

Torrence, Rufus

From: Torrence, Rufus
Sent: Thursday, July 16, 2009 10:39 AM
To: 'Hall James H. Jr.'
Subject: AFIN 10-00102 ARP001040 Scroll Technologies in Arkadelphia, AR0020605

ATTN: James Hall, Sr. Quality Engineer

Thank you for taking the time to show me Scroll Technologies Arkadelphia operations on May 20, 2009. I apologize for the delay in responding, but I was waiting on the lab report. For your convenience, I have attached a copy of the inspection report and the ADEQ lab report.

I noticed that Scroll uses steel coils (about 18" wide and 1/8" thick). The coils are on a spool that provides continuous feed to a metal cutter and cold-working former. During my June 8, 2005 site visit I made a note to check to see if the Scroll cold-forming operation fell under 40CFR420 Iron and Steel Manufacturing point source category in addition to 40CFR433 Metal Finishing point source category.

After I reviewed 40CFR420, I determined that Scroll Arkadelphia operation falls under 40CFR433 (Phosphate Coating) only. In accordance with 40CFR420.100(a) the "unheated steel is passed through rolls...to reduce its thickness, to produce a smooth surface, or to develop controlled mechanical properties in the steel." Based on my observation, Scroll is only rolling the steel to produce a tube (no reduction in thickness, no change in surface or no new mechanical properties in the steel). Therefore, Scroll rolling operation does not fall under 40CFR420. Nonetheless, during my visit on May 20, 2009 I noticed that Scroll has two 40CFR433 core operations. In addition to the seven stage phosphate cleaning unit the Parco conversion coating operation is also a core operation. Core operations are the key processes in determining the applicability of the 40CFR433 category.

Scroll has no open floor drains in the plant which connect directly to the POTW. Wastewater enters open floor drains and all wastewater is pumped to the pretreatment system which consists of pH adjustment/floc. The treated wastewater is sampled at the end of the pretreatment system, metered and released to the POTW.

During the June 2005 exit interview, I pointed out that Scroll limits have been adjusted to account for dilution from the stormwater which Scroll pumps into the pretreatment system; therefore, Scroll limits are not shown in 40CFR433 as they have been reduced by using the Combined Wastestream Formula (CWF) shown in 40CFR403.6(e); for example, the zinc limits are 2.573 & 1.459 mg/l. During the pre-inspection meeting on May 20, 2009, I illustrated the procedure for calculating these alternative limits using the CWF. If you have any questions about the procedure, let me know.

According to 40CFR433.12(a) Scroll may submit a Toxic Organic Management Plan in lieu of sampling for TTOs; presently, Scroll is required to sample for the 110 toxic organic, seven metals and total cyanide for each semi-annual report.

Scroll may review the EPA Guidance Manual for Implementing Total Toxic Organics Pretreatment Standards by accessing this web site:

<http://www.epa.gov/npdes/pubs/owm0021.pdf>

Scroll can find an example of a Toxic Organic Management Plan in Appendix D of this manual.

Please let me know if you have any concerns.

Rufus Torrence, ADEQ
(501) 682-0626
torrence@adeq.state.ar.us

Pretreatment Industrial Inspection

Facility Information

Facility Name: Danfoss Scroll Technologies		Site Address: One Scroll Drive	
		Arkadelphia, AR 71923	
Signatory Authority (Name & Title): Al Holewinski, General Manager			
Phone: 870-246-0700		Mailing Address (if different):	
Fax:		Same	
Address: Same		Corporate Owner Name and address (if applicable):	
		Member of the Danfoss Group	
Phone:		Nordborgvej 81 6430 Nordborg Denmark	
Fax:		Phone: +45 7488 2222	
Contact Person (Name & Title):		Fax: +45 7449 0949	
James Hall, Jr.		Corporate CEO: Neils B. Christiansen	
e-mail: james.hall@scrolltech.com		e-mail:	
Facility Permit # ARP001040		Last Inspection Date: April 21, 2008	
POTW (City) IU discharges to: Arkadelphia Water Dept (Utility)		POTW's NPDES # AR0020605	
Industrial Classification:	<input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant	
If Categorical, list which CFR #(s) the facility is subject to:			
Table of Contents			
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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	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input 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): Rufus Torrence		Signature:	
IU Rep's Name (Print) James Hall		Signature: Not Applicable	
Date and Time Inspection Ended: May 20, 2009 @ 2:18 pm			

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

<input type="checkbox"/> Permit Renewal	<input checked="" 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): **Compliance Assurance**

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

<input checked="" type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Safety Concerns
<input checked="" type="checkbox"/> Process Inspection	<input checked="" type="checkbox"/> Pretreatment Process	<input type="checkbox"/> TOMP
<input checked="" type="checkbox"/> Chemical Storage	<input checked="" type="checkbox"/> Discharge point(s)	<input type="checkbox"/> Spills/Slug Control Plan
<input checked="" type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input type="checkbox"/> Process/Flow/Pretreatment Schematics
<input checked="" 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): **Danfoss is using a "Parco" coating process. The Parco process must also be included as a "core" process. Danfoss has a "seven-stage phosphate washer" for "cleaning/coating" the exterior of the compressor while the "Parco" is a phosphate conversion coating on the moving parts for lubricity.**

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: May 20, 2009 @ 10:20 am		SIC code(s): 3585	
IU Reps/Titles		Control Authority Reps/Titles	
James Hall, Sr. Quality Engr		Rufus Torrence, Engineer	
End product(s): Scroll A/C compressors		Approx. # of units produced: 1400/day	
Days of Operation: 7 days/week		Days of Production (if different): same	
Hours of Operation: 24 hours/day		Hours of Production (if different): same	
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to	
# of Employees: 397 (as of April 2009)	Peak Mos.:	"Off" Mos.:	
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? July & December			
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: <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No			
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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Slow down in economy			
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Flow rates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Flow changed when production levels decreased			
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? Not Applicable			
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 <input checked="" type="checkbox"/>			
Not Applicable			

Attachment A: Industrial Process(es)

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

1. Ransohoff Wash	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Parco Coating (Core Process)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Phosphate Coating (Core)	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):

Ransohoff is a hydroxide wash to remove oil, grease and other contaminants.

Parco is a phosphate conversion process that falls under 40 CFR 433 as a "core" operation.

Phosphate Coating is performed in a seven-stage washer and also is a core operation.

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

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 checked="" type="checkbox"/> Floor Cleanup	<input type="checkbox"/> Spent Bath Solutions
<input checked="" 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 checked="" type="checkbox"/> Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Major Raw Materials and Chemicals used:

Cast parts machined to form "scroll" fixed and orbiting parts. Steel rods machined to form "eccentric" shaft.

Acids (phosphoric, nitric, etc.) for cleaning and coating.

Lubricating oils for moving parts in compressor

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) Cd,Cu,Cr,Ni,Pb,Ag & Zn	<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 <input type="checkbox"/> No <input checked="" type="checkbox"/> But documentation is pending	
Does this facility practice P2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> In practice, but system still under development	
Environmental Management System in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> EMS is being developed for ISO Certification	
ISO Certified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> ISO 9001 & ISO 14001	
Written Standard Operating Procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Preventative Maintenance Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)	
Explain:	
Water Reuse: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Cost Accounting to Track Savings: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Inventory Control / "Green Purchasing": Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)	
Explain:	
Employee Training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Spent Solvent Reclamation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input type="checkbox"/> Fog Spray Rinsing	<input type="checkbox"/> Countercurrent Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input type="checkbox"/> Air Jets to Blow Parts Dry	<input type="checkbox"/> Secondary Containment of Process Solutions
<input type="checkbox"/> Aqueous Paint Stripping Solutions	<input checked="" type="checkbox"/> Bead Blasting to Remove Paint
<input checked="" type="checkbox"/> Water Soluble Cutting Fluids	<input type="checkbox"/> Recycle Overspray
<input type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input type="checkbox"/> Conductivity Meters
<input type="checkbox"/> Dead Rinse Tanks	<input type="checkbox"/> 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 checked="" 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 appears to well operated and maintained.

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

System Operator(s) Name: **Joe May, Doug Cole, James Diemer have Industrial Operator license.**

Greg Newton, Kenneth Langley, and Greg Conant have Advance Industrial Operator license.

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: **(Listed 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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was this area(s) visually inspected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Bulk Chemical Storage Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Heated Chemical Storage Area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3. Parco Chemical Storage Area	<input type="checkbox"/> Yes <input checked="" 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	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Were any new MSDS reviewed during the Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, list below:		
Chemical storage comments:		
Poly IBC Spill Containment Units		
Concrete berms in heated chemical storage area		
Chemical handling procedures (totes, dolly, buckets, hardline, etc):		
Totes, Forklifts,		

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no ¹
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 checked="" type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(B) Describes storage and handling of chemicals	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(C) Procedures for immediate notification to POTW of slug discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
2. Describes procedures and equipment for emergency response	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" 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 checked="" type="checkbox"/> N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" 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 checked="" 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)	
Not Applicable	
Was the City notified of these occurrences? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	Effluent tank with top spill to POTW.
Total Flow Monitoring Point	Inline flow totalizer on effluent pipe to POTW.
Upstream Manhole	
Point of Connection:	

¹ Facility has no open floor drains to the POTW so a SPCC for the POTW protection appears unnecessary.

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.

Sorrells Lab Technician takes 24-hour composite sample from tank/vat at the end of the pretreatment system.

Where is the sample point located? **Effluent tank with top spill to POTW.**

<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: **Sorrells lab in Little Rock**

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 checked="" type="checkbox"/> Cd(t) 2/yr	<input checked="" type="checkbox"/> Cu(t) 2/yr	<input checked="" type="checkbox"/> Cr(t) 2/yr	<input checked="" type="checkbox"/> Ni(t) 2/yr	<input checked="" type="checkbox"/> Pb(t) 2/yr
<input checked="" type="checkbox"/> Ag(t) 2/yr	<input checked="" type="checkbox"/> Zn(t) 2/yr	<input type="checkbox"/> pH	<input checked="" type="checkbox"/> CN ⁻ (t) 2/yr	<input type="checkbox"/> CN ⁻ (a-c)
<input checked="" type="checkbox"/> TTO-Vol 2/yr	<input checked="" type="checkbox"/> TTO-B/N 2/yr	<input checked="" type="checkbox"/> TTO-A.E.	<input checked="" type="checkbox"/> TTO-Pest 2/yr	<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:

Arkansas Department of Environmental Quality

5301 Northshore Drive

North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-1297

Sample ID: Scroll

Sample Collect Date: 5/20/2009

Sample C

Report Date: 7/14/2009

Type:

<u>Test Group</u>	<u>Test</u>		<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
ICP/MS-T							
	Aluminum	<	200	µg/L	5/28/2009	20	200
	Antimony	<	100	µg/L	5/28/2009	5	100
	Arsenic	<	10.0	µg/L	5/28/2009	0.5	10.0
	Barium	<	100	µg/L	5/28/2009	2	100
	Beryllium	<	5.00	µg/L	5/28/2009	0.1	5.00
	Boron		7990	µg/L	5/28/2009	5	250
	Cadmium	<	10.0	µg/L	5/28/2009	0.3	10.0
	Calcium		21.2	mg/L	5/28/2009	0.04	0.400
	Chromium	<	10.0	µg/L	5/28/2009	0.3	10.0
	Cobalt	<	10.0	µg/L	5/28/2009	0.5	10.0
	Copper		16.1	µg/L	5/28/2009	0.5	10.0
	Iron		2510	µg/L	5/28/2009	10	200
	Lead	<	10.0	µg/L	5/28/2009	0.1	10.0
	Magnesium	<	1.00	mg/L	5/28/2009	0.1	1.00
	Manganese		316	µg/L	5/28/2009	0.2	10.0
	Nickel		82.1	µg/L	5/28/2009	0.5	25.0
	Potassium		41.0	mg/L	5/28/2009	0.05	1.00
	Selenium	<	20.0	µg/L	5/28/2009	0.5	20.0
	Silicon Dioxide		6.50	mg/L	5/28/2009	0.02	2.00
	Silver	<	50.0	µg/L	5/28/2009	1	50.0
	Sodium		89.1	mg/L	5/28/2009	0.02	0.400
	Thallium	<	25.0	µg/L	5/28/2009	0.5	25.0
	Vanadium	<	25.0	µg/L	5/28/2009	1	25.0
	Zinc		614	µg/L	5/28/2009	2	30.0