of slug discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
2. Describes procedures and equipment for emergency response	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
3. Describes follow-up to limit damage suffered by POTW or environment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
5. Are worker personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Is it posted in areas where chemicals are used and stored?	<input type="checkbox"/> yes <input type="checkbox"/> no
If Yes how many?	
Are appropriate personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have there been any non-routine, episodic discharges or chemical spills in the past year?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
(Briefly Describe, Include Dates)	

Was the City notified of these occurrences? yes no N/A

Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	Vat at end of treatment system
Total Flow Monitoring Point	Line from Vat w/ flocculizer
Upstream Manhole	
Point of Connection:	

- ① SPCC incomplete at this time; I asked Robby to add ADEQ/EPA numbers & Post these numbers in a conspicuous location in the plant. Also need to add POTW number for contained spills.
- ② Facility has no open floor drains so 2 SPCC for the POTW is not required.

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title.

Operator takes 24-hr Composite sample from VAI at end of pretreatment system.

Where is the sample point located?

<input type="checkbox"/> End of Process	<input checked="" type="checkbox"/> Pretreatment Effluent	<input type="checkbox"/> Total Flow
<input type="checkbox"/> Combined Flow	<input type="checkbox"/> Metered Flow	<input type="checkbox"/> Flow Actuator
<input type="checkbox"/> Private Manhole	<input type="checkbox"/> Utility Manhole	<input type="checkbox"/> Advance Notice Required
<input type="checkbox"/> Safety Hazards Identified	<input type="checkbox"/>	<input type="checkbox"/>

Is the Sample Collection Site Adequate? Yes No N/A

Does the facility rep. request a split sample on this sampling/inspection? Yes No

Does the facility perform self-monitoring tests in-house? Yes No N/A

If no, record the name and address of Contract Lab: **Sorvells**

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the Contract Lab certified by ADEQ for test parameters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dates and Times of Sample Analysis Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Correct Methods Used for Test Analysis (Refer To 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EPA recommended holding times being met (Refer to 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Chain of Custody Records for Self-Monitoring Samples Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were correct Sample Types Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dates and times of Sample Collection Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Samples preserved correctly (refer to 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Self Monitoring records on file for past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

List the parameters the facility monitors and the frequency:

<input checked="" type="checkbox"/> Cd(t)	<input checked="" type="checkbox"/> Cu(t)	<input checked="" type="checkbox"/> Cr(t)	<input checked="" type="checkbox"/> Ni(t)	<input checked="" type="checkbox"/> Pb(t)
<input checked="" type="checkbox"/> Ag(t)	<input checked="" type="checkbox"/> Zn(t)	<input type="checkbox"/> pH	<input type="checkbox"/> CN(t)	<input type="checkbox"/> CN(a-c)
<input type="checkbox"/> TTO-Vol	<input type="checkbox"/> TTO-B/N	<input type="checkbox"/> TTO-A.E.	<input type="checkbox"/> TTO-Pest	<input type="checkbox"/> Cr(hex)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? Analysis Certification Statement

Does the facility have a Toxic Organic Management Plan? Yes No N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? Yes No N/A

List the date of the last revision to the TOMP:

Is the TOMP being followed as written? Yes No N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? Yes No N/A (If yes, provide description of evidence in comments.)

Comments:

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433/403.6(e)

e of this form is not an EPA/ADEQ requirement.

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

Scroll Technologies
One Scroll Drive
Arkadelphia, AR 71923

B. FACILITY & LOCATION ADDRESS

Scroll Technologies
One Scroll Drive
Arkadelphia, AR 71923

C. FACILITY CONTACT:

William G. Freuck

TELEPHONE NUMBER:

870-246-0737

(2) REPORTING PERIOD--FISCAL YEAR From Mar 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

March & September

B. PERIOD COVERED BY THIS REPORT

FROM: 9/1/2006 TO: 3/1/2007

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

- Electroplating
- Electroless Plating
- Anodizing
- Coating
- Chemical Etching and Milling
- Printed Circuit Board Manufacture

ANCILLARY PROCESS(ES)*

LIST BELOW EACH PROCESS USED IN THE FACILITY

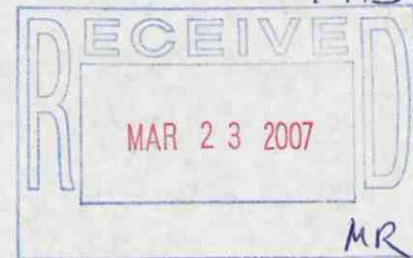
- Cleaning
- Machining
- Grinding
- Painting

B. CHANGES:

SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.

No major changes in regulated processes since the last report.

Mar 2007 SAR
File date 2007 0402



*SEE 40CFR433.10(a) FOR 30 DIFFERENT OPERATIONS

C. Number of Regular Employees at this Facility 828

D. [Reserved]

AFIN 10-00102
AR 001040

Department of Industrial Engineering, University of Michigan, Ann Arbor, Michigan 48106

to the Editor

Planning
Engineering
Machining
Casting

The authors are to be commended for their paper.

The authors are to be commended for their paper.

It is interesting to see the use of the term

X-factor

in the paper.

The authors are to be commended for their paper.

The authors are to be commended for their paper.

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The authors are to be commended for their paper.

Industrial Engineering Department

Michigan

Ann Arbor

48106

Michigan

The authors are to be commended for their paper.

The authors are to be commended for their paper.

William G. Fryback

840 248-0731

Philadelphia, PA 19103

Philadelphia, PA 19103

Control Technologies

Control Technologies

The authors are to be commended for their paper.

The authors are to be commended for their paper.

The authors are to be commended for their paper.

INDUSTRIAL ENGINEERING DEPARTMENT, UNIVERSITY OF MICHIGAN, ANN ARBOR, MICHIGAN 48106

(4) FLOW MEASUREMENT

INDIVIDUAL & TOTAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY (GPD)

Process	Average Flow	Maximum Flow	Type of Discharge
Regulated (Total)	<i>AMPCAN</i> 50,353	73,700	Continuous
Regulated (Cyanide)	50,353	73,700	Continuous
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	<i>AMPCAN</i> 360	3,600	Batch
Cooling Water	100	200	Continuous
Sanitary	15,870	19,215	Continuous
Total Flow to POTW	66,683	96,715	*****

*"Unregulated" has a precise legal meaning; see 40CFR403.6(e).

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

- Neutralization
- Chemical Precipitation and Sedimentation
- Chromium Reduction
- Cyanide Destruction
- Other _____
- None

B. COMMENTS ON TREATMENT SYSTEM

N/A

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES--CORE & ANCILLARY--(AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT PERIOD IN THE SPACE PROVIDED BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant (mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO
MAC	0.108	2.731	3.332	0.680	3.924	0.424	2.573	1.183	2.100
AAC	0.069	1.686	2.041	0.424	2.346	0.237	1.459	0.641	***
AMMC	0.001	0.007	0.103	0.025	0.880	0.001	1.130	0.009	0.068
AMAC	0.0010	0.0027	0.0368	0.0088	0.2012	0.0010	0.4668	0.009	0.0345

MAC <-> Max Alternate Conc AAC <-> Ave Alternate Conc AMMC <-> Actual Measured Max Conc AMAC <-> Actual Measured Ave Conc
See 40CFR403.6(e) for details on Alternate Concentrations

Sample Location After Pre-Treatment

Sample Type (Grab or Composite) Composite

Number of Samples and Frequency Collected 6 samples @ 1 per month

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

CYANIDE CERTIFICATION (applicability Pending)

[Reserved]

B. CHECK ONE: §433.11(c) TOXIC ORGANIC ANALYSIS ATTACHED §433.12(a) TIO CERTIFICATION PROVIDED BELOW

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Arkansas Department of Environmental Quality.

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____ of _____

a corporation, known to me to be the person whose name is subscribed to the foregoing instrument(s), and acknowledged to me that he executed the same for purposes and considerations therein expressed, in the capacity therein stated and as the act and deed of said corporation.

Given under my hand and seal of office on this _____ day of _____, 199__.

Notary Public in and for _____
County, Arkansas

§6602 [42 U.S.C. 13101] Findings and Policy para (b) Policy--The Congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

We continue to use mechanical separation of oil and grease prior to pre-treatment.

(8) GENERAL COMMENTS

N/A

(9) SIGNATORY REQUIREMENTS [40CFR403.12(i)]

I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Carlos Zamudio

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

General Manager

OFFICIAL TITLE

[Signature]
SIGNATURE

3/19/07

DATE SIGNED

Waste Water Report

<u>Month</u>	<u>Days in Month</u>	<u>Daily Average</u>	<u>High Flow</u>	<u>Low Flow</u>	<u>Total Effluent Gal.</u>
Sept.- 06	30	52,043	62,200	33,900	1,561,300
October	31	54,981	63,500	40,300	1,704,400
November	30	43,747	59,800	23,000	1,312,400
December	21	54,662	73,700	46,000	1,147,900
Jan. - 07	40	55,597	51,800	30,700	2,223,900
February	28	41,090	65,800	28,000	1,150,500
<u>Daily Average for 6 Months</u>		50,353		<u>Grand Total</u>	9,100,400

Comments:

* December had 21 days due to shutdown so January has 40 days to get the average and keep the total flow correct.

* For 9/1/2006 through 3/1/2006

Water Usage, March 2007

Head Count:

Shift:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:
1-Monday - Thursday	229	229	229	229			
1-Monday - Friday	130	130	130	130	130		
2-Monday - Thursday	179	179	179	179			
2-Monday - Friday	11	11	11	11	11		
3-Friday - Sunday					197	197	197
4-Friday - Sunday					82	82	82
Total Daily Head Count:	549	549	549	549	420	279	279

@ 35 gallons / day / person

Water Usage:	19,215	19,215	19,215	19,215	14,700	9,765	9,765
---------------------	---------------	---------------	---------------	---------------	---------------	--------------	--------------

Total Head Count: 828

Maximum Daily Usage: 19,215

7-day Usage: 111,090

Average Daily Usage: 15,870

Average Daily Usage: 18,818
 Total Usage: 111,020
 Maximum Daily Usage: 18,118

Total Head Count: 838

	Water Usage	12/31/12	12/31/13	12/31/14	12/31/15	12/31/16	12/31/17	12/31/18	12/31/19	12/31/20
Level Daily Head Count:	240	212	248	248	218	218	218	218	218	218
1 Sunday - Sunday									83	83
2 Sunday - Sunday									187	187
3 Sunday - Other	11	11	11	11	11	11	11	11	11	11
4 Monday - Thursday	158	158	158	158	158	158	158	158	158	158
5 Monday - Friday	120	120	120	120	120	120	120	120	120	120
6 Monday - Thursday	238	238	238	238	238	238	238	238	238	238

Head Count:

Water Usage, March 2003

EFFLUENT SAMPLING SEPTEMBER 1, 2006 THROUGH MARCH 1, 2007

ATTRIBUTE	CADMIUM	CHROME	COPPER	LEAD	NICKEL	SILVER	ZINC	CYANIDE	TTO	ARSENIC
9/6/2006	0.001	0.001	0.013	0.001	0.04	0.001	0.321	0.009	0.068	0.001
10/11/2006	0.001	0.001	0.035	0.010	0.089	0.001	0.290	0.009	0.021	0.003
11/1/2006	0.001	0.001	0.025	0.002	0.06	0.001	0.272	0.009	0.052	0.001
12/6/2006	0.001	0.007	0.103	0.025	0.880	0.001	0.631	0.009	0.030	0.003
1/3/2007	0.001	0.005	0.027	0.003	0.064	0.001	1.130	0.009	0.014	0.001
2/7/2007	0.001	0.001	0.018	0.012	0.074	0.001	0.157	0.009	0.022	0.001
AMMC MAXIMUM	0.001	0.007	0.103	0.025	0.880	0.001	1.130	0.009	0.068	0.003
AMAC AVERAGE	0.0010	0.0027	0.0368	0.0088	0.2012	0.001	0.4668	0.009	0.0345	0.002



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LABORATORY ANALYSIS

Date of Report: October 6, 2006
Date Received : September 6, 2006

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT GRAB COMP 09/06/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Dieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	5.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.068	mg/Liter	Calc.

Laboratory Number: 7417.001



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LABORATORY ANALYSIS

Date of Report: November 13, 2006
Date Received : October 11, 2006

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT GRAB 10/11/04

ANALYTE		RESULT	UNITS	METHOD
Dieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	5.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.021	mg/Liter	Calc.

Laboratory Number: 7548.001



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LABORATORY ANALYSIS

Date of Report: November 21, 2006
Date Received : November 1, 2006

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE

ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT GRAB COMP 11/01/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Diieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	2.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.052	mg/Liter	Calc.

Laboratory Number: 7604.001



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LABORATORY ANALYSIS

Date of Report: December 26, 2006
Date Received: December 6, 2006

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813
Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885
Sample From: EFFLUENT GRAB COMP 12/06/06 12/05-06/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Dieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	10.000	ug/Liter	625i
PCB-1221	<	2.000	ug/Liter	625i
PCB-1232	<	5.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	2.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	50.000	ug/Liter	625i
TTO, Total Toxic Organics	<	0.200	ug/Liter	625i
		0.030	mg/Liter	Calc.

Laboratory Number: 7724.001



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LABORATORY ANALYSIS

Date of Report: January 30, 2007
Date Received : January 3, 2007

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885

Sample From: EFFLUENT GRAB COMP 01/03/07 01/02-03/07 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Diieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	mg/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	5.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.014	mg/Liter	Calc.

Laboratory Number: 7825.001



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LABORATORY ANALYSIS

Date of Report: February 26, 2007
Date Received : February 7, 2007

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE

ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885

Sample From: EFFLUENT GRAB COMP 02/07/07 02/06-07/07 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Diieldrin	<	10.000	ug/Liter	625i
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	10.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	5.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.022	mg/Liter	Calc.

Laboratory Number: 7951.101



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LABORATORY ANALYSIS

Date of Report: September 18, 2006
Date Received : September 6, 2006

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT GRAB COMP 09/06/06 09/06/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Biochemical oxygen demand		150.000	mg/Liter	5210 B
Total suspended solids		12.000	mg/Liter	160.2
Oil and grease - Gravimetric		2.500	mg/Liter	1664
pH (-H+)		7.010	units	4500 B
Temperature		19.000	.C	2550 B
Cadmium, Cd	<	0.001	mg/Liter	200.8
Chromium, Cr	<	0.001	mg/Liter	200.8
Copper, Cu		0.013	mg/Liter	200.8
Lead, Pb	<	0.001	mg/Liter	200.8
Manganese, Mn		0.185	mg/Liter	200.8
Nickel, Ni		0.040	mg/Liter	200.8
Silver, Ag	<	0.001	mg/Liter	200.8
Cyanide, total	<	0.009	mg/Liter	335.2
Arsenic, As		0.001	mg/Liter	200.8
Flow		0.045	mgd	Calc.
Metals, Digestion for	=	1.000	ea sample	3030 D
Zinc, Zn		0.321	mg/Liter	200.8



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LABORATORY ANALYSIS

Date of Report: October 24, 2006
Date Received : October 11, 2006

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE
ARCADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT COMP 10/11/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Biochemical oxygen demand		112.000	mg/Liter	5210 B
Total suspended solids		11.500	mg/Liter	160.2
Oil and grease - Gravimetric		2.400	mg/Liter	1664
pH (-H+)		7.130	units	4500 B
Temperature		6.500	.C	2550 B
Cadmium, Cd	<	0.001	mg/Liter	200.8
Chromium, Cr	<	0.001	mg/Liter	200.8
Copper, Cu		0.035	mg/Liter	200.8
Lead, Pb		0.010	mg/Liter	200.8
Manganese, Mn		0.416	mg/Liter	200.8
Nickel, Ni		0.089	mg/Liter	200.8
Silver, Ag	<	0.001	mg/Liter	200.8
Cyanide, total	<	0.009	mg/Liter	335.2
Arsenic, As		0.003	mg/Liter	200.8
Flow		0.060	mgd	Calc.
Metals, Digestion for	=	1.000	ea sample	3030 D
Zinc, Zn		0.290	mg/Liter	200.8

Laboratory Number: 7548.001A



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LABORATORY ANALYSIS

Date of Report: November 16, 2006
 Date Received : November 1, 2006

For: SCROLL TECHNOLOGIES
 ONE SCROLL DRIVE
 ARKADDELPHIA, AR 71923-8813
 Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482
 Sample From: EFFLUENT GRAB

ANALYTE		RESULT	UNITS	METHOD
Biochemical oxygen demand		88.200	mg/Liter	5210 B
Total suspended solids		19.500	mg/Liter	160.2
Oil and grease - Gravimetric		3.300	mg/Liter	1664
pH (-H+)		8.080	units	4500 B
Temperature		27.500	.C	2550 B
Cadmium, Cd	<	0.001	mg/Liter	200.8
Chromium, Cr	<	0.001	mg/Liter	200.8
Copper, Cu		0.025	mg/Liter	200.8
Lead, Pb		0.002	mg/Liter	200.8
Manganese, Mn		0.272	mg/Liter	200.8
Nickel, Ni		0.060	mg/Liter	200.8
Silver, Ag	<	0.001	mg/Liter	200.8
Cyanide, total	<	0.009	mg/Liter	335.2
Arsenic, As	<	0.001	mg/Liter	200.8
Flow		0.066	mgd	Calc.
Metals, Digestion for	=	1.000	ea sample	3030 D
Zinc, Zn		0.272	mg/Liter	200.8

Laboratory Number: 7604.001A



**SORRELLS RESEARCH
LABORATORY AND FIELD SERVICES**

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CHEMISTS
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8002 Stanton Road
Little Rock, Arkansas 72209

Phone 501-562-8139
Fax 501-562-7025
Toll Free 1-800-331-8139

LABORATORY ANALYSIS

Date of Report: December 14, 2006
Date Received : December 6, 2006

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARCADELPHIA, AR 71923-8813
Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885
Sample From: EFFLUENT GRAB COMP 12/06/06 12/05-06/06 0600-0600

ANALYTE	RESULT	UNITS	METHOD
Biochemical oxygen demand	120.000	mg/Liter	5210 B
Total suspended solids	11.800	mg/Liter	160 2
Oil and grease - Gravimetric	3.100	mg/Liter	1664
pH (-H+)	8.200	units	4500 B
Temperature	23.800	.C	2550 B
Cadmium, Cd	0.001	mg/Liter	200.8
Chromium, Cr	0.007	mg/Liter	200.8
Copper, Cu	0.103	mg/Liter	200.8
Lead, Pb	0.025	mg/Liter	200.8
Manganese, Mn	0.662	mg/Liter	200.8
Nickel, Ni	0.880	mg/Liter	200.8
Silver, Ag	0.001	mg/Liter	200.8
Cyanide, total	0.009	mg/Liter	335.2
Arsenic, As	0.003	mg/Liter	200.8
Flow	0.067	mgd	Calc.
Metals, Digestion for	1.000	ea sample	3030 D
Zinc, Zn	0.631	mg/Liter	200.8

Laboratory Number: 7724.001A



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Toll Free 1-800-331-8139

LABORATORY ANALYSIS

Date of Report: February 19, 2007
Date Received : January 3, 2007

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE

ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885

Sample From: EFFLUENT GRAB COMP 01/03/07 01/02-03/07 0600-0600

ANALYTE	RESULT	UNITS	METHOD
Biochemical oxygen demand	55.760	mg/Liter	5210 B
Total suspended solids	8.000	mg/Liter	160.2
Oil and grease - Gravimetric	2.400	mg/Liter	1664
pH (-H+)	7.080	units	4500 B
Temperature	21.600	.C	2550 B
Cadmium, Cd	<	0.001 mg/Liter	200.8
Chromium, Cr		0.005 mg/Liter	200.8
Copper, Cu		0.027 mg/Liter	200.8
Lead, Pb		0.003 mg/Liter	200.8
Manganese, Mn		0.741 mg/Liter	200.8
Nickel, Ni		0.064 mg/Liter	200.8
Silver, Ag	<	0.001 mg/Liter	200.8
Cyanide, total	<	0.009 mg/Liter	335.2
Arsenic, As	<	0.001 mg/Liter	200.8
Flow		1.176 mgd	Calc.
Metals, Digestion for	=	1.000 ea sample	3030 D
Zinc, Zn		1.130 mg/Liter	200.8

Laboratory Number: 7825.001A



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8002 Stanton Road
Little Rock, Arkansas 72209

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Phone 501-562-8139
Fax 501-562-7025
Toll Free 1-800-331-8139

LABORATORY ANALYSIS

Date of Report: February 19, 2007
Date Received : February 7, 2007

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813
Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-88885
Sample From: EFFLUENT

ANALYTE		RESULT	UNITS	METHOD
Biochemical oxygen demand		64.650	mg/Liter	5210 B
Total suspended solids		20.500	mg/Liter	160.2
Oil and grease - Gravimetric		2.800	mg/Liter	1664
pH (-H+)		6.470	units	4500 B
Temperature		22.800	.C	2550 B
Cadmium, Cd	<	0.001	mg/Liter	200.8
Chromium, Cr	<	0.001	mg/Liter	200.8
Copper, Cu		0.018	mg/Liter	200.8
Lead, Pb		0.012	mg/Liter	200.8
Manganese, Mn		0.952	mg/Liter	200.8
Nickel, Ni		0.074	mg/Liter	200.8
Silver, Ag	<	0.001	mg/Liter	200.8
Cyanide, total	<	0.009	mg/Liter	335.2
Arsenic, As	<	0.001	mg/Liter	200.8
Flow		0.012	mgd	Calc.
Metals, Digestion for	=	1.000	ea sample	3030 D
Zinc, Zn		0.157	mg/Liter	200.8

Laboratory Number: 7951.001A

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433/403.6(e)

Attn: Water Div/NPDES Pretreatment

Use of this form is not an EPA/ADEQ requirement.

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

Scroll Technologies
One Scroll Drive
Arkadelphia, AR 71923

B. FACILITY & LOCATION ADDRESS

Scroll Technologies
One Scroll Drive
Arkadelphia, AR 71923

C. FACILITY CONTACT: **William G. Freuck**

TELEPHONE NUMBER: **870-246-0737**

(2) REPORTING PERIOD--FISCAL YEAR From Mar 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

March & September

B. PERIOD COVERED BY THIS REPORT

FROM: 3/1/2006 TO: 9/1/2006

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

- Electroplating
- Electroless Plating
- Anodizing
- Coating**
- Chemical Etching and Milling
- Printed Circuit Board Manufacture

ANCILLARY PROCESS(ES)*

LIST BELOW EACH PROCESS USED IN THE FACILITY

- Cleaning
- Machining
- Grinding
- Painting
- _____
- _____

B. CHANGES:

SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.

No major changes in regulated processes since the last report.

Sep 2006 SAR

File date 2006 09 25

*SEE 40CFR433.10(a) FOR 40 DIFFERENT OPERATIONS

C. Number of Regular Employees at this Facility **804**

D. [Reserved]

- Grinding
- Milling
- Cleaning

UNITED STATES PATENT OFFICE

- [unclear] [unclear] [unclear]
- [unclear] [unclear] [unclear]
- [unclear] [unclear] [unclear]
- [unclear] [unclear] [unclear]
- [unclear] [unclear] [unclear]

since the last report
no major changes in registered processes

PROCESSES
FROM THE REPORTING OFFICE
THESE CHANGES ARE LISTED IN THE
APPENDIX TO THIS REPORT

PHARMACEUTICAL DEVELOPMENT

March September

FROM 3/1/50 TO 9/1/50

NO. OF PATENT APPLICATIONS

IF PATENT APPLICATIONS

PHARMACEUTICAL DEVELOPMENT

William G. French

870-546-0737

Philadelphia, AR 31823

Philadelphia, AR 31823

Scroll Technologies

Scroll Technologies

INDUSTRIAL REPORT FOR INDUSTRIAL PROCESS REGISTRATION



September 13, 2006

Rufus J. Torrence
Pretreatment Engineer
Water Division, ADEQ
PO Box 8913
Little Rock, AR 72219-8913

Dear Mr. Torrence,

Please find enclosed the Semi-Annual Waste Water Report for Scroll Technologies for the period of March 1, 2006 through September 1, 2006 in accordance with 40CFR403.12(e).

Additionally, I would like to take this opportunity to introduce myself. My name is Bill Freuck and I have recently been placed as the Technical Services Manager for Scroll Technologies, taking over Mr. Robby Tefteller's former responsibilities. My contact information follows:

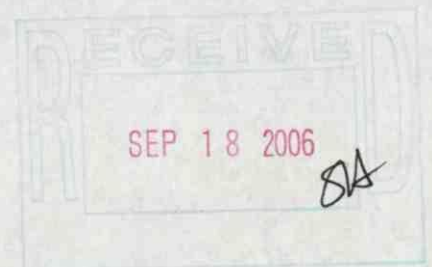
Tel: 870-246-0737
Email: bill.freuck@scrolltech.com

If there are additional questions or requirements for the contained report, or other environmental matters, please contact me at your convenience.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Bill Freuck', with a stylized flourish at the end.

Bill Freuck
Technical Services Manager
Scroll Technologies



Cc: R. Jacoby



September 13, 2006

Rufus J. Torrence
Treatment Engineer
Water Division ADEO
PO Box 8813
Little Rock, AR 72219-8813

Dear Mr. Torrence,

Please find enclosed the Semi-Annual Waste Water Report for Scroll Technologies for the period of March 1, 2006 through September 1, 2006 in accordance with 40CFR403.12(e).

Additionally, I would like to take this opportunity to introduce myself. My name is Bill Frueck and I have recently been placed as the Technical Services Manager for Scroll Technologies, taking over Mr. Robby Teller's former responsibilities. My contact information follows:

Tel: 870-248-0737
Email: bill.frueck@scroll.com

If there are additional questions or requirements for the contained report, or other environmental matters, please contact me at your convenience.

Sincerely,

Bill Frueck
Technical Services Manager
Scroll Technologies

cc: R. Jacoby

(4) FLOW MEASUREMENT

INDIVIDUAL & TOTAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY (GPD)

Process	Average Flow	Maximum Flow	Type of Discharge
Regulated (Total)	49,148	82,800	Continuous
Regulated (Cyanide)	49,148	82,800	Continuous
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	360	3,600	Batch
Cooling Water	100	200	Continuous
Sanitary	15,320	18,340	Continuous
Total Flow to POTW	64,928	104,940	*****

*"Unregulated" has a precise legal meaning; see 40CFR403.6(e).

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

- Neutralization
- Chemical Precipitation and Sedimentation
- Chromium Reduction
- Cyanide Destruction
- Other _____
- None

B. COMMENTS ON TREATMENT SYSTEM

N/A

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES--CORE & ANCILLARY--(AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT PERIOD IN THE SPACE PROVIDED BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant (mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO*
MAC	0.108	2.731	3.332	0.680	3.924	0.424	2.573	1.183	2.100
AAC	0.069	1.686	2.041	0.424	2.346	0.237	1.459	0.641	***
AMMC	0.001	0.007	0.133	0.012	0.113	0.002	0.740	0.009	0.162
AMAC	0.0009	0.0021	0.0491	0.0049	0.0507	0.001	0.3203	0.009	0.0662

MAC <=> Max Alternate Conc AAC <=> Ave Alternate Conc AMMC <=> Actual Measured Max Conc AMAC <=> Actual Measured Ave Conc
See 40CFR403.6(e) for details on Alternate Concentrations

Sample Location After Pre-Treatment

Sample Type (Grab or Composite) Composite

Number of Samples and Frequency Collected 6 samples @ 1 per month

40CFR136 Preservation and Analytical Methods Use: Yes No

DATE: 28/05/2014 Time: 10:30 AM

Number of samples: 1 and Factors of analysis: 9 samples @ 1 bar width

Sample type: Composite

Sample Position: After Pre Treatment

For identification of species, the sample should be: Wet Dry Frozen Other

WAVL	0.0000	0.0025	0.0050	0.0075	0.0099	0.0125	0.0150	0.0175	0.0200	0.0225	0.0250
AVRAGE	0.001	0.001	0.129	0.015	0.015	0.115	0.005	0.140	0.006	0.125	0.125
AVR	0.000	0.000	0.021	0.120	0.120	0.110	0.110	0.140	0.010	0.110	0.110
AVR (Mean)	0.000	0.000	0.025	0.025	0.025	0.025	0.025	0.025	0.025	0.025	0.025

For the purpose of this analysis, the following parameters were used:
 - Number of samples: 1
 - Factors of analysis: 9
 - Sample type: Composite
 - Sample Position: After Pre Treatment
 - For identification of species, the sample should be: Dry

- Other
- Sample type: Composite
- Composite: Composite
- Composite: Composite
- Sample type: Composite

Number of samples: 1
 Factors of analysis: 9

5) IDENTIFICATION OF POLYMER

Identification of polymer: Composite

Sample	WAVL	AVR	AVR (Mean)	Sample
0.001	0.001	0.129	0.015	Composite
0.0025	0.0025	0.129	0.015	Composite
0.0050	0.0050	0.129	0.015	Composite
0.0075	0.0075	0.129	0.015	Composite
0.0099	0.0099	0.129	0.015	Composite
0.0125	0.0125	0.129	0.015	Composite
0.0150	0.0150	0.129	0.015	Composite
0.0175	0.0175	0.129	0.015	Composite
0.0200	0.0200	0.129	0.015	Composite
0.0225	0.0225	0.129	0.015	Composite
0.0250	0.0250	0.129	0.015	Composite

(6) CERTIFICATION

CYANIDE CERTIFICATION (applicability Pending)

[Reserved]

B. CHECK ONE: §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED §433.12(a) TTO CERTIFICATION PROVIDED BELOW

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Arkansas Department of Environmental Quality.

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____ of _____,

a corporation, known to me to be the person whose name is subscribed to the foregoing instrument(s), and acknowledged to me that he executed the same for purposes and considerations therein expressed, in the capacity therein stated and as the act and deed of said corporation.

Given under my hand and seal of office on this _____ day of _____, 199__.

Notary Public in and for _____
County, Arkansas

§6602 [42 U.S.C. 13101] Findings and Policy para (b) Policy.--The Congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

We continue to use mechanical separation of oil and grease prior to pre-treatment.

(8) GENERAL COMMENTS

N/A

(9) SIGNATORY REQUIREMENTS [40CFR403.12(1)]

I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Carlos Zamudio

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

General Manager

OFFICIAL TITLE

[Signature]
SIGNATURE

9/13/06

DATE SIGNED

REPORT TITLE

General Mansfield

REPORT NO.

NAME OF PERSON OR ORGANIZATION TO WHOM REPORT MADE

Carpa Zamudio

DATE

Information regarding the background of the individual(s) or organization(s) involved and being the recipient and address. For those that have no name, the preferred title and address or to the best of the knowledge of the investigator. For those that have no name, the preferred title and address or to the best of the knowledge of the investigator. For those that have no name, the preferred title and address or to the best of the knowledge of the investigator. For those that have no name, the preferred title and address or to the best of the knowledge of the investigator.

(b) SIGNATURE, POSITION, ADDRESS, PHONE NO. (S)

N/A

(c) RESEARCH COMMENTS

We continue to see substantial reduction of oil and grease into the treatment

This item may be used in subsequent Pollution Prevention Reports



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8002 Stanton Road
Little Rock, Arkansas 72209

WEF



Phone 501-562-8139
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Toll Free 1-800-331-8139

LABORATORY ANALYSIS

Date of Report: August 25, 2006
Date Received : August 2, 2006

For: SCROLL TECHNOLOGIES
ONE SCROLL DRIVE
ARCADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT COMP 08/01/06 - 08/02-06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Endosulfan, Alpha-	<	10.000	ug/Liter	625i
Endosulfan, Beta-	<	10.000	ug/Liter	625i
Endosulfan sulfate	<	10.000	ug/Liter	625i
Endrin	<	10.000	ug/Liter	625i
Endrin aldehyde	<	10.000	ug/Liter	625i
Heptachlor	<	10.000	ug/Liter	625i
Heptachlor epoxide (beta)	<	2.000	ug/Liter	625i
PCB-1016	<	2.000	ug/Liter	625i
PCB-1221	<	5.000	ug/Liter	625i
PCB-1232	<	2.000	ug/Liter	625i
PCB-1242	<	2.000	ug/Liter	625i
PCB-1248	<	2.000	ug/Liter	625i
PCB-1254	<	2.000	ug/Liter	625i
PCB-1260	<	2.000	ug/Liter	625i
Toxaphene	<	50.000	ug/Liter	625i
2, 3, 7, 8- TCDD	<	0.200	ug/Liter	625i
TTO, Total Toxic Organics		0.032	mg/Liter	Calc.

Laboratory Number: 7315.001



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Little Rock, Arkansas 72209

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Toll Free 1-800-331-8139

LABORATORY ANALYSIS

Date of Report: June 15, 2006
Date Received : June 7, 2006

For: SCROLL TECHNOLOGIES

ONE SCROLL DRIVE
ARKADELPHIA, AR 71923-8813

Job: INDUSTRIAL WASTEWATER ANALYSIS / P.O.#50-57482

Sample From: EFFLUENT COMP 06/06/06 06/07/06 0600-0600

ANALYTE		RESULT	UNITS	METHOD
Biochemical oxygen demand		96.800	mg/Liter	5210 B
Total suspended solids		25.000	mg/Liter	160.2
Oil and grease - Gravimetric		3.200	mg/Liter	1664
pH (-H+)		8.400	units	4500 B
Temperature		28.000	.C	2550 B
Cadmium, Cd	<	0.001	mg/Liter	200.8
Chromium, Cr		0.007	mg/Liter	200.8
Copper, Cu		0.133	mg/Liter	200.8
Lead, Pb		0.005	mg/Liter	200.8
Manganese, Mn		0.640	mg/Liter	200.8
Nickel, Ni		0.050	mg/Liter	200.8
Silver, Ag	<	0.002	mg/Liter	200.8
Cyanide, total	<	0.009	mg/Liter	335.2
Arsenic, As		0.004	mg/Liter	200.8
Flow		0.045	mgd	Calc.
Metals, Digestion for	=	1.000	ea sample	3030 D
Zinc, Zn		0.740	mg/Liter	200.8

Laboratory Number: 7147.001A

ADEQ

ARKANSAS
Department of Environmental Quality

AFIN: 10-00102 Permit No.: ARP001040
Date: 4-13-07 By: R. Torrence
Project: TOMP

Sheet 1 of 1

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As of
today

Scroll has

no

TOMP

R. Torrence

