

# ADEQ

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

**NOV 23 2015**

Steve Parke  
Director of Utilities  
City of Fort Smith  
3900 Kelly Hwy.  
Fort Smith, Arkansas 72904

Re: City of Fort Smith (NPDES #s AR0021750 and AR0033278) Pretreatment  
Program Audit / Municipal Pollution Prevention (P2) Assessment

Dear Mr. Parke:

Please find enclosed the finished report for the Audit/Assessment conducted September 15<sup>th</sup> through the 17<sup>th</sup>, 2015. The report with required actions and recommendations should be made available for review and discussion by appropriate City representatives. Please respond in writing within 30 days of the date on this correspondence with proposed corrective actions to deficiencies and recommendations found during the Audit.

Fort Smith's Pretreatment personnel seem very involved and knowledgeable of the National Pretreatment Program, its implementation and enforcement. This auditor was impressed with their professionalism exhibited during the audit and industry site visits.

It is wished more time could be expended incorporating Pollution Prevention (P2) into the City's Pretreatment Program. Many of the recommendations within are meant to help achieve that goal.

It was a pleasure and learning experience working with the City's Pretreatment personnel during this event and becoming more familiar with Fort Smith, its Pretreatment Program and industries.

Feel free to contact this office with any questions or concerns at (501) 682-0625.

Sincerely,



Allen Gilliam  
ADEQ State Pretreatment Coordinator

Encl: Audit/Assessment Checklist/Attachments

cc: Rudy Molina/EPA 6WQ-PO  
Jason Bolenbaugh/Inspector Supervisor

E/NPDES/NPDES/Pretreatment/Reports

**PRETREATMENT PROGRAM AUDIT/**

**POLLUTION PREVENTION ASSESSMENT**

**CITY OF FORT SMITH, ARKANSAS**

**NPDES PERMIT #s AR0021750 & AR0033278**

**November 5, 2015**

**Prepared by Allen Gilliam**

**ADEQ State Pretreatment Coordinator**

- A) Introduction
- B) Summary of Findings with Required Actions
- C) Recommended POTW Actions for Improved Implementation or Enforcement of the Pretreatment and Pollution Prevention Programs
- D) Required Program Modifications to the Approved Pretreatment Program Necessary to Bring the Program Into Compliance with the Letter or Intent of the Current Regulatory Requirements

#### LIST OF ATTACHMENTS

##### Pretreatment Program Audit/Assessment Checklist:

Section I: General Information

Section II: Program Analysis and Profile

Section III: Industrial User File Review

Reportable Noncompliance (RNC) Worksheet

SIU Site Visit Summaries

Attachment(s) A: Supporting Documentation

## A) INTRODUCTION

Under ADEQ's responsibility to fulfill its obligations for the administration and enforcement of the NPDES Program, audits of Pretreatment Programs within the state will be part of its coordination and compliance monitoring strategy.

With Pollution Prevention (P2) now integrated into Pretreatment Programs, ADEQ will conduct assessments of cities' P2 projects and programs in conjunction with the audits.

ADEQ performed an audit/assessment from September 15<sup>th</sup> through the 17<sup>th</sup>, 2015 on the Pretreatment Program implemented by City of Fort Smith, Arkansas. Participants included:

Allen Gilliam	ADEQ / State Pretreatment Coordinator
Lance McAvoy	City / Environmental Manager
John Hancock	City / Environmental Monitoring Supervisor
Steve Parke	City / Director of Utilities (exit interview)

The goals of the audit/assessment were:

- \* To determine the implementation and compliance status of the City of Fort Smith's Pretreatment Program with the requirements of the General Pretreatment Regulations located in 40 Code of Federal Regulations (CFR) Part 403;
- \* To determine the effectiveness of the City's Pretreatment and P2 Programs in eliminating the introduction of toxic pollutants from industrial discharges;
- \* To provide assistance and recommendations to the City that might allow for more effective implementation of program requirements; and
- \* To assess the level of additional Pollution Prevention activities implemented within the City's day-to-day Pretreatment procedures and make recommendations thereof .

EPA approved Fort Smith's pretreatment program on 8/31/85. The City modified the program; ADEQ reviewed and approved the modification on 12/5/97. The modification included incorporation of an enforcement response plan, revisions to the pretreatment ordinance and a headworks loading evaluation that indicated a local limit was necessary for Cyanide. Another submittal for revisions to the City's Pretreatment Program was approved by ADEQ Pretreatment staff on 12/21/12, but didn't fully capture all the minimum requirements of an approvable Pretreatment Program. The City is currently revising its technically based local limits and Pretreatment Ordinance to fully comply with the recent Streamlining revisions to 40 CFR.

Fort Smith operates two (2) POTWs. Neither POTW has shown a pattern of toxicity in the effluent that is discharged to the Arkansas River.

The Massard POTW consists of grit/grease removal, primary clarification, trickling filter followed by activated sludge and secondary clarification. Sludge is thickened, vacuum dewatered and sent to the local landfill. The wastewater is disinfected by ultraviolet radiation before it is discharged to the Arkansas River. The sludge rate averages about 5,328 dry tons/year. The design flow is 10 MGD and average influent rate is about 9.1 MGD. The POTW receives approximately 0.36 MGD from nine (9) Significant Industrial Users (SIUs), five (5) of which are regulated by categorical (federal) standards.

The "P" Street POTW consists of screening, degrit, anoxic biological selectors, activated sludge aeration basins followed by secondary clarification, chlorination and dechlorination. An additional 38 MGD can be treated by fine screens, grit removal, chemical addition (ferric/polymer), ballasted floc unit, chlorination and equalization (EQ) basin. When flows recede, volume from the EQ basin is returned to the head of the plant for full treatment. The "P" Street POTW's design flow is 12 MGD and averages 9.7 MGD. This POTW receives approximately 1.16 MGD from six (6) SIUs, two (2) of which are categorical industrial users. The sludge is thickened by gravity, pressed in a belt filter and disposed of at the local landfill. The sludge rate averages about 9,618 dry tons/year.

The audit consisted of informal discussions with the City's Pretreatment personnel and an examination of industrial user files and pretreatment records. The auditor utilized a checklist to ensure that all facets of the program were evaluated. A copy of the completed checklist is attached. Additional supporting information obtained during the audit is included as Attachment A-1 through A-7. The auditor visited three (3) of the City's significant industrial users. Finally, an exit interview was held with key City Pretreatment personnel to discuss findings during the audit.

The report is divided into three sections. Section B provides a summary of the significant findings of the audit which will require action by the City. Section C includes recommendations to help improve the implementation and enforcement of their Pretreatment and Pollution Prevention Programs. Finally, Section D outlines the required program modifications to the City's approved program, including its adopted legal authorities.

## **B) SUMMARY OF FINDINGS WITH REQUIRED ACTIONS**

This section of the report is a summary of deficiencies found in the City of Fort Smith's Pretreatment Program. Actions required by the City to comply with the current General Pretreatment Regulations (40 CFR 403) and with the approved program, will be paraphrased citations of the same. A narrative explanation of the finding will follow.

*1) Under 40 CFR 403.8(f)(1)(B), “Both individual and general control mechanisms must be enforceable and contain, at a minimum, the following conditions: (3) Effluent limits...based on applicable general Pretreatment Standards in part 403 of this chapter, categorical Pretreatment Standards...”*

*a) During GNB/Exide’s file review it was discovered its permit had a TTO (total toxic organics) sample/report or TOMP (toxic organic management plan) submittal clause (see Attch. A-1i). GNB/Exide falls under the Battery Manufacturing category under 40 CFR 461 which has no such TTO sampling or allowance of a TOMP in lieu of sampling requirement option.*

Several other Federally regulated “categoricals” and their subprocesses have discrete lists of TTOs.

The City can be more restrictive than the federal regulations. However, the City must specifically identify and list the toxic organics it is concerned with for GNB/Exide to sample for, submit a TOMP in lieu of sampling or remove the clause.

*b) During GNB/Exide’s file review it was discovered its production had decreased >20% from those used in its production based permit limits (see Attach. A-6b&c). The City must revise the facility’s mass limits to reflect its current average production.*

*c) During GNB/Exide’s file review it was not clear which subprocesses were actually in use at the facility (see Attch. A-6 b&c’s “subprocess” tables). The latest six (6) month report from GNB/Exide showed their limits didn’t match what this office calculated (Attch. A-6b). The City must verify which subprocess are in use and apply the “building block” approach in determining this facility’s most accurate mass permit limits.*

*2) Under 40 CFR 403.8(f)(2)(v), “[The City shall] Randomly sample and analyze the effluent from Industrial Users and conduct surveillance activities in order to identify, independent of information supplied by Industrial Users, occasional and continuing noncompliance with Pretreatment Standards...”*

It was discovered during the file review production numbers were not being verified during industry inspections. The City must verify production numbers from its production based industries and from each of their subparts.

This may take some understanding from the industry representatives because many such type facilities track their production electronically “from the floor” and may not feel comfortable with the City representative looking over his/her shoulder viewing production numbers being received from various work stations.

## **C) RECOMMENDED POTW ACTIONS FOR IMPROVED IMPLEMENTATION OF THE PRETREATMENT AND POLLUTION PREVENTION PROGRAMS**

1) STRONG recommendation to beef up each permitted industry's fact sheet (or section). Attachment A-3 shows a typical "fact sheet". Permit limit basis should be included as well as "start-up" date to help ensure the facility is subject to pretreatment standards for a new source or an existing one.

This office feels the fact sheet/section should also include the facility's comprehensive narrative process narrative from raw material in to finished product out including a similar narrative "process" description for its treatment system. A comprehensive wastewater flow schematic with flow directional arrows should be included matching up to the process narrative. Once the process narrative and wastewater flow schematics are updated (including revision date), the City's inspections can merely reference them, "process narrative/wastewater flow schematic in IU's file" (or words to that affect).

Categorical industries are required to submit the narrative process description and the wastewater flow schematic. It's recommended to send them the City's current documents requiring the facilities to revise/update/correct as necessary and submit (with revision date).

Raw materials should be listed, not just the basis substrate, but all chemicals used in all of its processes.

The slug potential evaluation should be included along with the IU's slug control plan (if necessary).

Metal Finishers' TOMP's should also be included (with last revision date).

2) It's recommended to include in all permits the description of the sampling point as footages from a fixed reference point.

3) Recommend placing the sample frequency, the type of samples (grab, time- or flow proportioned- composite) and the process flow requirement ("report only") on the same page as the IUs' permit limits.

4) Recommend modifying IU applications and IU surveys to include questions about pollution prevention (P2), source reduction, waste minimization, "just-in-time inventory", environmental management systems, etc. ongoing or planned.

5) Recommend sending the hazardous waste notification requirement per 40 CFR 403.12(p) to all the hazardous waste generators on ADEQ's list (provided during audit). It is realized this is a one-time notification requirement in CFR 403, but these generators seem to be very mobile moving into and out of different cities frequently.

Health care facilities should be identified and also be sent the notification requirement in light of the newly proposed Healthcare Hazardous Waste Management Rule.

6) Recommend beefing up current inspections with more narrative regarding the physical/visual evaluation of the facility's general O&M, housekeeping, safety of walkways, process/pretreatment equipment, plumbing, pumps, motors and any other appurtenances (rusting/leaking/weld or tank cracks/excessive vibration, "caked-up" chemicals, concrete floor "etching" etc.).

Chemical and hazardous waste storage (bermed, floor sloped to a collections sump, etc.) and handling procedures should be discussed (barrel dollies, fork lifts, overhead piped, hand carried buckets, etc.). In other words, how do virgin chemicals received at the loading dock end up at their individual work stations?

The City inspector's printed and signed name as well as the IU representative's with the date of the inspection should also appear on the report.

If the fact sheets' recommendations above are completed, many questions on the inspection report can just cite, "on file with the City".

7) Recommend sending fliers regarding proper disposal of pharmaceuticals, non-dispersibles and grease to the general public.

**D) REQUIRED PROGRAM MODIFICATIONS TO THE APPROVED PRETREATMENT PROGRAM NECESSARY TO BRING THE PROGRAM INTO COMPLIANCE WITH THE LETTER OR INTENT OF THE CURRENT REGULATORY REQUIREMENTS**

It's realized the City's most recent Pretreatment Ordinance is pending review and approval from ADEQ and it's technically based local limits' (TBLLs) evaluation submittal has been approved (see email dated 9/23/15).

A narrative explaining the basis for the maximum allowable industrial loadings (MAILs), graphs or charts illustrating TBLLs aren't necessary and a notation that site specific data had been used in the evaluation should be included.

Submit all the most current forms the City uses as part of its updated Pretreatment Program (IU survey form(s), IU inspection form, IU permit application form, IU permit template example, etc.).

\* \* \* \* \*

The City should consider the required actions and recommendations contained in this audit/assessment before finalizing any pretreatment program modifications. Any intended substantial program/ordinance changes made in the future, whether in response to the recommendations or otherwise, must be submitted to ADEQ for review and approval.



# SECTION I: GENERAL INFORMATION

a. (continuation of individual treatment plant information for  
"P" Street Treatment Plant.)

YES NO

Does the Control Authority hold a sludge permit or has the NPDES permit been modified to include sludge use and disposal requirements? If yes, specify the following:

            
 Issuing Authority: ADEQ  
 Issuance Date: 3/1/12  
 Expiration Date: 2/28/17

List pollutants that are specified in current sludge permit:  
"...meet the applicable provisions in 40 CFR 503..."

YES NO N/A

Has the Control Authority submitted results of whole effluent biological toxicity testing.

                       Has there been a pattern of toxicity demonstrated by effluent toxicity testing? If yes, explain what has been or is being done about it. (eg. Is there an ongoing TRE?) No lethal or sublethal effects on either the fathead minnow or the water flea over the last 3 yrs (12 tests)

How many times were the following monitored during the past pretreatment year?

	<u>Influent</u>	<u>Effluent</u>	<u>Sludge</u>	<u>Ambient</u>	
Metals *	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	Upstream & downstream
Priority **	<u>1</u>	<u>1</u>	<u>1</u>	<u>4</u>	
Biomonitoring	<u>          </u>	<u>4</u>	<u>          </u>	<u>          </u>	
TCLP	<u>          </u>	<u>          </u>	<u>6</u>	<u>          </u>	
Other: <u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	

\* As identified at 40 CFR 122, Appendix D, Table III, \*\* As identified at 40 CFR 122, Appendix D, Table I:

Summarize any trends over the last five years regarding pollutant (influent, effluent and sludge) loadings. Have they increased, decreased, or stayed the same. Evaluate for each parameter measured.

YES NO N/A

                      Has the POTW begun tracking the trends in the above samples?

                       Has the POTW violated it's NPDES Permit either for effluent limits or sludge over the last 12 months?

If yes, List the NPDES effluent and sludge limits violated and the suspected cause(s)

Parameters Violated

Cause(s)

None

YES NO

                       Has the treatment plant sludge violated the TCLP Test?

**SECTION II: PROGRAM ANALYSIS AND PROFILE**

C. Control Authority Pretreatment Program Modification [403.18]

YES NO

- Has public comment been solicited during revisions to the Sewer use ordinance and/or local limits since the last program modification? [403.5(c)(3)]
- Have any (non-) substantial modifications been made or requested to any pretreatment program components since the last audit?  
If yes, identify below.  
Some Program procedures' sections & a revised Pret. Ord.

1. Modifications:

Date Approved by ADEQ	Ordinance Citation/(No. 80-11) Nature of Modification	Date Incorporated in NPDES Permits
12/21/12	See above, but not an entire Prog. Mod to be current with the Streamlining revisions to 40 CFR 403	?

2. Modifications in Progress:

Date Requested	Nature of Modification
None	Rev. Pret. Ord. & TBLL Evaluation

YES NO

- Have any changes been made to any pretreatment program components (excluding any listed above)? If yes:
- Has the Control Authority notified the Approval Authority of all program changes? (e.g., Modified forms, procedures, legal authorities). If no, please copy and attach the modified form, etc.

D. Legal Authority [403.8(f)(1)]

Date of original Pretreatment Program approval: 8/31/85  
 Date of most recent Ordinance approved by the Control authority: 10/04/11  
 Date of most recent Pretreatment Program modification approval: 12/21/12

Does the Control Authority's legal authority enable it to:  
 [403.8(f)(1)(i-vii)]

YES NO

- Deny or condition pollutant discharges
- Require compliance with standards
- Control discharges through permit or similar means
- Require compliance schedules and IU reports
- Carry out inspection and monitoring activities
- Obtain remedies for noncompliance
- Comply with confidentiality requirements
- Establish Pollution Prevention
- Has the city developed and adopted a Pollution Prevention policy?

## SECTION II: PROGRAM ANALYSIS AND PROFILE

YES NO

Has the Control Authority experienced difficulty in implementing the sewer use ordinance? If yes, identify reason:

- No oversight authority
- No inspection authority
- No remedies for noncompliance
- No "equivalent" standard
- No clear delineation of responsibility for program implementation
- Interjurisdictional agreements not entered into
- Other, Specify: \_\_\_\_\_

Are all industrial users located within the jurisdictional boundaries of the Control Authority?

Has the Control Authority negotiated all legal agreements necessary to ensure that pretreatment standards will be enforced in contributing jurisdictions?

Have provisions been made for the incorporation of Pollution Prevention (P<sup>2</sup>) policies by contributing jurisdictions?

List the name of contributing jurisdictions, if any, the number of CIUs, SIUs and type of multijurisdictional agreements in those jurisdictions:

<u>Name of Jurisdiction</u>	<u>Number of CIUs</u>	<u>Number of Other SIUs</u>	<u>Type of Agreement</u>
1. <u>City of Arkhoma</u>	<u>0</u>	<u>0</u>	<u>Permit</u>

If relying on activities of contributing jurisdictions, indicate which activities are performed by jurisdictions and describe any problems in their implementation. "Fort Smith would not rely on the city to perform these."

Problems

<input type="checkbox"/> Updating industrial waste survey	<u>N/A</u>
<input type="checkbox"/> Notification of IUs	_____
<input type="checkbox"/> Permit issuance	_____
<input type="checkbox"/> Receipt and review of IU reports	_____
<input type="checkbox"/> Inspection and sampling of IUs	_____
<input type="checkbox"/> Assessment of IUs for P <sup>2</sup> activity	_____
<input type="checkbox"/> Analysis of samples	_____
<input type="checkbox"/> Enforcement	_____
<input type="checkbox"/> Other: _____	_____

Briefly describe other problems: \_\_\_\_\_

Identify any IUs that have caused problems of interference, upset, pass through, sludge contamination, problems in the collection system, or worker health and safety in the past 12 months:

<u>IU Name</u>	<u>Problem</u>	<u>NPDES Permit Violation</u>	
		<u>Yes</u>	<u>No</u>
<u>None</u>	_____	_____	_____

## SECTION II: PROGRAM ANALYSIS AND PROFILE

### E. Industrial User Characterization [403.8(f)(2)(i)]

YES   NO

- Has the Control Authority (CA) updated its Industrial Waste Survey (IWS) to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [403.8(f)(2)(i)] (see Atatch. A-4 for survey form and list of facilities the City sent them to in Aug. of '15)
- If yes, while conducting the IWS, was each potential IU evaluated by the CA for the possibility of incorporating P<sup>2</sup> activity?
- Does the Control Authority have written procedures to update its Industrial Waste Survey (IWS) to identify new Industrial Users (IUs) or changes in wastewater discharges at existing IUs? [403.8(f)(2)(i)]
- If yes, do the written procedures include provisions for the assessment of potential new IUs to incorporate P<sup>2</sup> activity and the distribution of P<sup>2</sup> reference materials to the IUs which qualify?

What methods are used to update the IWS:

- Review of newspaper/phone book
- Review of plumbing/building permits
- Review of water billing records
- Permit reapplication requirements
- Onsite inspections
- Citizen involvement
- Other (specify) AR Directory of Mfgs (Central AR Library), construction plans, business licenses and "drive by"

How often is the survey to be updated? Ongoing

Are there any problems that the Control Authority has in identifying and categorizing SIUs: None apparent

YES   NO

- Have any new SIUs been identified within the last 12 months? If yes:

<u>Name of IU</u>	<u>Type of Industry</u>	<u>Is the IU Permitted?</u>

How many IUs are currently identified by the Control Authority in each of the following groups:

- |    |    |   |
|----|----|---|
| a. | 15 | SIUs (As defined by the Control Authority) [ICIS-SIUS]  |
| b. | 7  | Categorical Industrial Users (CIUs) [ICIS-CIUS]   |
| c. | 8  | Noncategorical SIUs   |
| d. | 18 | Other regulated nonsignificant IUs (Describe) <u>6 non-SIUs, 10 septage haulers &amp; 2 just monitor/report</u> |
|    | 33 | TOTAL of a. + d.  |

YES   NO

- Has the POTW identified any IUs with Pollution Prevention opportunities?
- Is the Control Authority's definition of "significant industrial user" the same as EPA's? [403.3(v)(1)(i-ii)]

If not, the Control Authority has defined "significant industrial user" to mean: n/a

**SECTION II: PROGRAM ANALYSIS AND PROFILE**

F. Control Mechanism Evaluation [403.8(f)(1)(iii)]

YES NO

Has the Control Authority asked for Best Management Practices (BMPs) or Pollution Prevention assessments as part of the permit application?

Describe the Control Authority's approved control mechanism (e.g., permit, etc.): Permit

What is the maximum term of the control mechanism? 5 yrs

6 How many SIUs are not covered by an existing, unexpired permit or other control mechanism? [ICIS-NOCM] If there are any SIUs without current (unexpired) permits, please complete the information below:

IU NAME	["Administratively Extended"]	PERMIT EXPIRATION DATE
City of Arkhoma, Exide Technologies, Highland Dairy		2/1/13, 12/14/14, 12/31/13
QualServ, Gerdau MacSteel, Rheem Mfg.		7/31/13, 1/1/15, 7/1/15

YES NO

Does the Control Authority accept trucked septage wastes?  
  Does the Control Authority accept other trucked wastes?  
  Does the Control Authority have a control mechanism for regulating trucked wastes? If yes, answer the following:

YES NO  
  Does Control Mechanism designate a discharge point? [403.5(b)(8)]  
  Are all applicable categorical standards and local limits applied to trucked wastes ?

List all pollutants and applicable limits, other than local limits and categorical standards, that are applied to waste haulers:

Pollutant	Limit
Narrative prohibitions	

Describe the discharge point(s) (including security procedures):  
"Dumpsite/wash rack inside fence a the S.E. corner of the P street treatment plant"

Does the Control Authority accept Underground Storage Tank (UST) cleanup wastes?

n/a Does the Control Authority have a control mechanism for regulating wastes from UST sites?

List all pollutants and applicable limits, other than local limits and categorical standards, that are applied to UST cleanup sites:

Pollutant	Limit
n/a	

## SECTION II: PROGRAM ANALYSIS AND PROFILE

### G. Application of Pretreatment Standards and Requirements

YES NO

Has the POTW notified the IUs of their potential requirement to report hazardous wastes to EPA, the State, and the POTW?

2000 Date Notified Letter Method of Notification

How does the Control Authority keep abreast of current regulations to ensure proper implementation of standards?

<input checked="" type="checkbox"/> Federal Register	<input checked="" type="checkbox"/> Journals, Newsletters
<input checked="" type="checkbox"/> Meetings, Training	<input checked="" type="checkbox"/> Other <u>Internet</u>
<input checked="" type="checkbox"/> Government Agencies	<input type="checkbox"/> Other _____

YES NO

Is the Control Authority in the process of making any changes to its local limits or have limits changed since the last PCI, Audit or Annual Report?

If yes, complete the information below:

The City has retained the services of a consultant for a comprehensive TBLL evaluation. The City has indicated they may not accept his TBLs because of arbitrary safety factors/parameter. The City used ADEQ water division's spreadsheets (9/15) to arrive at valid site specific MAILs concluding TBLs aren't necessary at this time.

YES NO

& \*\* Has the Control Authority technically evaluated the need for local limits for all required pollutants listed below? [ICIS-LL] [403.5(c)(1); 403.8(f)(4)]

	Headworks Analysis Completed?*** (9/15)		Local Limits Needed?		Local Limits Adopted?		12/97 MAILs** Calculated "P" Street/Massard (lb/day)
	Yes	No	Yes	No	Yes	No	
	BOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
TSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16,908 / 2,417
Oil & Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	402,870 / 321,033
Arsenic (As)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,684 / 1,679
Cadmium (Cd)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14.7 / 14.6
Chromium-Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	69.9 / 75.8
Copper (Cu)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	64.0 / 142.1
Cyanide (CN)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.76 / 105.5
Lead (Pb)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10.5 / 349.7
Mercury (Hg)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.8 / 11.5
Molybdenum (Mo) *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.8 / 11.1***
Nickel (Ni)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60.1 / 96.6
Selenium (Se) *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5.7 / 5.31***
Silver (Ag)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16.2 / 21.1
Zinc (Zn)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	325.2 / 373.6

\* - If necessary for the sludge disposal option chosen.

\*\* - On October 4, 2011 the City adopted a new ordinance which pre-empted the limits shown in Ordinance #69-97.

**SECTION II: PROGRAM ANALYSIS AND PROFILE**

YES NO

Does the Control Authority compare all monitoring data to applicable Pretreatment Standards and requirements contained in the control mechanism? [403.8(f) (2) (iv)]

1 How many SIUs are currently on compliance schedules?

Have any CIUs been allowed more than 3 years from the effective date of a categorical standard to achieve compliance with those standards? [403.6(b)]

Indicate the number of SIUs from which penalties have been collected by the Control Authority during the past Pretreatment reporting period:

	<u>Number</u>	<u>Amount</u>
Civil	<u>0</u>	<u>\$</u>
Administrative	<u>0</u>	<u>\$</u>
Total	<u>0</u>	<u>\$</u>

J. DATA MANAGEMENT/PUBLIC PARTICIPATION

YES NO

Are inspection & sampling records well documented, organized and readily retrievable? Are files/records:

YES NO  
  computerized  
  hard copy  
  OTHER: \_\_\_\_\_

Are the following files computerized:

Control Mechanism Issuance  
  Inspection and Sampling schedule  
  Monitoring Data  
  IU Compliance Status Tracking  
  Other: \_\_\_\_\_

Can IU monitoring data can be retrieved by:

Industry name  
  Pollutant type  
  Industrial category or type  
  SIC Code  
  IU discharge volume  
  Geographic location  
  Receiving treatment plant (i.e. if > one plant in the system)  
  Other (specify) \_\_\_\_\_

Does the POTW have provisions to address claims of confidentiality? [403.8(f) (1) (vii)]

Have IUs requested that data be held confidential?  
 How is confidential information handled by the Control Authority?  
"The information is locked in a file & has to go thru the FOI process"

Are there significant public or community issues impacting the POTW's pretreatment program?  
 If yes, please explain: \_\_\_\_\_

Are all records maintained for at least 3 years?

**SECTION II: PROGRAM ANALYSIS AND PROFILE**

**K. RESOURCES**

What is the current level of resources dedicated to the Pretreatment Program in FTEs and funding amounts? [403.8(f)(3)] \* - FTE = Full Time Equivalent Employee

Approximately 3.8 FTEs

YES NO

✓ Have any problems in program implementation been observed which appear to be related to inadequate funding?

If yes, describe and show below the source(s) of funding for the program:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<u>Percent of Total Funding</u>
<u>✓</u> POTW general operating fund (G.O.F.)	<u>100</u>
<u>✓*</u> IU permit fees	_____
<u>✓*</u> monitoring charges	_____
<u>✓*</u> industry surcharges	_____
_____ other (describe) _____	_____
*These go back into the G.O.F.	Total 100%

✓ Is funding expected to continue near the current level? If no, will it: Increase \_\_\_\_\_ or Decrease \_\_\_\_\_  
 If no, describe the nature of the changes:

\_\_\_\_\_  
 \_\_\_\_\_

Are an adequate number of personnel available for the following program areas:

YES NO

If no, explain

- ✓ \_\_\_\_\_ Legal assistance \_\_\_\_\_
- ✓ \_\_\_\_\_ Permitting \_\_\_\_\_
- ✓ \_\_\_\_\_ IU inspections \_\_\_\_\_
- ✓ \_\_\_\_\_ Sample collection \_\_\_\_\_
- ✓ \_\_\_\_\_ Sample analyses \_\_\_\_\_
- ✓ \_\_\_\_\_ Data analysis, review and response \_\_\_\_\_
- ✓ \_\_\_\_\_ Enforcement \_\_\_\_\_
- ✓ \_\_\_\_\_ Administration (inc. record keeping /data management) \_\_\_\_\_
- \_\_\_\_\_ ✓ \_\_\_\_\_ Pollution Prevention \_\_\_\_\_

Does the Control Authority have access to adequate:

YES NO

If yes then list and if no, explain

- ✓ \_\_\_\_\_ Sampling equipment Standard list \_\_\_\_\_
- ✓ \_\_\_\_\_ Safety equipment \_\_\_\_\_
- ✓ \_\_\_\_\_ Vehicles \_\_\_\_\_
- ✓ \_\_\_\_\_ Analytical equipment City has as much advanced analytical equipment as any commercial lab in the State except for low level Hq analysis. \_\_\_\_\_



## SECTION II: PROGRAM ANALYSIS AND PROFILE

### L. POLLUTION PREVENTION

1. Describe any efforts that have been taken to incorporate pollution prevention into the Pretreatment Program (e.g. waste minimization at IUs, household hazardous waste programs, etc.): (Mainly working on same programs as 5 yrs ago)  
Household hazardous waste program monthly; sampling for the prior. poll.  
at various lift stations in drainage sub-basins every 3 years for hot spots;  
working with outside agencies on the city's drinking water watersheds; doing  
a priority poll. scan 2/yr and metals 4/yr on a domestic-only basin
  
2. Has the source of any toxic pollutants been identified?  
If yes, what was found?  
None apparent
  
3. Has the POTW implemented any kind of public education program? If yes, describe:  
School age kids' & adult tours; helping with science projects; ads in the  
newspaper regarding the household haz. waste collection program. City has  
added a website.
  
4. Does the POTW have any pollution prevention success stories for industrial users documented? No. If yes, please attach.
  
5. Are SIUs required to get a pollution prevention audit or assessment as a part of their permit application or as a requirement of their permit?  
No
  
6. Has the POTW used any of the various "Guides to Pollution Prevention" as examples to their industrial and commercial users as ways to eliminate or reduce pollutants?  
If yes, which of the "Guides to Pollution Prevention" were used? No

### SECTION III: INDUSTRIAL USER FILE REVIEW

FILE #: 1 Industry Name GNB (Exide Technologies) File/ID No. M036304  
Industry Address 4115 South Zero 72908  
Industry Description Mfg. of Pb/Acid batteries  
Industrial Category Battery Mfg. 40 CFR 461 SIC/NAICS Codes: 3691/335911  
Avg. Total Flow (gpd) ~13,000 Avg. Process Flow (gpd) ~3,000

Industry visited during audit: YES  
Comments: \_\_\_\_\_

FILE #: 2 Industry Name Hickory Springs File/ID No. P040102  
Industry Address 4925 Stateline Road 72916  
Industry Description phosphatize & powder coat steel RV steps, bed frames and battery containers for GNB  
Industrial Category Metal Finisher 40 CFR 433 SIC/NAICS Codes: 3429, 3086, 2297/337125, 326150  
Avg. Total Flow (gpd) ~11,800 Avg. Process Flow (gpd) ~6,600

Industry visited during audit: YES  
Comments: \_\_\_\_\_

FILE #: 3 Industry Name Fort Smith Plating File/ID No. P028102  
Industry Address 4202 Wheeler Ave. 72901  
Industry Description Plating, Polishing, Anodizing and coloring  
Industrial Category Job Shop Electroplater 40 CFR 413 SIC/NAICS Codes: 3471/332813  
Avg. Total Flow (gpd) ~37,000 Avg. Process Flow (gpd) ~23,000

Industry visited during audit: YES  
Comments: It was concluded this facility was still truly a Job Shop Electroplater

FILE #: 4 Industry Name Owens Corning File/ID No. SIUM061304  
Industry Address 5520 Planters Rd.  
Industry Description Mfg. Fiberglass based insulation  
Industrial Category n/a 40 CFR n/a SIC/NAICS Codes: 3296, 2294, 2043/313230, 327993  
Avg. Total Flow (gpd) ~44,000 Avg. Process Flow (gpd) ~31,000

Industry visited during audit: NO  
Comments: \_\_\_\_\_

# SECTION III: INDUSTRIAL USER FILE REVIEW

## A. Industrial User Characterization

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
1. Is the IU considered "significant" by the Control Authority?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
2. Is the user subject to categorical pretreatment standards?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>no</u>	<u>    </u>
a. New source or existing source (NS or ES)?	<u>ES</u>	<u>ES</u>	<u>ES</u>	<u>n/a</u>	<u>    </u>
b. Is this IU one identified as having P <sup>2</sup> potential?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>    </u>

## B. Control Mechanism (see Attch. A-1 for example)

1. Does the file contain an application for a control mechanism? (see Attch. A-2 for example)	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
If yes, what is the application date?	<u>10/14</u>	<u>4/15</u>	<u>2/12</u>	<u>4/11</u>	<u>    </u>
Does it ask for Pollution Prevention information?	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>    </u>
2. Does the file contain a Permit?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
Permit Expiration Date?	<u>1</u> <u>12/14</u>	<u>1</u> <u>9/15</u>	<u>6/17</u>	<u>7/16</u>	<u>    </u>
Is a fact sheet included? (see Attch. A-3 for example)	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>    </u>
3. Has the SIU been issued a control mechanism containing: [403.8(f)(1)(iii)(A)-(E)]					
a. Legal Authority Cite?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
b. Expiration date?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
c. Statement of nontransferability?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
d. Appropriate discharge limitations?	<u>3,4</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
e. Appropriate self-monitoring requirements?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
f. Sampling frequency?	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>    </u>
g. Sampling locations?	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>    </u>

Comments: 1) "Administratively extended"; 2) Could include more info; 3) Need revising because of production increase; 4) Confusing TTO/TOMP language (see Attach. A-1i) for an IU that doesn't have TTO limits or the TOMP allowance; 5) should be on permit limits' page; 6) Could be better described with footages from a fixed reference point; 7) Permits include a BMP question (see Attch. A-2w).

## SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
h. Requirement for flow monitoring?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
i. Types of samples (grab or composite) for self-monitoring?	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>    </u>
j. Applicable IU reporting requirements?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
k. Standard conditions for:					
Right of Entry?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
Records retention?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
Civil and Criminal Penalty provisions?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
Revocation of permit?	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>    </u>
l. Compliance schedules/ progress reports	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>    </u>
m. General/Specific Prohibitions?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
n. Where technologically and economically achievable, are P <sup>2</sup> aspects included?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>    </u>

### C. Application of Standards

1. Has the IU been properly categorized?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
2. Were both Categorical Standards and Local Limits properly applied?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>    </u>
3. Was the IU notified of recent revisions to applicable pretreatment standards? [403.8(f)(2)(iii)]	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>    </u>
4. For IUs subject to production-based standards, have the standards been properly applied? [403.8(f)(1)(iii)]	<u>3</u> <u>✓</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>    </u>

Comments: 1) Should be on permit limits' page; 2) "Severability" and "Termination"; 3) Mass permit limits are confusing because of subprocesses actually in use at this facility (see Attch. A-6). GNB's '09 report is in conflict with their last 6 months' report. Subprocesses in use must be confirmed to calculate accurate and valid (mass) permit limits. It appears there has been a >20% reduction in production since the last mass limits were calculated; therefore, necessitating recalculation of limits.

## SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
5. For IUs with combined wastestreams is the Combined Wastestream Formula or the Flow Weighted Average formula correctly applied? [403.6(d) and (e)]	n/a	n/a	n/a	n/a	_____
6. For IUs receiving a "net/gross" variance, are the alternate standards properly applied?	n/a	n/a	n/a	n/a	_____
7. Is the Control Authority applying a bypass provision to this IU?	✓	✓	✓	✓	_____
D. <u>Compliance Monitoring</u>					
<u>Sampling</u>					
1. Does the file contain Control Authority sampling results for the industry?	✓	✓	✓	✓	_____
2. Did the Control Authority sample as frequently as required by its approved program or permit? [403.8(c)]	✓	✓	✓	✓	_____
3. Does the sampling report(s) include: [403.8(f) (2) (vi)]					
a. Name of sampling personnel?	✓	✓	✓	✓	_____
b. Sample date and time?	✓	✓	✓	✓	_____
c. Sample type?	✓	✓	✓	✓	_____
d. Wastewater flow at the time of sampling?	✓	✓	✓	✓	_____
e. Sample preservation procedures?	✓	✓	✓	✓	_____
f. Chain-of-custody records?	✓	✓	✓	✓	_____
g. Results for all parameters? SIUs & CIUs [403.12(g) (1) - CIUs]	✓	✓	✓	✓	_____

## SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
4. Has the Control Authority appropriately implemented all applicable TTO monitoring/management requirements?	<u>1</u>	<u>2</u>	<u>3</u>	<u>n/a</u>	<u>        </u>
5. Did the Control Authority adequately assess the need for flow-proportion vs. time-proportion vs. grab samples?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
6. Were 40 CFR 136 analytical methods used? [403.8(f) (2) (vi)]	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
<u>Inspections (see Attech. A-5 for example)</u>					
7. Does the IU file contain inspection reports?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
8. a. Has the Control Authority inspected the IU at least as frequently as required by the approved program or permit? [403.8(c)]	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
b. Date of last Inspection	<u>1/15</u>	<u>2/15</u>	<u>2/15</u>	<u>4/15</u>	<u>        </u>
9. Does the inspection report(s) include: [403.8(f) (2) (vi)]					
a. Inspector Name(s)	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
b. Inspection date and time?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
c. Name and title of IU official contacted?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
d. Verification of production rates?	<u>no</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
e. Identification of sources, flow, and types of discharge (regulated, dilution flow, etc.)?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
f. Evaluation of pretreatment facilities?	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>        </u>

Comments: 1) Incorrectly includes language regarding TTOs and a TOMP; 2) This IU conducts TTO monitoring; 3) This facility has a TOMP; 4) General answer. Needs to be more narrative describing the appearance of the equipment looking for puddles fluids, leaky plumbing/pumps, corroded concrete flooring, rusting surfaces, cracked welds/tanks, dry-caking of chemicals on tank surfaces, etc or "entire treatment facility appeared to be in very good working order, clean and orderly".

## SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
g. Evaluation of self-monitoring equipment and techniques?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
h. Evaluation of slug discharge control plan & need to develop? [403.8(f)(2)(v)]	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
i. Manufacturing facilities?	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>        </u>
j. Chemical handling and storage procedures?	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>        </u>
k. Chemical spill prevention areas?	<u>3</u>	<u>3</u>	<u>3</u>	<u>3</u>	<u>        </u>
l. Hazardous waste storage areas and handling procedures?	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>        </u>
m. Sampling procedures?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
n. Laboratory procedures?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
o. Monitoring records?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
p. Evaluation of Pollution Prevention opportunities?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>        </u>
q. Control Authority inspector signature?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>        </u>

### IU Self-Monitoring and Reporting

10. Does the file contain self-monitoring reports?	<u>4</u> <u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
11. Does the file include:					
a. BMR?	<u>archv'd</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>        </u>
b. 90-Day Report?	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>        </u>
c. All periodic reports?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
d. Compliance schedule reports?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>

Comments: 1) Very vague. A complete process/manufacturing description should be in each IU's file; then could be referenced in inspection; 2) Good listing of chems in storage, but no handling practices and not shown on schematic; 3) Vaguely covered under the Slug Control Plan Eval.; 4) See Attch. A-7 for example.

**SECTION III: INDUSTRIAL USER FILE REVIEW**

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
12. Did the IU report on all required parameters?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
13. Did the IU comply with the required sampling frequency(ies)?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
14. Did the IU report flow?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
15. Did the IU comply with the required reporting frequency(ies)?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
16. For all SIUs, are self-monitoring reports signed and certified?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
17. Did the IU report all changes in its discharge? [403.12(j)]	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>      </u>
18. Has the IU developed a Slug Control and Prevention Plan?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>      </u>
19. Has the industry been responsible for spills or slug loads discharged to the POTW?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>      </u>
If yes, does the file contain documentation regarding:					
a. Did the spill cause Pass Through or Interference?	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>      </u>
b. Did POTW respond to the spill?	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>      </u>

**E. Enforcement**

1. Were all IU discharge violations identified in: [403.8(f) (2) (vi)]	<u>n/a</u>	<u>✓</u>	<u>n/a</u>	<u>n/a</u>	<u>      </u>
a. Control Authority monitoring results?	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
b. IU self-monitoring results?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>      </u>



**SECTION III: INDUSTRIAL USER FILE REVIEW**

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
E. <u>Enforcement (cont.)</u>					
c. If NS CIU was it compliant within 90 days from commencement of discharge?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
2. How many reports submitted during the past reporting year indicated discharge violations?	<u>0</u>	<u>1</u> <u>3</u>	<u>0</u>	<u>0</u>	<u>        </u>
3. <u>Did the Control Authority notify the IU within 24 hours of becoming aware of the violation(s)?</u>	<u>n/a</u>	<u>✓</u>	<u>n/a</u>	<u>n/a</u>	<u>        </u>
4. Was additional monitoring conducted within 30 days after each discharge violation occurred?	<u>n/a</u>	<u>✓</u>	<u>n/a</u>	<u>✓</u>	<u>        </u>
5. Were all nondischarge violations identified in the file?	<u>n/a</u>	<u>n/a</u>	<u>✓</u>	<u>n/a</u>	<u>        </u>
6. Was the IU notified of all violations?	<u>n/a</u>	<u>✓</u>	<u>✓</u>	<u>n/a</u>	<u>        </u>
7. Was follow-up enforcement action taken by the Control Authority?	<u>n/a</u>	<u>nn</u>	<u>nn</u>	<u>n/a</u>	<u>        </u>
8. Did the Control Authority follow its approved ERP?	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>        </u>
9. Did the Control Authority's enforcement action result in the IU achieving compliance?	<u>n/a</u>	<u>✓</u>	<u>✓</u>	<u>n/a</u>	<u>        </u>
10. Is there a compliance schedule?	<u>no</u>	<u>no</u>	<u>no</u>	<u>no</u>	<u>        </u>
If yes:					
11. Were there any compliance schedule violations?	<u>--</u>	<u>--</u>	<u>--</u>	<u>--</u>	<u>        </u>

Comments: 1) From City monitoring.

### SECTION III: INDUSTRIAL USER FILE REVIEW

	<u>File 1</u>	<u>File 2</u>	<u>File 3</u>	<u>File 4</u>	<u>File 5</u>
12. Was SNC evaluated for the violations on a quarterly basis? [403.8(f)(2)(vii)]	<u>n/a</u>	<u>✓</u>	<u>✓</u>	<u>n/a</u>	<u>      </u>
During such evaluation for SNC, did the CA consider each of the following criteria?					
a. Chronic violations	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
b. TRC	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
c. Pass through/Interference	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
d. Spill/slug loads	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
e. Reporting	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
f. Compliance schedule	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
g. others (specify)	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>      </u>
13. Was the SIU published for SNC?	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>      </u>
Date of publication.	<u>--</u>	<u>--</u>	<u>--</u>	<u>-</u>	<u>      </u>

# REPORTABLE NONCOMPLIANCE (RNC) for the Pretreatment Audit Checklist

## (MUNICIPAL POLLUTION PREVENTION ASSESSMENT CHECKLIST)

Control Authority: Fort Smith NPDES #: AR0021750

Date of Audit: 9/15-17/2015 Date entered into ICIS: 11/5/15

(ASSESSMENT)

		Level
NO	Failure to enforce against pass through and/or interference	I
NO	Failure to submit required reports within 30 days <sup>29</sup>	I
NO	Failure to meet compliance schedule milestone date within 90 days	I
NO	Failure to issue/reissue control mechanisms to 90% of SIUs within 6 months	II
NO	Failure to inspect or sample 80% of SIUs within the last reporting year	II
NO	Failure to enforce pretreatment standards and reporting requirements	II
YES	Other violations of concern (administrative deficiencies)	II

SIGNIFICANT NONCOMPLIANCE (SNC)

- NO            Is the Control Authority in SNC for violation of any Level I criterion.
  
- NO            Is the Control Authority in SNC for violation of 2 or more Level II criterion.

# PRETREATMENT AUDIT

## (MUNICIPAL POLLUTION PREVENTION ASSESSMENT)

### INDUSTRIAL SITE VISIT

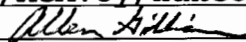
Control Authority: Fort Smith NPDES #: AR0021750  
 Name, address, phone number of industry: GNB/Exide Technologies  
4115 South Zero, 479.649.2116  
 Date/Time of visit: 9/17/15 / 9:00 a.m.  
 Type of industry: 40 CFR Part 461 Battery Manufacturer  
 Industry contacts: Jim Gray, Plant Mgr/Todd Pippin, Ops. Mgr/  
Kevin Settle, Eng. Mgr/David Zirbel, Fac Mgr,Plt. Eng./Emily Munoz, EHS  
Mgr.

	Yes	No	N/A
1. Significant industrial user?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Classified correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pretreatment equipment or procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pretreatment equipment maintained and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazardous waste generated or stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper solid waste disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Solvent management/TTO control?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Suitable sampling location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appropriate self-monitoring procedures/equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate spill prevention and control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Industrial familiar with <u>limits</u> and requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pollution Prevention activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments: Facility manufacturers lead/acid batteries for various applications including forklifts and back-up power for numerous applications. The manufacturing of lead-acid batteries begins with two casting operations, posts and grids. The entire building floor is sloped to the middle where any fluids are captured in grated troughs. Sources of process wastewater are the cell wash which consists of water and soda ash which neutralizes the acid before being pumped to treatment and mold release fluids (water and acid).

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/17/15

  
 (signature of auditor conducting visit)

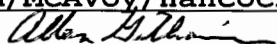
**PRETREATMENT AUDIT**  
**(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)**  
**INDUSTRIAL SITE VISIT (CONTINUED)**

Control Authority: Fort Smith NPDES #: AR0021750

Industry name: GNB/Exide Tech.

Additional comments: Pb ingots or "pigs" are melted and poured by ladle into a mold. After cooling, the mold is opened and the part removed. Some post castings include a bus bar for attaching plates. The grid casting is a similar operation. The grid is a thin frame with two lugs on one end or side. The center of the frame is made up of several stringers running from side to side and from top to bottom forming a rectangular grid, thus the name. The lead die cast parts are the "building cells" for the batteries. The plastic castings for the batteries are manufactured elsewhere. In the next operation, a positive Pb paste is prepared by mixing Pb oxide, water and sulfuric acid. The same ingredients, in slightly different proportions, plus and "expander", make a negative paste. After the paste is properly mixed in the pasting machine, a grid is placed in the machine where a quantity of paste is pressed into the voids of the grid. The grid passes under a roller which insures that the paste fills the voids and is of uniform thickness. The pasted grid is now called a plate. The plate passes through an oven where the paste is dried. Upon leaving the pasting machine, the plates are hung on a mobile rack. When the rack is filled with plates, it is placed in the curing ovens where the plates are cured for several hours. The post and the plates are the only battery components fabricated at this facility. The acid, the battery case, the case top, and the plate insulators are purchased. The assembly operation begins with plate stacking. The plates are stacked in an alternating positive and negative arrangement with insulating material between the plates. In the burning process, a torch is used to weld all the positive plate lugs to the positive post bus bar. The process is repeated for the negative plates and post. At this point, the plate assemblies destined for dry batteries, those to be shipped without acid, are sent to the charging area. The top and the posts are welded in place on the batteries to be shipped "wet," with acid. The battery is filled with acid and the top is plugged, becoming a sealed unit. The wet batteries, those filled with acid, are connected to a charging unit. The batteries are charged and discharged twice and then charged a third time. This cycling of the battery improves the life of the battery. This operation requires a week to complete. Wastewater flow averages 3,000 gpd and is measured by an in-line flow meters/totalizer with flow records kept daily. Their samples are flow proportioned composites. The pretreatment system is chemical precipitation with an equalization tank to provide a steady-state flow of wastewater. Sodium hydroxide or ferric chloride are used as floc and coagulants. They have an inclined plate clarifier, sand filter and filter press. Wastewater is held in a holding tank until analyzed for compliance, then discharged.

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/17/15



(signature of auditor conducting visit)

# PRETREATMENT AUDIT

## (MUNICIPAL POLLUTION PREVENTION ASSESSMENT)

### INDUSTRIAL SITE VISIT

Control Authority: Fort Smith NPDES #: AR0021750

Name, address and phone number of industry: Ft. Smith Plating  
4302 Wheeler Ave. 72901 479.646.5266

Type of industry: Job Shop Electroplater 40 CFR 413

Date/Time of visit: 9/16/15 / 9:00 a.m.

Industry contacts: Bobby Dolan, II - President

	Yes	No	N/A
1. Significant industrial user?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Classified correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pretreatment equipment or procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pretreatment equipment maintained and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazardous waste generated or stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper solid waste disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Solvent management/TTO control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suitable sampling location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appropriate self-monitoring procedures/equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate spill prevention and control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Industrial familiar with limits and requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pollution Prevention activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: Facility is a job shop, Electroplater under CFR 413 where copper/nickel/chrome, nickel, and zinc plating (2 lines) is conducted for outside customers' parts. Some anodizing is also done on aluminum. Raw mtrl consists of ~98% carbon steel and the rest Al. The above constitute their 5 "lines", all of which are regulated under the core operations of 40 CFR 413. The parts are plated via rack or barrel and are pneumatically controlled. Drag out and dwell times have been determined over the years by practicable experience. Not much if any countercurrent rinses are employed because of the City's hard water that can't be re-used in a prior work tank, but they do use numerous flow restrictors which has helped to conserve water since they began using them.

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/16/15



(signature of auditor conducting visit)

**PRETREATMENT AUDIT**  
**(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)**  
**INDUSTRIAL SITE VISIT (CONTINUED)**

Control Authority: Fort Smith NPDES #: AR0021750

Industry name: Fort Smith Plating

Additional comments: Most rinses overflow to different volume sumps that are then pumped to the main holding tank in the treatment building although some are directly drained to it. Processes include: 1) The copper/nickel/chrome plating line consists of 12 tanks: alkaline (NaOH) cleaning, overflow rinse (OFR), acid dip, OFR, Cu plating, two consecutive OFRs, Ni plating, OFR, Cr plating, OFR followed by a hot water seal; 2) The Ni plating line consists of 16 tanks: alkaline clean, OFR, Electro-alkaline clean, 2 OFRs, acid dip, 2 OFRs, Ni plating, 3 OFRs, dead rinse with sealant, 2 more OFRs with a final hot water seal; 3) One Zn plating line consists of alkaline cleaning, OFR, dead rinse, acid dip, OFR, Zn plating, dead rinse, OFR, Zn chromate, 2 OFRs with a final hot water seal; 4) The other Zn plating line consists of an alkaline cleaning bath, electro alkaline clean, OFR, dead rinse, 2 acid dips, followed by 2 OFRs, Zn plating baths, 2 OFRs, Zn chromate, OFR followed by a hot water seal; and the 5<sup>th</sup>) production line is the Al anodizing line which consists of a "soak" cleaner, alkaline clean, 2 OFRs, an acid dip, an OFR, 2 anodizing tanks in series, followed by 2 OFRs and a final hot water seal tank. No floor drains are in the process building. All process w.w. is sent to the treatment bldg. and captured in 15,000 gallon below grade sump. It is sealed with a copolymer PVC. Nickel, Zinc, Copper and Chrome wastewater is treated using typical chemical precipitation. The treatment system needs to be better described process thru process to final discharge. There are numerous chemicals used to raise the pH, lower the pH, floc and coagulate the metals in the 3 plate clarifier. Sludge is sent thru a filter press with its supernatant flowing back to the beginning sump. Adequate sampling point with the treatment process being in good operating condition.

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/16/15

*Allen Gilliam*

(signature of auditor conducting visit)

# PRETREATMENT AUDIT

(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)

## INDUSTRIAL SITE VISIT

Control Authority: Fort Smith NPDES #: AR0021750

Name, address and phone number of industry: Hickory Springs  
4925 State Line Road 479.646.6161

Type of industry: Metal Finisher 40 CFR 433

Date/Time of visit: 8/16/15 / 1:30 p.m.

Industry contacts: Erin Billings, Env. Mgr.

	Yes	No	N/A
1. Significant industrial user?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Classified correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pretreatment equipment or procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pretreatment equipment maintained and operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazardous waste generated or stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper solid waste disposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Solvent management/TTO control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Suitable sampling location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appropriate self-monitoring procedures/equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate spill prevention and control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Industrial familiar with limits and requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Pollution Prevention activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments: Facility makes bed frames, RV steps, bus seats and battery boxes for GNB/Exide. Cold rolled steel is the main raw substrate with some in sheet form. Pieces are formed/pressed/stamped, some sent through rolling mills, stamped, bent, ground, computer (dry) laser cut, welded with final assembly before being placed on an overhead conveyor system sending parts to a typical 5 stage (alkaline bath, fresh water rinse, phosphatize, rinse and non-chromate based sealant) Fe phosphatizing line prior to powder coat painting. All overflow gravity drains in floor trenches to a sump in pretreatment room.

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/16/15

Allen Gibson

(signature of auditor conducting visit)



**PRETREATMENT AUDIT**  
**(MUNICIPAL POLLUTION PREVENTION ASSESSMENT)**  
**INDUSTRIAL SITE VISIT (CONTINUED)**

Control Authority: Fort Smith NPDES #: AR0021750

Industry name: Hickory Springs Manufacturing

Additional comments:

There's one rinse that counter current flows back to the caustic alkaline cleaning tank.

The machining ops are self-contained, but most had some evidence of captured leaking lubricants/coolants.

Pretreatment consists of simple chemical precipitation with flocculant & polymers (calcium chloride?), clarification with sludge hauled off-site. The building's floor was sloped to allow any spills to flow into sump. Floor is routinely auto wet floor swept with its contents (~30 gallons) dumped in a holding tank, pumped thru a primary fibrous "paper" filter for the large particles, gravity flows into another holding "tote", pumped through 2 bag filters, a process filter and a biofilter (cartridge) with the water re-used in the floor sweep.

Adequate sampling point with the process(es), manufacturing and treatment systems all seemingly in good working order.

Visit conducted by: Gilliam/McAvoy/Hancock Date: 9/16/15



(signature of auditor conducting visit)

Attachment A-1

PERMIT NO: CIUM036304

**INDUSTRIAL USER PERMIT**

In accordance with the provisions of Section 8, Ordinance 69-97;

GNB Industrial Power,  
A Division of Exide Technologies  
4115 South Zero  
Fort Smith, AR 72903

is hereby authorized to discharge industrial wastewater from the above identified facility and through the outfall(s) identified herein into the Control Authority's sewer system in accordance with the conditions set forth in this permit. Compliance with this permit does not relieve the permittee of its obligation to comply with any or all applicable pretreatment regulations, standards or requirements under local, State, and Federal laws, including any such regulations, standards, requirements, or laws that may become effective during the term of this permit.

Noncompliance with any term or condition of this permit shall constitute a violation of the Control Authority's sewer use ordinance.

This permit will become effective on December 15, 2009 and shall expire at midnight on December 14, 2014.

If the permittee wishes to continue to discharge after the expiration date of this permit, an application must be filed for a renewal permit in accordance with the requirements of Section 8, Ordinance 69-97, a minimum of 90 days prior to the expiration date.

By:  \_\_\_\_\_  
Director of Utilities

**PART 1 - EFFLUENT LIMITATIONS**

A. During the period of December 15, 2009 to December 14, 2014, the permittee is authorized to discharge process wastewater to the Control Authority's sewer system from the outfall(s) listed below.

Description of outfall(s):

<b>Outfall:</b>	<b>Description:</b>
001	The manhole located on the east side of the 4115 South Zero Street facility, east of Outfall 002 manhole, just prior to discharge into the City's sanitary sewer system.

B. During the period of December 15, 2009 to December 15, 2014, the discharge from outfall # 001 shall not exceed the following effluent limitations.

**Effluent Limitations**

<b>Parameter</b>	<b>Daily Maximum</b>
Oil & Grease	150 mg/L
Biochemical Oxygen Demand (BOD)	450 mg/L or 180 ppd
Total Suspended Solids (TSS)	430 mg/L or 180 ppd
pH (Grab)	6.0 - 11.0
Cadmium (Cd)	Monitor & Report
Copper (Cu)	Monitor & Report
Lead (Pb)	Monitor & Report
Zinc (Zn)	Monitor & Report

**PART 1 - EFFLUENT LIMITATIONS**

A. During the period of December 15, 2009 to December 14, 2014, the permittee is authorized to discharge process wastewater to the Control Authority's sewer system from the outfall(s) listed below.

Description of outfall(s):

<b>Outfall:</b>	<b>Description:</b>
002	The manhole located on the east side of the 4115 South Zero Street facility, west of Outfall 001 manhole, just prior to discharge into the City's sanitary sewer system.

B. During the period of December 15, 2009 to December 14, 2014, the discharge from outfall # 002 shall not exceed the following effluent limitations.

**Effluent Limitations**

<b>Parameter</b>	<b>Daily Maximum</b>	<b>Monthly Average</b>
Oil & Grease	150 mg/L	NA
Biochemical Oxygen Demand (BOD)	450 mg/L or 180 ppd	NA
Total Suspended Solids (TSS)	430 mg/L or 180 ppd	NA
pH (Grab)	6.0 – 11.0	NA
Cadmium (Cd)	Monitor & Report	NA
Copper (Cu)	0.264 ppd*	0.140 ppd*
Lead (Pb)	0.059 ppd*	0.028 ppd*
Zinc (Zn)	Monitor & Report	NA

\* Battery Manufacturing Category (40 CFR 461) Subpart C: Lead PSES production based standards.

C. The permittee shall not discharge wastewater containing any of the following substances from any of the outfalls:

1. Fats, wax, grease, or oils of petroleum origin, whether emulsified or not, in excess of one hundred and fifty (150) mg/l or containing substances which may solidify or become viscous at temperatures between 32 degrees F (0 degrees C) and 140 degrees F (60 degrees C);

*A-1c*

2. Any gasoline, benzene, naphtha, fuel oil or other flammable or explosive liquids, solids or gases;
3. Any effluent having a temperature higher than 104 degrees F (40 degrees C);
4. Any ashes, hair, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, paunch, manure, or any other solid or viscous substances capable of causing obstructions or other interferences with proper operation of the sewer system;
5. Any pollutant, including oxygen demanding pollutants (BOD etc.) at flow rate and/or concentration which will cause the pollutant to pass through to the receiving waters or interfere with the City of Fort Smith's wastewater treatment facility. For the purpose of this section, the terms "pass through" and "interference" have the same definitions as appear in the City Ordinance 69-97.

D. All discharges shall comply with all other applicable laws, regulations, standards, and requirements contained in Ordinance 69-97 and any applicable State and Federal pretreatment laws, regulations, standards, and requirements including any such laws, regulations, standards, or requirements that may become effective during the term of this permit.

*A-1d*

**PART 2 - SELF MONITORING REQUIREMENTS**

A. From the period beginning on the effective date of the permit until December 14, 2014, the permittee shall monitor outfall # 001 for the following parameters, at the indicated frequency:

<b>Sample Parameter (units)</b>	<b>Measurement Location</b>	<b>Frequency</b>	<b>Sample type</b>
Oil & Grease mg/L	outfall #001	1/month	grab
BOD mg/L	outfall #001	1/month	24 hour composite
TSS mg/L	outfall #001	1/month	24 hour composite
pH SU (Grab)	outfall #001	1/month	grab
Cadmium mg/L	outfall #001	1/month	24 hour composite
Copper mg/L	outfall #001	1/month	24 hour composite
Lead mg/L	outfall #001	1/month	24 hour composite
Zinc mg/L	outfall #001	1/month	24 hour composite

1. The designated sampling point for all parameters shall be at the manhole located on the east side of the 4115 South Zero Street facility, east of Outfall #002 manhole, just prior to discharge into the City's sanitary sewer system.

2. See definitions of sample types.

3. Daily flows are to be recorded from the permittee's wastewater flow meter(s).

B. All handling and preservation of collected samples and laboratory analyses of samples shall be performed in accordance with 40 CFR Part 136 and amendments thereto unless specified otherwise in the monitoring conditions of this permit. Also, all sampling and analyses conducted for self-monitoring shall be performed by a certified, independent laboratory acceptable to the Control Authority.

*A-1e*

**PART 2 - SELF MONITORING REQUIREMENTS**

A. From the period beginning on the effective date of the permit until December 14, 2014, the permittee shall monitor outfall #002 for the following parameters, at the indicated frequency:

<b>Sample Parameter (units)</b>	<b>Measurement Location</b>	<b>Frequency</b>	<b>Sample type</b>
Oil & Grease mg/L	outfall #002	1/month	grab
BOD mg/L	outfall #002	1/month	24 hour composite
TSS mg/L	outfall #002	1/month	24 hour composite
pH SU (Grab)	outfall #002	1/month	grab
Cadmium mg/L	outfall #002	1/month	24 hour composite
Copper mg/L	outfall #002	1/month	24 hour composite
Lead mg/L	outfall #002	1/month	24 hour composite
Zinc mg/L	outfall #002	1/month	24 hour composite

1. The designated sampling point for all parameters shall be at the manhole located on the east side of the 4115 South Zero Street facility, west of Outfall #001 manhole, just prior to discharge into the City's sanitary sewer system.
2. See definitions of sample types.
3. Daily flows are to be recorded from the permittee's wastewater flow meter(s).

B. All handling and preservation of collected samples and laboratory analyses of samples shall be performed in accordance with 40 CFR Part 136 and amendments thereto unless specified otherwise in the monitoring conditions of this permit. Also, all sampling and analyses conducted for self-monitoring shall be performed by a certified, independent laboratory acceptable to the Control Authority.

*A-1f*

### **PART 3 REPORTING REQUIREMENTS**

#### **A. Monitoring Reports**

Monitoring results obtained shall be summarized and reported on an Industrial User Monitoring Report once per month. The reports are due on the 15th day of each month. The report shall indicate the nature and concentration of all pollutants in the effluent for which sampling and analyses were performed during the calendar month preceding the submission of each report including measured maximum and average daily flows. The permittee shall also submit a daily flow report from daily flow measurements recorded from the permittee's wastewater flow meter(s). Copies of all analytical reports used for compliance demonstration, from internal as well as contract laboratories, shall be included with all pertinent reports.

B. If the permittee monitors any pollutant more frequently than required by this permit, using test procedures prescribed in 40 CFR Part 136 or amendments thereto, or otherwise approved by EPA or as specified in this permit, the results of such monitoring shall be included in any calculations of actual daily maximum or monthly average pollutant discharge and results shall be reported in the monthly report submitted to the Control Authority. Such increased monitoring frequency shall also be indicated in the monthly report.

#### **C. Automatic Re-sampling**

If the results of the permittee's wastewater analysis indicate that a violation of this permit has occurred, the permittee must:

1. Inform the Control Authority of the violation within 24 hours; and
2. Repeat the sampling and pollutant analysis and submit, in writing, the results of this second analysis within 30 days of the first violation.

#### **D. Accidental Discharge Report**

1. The permittee shall notify the Control Authority immediately upon the occurrence of an accidental discharge of substances prohibited by Ordinance 69-97 or any slug loads or spills that may enter the public sewer. The Control Authority must be notified by fax at (501) 784-2404.

This notification shall include location of discharge, date and time thereof, type of waste, including concentration and volume, and corrective actions taken. The permittee's notification of accidental releases in accordance with this section does not relieve it of other reporting requirements that arise under local, State, or Federal laws.

Within seven days following an accidental discharge, the permittee shall submit to the Control Authority a detailed written report containing the following:

- a. Description and cause of the upset, slug load or accidental discharge, the cause thereof, and the impact on the permittee's compliance status. The description should also include the location of discharge, type, concentration and volume of waste.

*A-1g*



b. Duration of noncompliance, including exact dates and times of noncompliance and, if the noncompliance is continuing, the time by which compliance is reasonably expected to occur.

c. All steps taken or to be taken to reduce, eliminate, and/or prevent recurrence of such an upset, slug load, accidental discharge, or other conditions of noncompliance.

E. All reports required by this permit shall be submitted to the Control Authority at the following address:

Paul R. Easley  
City of Fort Smith  
3900 Kelley Hwy.  
Fort Smith, AR 72904

*A-1h*

## **PART 4 - SPECIAL CONDITIONS**

### **SECTION 1 - ADDITIONAL/SPECIAL MONITORING/REPORTING REQUIREMENTS**

#### **A. Categorical Industrial User Requirements.**

Within 90 days after the compliance date for the Battery Manufacturing Pretreatment Standards, or in the case of a New Source, following commencement of the introduction of wastewater into the POTW, all users subject to the above standards must submit to the Control Authority a report on compliance that states whether or not applicable pretreatment standards are being met on a consistent basis. The report must indicate the nature and concentration of all regulated pollutants in the facility's regulated streams and a statement of whether compliance is consistently being achieved, and if not, what additional operation, maintenance and/or pretreatment is necessary to achieve compliance. The Battery Manufacturing compliance date is March 9, 1987.

In June and December of each year a periodic report (Bi-Annual Compliance) must be submitted to the Control Authority indicating the precise nature and concentration of the pertinent regulated parameters in the users discharge to the POTW, the average and maximum daily flow rates of the facility, the methods used by the discharger to sample and analyze the data, and a certification that these methods conform to the methods outlined in 40 CFR Part 136. Therefore, at a minimum twice per year, the user must sample and analyze (outside the City's sampling program) the parameters listed on the previous pages. The permittee's self-monitoring may be sufficient to complete this requirement.

Categorical Industries with production-based limits must submit the previous six months data in their Bi-Annual Compliance reports. TTO's known to be on the premises must also be tested twice per year. A Toxic Organic Management Plan (TOMP) may be submitted in lieu of testing, however, a certification stating the plan is being carried out must also accompany each Bi-Annual report. If the user is under a compliance schedule with the City, quarterly reports must be submitted to this office for the purpose of evaluating compliance status.

### **SECTION 2 - REOPENER CLAUSE**

Describe any causes for modifying the permit arising out of facts that are not common to all industrial users that will or are likely to occur during its effective period.

Due to market volatility of this business sector, production rate data submitted in the permittee's "Bi-annual Compliance Reports" during the term of this permit shall be monitored for changes in production. If changes of these production rates indicate a minimum 20 percent increase or decrease, the permit limitations for production-based pollutants shall be re-examined by the Control Authority. If this examination indicates a change in a permit limitation is warranted, the Control Authority may issue a permit modification. Permit modifications shall be documented through addendums to this document. Permit modifications based upon production changes shall not exceed once per six-month period and shall not be retroactive.

### **SECTION 3 - COMPLIANCE SCHEDULE**

**Not currently applicable to this Industrial User.**

*A-1;*

## SECTION A. GENERAL CONDITIONS AND DEFINITIONS

### 1. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

### 2. Duty to Comply

The permittee must comply with all conditions of this permit. Failure to comply with the requirements of this permit may be grounds for administrative action, or enforcement proceedings including civil or criminal penalties, injunctive relief, and summary abatements.

### 3. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or correct any adverse impact to the public treatment plant or the environment resulting from noncompliance with this permit, including such accelerated or additional monitoring as necessary to determine the nature and impact of the non-complying discharge.

### 4. Permit Modification

This permit may be modified for good causes including, but not limited to, the following:

- a. To incorporate any new or revised Federal, State, or local pretreatment standards or requirements
- b. Material or substantial alterations or additions to the discharger's operation processes, or discharge volume or character which were not considered in drafting the effective permit
- c. A change in any condition in either the industrial user or the POTW that requires either a temporary or permanent reduction or elimination of the authorized discharge
- d. Information indicating that the permitted discharge poses a threat to the Control Authority's collection and treatment systems, POTW personnel or the receiving waters
- e. Violation of any terms or conditions of this permit
- f. Misrepresentation or failure to disclose fully all relevant facts in the permit application or in any required reporting
- g. Revision of or a grant of variance from such categorical standards pursuant to 40 CFR 403.13; or
- h. To correct typographical or other errors in the permit
- i. To reflect transfer of the facility ownership and/or operation to a new owner/operator
- j. Upon request of the permittee, provided such request does not create a violation of any applicable requirements, standards, laws, or rules and regulations.

*A-1j*

The filing of a request by the permittee for a permit modification, revocation and re-issuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

## **5. Permit Termination**

This permit may be terminated for the following reasons: (But not limited to)

- a. Falsifying self-monitoring reports
- b. Tampering with monitoring equipment
- c. Refusing to allow timely access to the facility premises and records
- d. Failure to meet effluent limitations
- e. Failure to pay fines
- f. Failure to pay sewer charges
- g. Failure to meet compliance schedules.

## **6. Permit Appeals**

The permittee may petition to appeal the terms of this permit within thirty (30) days of the receipt of this permit.

This petition must be in writing; failure to submit a petition for review shall be deemed to be a waiver of the appeal. In its petition, the permittee must indicate the permit provisions objected to, the reasons for this objection, and the alternative condition, if any, it seeks to be placed in the permit.

The effectiveness of this permit shall not be stayed pending a reconsideration by the Control Authority. If, after considering the petition and any arguments put forth by the Pretreatment Program Supervisor, the Control Authority determines that reconsideration is proper, the Control Authority shall remand the permit back to the Pretreatment Program Supervisor for re-issuance. Those permit provisions being reconsidered by the Pretreatment Program Supervisor shall be stayed pending re-issuance.

## **7. Property Rights**

The issuance of this permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any violation of Federal, State, or local laws or regulations.

## **8. Limitation on Permit Transfer**

Permits may be assigned or transferred to a new owner and/or operator with prior approval of the Pretreatment Program Supervisor:

- a. The permittee must give at least thirty (30) days advance notice to the Pretreatment Program Supervisor
- b. The notice must include a written certification by the new owner which:

*A-1k*

- (i) States that the new owner has no immediate intent to change the facility's operations and processes,
- (ii) Identifies the specific date on which the transfer is to occur,
- (iii) Acknowledges full responsibility for complying with the existing permit.

## **9. Duty to Reapply**

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must submit an application for a new permit at least ninety (90) days before the expiration date of this permit.

## **10. Continuation of Expired Permits**

An expired permit will continue to be effective and enforceable until the permit is reissued if:

- a. The permittee has submitted a complete permit application at least ninety (90) days prior to the expiration date of the users existing permit.
- b. The failure to reissue the permit, prior to expiration of the previous permit, is not due to any act or failure to act on the part of the permittee.

## **11. Dilution**

The permittee shall not increase the use of potable or process water or, in any way, attempt to dilute an effluent as a partial or complete substitute of adequate treatment to achieve compliance with the limitations contained in this permit.

## **12. Definitions**

- a. Daily Maximum - The maximum allowable discharge of pollutant during a calendar day. Where daily maximum limitations are expressed in units of mass, the daily discharge is the total mass discharge over the course of the day. Where daily maximum limitations are expressed in terms of a concentration, the daily discharge is the arithmetic average measurement of the pollutant concentration derived from all measurements taken that day.
- b. Composite Sample - A sample that is collected over time, formed either by continuous sampling or by mixing discrete samples. The sample may be composited either as a time composite sample: composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow; or as a flow proportional composite sample: collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between the aliquots.
- c. Grab Sample - An individual sample collected in less that fifteen (15) minutes, without regard for flow or time.
- d. Instantaneous Maximum Concentration - The maximum concentration allowed in any single grab sample.

*All*

e. Cooling Water -

(1) Uncontaminated: Water used for cooling purposes only which has no direct contact with any raw material, intermediate, or final product and which does not contain a level of contaminants detectably higher than that of the intake water.

(2) Contaminated: Water used for cooling purposes only which may become contaminated either through the use of water treatment chemicals used for corrosion inhibitors or biocides, or by direct contact with process materials and/or wastewater.

f. Monthly Average - The arithmetic mean of the values for effluent samples collected during a calendar month or specified thirty (30) day period (as opposed to a rolling 30 day window).

g. Weekly Average - The arithmetic mean of the values for effluent samples collected over a period of seven consecutive days.

h. Bi-Weekly - Once every other week.

i. Bi-Monthly - Once every other month.

j. Upset - Means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee, excluding such factors as operational error, improperly designed or inadequate treatment facilities, or improper operation and maintenance or lack thereof.

k. Bypass - Means the intentional diversion of wastes from any portion of a treatment facility.

### 13. General Prohibitive Standards

The permittee shall comply with all the general prohibitive discharge standards in city Ordinance 69-97. Namely, the industrial user shall not discharge wastewater to the sewer system:

a. Having a temperature higher than 104 degrees F (40 degrees C);

b. Containing more than 150 ppm by weight of fats, oils, and grease;

c. Containing any gasoline, benzene, naphtha, fuel oil or other flammable or explosive liquids, solids or gases; and in no case pollutants with a closed cup flash-point of less than one hundred forty (140) degrees Fahrenheit (60) degrees C), or pollutants which cause an exceedance of 10 percent of the Lower Explosive Limit (LEL) at any point within the POTW.

d. Containing any garbage that has not been ground by house hold type or other suitable garbage grinders;

e. Containing any ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, paunch, manure, or any other solid or viscous substances capable of causing obstructions or other interference's with proper operation of the sewer system;

*A-1m*

- f. Having a pH lower than 6.0 or higher than 11.0, or having any other corrosive property capable of causing damage or hazards to structures, equipment or personnel of the sewer system;
- g. Containing toxic or poisonous substances in sufficient quantity to injure or interfere with any wastewater treatment process, or which would constitute hazards to humans or animals, or to create any hazard in waters which receive treated effluent from the sewer system treatment plant(s). Toxic wastes shall include, but are not limited to wastes containing cyanide, chromium, cadmium, mercury, copper, and nickel ions;
- h. Containing noxious or malodorous gases or substances capable of creating a public nuisance; including pollutants which result in the presence of toxic gases, vapors, or fumes;
- i. Containing solids of such character and quantity that special and unusual attention are required for their handling;
- j. Containing any substance which may affect the treatment plant's effluent and cause violation of NPDES permit requirements;
- k. Containing any substance which would cause the treatment plant to be in noncompliance with sludge use, recycle or disposal criteria pursuant to guidelines or regulations developed under section 405 of the Federal Act, the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substance Control Act or other regulations or criteria for sludge management and disposal as required by the State;
- l. Containing color which is not removed in the treatment process;
- m. Containing any medical or infectious wastes;
- n. Containing any radioactive wastes or isotopes; or
- o. Containing any pollutant, including BOD pollutants, released at a flow rate and/or concentration which would cause interference with the treatment plant(s).

**14. Compliance with Applicable Pretreatment Standards and Requirements**

Compliance with this permit does not relieve the permittee from its obligations regarding compliance with any and all applicable local, State and Federal pretreatment standards and requirements including any such standards or requirements that may become effective during the term of this permit.

**SECTION B. OPERATION AND MAINTENANCE OF POLLUTION CONTROLS**

**1. Proper Operation and Maintenance**

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes, but is not limited to: effective performance, adequate funding, adequate operator

*A-1N*

staffing and training, and adequate laboratory and process controls, including appropriate quality assurance and procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems only when necessary to achieve compliance with the conditions of this permit.

## **2. Duty to Halt or Reduce Activity**

Upon reduction of efficiency of operation, or loss or failure of all or part of the treatment facility, the permittee shall, to the extent necessary to maintain compliance with its permit, control its production or discharges (or both) until operation of the treatment facility is restored or an alternative method of treatment is provided. This requirement applies, for example, when the primary source of power of the treatment facility fails or is reduced. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

## **3. Bypass of Treatment Facilities**

a. Bypass is prohibited unless it is unavoidable to prevent loss of life, personal injury, or severe property damage or no feasible alternatives exist.

b. The permittee may allow bypass to occur which does not cause effluent limitations to be exceeded, but only if it is also for essential maintenance to assure efficient operation.

c. Notification of bypass:

(1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior written notice, at least ten days before the date of the bypass, to the City of Fort Smith.

(2) Unanticipated bypass. The permittee shall immediately notify the Control Authority and submit a written notice to the POTW within five (5) days. This report shall specify:

- (i) A description of the bypass, and its cause, including its duration;
- (ii) Whether the bypass has been corrected; and
- (iii) The steps being taken or to be taken to reduce, eliminate and prevent a reoccurrence of the bypass.

## **4. Removed substances**

Solids, sludges, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters shall be disposed of in accordance with section 405 of the Clean Water Act and Subtitles C and D of the Resource Conservation and Recovery Act. The permittee must also comply with any additional local and State standards including such standards or requirements that may become effective during the term of this permit.

*A-10*



## **SECTION C. MONITORING AND RECORDS**

### **1. Representative Sampling**

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge. All samples shall be taken at the monitoring points specified in this permit and, unless otherwise specified, before the effluent joins or is diluted by any other wastestream, body of water or substance. All equipment used for sampling and analysis must be routinely calibrated, inspected and maintained to ensure their accuracy. Monitoring points shall not be changed without notification to and the approval of the Control Authority.

### **2. Flow Measurements**

Flow measurement is required by this permit. The appropriate flow measurement devices and methods consistent with approved scientific practices shall be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated, and maintained to ensure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than 10 percent from true discharge rates throughout the range of expected discharge volumes.

### **3. Analytical Methods to Demonstrate Continued Compliance**

All sampling and analysis required by this permit shall be performed in accordance with the techniques prescribed in 40 CFR Part 136 and amendments thereto, otherwise approved by EPA, or as specified in this permit.

### **4. Additional Monitoring by the Permittee**

If the permittee monitors any pollutant more frequently than required by this permit, using test procedures identified in Section C. 3, the results of this monitoring shall be included in the permittee's self-monitoring reports.

### **5. Inspection and Entry**

The permittee shall allow the Control Authority, or an authorized representative, upon the presentation of credentials and other documents as may be required by law to:

- a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- c. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit;
- d. Sample or monitor, for the purposes of assuring permit compliance, any substances or parameters at any location; and

*A-1p*

e. Inspect any production, manufacturing, fabricating, or storage area where pollutants, regulated under this permit, could originate, be stored, or be discharged to the sewer system.

## **6. Retention of Records**

a. The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least three years from the date of the sample, measurement, report or application.

This period may be extended by request of the Control Authority at any time.

b. All records that pertain to matters that are the subject of special orders or any other enforcement or litigation activities brought by the Control Authority shall be retained and preserved by the permittee until all enforcement activities have concluded and all periods of limitation with respect to any and all appeals have expired.

## **7. Record Contents**

Records of sampling and analyses shall include:

- a. The date, exact place, time, and methods of sampling or measurement, and sample preservation techniques or procedures;
- b. Who performed the sampling or measurements;
- c. The date(s) analyses were performed;
- d. Who performed the analyses;
- e. The analytical techniques or methods used; and
- f. The results of such analyses.

## **8. Falsifying Information**

Knowingly making any false statement on any report or other document required by this permit or knowingly rendering any monitoring device or method inaccurate, is a crime and may result in the imposition of criminal sanctions and/or civil penalties.

## **SECTION D. ADDITIONAL REPORTING REQUIREMENTS**

### **1. Planned Changes**

The permittee shall give notice to the Control Authority ninety (90) days prior to any facility expansion, production increase, or process modifications which results in new or substantially increase discharges or a change in the nature of the discharge.

*A-1g*

## **2. Anticipated Noncompliance**

The permittee shall give advance notice to the Control Authority of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

## **3. Automatic Re-sampling**

If the results of the permittee's wastewater analysis indicates a violation has occurred, the permittee must notify the Control Authority within 24 hours of becoming aware of the violation and repeat the sampling and pollutant analysis and submit, in writing, the results of this repeat analysis within 30 days after becoming aware of the violation.

## **4. Duty to Provide Information**

The permittee shall furnish to the Control Authority within 14 days any information which the Control Authority may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit. The permittee shall also, upon request, furnish to the Control Authority within 14 days, copies of any records required to be kept by this permit.

## **5. Signatory Requirements**

All applications, reports, or information submitted to the Control Authority must contain the following certification statement and be signed as required in Sections (a), (b), (c), or (d) below:

"I certify under penalty of law that this document and all attachments were prepared under by 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."

- a. By a responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
  - (i) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or:
  - (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  
- b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.

*A-1r*

- c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agents.
- d. By a duly authorized representative of the individual designated in paragraph (a), (b), or (c) of this section if:
- (i) the authorization is made in writing by the individual described in paragraph (a), (b), or (c);
  - (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
  - (iii) the written authorization is submitted to the Control Authority.
- e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for the environmental matters for the company, a new authorization satisfying the requirements of paragraph (d) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by the newly authorized representative.

## 6. Operating Upsets

Any permittee that experiences an upset in operations that places the permittee in a temporary state of noncompliance with the provisions of either this permit or with Ordinance 69-97 shall inform the Control Authority within 24 hours of becoming aware of the upset at 784-2330, or by fax at 784-2404.

A written follow-up report of the upset shall be filed by the permittee with the Control Authority within five (5) days. The report shall specify:

- a. Description of the upset, the cause(s) thereof and the upset's impact on the permittee's compliance status;
- b. Duration of noncompliance, including exact dates and times of noncompliance, and if not corrected, the anticipated time the noncompliance is expected to continue; and
- c. All steps taken or to be taken to reduce, eliminate and prevent recurrence of such an upset.

The report must also demonstrate that the treatment facility was being operated in a prudent and workmanlike manner.

A documented and verified operating upset shall be an affirmative defense to any enforcement action brought against the permittee for violations attributable to the upset event.

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## **7. Annual Publication**

A list of all industrial users which were subject to enforcement proceedings during the twelve (12) previous months shall be annually published by the Control Authority in the largest daily newspaper within its service area. Accordingly, the permittee is apprised that noncompliance with this permit may lead to an enforcement action and may result in publication of its name in an appropriate newspaper in accordance with this section.

## **8. Civil and Criminal Liability**

Nothing in this permit shall be construed to relieve the permittee from civil and/or criminal penalties for noncompliance under Ordinance 69-97 or other local, State or Federal laws or regulations.

## **9. Penalties for Violations of Permit Conditions**

Ordinance 69-97 provides that any person who violates a permit condition is subject to a civil penalty of at least \$1,000.00 dollars per day of such violation. Any person who willfully or negligently violates permit conditions is subject to criminal penalties or a fine of up to \$1,000.00 dollars per day of violation, or by imprisonment, or both. The permittee may also be subject to sanctions under State and/or Federal law.

## **10. Recovery of Costs Incurred**

In addition to civil and criminal liability, the permittee violating any of the provisions of this permit or Ordinance 69-97 or causing damage to or otherwise inhibiting the Control Authority's wastewater disposal system shall be liable to the Control Authority for any expense, loss, or damage caused by such violation or discharge. The Control Authority shall bill the permittee for the costs incurred for any cleaning, repair, or replacement work caused by the violation or discharge. Refusal to pay the assessed costs shall constitute a separate violation of Ordinance 69-97.

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# Attachment A-2

OFFICIAL USE ONLY: TO BE COMPLETED BY CITY	
DATE APPLICATION RECEIVED	10/16/14
DATE PERMIT ISSUED	
DATE PERMIT EXPIRES	
PERMIT NUMBER	

## CITY OF FORT SMITH UTILITY WASTEWATER CONTRIBUTION PERMIT APPLICATION FORM

Note: Please read all attached instructions prior to completing this application.

### SECTION A - GENERAL INFORMATION

1. Facility Name: GNB Industrial Power - A Division of Exide Technologies
  - a. Operator Name: Exide Technologies
  - b. Is the operator identified in 1.a., the owner of the facility?  
Yes  No   
If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.
2. Facility Address:  
Street: 4115 South Zero St.  
City: Fort Smith State: AR Zip: 72908
3. Business Mailing Address:  
Street or P.O. Box: 4115 South Zero St  
City: Fort Smith State: AR Zip: 72908
4. Designated signatory authority of the facility:  
[Attach similar information for each authorized representative]  
Name: James L. Gray  
Title: Plant Manager - Interim  
Street: 4115 South Zero St  
City: Fort Smith State: AR Zip: 72908  
Phone#: 479-649-2116 Email: Jim.Gray@Exide.com
5. Designated facility contact:  
Name: Phillip G. Fields  
Title: EHS Manager Interim  
Phone#: 479-649-2145 Email: Phillip.Fields@Exide.com

**SECTION B - BUSINESS ACTIVITY**

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

**Industrial Categories\***

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Canned and Preserved Fruit & Vegetable Processing
- Canned and Preserved Seafood
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining
- Coil Coating
- Concentrated Animal Feeding Operation and Feedlots
- Concentrated Aquatic Animal Production
- Copper Forming
- Dairy Product Processing or Manufacturing
- Electric and Electronic Components Manufacturing
- Electroplating
- Explosives Manufacturing
- Fertilizer Manufacturing
- Ferroalloy Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Gum and Wood Chemical Manufacturing
- Hospital
- Ink Formulation
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Meat and Poultry Products
- Metal Finishing
- Metal Products and Machinery
- Mineral Mining and Processing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Oil & Gas Extraction
- Ore Mining
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Chemical Manufacturing, Formulation, and/or Packaging
- Petroleum Refining
- Pharmaceutical Manufacturing
- Phosphate Manufacturing
- Photographic Processing

- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Printed Circuit Board Manufacturing
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric Power Generation
- Sugar Processing
- Textile Mills
- Timber Products
- Transportation Equipment Cleaning
- Waste Combustors
- Other (Describe): \_\_\_\_\_

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

Manufacture of industrial lead-Acid batteries

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Indicate applicable North American Industry Classification System (NAICS) Code for all processes (If more than one applies, list in descending order of importance.):

- a. 3691
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_



4. PRODUCT RATE:

PRODUCT	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amounts Per Day (Daily Units)		Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum
Industrial Lead-Acid Batteries	77,400 lbs	80,000 lbs	77,400 lbs	80,000 lbs

5. For production-based categorical IUs only:

What is the facility's long-term average categorical production rate for the past 5 years?

Categorical Process	5 Year Average	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION C - WATER SUPPLY**

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Rain Water
- Municipal Water Utility (Specify City): City of Fort Smith
- Other (specify): \_\_\_\_\_

2. Name on the water bill: Exide Technologies

Name: GNB Industrial Power / Exide Technologies

Street: 4115 South 2000 St.

City: Fort Smith State: AR Zip: 72408

3. Water service account number(s): 022731-026095-001

4. List average water usage on premises:  
[New facilities may estimate]

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE ESTIMATED (E) OR MEASURED (M)
a. Contact cooling water	5000	E
b. Non-contact cooling water	1430	E
c. Boiler feed	1300	E
d. Process	12,000	E
e. Sanitary	6075	E
f. Air pollution control	0	E
g. Contained in product	6400	E
h. Plant & equipment washdown	2500	E
i. Irrigation & lawn watering	0	E
j. Other	2000	E
k. Total of A-J	36,705	E

**SECTION D - SEWER INFORMATION**

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number(s): \_\_\_\_\_

No: Have you applied for a sanitary sewer hookup?

Yes  No

b. For a new business:

I. Will you be occupying an existing vacant building (such as in an industrial park)?

Yes  No

II. Have you applied for a building permit if a new facility will be constructed?

Yes  No

III. Will you be connected to the public sanitary sewer system?

Yes  No

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than four, attach additional information on another sheet.)

SEWER SIZE	DESCRIPTIVE LOCATION OF SEWER CONNECTION OR DISCHARGE POINT	AVERAGE FLOW (GPD)
6 inch	Blackwater 001 manhole east side of 4115 South Zero facility connects to City sewer	241
6 inch	Blackwater 002 manhole east side of 4115 South Zero connects to City sewer	700

**SECTION E - WASTEWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City's sewer?

Yes If the answer to this question is "yes", complete the remainder of this application.

No If the answer to this question is "no", skip to section I.

2. Provide the following information on wastewater flow rate. [New facilities may estimate]

a. Hours/Day Discharged (e.g. 8 hours/day) :

M 8 T 8 W 8 T 8 F 8 Sat 8 Sun 0

b. Hours of Discharge (e.g. 9 a.m. to 5 p.m.) :

M 7am-3pm T 7am-3pm W 7am-3pm T 7am-3pm F 7am-3pm Sat 7am-3pm Sun —

c. Peak hourly flow rate (GPD): ~~7000~~

d. Maximum daily flow rate (GPD): 21,640

e. Annual daily average (GPD): 6,816

3. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. Number of batch discharges ONE (per day)

b. Average discharge per batch 5,369 (GPD)

c. Time of batch discharges Monday - Saturday at 9:00am - 12:00pm  
(days of week) (hours of day)

d. Flow rate \_\_\_\_\_ gallons/minute

e. Percent of total discharge 79%

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

5. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., none)
NA				

6. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each of nonprocess flows (i.e. cooling tower blowdown, boiler blowdown, etc). [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., none)
2	Battery Wash	1250	2300	Batch
1	Mold Release formation	1000	1500	Batch
3	open formation "WCT"	420	500	Batch
4	Plate Soak	420	500	Batch
5	Charge 3 Cycle	5000	7500	Batch
Misc	Sinks, Lab. Respirator wash	1000	1500	Batch

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

Yes  No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

Yes  No

c. Has a toxic organics management plan (TOMP) been developed?

Yes (please attach a copy)  No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater metering equipment at this facility?

Current: Flow Metering  Yes  No  N/A

Sampling Equipment  Yes  No  N/A

Planned: Flow Metering  Yes  No  N/A

Sampling Equipment  Yes  No  N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

ISCO 4230 Bubbler flow meter serial 199E 02737

ISCO 3010 Ultrasonic flow meter serial 213D 02 90

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes  No (If no, skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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11. Are any materials recycling or water reclamation systems in use or planned?

Yes  No (If no, skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed).

Contact cooling water is reused in the Charge and Cycle department to cool cells that are in the conditioning process.

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## SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.



Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Acenaphthene	NA	0						
Acrolein		0						
Acrylonitrile		0						
Benzene		0						
Carbon Tetrachloride		0						
Chlorobenzene		0						
1,2,4- Trichloroethane		0						
Hexachlorobenzene		0						
1,2-Dichloroethane		0						
1,1,1-Trichloroethane		0						
Hexachloroethane		0						
1,1-Dichloroethane		0						
1,1,2-Trichloroethane		0						
1,1,2,2-Tetrachloroethane		0						
Chloroethane		0						
Bis(2-chloroethyl) ether		0						
17 bis (chloro methyl) ether		0						
2-Chloroethyl vinyl ether		0						
2-Chloronaphthalene		0						
2,4,6-Trichlorophenol		0						
Parachlororometa cresol		0						
Chloroform		0						
2-Chlorophenol		0						
1,2-Dichlorobenzene		0						
1,3-Dichlorobenzene		0						
1,4-Dichlorobenzene		0						
3,3-Dichlorobenzene		0						
1,1-Dichloroethylene		0						
1,2-Trans-dichloroethylene		0						
2,4-Dichlorophenol		0						
1,2-Dichloropropane		0						
1,2-Dichloropropylene		0						
1,3-Dichloropropylene		0						

A-22

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
2,4-Dimethylphenol	N/A	0						
2,4-Dinitrotoluene		0						
2,6-Dinitrotoluene		0						
1,2-Diphenylhydrazine		0						
Ethylbenzene		0						
Fluoranthene		0						
4 - Chlorophenyl phenyl ether		0						
4 - Bromophenyl phenyl ether		0						
Bis (2-chloroisopropyl) ether		0						
Bis (2-chloroethoxy) methane		0						
Methylene Chloride		0						
Methyl Chloride		0						
Methyl Bromide		0						
Bromoform		0						
Dichlorobromomethane		0						
Chlorodibromomethane		0						
Hexachlorobutadiene		0						
Hexachlorocyclopentadiene		0						
Isophorone		0						
Naphthalene		0						
Nitrobenzene		0						
Nitrophenol		0						
2- Nitrophenol		0						
4-Nitrophenol		0						
2,4-Dinitrophenol		0						
4,6-Dini-o-cresol		0						
N-nitrosodimethylamine		0						
N-nitrosodiphenylamine		0						
N-Nitrosodi-n-propylamine		0						
Pentachlorophenol		0						
Phenol		0						
Bis (2-ethyl hexyl) phthalate		0						
Butyl Benzyl phthalate		0						

A-2m

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Di-n-butyl phthalate	NA	0						
Di-n-octyl phthalate		0						
Diethyl phthalate		0						
Dimethyl phthalate		0						
Benzo (a) anthracene		0						
Benzo(a) pyrene		0						
3,4-Benzofluoranthene		0						
Chrysene		0						
Acenaphthylene		0						
Anthracene		0						
Benzo (ghi) perylene		0						
Fluorene		0						
Phenanthrene		0						
Dibenzo (a,h) anthracene		0						
Indeno (1,2,3-cd) pyrene		0						
Pyrene		0						
Tetrachloroethylene		0						
Toluene		0						
Trichloroethylene		0						
Vinyl chloride		0						
Aldrin		0						
Dieldrin		0						
Chlordane		0						
4,4'- DDT		0						
4,4'- DDE		0						
4,4'- DDD		0						
Alpha-Endosulfan		0						
Beta-Endosulfan		0						
Endosulfan sulfate		0						
Endrin		0						
Endrin Aldehyde		0						
Heptachlor		0						
Heptachlor Epoxide		0						

A-2w

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Alpha BHC		0						
Beta-BHC		0						
Gamma-BHC		0						
Delta-BHC		0						
PCB-1242		0						
PCB-1254		0						
PCB-1221		0						
PCB-1232		0						
PCB-1248		0						
PCB-1260		0						
PCB-1260		0						
Toxaphene		0						
(TCDD)		0						
Asbestos		0						
Acidity		8.75				pH		12
Alkalinity		0						
Bacteria		0						
BOD (5)		0.758					ppd	12
COD		0						
Chloride		0						
Chlorine		0						
Fluoride		0						
Hardness		0						
Magnesium		0						
NH(3)-N		0						
Oil & Grease		3.75				mg/L	mg/L	12
TSS		23.2						
TOC		0						
Kjeldahl N		0						
Nitrate N		0						
Nitrite N		0						
Organic N		0						
Orthophosphate P		0						

A-20



**SECTION G - TREATMENT**

1. Is any form of wastewater treatment (see list below) practiced at this facility?  
 Yes  
 No
2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?  
 Yes: Describe: \_\_\_\_\_  
 No
3. Treatment devices or processes used or proposed for treating wastewater or sludge.  
(Check all that apply)
- Air flotation
  - Centrifuge
  - Chemical Precipitation
  - Chlorination
  - Cyclone
  - Filtration
  - Flow equalization
  - Grease or oil separation, type: \_\_\_\_\_
  - Grease Trap
  - Grinding Filter
  - Grit removal
  - Ion Exchange
  - Neutralization, pH correction
  - Ozonation
  - Reverse osmosis
  - Screen
  - Sedimentation
  - Septic Tank
  - Solvent separation
  - Spill protection
  - Sump
  - Rainwater diversion or storage
  - Biological treatment, type: \_\_\_\_\_
  - Other chemical treatment, type: \_\_\_\_\_
  - Other physical treatment, type: \_\_\_\_\_
  - Other, type: \_\_\_\_\_
4. Is process wastewater mixed with nonprocess wastewater prior to the sampling point?  
 Yes: Describe: \_\_\_\_\_  
 No

5. Description: Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

60 x 60 separate building; cap: Treat 1300 GPH, Design  
Cap 15,000 gal Pol load (metals); 200 lbs/day; Untreated process  
water is collected, pH adjusted (lowered); Transferred - pH adjusted  
(raised) + add ferric chloride; Transferred pH adjusted to 7.5, then  
4.75 then polymer added and centrifuged to floc; Transferred through  
sand filter & holding tank. Water is then lab tested and discharged

6. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion date(s).

NONE

8. Do you have a treatment operator?  Yes  No

(if yes,)

Name: Craig Mollow

Title: System Tender - Wastwater

Phone: 479-646-8341 xt 262

Full Time: 40 300-11:30pm (specify hours)

Part Time: \_\_\_\_\_ (specify hours)

9. Do you have a manual on the correct operation of your treatment equipment?

Yes

No

10. Do you have a written maintenance schedule for your maintenance equipment?

Yes

No

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift information

Work Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift per Work Day	3	3	3	3	3	.	
Empls per Shift	1 <sup>st</sup> 65					5	5
	2 <sup>nd</sup> 36					5	5
	3 <sup>rd</sup> 7					3	3
Shift Start and End Times	1 <sup>st</sup> 6:30 am - 3:00 pm	-	-	-	-	-	-
	2 <sup>nd</sup> 2:30 pm - 11:00 pm	-	-	-	-	-	-
	3 <sup>rd</sup> 11:00 pm - 7 am	-	-	-	-	-	-

2. Indicate whether the business activity is:

- Continuous through the year, or
  - Seasonal - Check the months of the year during which the business activity occurs:
- J    F    M    A    M    J    J    A    S    O    N    D

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

3. Indicate whether the facility discharge is:

- Continuous through the year, or
  - Seasonal - Check the months of the year during which the business activity occurs:
- J    F    M    A    M    J    J    A    S    O    N    D

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_



4. Does operation shut down for vacation, maintenance, or other reasons?

Yes, indicate reasons and period when shutdown occurs: *2 times per year*

*WINTER SHUTDOWN OCCURS at Christmas/New Years Summer Shutdown weeks July 4*

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

*Full capacity operation*

*Lead - 81,000 lbs per day*

*Lead Oxide 42,000 lbs per day*

*H<sub>2</sub>SO<sub>4</sub> 1,000 gal day*

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

**Chemical**

**Quantity**

*Attached*

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

**SECTION I - SPILL PREVENTION**

1. Do you have chemical storage containers, bins, or ponds at your facility?

Yes       No

If yes, (on another sheet), please give a description of their location, contents, size, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to sewer or storm drains. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes       No

If yes, where do they discharge to? Discharge is to plant wastewater treatment

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify: \_\_\_\_\_
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Approving Authority's collection system?

- Yes - **(Please enclose a copy with the application)** Attached
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

None

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**SECTION J - BEST MANAGEMENT PRACTICES**

1. Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a facility's wastestream or from reaching a discharge point. BMPs are management and operational procedures such as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw materials storage.

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2. Do you have the potential for a slug discharge to the sewer system? A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the POTW's regulations, local limits, or permit conditions [40 CFR 403.8(f)(2)(v)].

- Yes  
 No

- I. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and facility.

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- II. Please describe current mechanisms for prevention of slug discharges.

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- III. Please describe where and how raw materials are stored.

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**SECTION K - NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

Yes, please describe below

No, skip the remainder of Section K.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
<u>Wastewater sludge</u>	<u>350,000 lbs</u>	<u>Recycled</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. off site to permitted facility

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and facility. Exide Technologies Cannon Hollow, Mo

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. NA  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permit No.  
 (if appl.): \_\_\_\_\_

Permit No.  
 (if appl.): \_\_\_\_\_

5. Have you been issued any Federal, State, or local environmental permits?

Yes

No

If yes, please list the permit(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Describe where and how waste liquids and sludges are stored.

Wastewater sludge is sent through a filter press and dewatered. The cake (sludge) is placed in 55 gallon barrels for transport to a recycler.



*Attachment A-3*

**GNB Industrial Power (Exide Technologies)**

**IU Fact Sheet**

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Permit: **CIUM036304**  
Permittee: GNB Industrial Power (Exide Technologies)  
Address: 4115 South Zero Road  
City: Fort Smith  
State: AR 72908  
Classification: Significant Industrial User

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Primary Contact: James Gray, 479-252-8995,  
Secondary Contact: Phillip Fields, 479-649-2147,

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Water Account: 037-9050-00-00-0  
Sewer Account: 048-0102-00-00-0

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Permitted: Yes  
Active Permit: Yes  
Slug Control Plan: No  
Spill Prevention Plan: Yes  
Effective Date of Permit: 12/15/2009  
Expiration Date of Permit: 12/14/2014

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SIC Codes: 3691 Storage Batteries

NAICS Code: 335911 Storage Battery Manufacturing

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Industrial User Number: 161/172  
Permitted Outfalls: 2  
Working Hours: 6:30 AM – 6:30 AM  
Number of Shifts: 3  
Number of Employees: 225  
Categorical Classification: Categorical -Battery Manufacturing

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Avg. Daily Flow (gal): Outfall 001: 9,954  
Outfall 002: 2,990  
Receiving WWTP: Massard  
Batch Discharge: Yes

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CA Sample Freq: Monthly  
IU Sample Freq: Monthly  
IU Report Freq: Monthly  
Inspection Freq: Annual  
Date of Last Inspection: 1/22/2015

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SIU Status Rationale: IU is classified under the Battery Manufacturing Category, 40 CFR Part 461, Subpart C: Lead PSES production based standards

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Sampling Rationale: The IU maintains flow measuring devices capable of providing output to utilize flow proportioning features of sampling devices. Therefore the IU is sampled as flow-composite.

Attachment A-4



August 28, 2015

RE: Industrial Waste Survey

Dear Water & Wastewater Customer:

The accompanying survey is intended to obtain information needed by the City of Fort Smith to comply with state and federal Pretreatment requirements. The City may verify the data submitted through phone calls, site inspection, and sample analysis. Answer each question accurately to reflect existing conditions and conditions proposed to occur within 3 to 5 years.

Please do the following:

1. Fill out industrial waste survey form completely. Answer all questions. If you do not know the answer to a question, write "Unknown" in the box. If an answer is not applicable to your facility, write "N/A".
2. Sign the industrial waste survey form (see last page). Must be signed by an Authorized Representative of the Industrial User.
3. Fill out using ink. Do not use a pencil. Write clearly.

We request that you complete and submit Industrial Waste Survey form *within ten (10) business days* as required by all customers per the City's Ordinance 80-11. If you have any questions, please contact the City at: 479-784-2335 or 479-784-2337.

We want to thank you for your help and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Lance McAvoy". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lance McAvoy,  
Environmental Manager



Attachment A-4

**CITY OF FORT SMITH  
UTILITY DEPARTMENT  
INDUSTRIAL PRETREATMENT PROGRAM  
INDUSTRIAL WASTE SURVEY – SHORT FORM**

This survey is intended to obtain information needed by the City of Fort Smith to comply with state and federal Pretreatment requirements. Failure to submit a complete and accurate survey may result in penalties including the termination of service. The City may verify the data submitted through phone calls, site inspection, and sample analysis. Answer each question accurately to reflect existing conditions and conditions proposed to occur within 3 to 5 years. Attach additional sheets as necessary.

**DIRECTIONS FOR COMPLETING THIS INDUSTRIAL WASTE SURVEY FORM**

1. Fill out industrial waste survey form completely. Answer all questions. If you do not know the answer to a question, write "Unknown" in the box. If an answer is not applicable to your facility, write "N/A".
2. Sign the industrial waste survey form (see last page). Must be signed by an Authorized Representative of the Industrial User.
3. Failure to submit a completed Industrial Waste Survey form *within ten (10) business days* is a violation of the City's Ordinance 80-11.
4. Fill out using ink. Do not use a pencil. Write clearly.
5. If you have any questions, please contact the City at: 479-784-2335 or 479-784-2337.

**GENERAL INFORMATION**

Company Name and d.b.a. Business Name, if different	
Name of responsible person at the facility authorized to represent the company in official dealings with the City of Fort Smith.	
Title:	Phone:
Non business hours contact:	Phone:
Email Address (if available):	Physical Street Address of Facility:
Website (if available):	Official Mailing Address if Different:

List all Standard Industrial Classification (SIC) codes or North American Industrial Classification System (NAICS) for your facility. These may be found on Federal tax forms or accounting records.


**TYPE OF BUSINESS (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Manufacturing/Production	<input type="checkbox"/> Distribution/Warehouse	<input type="checkbox"/> Retail Sales – Non-Food
<input type="checkbox"/> Service	<input type="checkbox"/> Office Only	<input type="checkbox"/> Retail Sales – Food
<input type="checkbox"/> Medical/Dental/Veterinarian	<input type="checkbox"/> Other <sup>(Please Explain)</sup> :	

**BUSINESS ACTIVITIES**

Date Business began at this site:			
Construction date(s) for building(s) at site:			
Normal operating schedule days of week:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Normal operating schedule hours per day:	1st Shift	2nd Shift	3rd Shift
Number of employees per shift:	1st Shift	2nd Shift	3rd Shift
Water Consumption (Gallons/Month):	Estimate <input type="checkbox"/>	Actual <input type="checkbox"/>	
Wastewater Volume Generated (Gallons/Month):	Estimate <input type="checkbox"/>	Actual <input type="checkbox"/>	

### BUSINESS ACTIVITIES (CONTINUED)

Describe in detail the type of business activity conducted at this site. Please include primary products or services (attach additional sheets as necessary):

CHECK ANY AND ALL ACTIVITIES OCCURRING AT YOUR LOCATION	
<input type="checkbox"/> Aircraft Repair/Maintenance	<input type="checkbox"/> Brewery
<input type="checkbox"/> Treating Waste from Other Businesses	<input type="checkbox"/> Industrial Laundry (other than neighborhood laundry)
<input type="checkbox"/> Copper or Aluminum Forming	<input type="checkbox"/> Dairy Products Manufacturing
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Electrical Component Manufacturing	<input type="checkbox"/> Firearms - Bluing
<input type="checkbox"/> Grocery -Retail With Deli	<input type="checkbox"/> Grocery - Retail Without Deli
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical (other than hospital)
<input type="checkbox"/> Leather Tanning	<input type="checkbox"/> Meat, Vegetable or Food Processing (factory level, not restaurants)
<input type="checkbox"/> Trucked & Hauled Waste (including domestic septic tanks, sand traps, commercial or industrial waste)	<input type="checkbox"/> Metal Finishing (including electroplating, electroless plating, anodizing, coloring, coating, acid rinse or acid cleaning prior to painting, chemical etching, etc.)
<input type="checkbox"/> Non Ferrous Metals Forming	<input type="checkbox"/> Metal Molding and Casting
<input type="checkbox"/> Oil & Grease Refining/Extraction	<input type="checkbox"/> Paint/Ink Manufacturing
<input type="checkbox"/> Painting of Metal	<input type="checkbox"/> Photographic/X-Ray Developing
<input type="checkbox"/> Plastics Manufacturing	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Printing/Publishing	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Retail Sales Only	<input type="checkbox"/> Smelting/Metal Refining
<input type="checkbox"/> Soap or Detergent Manufacture	<input type="checkbox"/> Steam Power Generation
<input type="checkbox"/> Wood Preservation	<input type="checkbox"/> Transportation Equipment Cleaning
<input type="checkbox"/> Vehicle Repair Shop/Garage	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Is the facility a non-manufacturing, non-production retail facility or business office that does not perform any medical or dental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1 & 6.
Is the facility/business a food service establishment, prepares food for sale or consumption, or generates FOG (fats,oils,&grease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1, 5 & 6.
Does the facility perform or provide any medical services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1, 4 & 6.
Does the facility perform or provide any dental services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1, 3 & 6.
Does this pharmacy/facility perform custom compounding of pharmaceutical drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1 & 6.
Is the business a manufacturing, production, or processing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1, 2, & 6.
Does the facility perform metal finishing, metal plating, metal manufacturing, or any other known categorical process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out sections 1, 2, & 6.
If all of the above questions were answered No, or if none of the above questions applied to your business/facility, then please fill out ALL SECTIONS of this survey.		

A-4b

## SECTION 1

### WASTE DISCHARGE

Check all types of operations and wastewater generated at this site:

<input type="checkbox"/> Air Pollution Equipment	<input type="checkbox"/> Medical/Dental Services
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Metal Coating (chromating, phosphating, coloring)
<input type="checkbox"/> Beverage Bottling	<input type="checkbox"/> Pesticide Application Service
<input type="checkbox"/> Boiler/Cooling Blowdown	<input type="checkbox"/> Photographic/Film/X-ray Processing
<input type="checkbox"/> Chemical Etching or Milling	<input type="checkbox"/> Plastics Processing
<input type="checkbox"/> Cooling Water, Contact	<input type="checkbox"/> Powder Coating
<input type="checkbox"/> Cooling Water, Non-contact	<input type="checkbox"/> Printed Circuit Board Manufacturing
<input type="checkbox"/> Domestic Waste	<input type="checkbox"/> Printing & Publishing
<input type="checkbox"/> Electroless Plating	<input type="checkbox"/> Process Water
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Slaughter/Meat Packing/Rendering
<input type="checkbox"/> Equipment Manufacturing	<input type="checkbox"/> Vehicle or Equipment Maintenance/Repair
<input type="checkbox"/> Fertilizer Application Service	<input type="checkbox"/> Vehicle or Equipment Washdown
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Waste Recycling
<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Water Treatment
<input type="checkbox"/> Groundwater Treatment	<input type="checkbox"/> Wood Preserving
<input type="checkbox"/> Laundry	<input type="checkbox"/> Other:

Will you use fats, oil, grease (cooking or petroleum), or dairy products in your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will liquid, gaseous, or sludge waste be generated but not discharged to the sanitary sewer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide your company practices:	Onsite Storage <input type="checkbox"/>	Onsite Disposal <input type="checkbox"/>
	Offsite Storage <input type="checkbox"/>	Offsite Disposal <input type="checkbox"/>

Describe the method of storage/disposal of these wastes, including names of all waste haulers used.

### WASTEWATER PRETREATMENT

Is your wastewater treated prior to discharge to the sanitary sewer? (If so, mark all that apply.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Filtering	<input type="checkbox"/> Metals Treatment
<input type="checkbox"/> Sand/Sedimentation Tank	<input type="checkbox"/> Food Grinder/Garbage Disposal	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Other (Please Explain):	

### WASTE DISCHARGE (CONTINUED)

Will there be a garbage disposal unit (food grinder) at your business?	Yes <input type="checkbox"/>	Qty:	No <input type="checkbox"/>
Are there any floor drains in areas other than restrooms?	Yes <input type="checkbox"/>	Qty:	No <input type="checkbox"/>
Will you generate hazardous waste as defined by ADEQ and federal regulations (RCRA)?	Yes <input type="checkbox"/>	Generator Status:	No <input type="checkbox"/>
Will you discharge any RCRA listed or characteristic hazardous wastes to the sanitary sewer?	Yes <input type="checkbox"/>	Waste Description:	No <input type="checkbox"/>

Will there be an interceptor, separator, or other device installed to pretreat your wastewater prior to discharge? (If so, check all that apply below.):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Amalgam Separator: <input type="checkbox"/> wet ring <input type="checkbox"/> dry vacuum pump system	<input type="checkbox"/> Hair Trap	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Amalgam Chairside Trap	<input type="checkbox"/> Lint Trap	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Grease Interceptor, Inside	<input type="checkbox"/> Oil/Water Separator	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Grease Interceptor, Outside	<input type="checkbox"/> Sand Interceptor	<input type="checkbox"/> Other (List):
Does a waste hauler pick-up any chemicals or liquid wastes from your facility? If yes, please list what is picked up and by whom:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A-4c

## SECTION 2

### CATEGORICAL INDUSTRY

Is this facility a categorical industry as defined by 40 CFR 403 through 40 CFR 471? (If "Yes" check the appropriate category below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Metal Finishing		
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Metal Molding or Casting		
<input type="checkbox"/> Builders' Paper and Board Mills	<input type="checkbox"/> Nonferrous Metals Forming or Metal Powders		
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Nonferrous Metals Manufacturing		
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers Man.		
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Paint Formulating		
<input type="checkbox"/> Electrical or Electronic Component	<input type="checkbox"/> Paving or Roofing Materials (Tar & Asphalt)		
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Pesticide Chemicals		
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Petroleum Refining		
<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Pharmaceutical Manufacturing		
<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Porcelain Enameling		
<input type="checkbox"/> Grain Mill	<input type="checkbox"/> Pulp, Paper, or Fiberboard Manufacturing		
<input type="checkbox"/> Ink Formation	<input type="checkbox"/> Rubber Manufacturing		
<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Soaps or Detergent Manufacturing		
<input type="checkbox"/> Iron & Steel Manufacturing	<input type="checkbox"/> Steam Electric Power Generating		
<input type="checkbox"/> Leather Tanning & Finishing	<input type="checkbox"/> Timber Products Processing		

### CHEMICAL INFORMATION

Will/Do you use EPA Toxics Release Inventory (TRI) chemicals in reportable quantities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you store chemicals at your facility in a volume greater than 5 gallons each? <small>(If yes, attach a description of the chemical, container size and type, storage location, frequency and method of container cleaning/disposal.)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your company ever been issued a local, state, or federal environmental permit? (i.e. Air, Water, HazWaste, etc.) <small>If "Yes" list the permit(s) type and Permit(s) number:</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your business activities use, generate, or dispose of any of the following chemicals?	Yes	No	Discharged/Disposed of to Sanitary Sewer?		Where disposed of if not to Sanitary Sewer?
Antifreeze/Glycol Compounds	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Petroleum Grease/Oils	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vegetable Grease/Oils	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Acids/Corrosives	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Food Wastes	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Solvents (incl. cleaning solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Flammables/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Pesticides/Herbicides	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Phenols	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cyanides	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Metals/Metal Solutions	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nitrogen Containing Compounds	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Organic Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hazardous Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Radioactive Isotopes	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trucked or Hauled Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Temperature Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sulfide/Hydrogen Sulfide Generating Waste	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Total Dissolved Solids (TDS)	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

A-4d

### SECTION 3

DENTAL SECTOR SPECIFIC QUESTIONS			
Are old amalgams removed at your facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many a week:
Are new amalgams installed at your facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many a week:
Does your facility use a chairside amalgam trap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What type:
Does your facility use an amalgam separator? (i.e. Near Vacuum System)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What type:
What does your facility do with waste amalgams?			
Does your facility have X-Ray unit(s) that produce photographic or X-Ray fixer waste? (Do not include digital X-Ray units.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many:
Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste? (If digital, mark NA)	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>	Method of disposal:
Does your facility generate medical waste (red or yellow bag)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Method of disposal:

### SECTION 4

MEDICAL/VETERINARY SECTOR SPECIFIC QUESTIONS			
Does your facility have X-Ray unit(s) that produce photographic or X-Ray fixer waste? (Do not include digital X-Ray units.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many:
Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste? (If digital, mark NA)	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>	Method of disposal:
Please indicate the approximate number per week your office handles:	X-Rays Processed <sup>Nondigital</sup> :		Surgeries/Procedures:
Does your facility generate medical waste (red or yellow bag)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Method of disposal:

### SECTION 5

FOOD ESTABLISHMENT/PROCESSING/RESTAURANT SECTOR SPECIFIC QUESTIONS				
<b>Type of Cuisine:</b>				
Available Seating:		Approximate # of meals served/prepared per day:		
Methods of Cooking/Heating/Frying:				
<b>Grease Handling and Disposal</b>				
Garbage Dumpster: <input type="checkbox"/> Yes <input type="checkbox"/> No		Maintenance/Cleaning Schedule:		
Grease Control Devices: <input type="checkbox"/> Yes <input type="checkbox"/> No		Grease Interceptor <input type="checkbox"/> Grease Trap <input type="checkbox"/> Other <input type="checkbox"/> Specify:		
Waste Oil Recycling Containers: <input type="checkbox"/> Yes <input type="checkbox"/> No		Schedule/Frequency of Disposal:		
For each grease trap/interceptor at your facility, complete the chart. If more than 3 are present, attach the additional information on another sheet. Provide a drawing for each under sink and in-ground grease trap/interceptor. The drawing must indicate dimensions in feet.				
Location at Facility	Source of Wastewater <sup>1</sup>	Capacity (lbs or Gal)	Pounds of Grease Removed per Year	Maintenance Service Frequency <sup>2</sup>
<sup>1</sup> <i>Source of Wastewater:</i> In the space provided in the chart, fill in the letter corresponding to the applicable source.				
A. Food Processing		D. Rinses Containing Spent/Discarded Food Product		G. Laboratory Operations
B. Equipment/Vessel Wash Down		E. Spent Cleaning/Sanitizing Solutions		H. Dishwasher
C. Floor Wash Down		F. Fruits/Vegetable Grindings		I. Other
<sup>2</sup> <i>Maintenance Service Frequency:</i> In the space provided in the chart, fill in the number corresponding to the applicable maintenance for each trap/interceptor.				
1. Daily	3. Every Month	5. Every Six Months (Semi-Annually)		7. Other
2. Weekly	4. Every Three Months (Quarterly)	6. Every Twelve Months (Annually)		

A-4e

<b>Waste Hauler Used?</b> : <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please list the following		
Waste Hauler Company:		
Mailing Address:		Phone #:
Check below each type of waste that is hauled from your facility.		
Waste Type	Estimated Gallons/Pounds Per Year	Hauler Utilized
<input type="checkbox"/> Spent Grease Wastes from Grease Trap/Interceptor (Brown Grease)		
<input type="checkbox"/> Spent Cooking Grease from Deep Frying Equipment (Yellow Grease)		
<input type="checkbox"/> Other:		
<b>Kitchen/Prep Area Fixtures</b> (How many of each are present?)		
3 compartment sink :	Floor sink :	Wok :
2 compartment sink :	Floor drains :	Fryer(s) :
Hand sink :	Mop sink :	Range :
Dishwasher :	Disposal :	Grill :
Pre-wash sink :	Stove/Oven :	Other (specify) _____ :
<b>Additional Information</b>		
Property Owner:		Phone #:
Mailing Address:		Email:
<b>ATTACH A COPY OF THE MENU OR A LIST OF THE ITEMS PREPARED/SERVED AT THE FACILITY</b>		

## SECTION 6

### SIGNATURE SECTION

The Authorized Representative for the Business shall sign this survey and return it within ten(10) days to:

Environmental Manager  
City of Fort Smith  
3900 Kelley Hwy.  
Fort Smith, AR 72904

“I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon 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/or imprisonment for knowing violations.”

\_\_\_\_\_  
Printed Name of Authorized Representative from Page 1

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative from Page 1

\_\_\_\_\_  
Date

The signing official must have authorization to provide such information on behalf of the company, corporation or partnership. In accordance with Arkansas law, information and data provided in the questionnaire may be available for public review under the Freedom of Information Act. Requests for confidential treatment of the information will be governed by procedures specified by the City's Pretreatment Program and the Freedom of Information Act.

*A-4f*



CITY OF FORT SMITH UTILITY BILLING SYSTEM  
 HIGH-VOLUME WATER USAGE ACCOUNTS  
 FOR MONTH ENDING 07-31-2015

*IU survey 8/28/15*

\*\*\*\*\* ALL UBS ACCOUNTS \*\*\*\*\*

ACCOUNT NUMBER	SVC PT	CUSTOMER NAME MAILING ADDRESS	SERVICE ADDRESS CITY, ST ZIP	CLASS	STATUS	AVERAGE DAILY USAGE	CURRENT MONTH USAGE
000222-043029-006	001	BEN GEREN REG PARK PO BOX 3609	7000 HWY 255 ST GOLF FORT SMITH AR 72913-3609	C	ACTIVE	31,938	2,072,708
025900-029944-001	001	DUKE AFFORDABLE LP 120 S CENTRAL AVE ST	3400 DUKE AVE SAINT LOUI MO 63105-1733	C	ACTIVE	25,807	718,828
000543-040672-002	001	FIANNA HILLS C C PO BOX 180007	10100 JENNY LIND RD IRRIG FORT SMITH AR 72918-0007	C	ACTIVE	22,776	1,176,604
000543-040295-001	001	FIANNA HILLS C C PO BOX 180007	9215 JENNY LIND RD IRRIG FORT SMITH AR 72918-0007	C	ACTIVE	22,784	1,220,736
000613-010506-002	001	GERBER PRODUCTS CO PO BOX 319022	5300 GERBER RD CHICAGO IL 60631-9022	I	ACTIVE	977,113	27,227,200
001213-043498-004	001	GERDAU MACSTEEL DIV PO BOX 1592	5225 PLANTERS RD NEW FORT SMITH AR 72902-1592	C	ACTIVE	109,417	1,052,436
001213-029937-002	001	GERDAU MACSTEEL DIV PO BOX 1592	5222 PLANTERS RD FORT SMITH AR 72902-1592	I	ACTIVE	231,250	7,055,884
025796-029771-001	001	GERDAU MACSTEEL DIV PO BOX 1592	5225 PLANTERS RD FORT SMITH AR 72902-1592	C	ACTIVE	21,528	837,760
000726-022594-006	001	HILAND DAIRY FOOD CO P.O. BOX 2690	415 S 10TH ST FORT SMITH AR 72902	I	ACTIVE	35,813	1,148,928
000726-022593-005	001	HILAND DAIRY FOOD CO P.O. BOX 2690	415 S 10TH ST FORT SMITH AR 72902	I	ACTIVE	39,527	1,151,920
000734-026366-002	001	HIRAM WALKER & SONS PO BOX 2409	7401 S HWY 45 ST FORT SMITH AR 72902-2409	I	ACTIVE	48,507	1,614,184
100161-045894-002	001	INLAND TRS PROPERTY PO BOX 37077	4001 PHOENIX AVE NEW CHARLOTTE NC 28237-7077	C	ACTIVE	42,248	850,476

*A-4g*

CITY OF FORT SMITH UTILITY BILLING SYSTEM  
 HIGH-VOLUME WATER USAGE ACCOUNTS  
 FOR MONTH ENDING 07-31-2015

\*\*\*\*\* ALL UBS ACCOUNTS \*\*\*\*\*

ACCOUNT NUMBER	SVC PT	CUSTOMER NAME MAILING ADDRESS	SERVICE ADDRESS CITY, ST ZIP	CLASS	STATUS	AVERAGE DAILY USAGE	CURRENT MONTH USAGE
010353-010509-001	001	JAMES RIVER DIXIE PO BOX 981956	4411 MIDLAND BLVD EL PASO TX 79998-1956	I	ACTIVE	40,969	1,906,652
025898-029936-001	001	KRAFT FOODS PO BOX 982140	4020 PLANTERS RD EL PASO TX 79998-2140	I	ACTIVE	65,065	2,172,940
033333-000887-001	001	LINKS AT FORT SMITH P.O. BOX 13000	5100 S ZERO ST FAYETTEVIL AR 72703	C	ACTIVE	52,126	1,290,300
066431-046276-002	001	MARS PETCARE US, INC PO BOX 414346	10000 ROBERTS BLVD NEW KANSAS CIT MO 64141-4346	I	ACTIVE	105,455	3,371,236
001128-010514-001	001	OK FOODS INC PO BOX 1787	3901 REED LN FORT SMITH AR 72902-1787	I	ACTIVE	592,104	19,718,028
001128-010520-007	001	OK FOODS INC PO BOX 1787	4201 REED LN FORT SMITH AR 72902-1787	I	ACTIVE	1,608,212	50,299,260
001129-015984-007	001	OK INDUSTRIES INC PO BOX 1787	11 N B ST FORT SMITH AR 72902-1787	C	ACTIVE	20,407	440,572
025795-029770-001	001	OWENS-CORNING FIBRGS PO BOX 182574	5520 PLANTERS RD COLUMBUS OH 43218-2574	I	ACTIVE	40,109	1,368,840
001246-023124-001	001	RHEEM MFG CO 1100 ABERNATHY RD NE	6200 S HWY 45 ST ATLANTA GA 30328-5654	I	ACTIVE	31,243	1,048,696
001259-047824-013	001	ROBERT WESTPHAL CO. 109 N 6TH ST	6201 ROGERS AVE NEW FORT SMITH AR 72901-2103	C	ACTIVE	23,399	902,836
001327-016416-002	001	SEBASTIAN COUNTY JAI 801 S A ST	800 CARNALL AVE FORT SMITH AR 72901-3725	C	ACTIVE	39,166	229,636
001397-023112-004	001	SPARKS REGIONAL MEDI PO BOX 1255	1001 TOWSON AVE MANDAN ND 58554-7255	I	ACTIVE	225,459	5,421,504

A-45

CITY OF FORT SMITH UTILITY BILLING SYSTEM  
HIGH-VOLUME WATER USAGE ACCOUNTS  
FOR MONTH ENDING 07-31-2015

\*\*\*\*\* ALL UBS ACCOUNTS \*\*\*\*\*

ACCOUNT NUMBER	SVC PT	CUSTOMER NAME MAILING ADDRESS	SERVICE ADDRESS CITY, ST ZIP	CLASS	STATUS	AVERAGE DAILY USAGE	CURRENT MONTH USAGE
001407-029915-002	001	ST EDWARDS MEDICAL C PO BOX 10386	7301 ROGERS AVE SPRINGFIEL MO 65808-0386	I	ACTIVE	114,206	4,652,560
020303-023158-001	001	TWIN RIVERS PACKAGIN PO BOX 4098	10 NAVY RD FAYETTEVIL AR 72702-4098	I	ACTIVE	52,720	1,881,220
032362-037202-003	001	US DEPT OF ENERGY PO BOX 5807	11508 ROBERTS BLVD OAK RIDGE TN 37831-5807	C	ACTIVE	20,395	0

A-4!

The City of Fort Smith

Facility Name: GNB Industrial Power (Exide Technologies)

Significant Industrial User Report

Inspection Date: 1/22/15**Fact Sheet****Permitted Outfall(s)**

See the pertinent page from the current Industrial User's permit listing and describing the permitted outfall(s) to the City's sewer system.

**Effluent Limitations**

See the pertinent page of the current Industrial user's permit listing the effluent limitations for the permitted outfall(s) to the City's sewer system.

**Self Monitoring Requirements**

See the pertinent page of the current Industrial user's permit listing the self monitoring requirements for the permitted outfall(s) to the City's sewer system.

**General Conditions**

1. Has the Industrial User's permit been terminated?  Yes,  No

*If yes, list date and reason.*

2. Has the Permittee submitted an application for a new permit at least 90 (ninety) days before the expiration date of the current permit?  Yes,  No,  
*Applicable only if nearing expiration date of current permit.*  Not Applicable

Submitted to Control Authority on 09/16/2014. Permit is currently under Administrative Extension.

**Information Requirements**

1. Has the Permittee furnished to the Control Authority within 10 workdays any information which the Control Authority has requested to determine whether cause exists for modifying, revoking and reissuing, or terminating the Industrial User's permit, or to determine compliance with the Industrial User's permit?  Yes,  No,  
 N/A

2. Has the Permittee furnished to the Control Authority within 10 workdays any requested copies of any records required to be kept by the Industrial User's permit?  Yes,  No,  N/A

**Annual Publication**

1. Was the Permittee included on the list of all industrial users that were subject to enforcement action during the (12) previous months in the most recent annual newspaper publication by the Control Authority? *If yes, list date and publication(s) or other media.*  Yes,  No

**Violation Penalties**

1. Has the Permittee been subject to any civil penalties for violating any permit condition?  Yes,  No

*If yes, list.*

1. Has the Permittee been subject to any criminal penalties for willfully or negligently violating permit conditions?  Yes,  No

*If yes, list*

**Facility Inspection**

**General Information**

Arrival Time: 1305

Inspector(s): John Hancock, Lance McAvoy

Permit Number: CIUM036304

Site Address: 4115 South Zero Street  
Fort Smith, Arkansas 72903

Mailing Address: 4115 South Zero Street  
Fort Smith, AR 72903

Primary Contact: James L. Gray

Title: (Interm Plant Manager) Materials Manager

Telephone: (479) 252-8995

Fax: (479) 649-2143

Additional Contact: Phillip Fields

Title: EHS Manager

Telephone: (479) 649-2147

Additional Contact:

Title:

Telephone:

Email: Email address; Mr. Phillip Fields: phillip.fields@na.exide.com

Process Information					
SIC Code(s):	3691				
NAICS:	335911				
Raw Materials: Metallic lead alloys, lead oxide and sulfuric acid.					
Process Description: Manufacture of lead-acid industrial storage batteries.					
Products: Lead-acid industrial storage batteries.					

A-5d



Operations Information			
	1st Shift	2nd Shift	3rd Shift
Number Of Employees: (Avg.)	150	66	9
Working Hours:	6:30 am - 2:30 pm	2:30 pm - 10:30 pm	10:30 pm - 6:30 am
Hours/Day:	8	8	8
Days/Week:	5	5	5

Notes: Total: 225 employees. Occasional Saturday operation. Normally, Monday through Friday operation. Rarely work on Sundays.

**Water Source & Usage**

Source:	Volume (GPD):	Usage:	Volume (GPD):
City:		Process:	19,754 ✓
Landlord:		Sanitary:	4,500
Other:		Consumed in Product:	3,600
Other:		Evaporation:	7,800
Other:		Other:	6,300
Total:		Total:	41,954
List all water account number(s):	037-9050-00-00-0		
List wastewater account number(s): If applicable.	048-0102-00-00-0		

Notes: Other usages; Total 6,300 lawn sprinkler system: 2,000 gpd, acid flume scrubber: 1,300 GPD (closed-loop), assembly and casting: 1,700 gpd, and boiler feed 1,300 gpd. Water baths used for cooling of product. Sanitary; 225 (number of employees) x 20 gpd = 4,500 gpd.

**Permit Compliance Appendix**

**Industrial User Permit**

1. Does the facility have a copy of its current Industrial User permit on file and available for inspection?  Yes,  No

Comments:

A-5f



**General Conditions**

1. Is the Permittee in compliance with all conditions of its' permit?  Yes,  No

*If no, list any administrative action, or enforcement proceedings including civil or criminal penalties, injunctive relief, or summary abatement resulting from noncompliance with the Industrial User's permit.*

*If yes, skip next question.*

2. If the Permittee is in noncompliance of its' permit, is the Permittee taking all reasonable steps to minimize or correct any adverse impact to the public treatment plant or the environment resulting from noncompliance including accelerated or additional monitoring as necessary to determine the nature and impact of the non-complying discharge?  Yes,  No

*If yes, detail the steps taken or if no, explain inaction.*

1. Has the Industrial User's permit been modified for good causes since the permit was granted?  Yes,  No

*If yes, list causes and modifications.*

Reduced monitoring period for Outfall 001 to quarterly.

2. Has the Industrial User's permit been assigned or transferred to a new owner and/or operator since the permit was issued?  Yes,  No

*If yes, list new owner and/or operator and give date assigned or transferred.*

3. Has the Permittee increased or decreased the use of potable or process water?  Yes,  No,  Not Applicable

*If yes, explain.*

Increased water use.  Decreased water use.

A-5g

**General Permit Standards**

- 1. Is the Industrial User discharging wastewater to the sewer system;
  - a) Having a temperature higher than 104 degrees F (40 degrees C),  Yes,  No
  - b) Containing more than 150 PPM by weight of fats, oils, and grease,  Yes,  No
  - c) Containing any gasoline, benzene, naphtha, fuel oil or other flammable or explosive liquids, solids or gases; or pollutants with a closed cup flash-point of less than one hundred forty (140) degrees Fahrenheit (60 degrees C), or pollutants which cause an exceedance of 10 percent of the Lower Explosive Limit (LEL) at any point within the POTW,  Yes,  No
  - d) Containing any garbage that has not been ground by house hold type or other suitable garbage grinders,  Yes,  No
  - e) Containing any ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastics, wood, paunch, manure, or other solids or viscous substances capable of causing obstructions or other interference's with proper operation of the sewer system,  Yes,  No
  - f) Having a pH lower than 6.0 or higher than 11.0, or having any other corrosive property capable of causing damage or hazards to structures, equipment or personnel of the sewer system,  Yes,  No
  - g) Containing toxic or poisonous substances, such as wastes containing cyanide, chromium, cadmium, mercury, copper, and nickel ions, in sufficient quantity to injure or interfere with any wastewater treatment process, to constitute hazards to human or animals, or to create any hazard in waters which receive treated effluent from the sewer system treatment plant,  Yes,  No
  - h) Containing noxious or malodorous gases or substances capable of creating a public nuisance; including pollutants which may result in the presence of toxic gases, vapors, or fumes;  Yes,  No
  - i) Containing solids of such character and quantity that special and unusual attention is required for their handling,  Yes,  No
  - j) Containing any substance which may affect the treatment plant's effluent and cause violation of the NPDES permit requirements,  Yes,  No
  - k) Containing any substances which would cause the treatment plant to be in noncompliance with sludge use, recycle or disposal criteria pursuant to guidelines of regulations developed under section 405 of the Federal Act, the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act or other regulations or criteria for sludge management and disposal as required by the State,  Yes,  No
  - l) Containing color which is not removed in the treatment process,  Yes,  No
  - m) Containing any medical or infectious wastes,  Yes,  No
  - n) Containing any radioactive wastes or isotopes, or  Yes,  No
  - o) Containing any pollutant, including BOD pollutants, released at a flow rate and/or concentration, which would cause interference with the treatment plant?  Yes,  No

**Pollution Controls**

1. Does the Industrial User operate a pretreatment plant, equipment, or otherwise pre-treat its' wastewater prior to discharge to the City's sewer system?  Yes,  No  
*If yes, list equipment utilized and/or describe treatment process. Attach copies of any available system drawings or schematics.*  
*If no, skip section.*

Chemical precipitation, filtration, neutralization, pH correction, ferric chloride, sodium hydroxide, and polymer flocculent. Physical treatment; filter press, clarifier, and sand filter.

1. Number of pretreatment operators on staff: 4

2. Do operators hold State of Arkansas Waste Water Treatment Operator Licenses?  Yes,  No

3. If so, list number of employees having each classification of license:

Basic Industrial:                      Advanced Industrial: 1                      Class I: 2                      Class II:  
 Class III: 1                      Class IV:

Comments: <u>Name:</u>	<u>License #:</u>	<u>Class:</u>	<u>Date Issued:</u>	<u>Expires:</u>
Craig E. Morrow	009989	Industrial (A)	7/1/2013	6/30/2015
Karl S. Thornell	007376	Municipal (1)	7/1/2013	6/30/2015
Samuel L. McFerran	006165	Municipal (3)	7/1/2013	6/30/2015
Clif L. Sutton	004302	Municipal (1)	7/1/2013	6/30/2015

4. If the facility's pretreatment plant has been evaluated and rated by the State, list the plant's classification (Class I, Class II, Class III, etc.):

N/A

**Bypass Of Treatment Facilities**

1. Has the Permittee bypassed treatment facilities?  Yes,  No  
*If yes, detail below.*  N/A  
*If no, or not applicable, skip section.*

2. Is bypass unavoidable to prevent loss of life, personal injury, or severe property damage or no feasible alternatives exist?  Yes,  No

3. Is bypass for essential maintenance to assure efficient operation, which does not cause effluent limitations to be exceeded?  Yes,  No

4. Did the Permittee notify the City of Fort Smith of any anticipated bypass by written notice, at least ten days before the date of the bypass?  Yes,  No

5. Did the Permittee immediately notify the Control Authority of any unanticipated bypass and submit a written notice to the POTW within 5 (five) days?  Yes,  No

6. Did written notice of an unanticipated bypass specify;

Significant Industrial User Report

Inspection Date: 1/22/15

- a) A description of the bypass, and its cause, including its duration,  Yes,  No
- b) Whether the bypass has been corrected,  Yes,  No
- c) The steps being taken or to be taken to reduce, eliminate, and prevent a reoccurrence of the bypass?  Yes,  No

Comments:

**Facility Activity Reduction Requirements**

- 1. Is the Permittee's treatment facility experiencing any reduction of efficiency of operation, or loss or failure of all or part of the treatment facility?  Yes,  No,  N/A  
*If yes, detail below. If no, or not applicable, skip section.*
- 2. Is the Permittee attempting to control its production or discharges (or both) until operation of the treatment facility is restored or an alternative method of treatment is provided?  Yes,  No

**Removed Substances**

- 1. Is the Permittee disposing of solids, sludges, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters in accordance with section 405 of the Clean Water Act and Subtitles C and D of the Resource Conservation and Recovery Act?  Yes,  No,  N/A  
*If yes, list wastes, disposal methods, contractor, etc.*  
*If no, explain.*

Filter press solids recycled for lead to Canon Hollow, GNB facility. Trash (boots, coveralls, etc.) to EQ Company, Tulsa, OK. Disposal destination Clean Harbors, Waynoka, Oklahoma. Compressor oil and used oil to Crystal Clean, Little Rock, AR.

- 2. Is the Permittee complying with any additional local and State standards including such standards or requirements that may become effective during the term of this permit?  Yes,  No,  N/A  
*If yes, list additional standards. If no, explain.*

See attachment #3

Air -0288-AR-14; Storm Runoff (NPDES): ARR000064; Haz Waste EPAID: ARD075656454

A-5j

**Process Control Laboratory**

1. Does the Permittee operate its' own laboratory for pretreatment process controls?  Yes,  No  
*If yes, list parameters analyzed and any additional comments. If no, skip section.*

2. Is the process control laboratory certified by the State of Arkansas?  Yes,  No

3. Number of pretreatment system laboratory technicians on staff:

4. Are laboratory technician(s) certified in wastewater analysis?  Yes,  No

**Representative Sampling**

1. Is all equipment used for sampling and analysis routinely calibrated, inspected and maintained to ensure their accuracy and verified by records of maintenance or calibration?  Yes,  No,  N/A  
*If yes, list equipment used by the Permittee for sampling and/or analysis and any additional comments.*

*If no, detail deficiencies.*

*Not applicable, if no Industrial User sampling and analysis equipment is used.*

2. Has Control Authority been notified and has Control Authority approved the changing of any sampling points?  Yes,  No,  N/A

**Flow Measurement**

1. Does the Permittee utilize a wastewater flow meter(s) or water meter(s) for flow determination?  Wastewater Flow Meter(s)  
*If wastewater meter, list type(s) used and complete section.*  Water Meter(s)  
*If water meter used, skip section.*

Wastewater flow meter used at Outfall #002, ISCO flow meter, bubbler type, with a Parshall flume as the primary measuring device. Wastewater flow meter for Outfall #001 ultrasonic type meter with a Parshall Flume as the primary measuring device. Both meters read in gallons per day with no multiplication factor.

2. Are appropriate flow measurement devices installed, calibrated and maintained to ensure that the accuracy of the measurements are consistent with the accepted capability of the type of device being used, including records of verification of maintenance and calibration?  Yes,  No

3. Has the Permittee submitted a written certification of the flow measurement device(s) calibration by an independent source qualified to install and/or calibrate flow measurement equipment and has been granted permission by the Control Authority to use device(s)?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
4. Are devices selected capable of measuring flows with a maximum deviation of less than 10 percent from true discharge rates throughout the range of expected discharge volumes?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
<b>Self Monitoring Procedures</b>	
<i>Not applicable if no discharge and self monitoring requirements suspended; skip section.</i>	
1. Is the Permittee monitoring outfall(s) for the required parameters?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
2. Are all parameters being sampled at the designated sampling point(s)?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
3. Are any pollutants monitored more frequently than required by the Industrial User's permit?	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
4. If any pollutants were monitored more frequently than required, were test procedures prescribed in 40 CFR Part 136 and amendments thereto or as otherwise approved by the EPA or as specified in the Industrial User's permit, used?	<input type="checkbox"/> Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> N/A
5. Is all sampling conducted for the purposes of self monitoring being performed by a certified independent laboratory acceptable to the Control Authority, or has a permit variance been granted to the Industrial User to perform its' own sampling?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Sampling performed by: <input checked="" type="checkbox"/> Outside Laboratory <input type="checkbox"/> Industrial User If independent laboratory or laboratories used, list name(s):	
Chem Lab, Inc. 4210 Wheeler Avenue Fort Smith, AR 72901-6654 (479) 646-1586	
6. Are all laboratory analyses conducted for the purposes of self monitoring being performed by a certified independent laboratory or laboratories acceptable to the Control Authority?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Name of independent laboratory or laboratories used:	
Chem Lab, Inc. 4210 Wheeler Avenue Fort Smith, AR 72901-6654 (479) 646-1586 Environmental Services Company, Inc. 1107 Century Street Springdale, AR 72762 (479) 750-1170	
<i>Review laboratory analysis reports, monthly self monitoring reports, and any chain of custody records or sampling event records.</i>	
1. Do records of sampling and analyses include;	
a) The date, exact place, time, and methods of sampling or measurement, and preservation techniques or procedures,	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
b) Who performed the sampling or measurements	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
c) The date(s) analyses were performed,	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
d) Who performed the analyses,	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
e) The analytical techniques or methods used,	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
f) The results of such analyses?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
<input checked="" type="checkbox"/> Correct sample types or methods.	<input checked="" type="checkbox"/> Correct handling and preservation techniques. *
<input checked="" type="checkbox"/> Correct sample frequency.	<input checked="" type="checkbox"/> Correct laboratory analysis methods. *
* In accordance with 40 CFR Part 136 and amendments thereto.	

**Automatic Re-sampling**

1. Did the results of the Permittee's self monitoring wastewater analysis indicate a violation of the Industrial User's permit had occurred?  Yes,  No

*If yes, list each violation separately. If no or not applicable, skip section.*  N/A  
*(Not applicable if no discharge and self monitoring requirements suspended.)*

Date of violation:	Notified the City within 24 hours?	Repeated pollutant sampling and analysis?	Submitted re-sample results?	Results submitted within 30 days?
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No

**Accidental Discharge Report**

1. Did the Permittee have any occurrence of an accidental discharge of substances prohibited by Ordinance 80-11 or any slug loads or spills that may enter the public sewer?  Yes,  No

*If yes, detail below. If no, skip section.*

2. Did the Permittee immediately notify the Control Authority upon the occurrence?  Yes,  No

3. Did the Permittee's notification include location of discharge, date and time thereof, type of waste, including concentration and volume, and corrective actions taken?  Yes,  No

4. Did the Permittee submit to the Control Authority a detailed written report within seven days following the accidental discharge?  Yes,  No

5. Did the report contain a description and cause of the upset, slug load or accidental discharge, the cause thereof, and the impact on the Permittee's compliance status, including the location of the discharge, type, concentration and volume of the waste?  Yes,  No

6. Did the report contain the duration of noncompliance, including exact dates and times of noncompliance and, if the noncompliance is continuing, the time by which compliance is reasonably expected to occur?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
7. Did the report contain all steps taken or to be taken to reduce, eliminate, and/or prevent recurrence of such an upset, slug load, accidental discharge, or other conditions of noncompliance?	<input type="checkbox"/> Yes, <input type="checkbox"/> No

**Operating Upset Report**

1. Did the Permittee experience any upset in operations that placed the Permittee in a temporary state of noncompliance with the provisions of either the user's permit or with Ordinance 80-11?  <i>If yes, detail below. If no, skip section.</i>	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
2. Did the Permittee inform the Control Authority within 24 hours of becoming aware of the upset?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
3. Did the Permittee file a written follow-up report of the upset to the Control Authority within 5 (five) days?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
4. Did the report contain a description of the upset, the cause(s) thereof, and the upset's impact on the Permittee's compliance status?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
5. Did the report contain the duration of noncompliance, including exact dates and times of noncompliance and, if not corrected, the anticipated time the noncompliance is expected to continue?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
6. Did the report contain all steps taken or to be taken to reduce, eliminate and prevent recurrence of such an upset?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
7. Did the report also demonstrate that the treatment facility was being operated in a prudent and workmanlike manner?	<input type="checkbox"/> Yes, <input type="checkbox"/> No

**Special Monitoring And Reporting Requirements**

1. Does the Permittee have any additional or special monitoring requirements particular to this Industrial User?  <i>If yes, attach copy of pertinent page of the industrial user's permit. If no, skip section.</i>	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Battery manufacturing as outlined in 40 CFR Part 461      See attachment #4	



<b>Compliance Schedule Requirements</b>				
1. Was the Industrial User under a compliance schedule with the City? <span style="float: right;"><input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No</span> <i>If yes, attach copy of the Industrial User's compliance schedule. If no, skip section.</i>				
2. Did the Permittee submit quarterly compliance reports the Pretreatment Office?				
1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	
<b>Records Retention</b>				
1. Is the Permittee retaining records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by user's permit, and records of all data used to complete the application for permit, for a period of at least three years from the date of the sample, measurement, report or application? <span style="float: right;"><input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No</span>				
2. Are all records that pertain to matters that are the subject of special orders or any other enforcement action or litigation activities brought by the Control Authority being retained and preserved by the Permittee until all enforcement activities have concluded and all periods of limitation with respect to any and all appeals have expired? <span style="float: right;"><input type="checkbox"/> Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</span>				
<b>Planned Facility Changes</b>				
1. Has the Permittee had any facility expansion, production increase, or process modifications, which results in new or substantially increased discharges or a change in the nature of the discharge? <span style="float: right;"><input type="checkbox"/> Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</span> <i>If not applicable, skip next question.</i>				
2. Did the Permittee give notice to the Control Authority 90 days prior to the above planned changes? <span style="float: right;"><input type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> N/A</span>				
3. Has the Permittee given advance notice to the Control Authority of any planned changes in the permitted facility or activity, which may result in noncompliance with the Industrial User's permit requirements? <span style="float: right;"><input type="checkbox"/> Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</span>				

<b>Signatory Requirements</b>	
1. Do all applications, reports, or information submitted to the Control Authority contain the certification statement from Section D, Article 5 of industrial user's permit and are signed as required in paragraphs (a), (b), (c) or (d)?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
2. Has the Permittee submitted a request to the Control Authority for permission to change its' authorized representative, if authorization is under paragraph (d)?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Permittee submitted notification of new authorized representative on 10/03/2014.	
<b>Cost Recoveries And Penalties</b>	
1. Has the Permittee been liable and billed for costs incurred for any cleaning, repair, or replacement work caused by any violation or discharge that caused any expense, loss, or damage to or otherwise inhibited the Control Authority wastewater disposal system?	<input type="checkbox"/> Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> N/A
<b>Facility Site Inspection</b>	
<b>Spill Prevention</b>	
1. Does the facility have a spill prevention plan?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
<i>If no, skip next question.</i>	
Spill prevention control and countermeasure plan (SPCCP) & Stormwater pollution prevention plan (SWPPP)	
2. Is a copy of the spill prevention plan on file with the Control Authority?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
<b>Slug Control</b>	
1. Were the Industrial User's slug control and prevention measures evaluated?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Permittee utilize spill kits in chemical storage areas, and built-in secondary containment for bulk chemical tanks. No floor drains directly connected to sewer system.	
2. Are adequate precautions being taken and proper procedures followed to prevent accidental spills and slug loads?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No

Chemical and Hazardous Waste Storage		
Chemical Type Or Product Name:	Maximum Amount Stored:	Proximity To Floor Drains: (In feet.)
See attachment #6 provided by Permittee. Permittee reviews all MSDS's, updates list and forwards any		
changes to the Control Authority. No floor drains in the facility. Paste department closed loop system, no		
discharge.		
Chemicals not listed in attached list.		
Ferric Oxide	(1) 10,000 gallon tank	No Floor Drains
Sulfuric Acid	(1) 10,000 gallon tank	No Floor Drains
Caustic	(1) 265 gallon tote	No Floor Drains
1252 Descalar	(1) 50 gallon container	No Floor Drains
Salt Pellets	(18) 50 lb bags	No Floor Drains
IsoPropyl	(1) 50 gallon container	No Floor Drains
Lead Waste	(63) 50 gallon container	No Floor Drains
Used Oil	(1) 130 gallon container	No Floor Drains
Soda Ash	(30) 50 lb bags	No Floor Drains

**Pollution Controls**

1. Is the Permittee at all times properly operating and maintaining all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the Permittee to achieve compliance with it's permit?  Yes,  No,  N/A

*Not applicable if no pretreatment equipment, skip section.*

2. Does the Permittee's proper operation and maintenance include;

- a) Effective performance;  Yes,  No
- b) Adequate funding;  Yes,  No
- c) Adequate operator staffing and training;  Yes,  No
- d) Adequate laboratory and process controls?  Yes,  No

3. Does the Permittee have proper records of operation and maintenance of pretreatment equipment?  Yes,  No

The Permittee maintain a Preventive Maintenance (PM) program and also visually inspect equipment on a daily basis. Also utilizes a SOP program

**Manufacturing Facilities**

1. Were manufacturing or production facilities inspected?  Yes,  No,  N/A

Manufacturing and Production facilities were within compliance.

**Pretreatment Facilities**

1. Were pretreatment facilities inspected?  Yes,  No,  N/A

Pretreatment facilities were within compliance.

**Self Monitoring Procedures**

1. List any comments regarding observation of the Industrial User's self monitoring procedures:

**Entry And Inspection**

1. Has the Permittee allowed the Control Authority or an authorized representative upon the presentation of credentials and other documents as may be required by law to;
- a) Enter upon the Permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of user's permit,  Yes,  No
  - b) Have access to and copy, at reasonable times, any records that must be kept under the conditions of user's permit,  Yes,  No
  - c) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under user's permit,  Yes,  No
  - d) Sample or monitor, for the purposes of assuring permit compliance, any substances or parameters at any location; and  Yes,  No
  - e) Inspect any production, manufacturing, fabricating, or storage area where pollutants, regulated under user's permit, could originate, be stored, or be discharged to the sewer system?  Yes,  No

*If answered no to any question, detail all instances of noncompliance.*

<b>Categorical Requirements</b>	
1. Is the Permittee subject to regulation by categorical standards?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
Category: <div style="margin-left: 40px;">Battery Manufacturing as outlined in 40 CFR part 461</div>	
2. Did the Permittee submit to the Control Authority a report on compliance to the pretreatment standards of the user's federal category, stating whether or not applicable pretreatment standards are being met on a consistent basis?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
3. Was the report submitted within 90 days after the compliance date, or in the case of a New Source following commencement of the introduction of wastewater into the POTW?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
4. Did the report indicate the nature and concentration of all regulated pollutants in the facility's regulated streams and a statement of whether compliance is consistently being achieved, and if not, what additional operation, maintenance and/or pretreatment is necessary to achieve compliance?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
5. Did the Permittee submit Bi-Annual Compliance Reports to the office of the Pretreatment Program Supervisor during the months of June and December of the previous year?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
6. Did the reports indicate the precise nature and concentration of the pertinent regulated parameters in the user's discharge to the POTW, the average and the maximum daily flow rates of the facility, the methods used by the discharger to sample and analyze the data, and a certification that these methods conform to the methods outlined in 40 CFR Part 136?	<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No

<b>Additional Categorical Requirements</b>	
1. Does the Permittee have additional categorical pretreatment standards particular to the industrial user?	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
<i>If no, skip section.</i> Additional Category:	
2. Did the Permittee submit to the Control Authority a report on compliance to the pretreatment standards of the user's federal category, stating whether or not applicable pretreatment standards are being met on a consistent basis?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
3. Was the report submitted within 90 days after the compliance date, or in the case of a New Source following commencement of the introduction of wastewater into the POTW?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
4. Did the report indicate the nature and concentration of all regulated pollutants in the facility's regulated streams and a statement of whether compliance is consistently being achieved, and	<input type="checkbox"/> Yes, <input type="checkbox"/> No

A-57

if not, what additional operation, maintenance and/or pretreatment is necessary to achieve compliance?

5. Did the Permittee submit Bi-Annual Compliance Reports to the office of the Pretreatment Program Supervisor during the months of June and December of the previous year?  Yes,  No

6. Did the reports indicate the precise nature and concentration of the pertinent regulated parameters in the user's discharge to the POTW, the average and the maximum daily flow rates of the facility, the methods used by the discharger to sample and analyze the data, and a certification that these methods conform to the methods outlined in 40 CFR Part 136?  Yes,  No

**Production Based Limits**

1. Does the categorical industry have production based limits?  Yes,  No  
*If no, skip section*

2. Did the Permittee submit to the Control Authority the previous 6 (six) months production based limits data in its' Bi-Annual Compliance reports submitted during the months of June and December of the previous year?  Yes,  No

**TTO's (Total Toxic Organics)**

1. Are TTO's (Total Toxic Organics) known to be on the premises?  Yes,  No

2. Were TTO's tested twice per year or a previously submitted Toxic Organic Management Plan (TOMP) certification stating the plan is being carried out accompany each Bi-Annual report?  Yes,  No

TTO's tested and submitted with latest Bi-Annual Compliance Report.

**TOMP**

1. Has the Permittee submitted a Toxic Organic Management Plan (TOMP), in lieu of testing, and has the Control Authority accepted the plan?  Yes,  No

*If no, skip section.*

*If yes, a detailed review of the TOMP, including inspection to verify that the plan, must be performed.*

**Annual TOMP Review and Inspection**

1. Is the inventory of the facility's process TTO compounds current, including the corresponding vendor or supplier Material Safety Data Sheets (MSDS)?  Yes,  No

2. Has the Categorical Industrial User (CIU) changed or added process chemicals that contain TTO compounds?  Yes,  No

Slug Control Plan Evaluation Appendix

Slug Control Plan

- 1. Is the Significant Industrial User (SIU) currently required to have a plan to control slug discharges?  Yes,  No

Slug Control Plan Evaluation

- 1. Has the Permittee had any accidental discharges (slug loads or spills) that have entered the sewer system during the previous compliance year?  Yes,  No

*If yes, list date, duration of discharge describe the accidental discharge, the cause(s) thereof, and the impact on the Permittee's compliance status, including the location of discharge, type, concentration and volume of waste. List all steps taken to reduce, eliminate, and/or prevent recurrence of such an accidental discharge.*

- 2. Does the SIU maintain a spill prevention plan or have other written procedures for control or prevention of accidental discharges (slug loads or spills) to the City's sewer system?  Yes,  No

*If yes, provide a brief description of any plan(s) or procedures.*

Spill prevention control and countermeasure plan (SPCCP) & Stormwater pollution prevention plan (SWPPP)

- 3. Is the SIU a batch discharger?  Yes,  No

*If yes, provide a brief description of discharge practices, including non-routine batch discharges.*

Process control sampling and testing before discharge of wastewater. Required to monitor flow; daily discharge information reported.

- 4. Does the SIU utilize secondary containment for chemical and/or hazardous waste storage?  Yes,  No

*If yes, provide a brief description of type(s) of secondary containment used including number of containment unit(s) and area(s) of use.*

Permittee utilize spill pallets in chemical storage areas, and built-in secondary containment for bulk chemical tanks. No floor drains directly connected to sewer system.

- 5. Does the industrial user operate a pretreatment plant, equipment, or otherwise pre-treat its' wastewater prior to discharge to the City's sewer system?  Yes,  No

*If yes, list equipment utilized and/or describe treatment process.*

Chemical precipitation, filtration, neutralization, pH correction, ferric chloride, sodium hydroxide, and polymer flocculent. Physical treatment; filter press, clarifier, and sand filter.



- |  |  |
|--|--|
| 3. If the CIU has changed or added process chemicals that contain TTO compounds, has the Control Authority been notified and has the TOMP been updated to reflect these changes? | <input type="checkbox"/> Yes, <input type="checkbox"/> No<br><input type="checkbox"/> Not Applicable |
| 4. Is the management plan for approved alternate disposal methods for the originally identified TTO compounds being followed?  | <input type="checkbox"/> Yes, <input type="checkbox"/> No  |
| 5. Are procedures for assuring that TTO compounds located on site do not routinely spill or leak into the waste-stream being adhered to?   | <input type="checkbox"/> Yes, <input type="checkbox"/> No  |
| 6. Is the TOMP current and are adequate management practices being followed?   | <input type="checkbox"/> Yes, <input type="checkbox"/> No  |
| 7. Is the TOMP being properly implemented?   | <input type="checkbox"/> Yes, <input type="checkbox"/> No  |

**Special Notice: Upon completion of the TOMP review and inspection, evaluate findings and take any appropriate action, as required.**

1. If the CIU has changed process chemicals and has failed to notify the Control Authority, but continues to adhere to the intent and procedural aspects of the TOMP, the TTO certification corresponding to the that six month period will be allowed. The CIU has 90 days to update the TOMP. Notify CIU of requirement.
2. If through the inspection the Control Authority finds the TOMP is not being implemented, the Control Authority must disallow the TTO certification statement for that reporting period. Additionally, the CIU must submit TTO analyses for that six-month period. The Control Authority must issue a Notice of Violation and perform TTO compliance monitoring (in accordance with 403.8 (f)(2)(v)) within 5 (five) days of the inspection.

A-5v

Slug Control Plan Evaluation Appendix

6. Should the SIU be required to develop a slug control plan?  Yes,  No

*If yes, list reason(s) for decision and any other comment(s). Notify SIU of requirement and minimum requirements necessary for approval of the plan by the Control Authority*

*If no, list reason(s) for decision or any other comment(s).*

**Legal Authority & Minimum Slug Control Plan Elements**

The Control Authority must in accordance with 40 CFR Part 403.8:

“Evaluate, at least once every two years, whether each such Significant Industrial User needs a plan to control slug discharges. For purposes of this subsection, a slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge. The results of such activities shall be available to the Approval Authority upon request. If the POTW decides that a slug control plan is needed, the plan shall contain, at a minimum, the following elements:

(A) Description of discharge practices, including non-routine batch discharges;

(B) Description of stored chemicals;

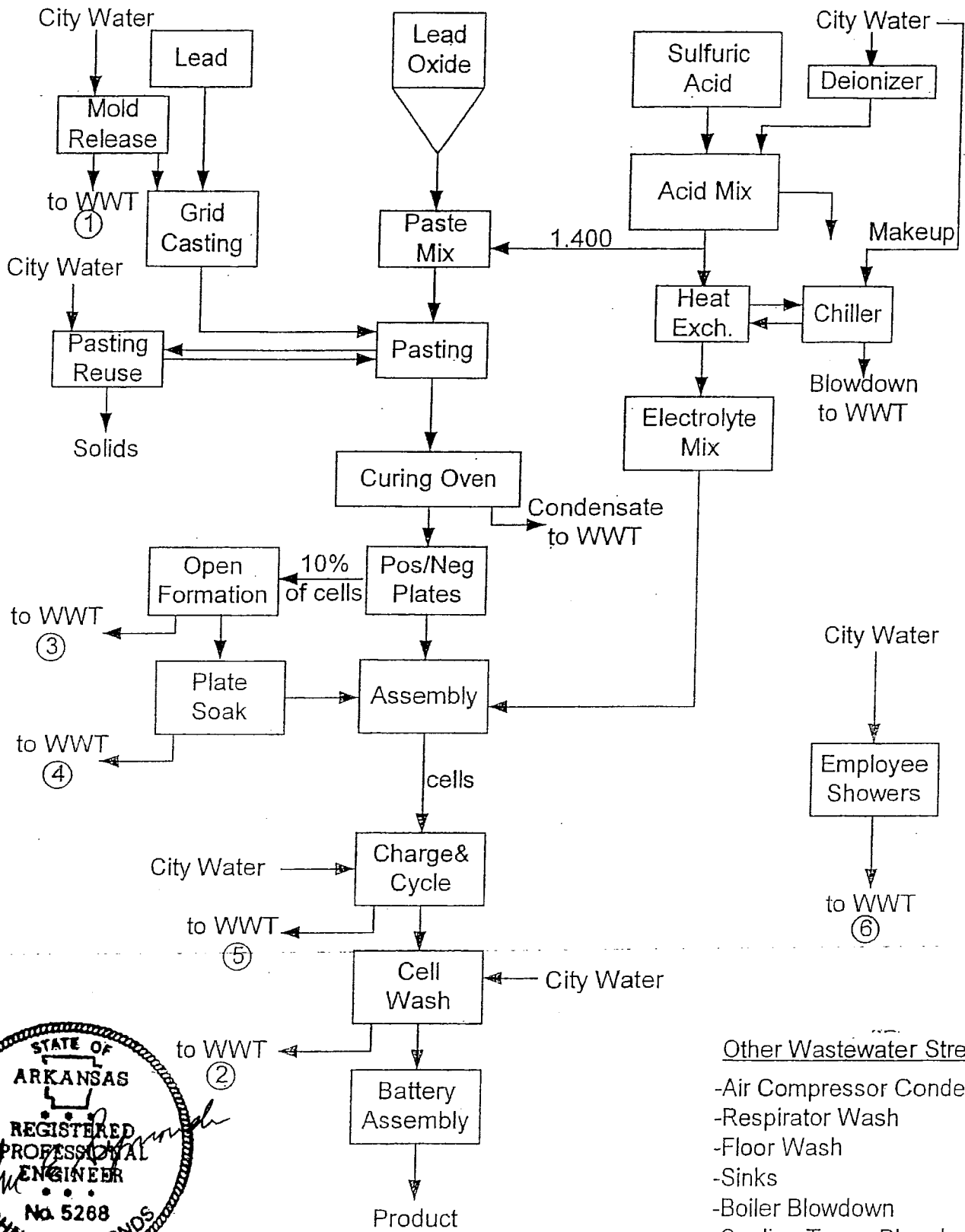
(C) Procedures for immediately notifying the POTW of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b), with procedures for follow-up written notification within five days;

(D) If necessary, procedures to prevent adverse impact from accidental spills, including inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site run-off, worker training, building of containment structures or equipment, measures for containing toxic organic pollutants (including solvents), and/or measures and equipment for emergency response;”

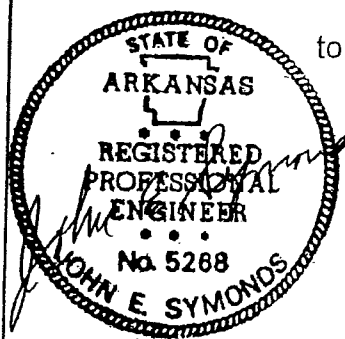
A-5x

### **Attachments Appendix**

1. Listing and description of permitted outfall and effluent limitations.
2. Permittee's self-monitoring requirements.
3. List of permits from ADEQ issued to GNB Industrial Power (Exide Technologies).
4. Special Conditions (Part 4 of Permit #CIUM036304) for GNB Industrial Power (Exide Technologies).
5. Process waste-stream(s) connections to the City's sewer system.
6. Chemical Inventory List



- Other Wastewater Streams
- Air Compressor Condensate
  - Respirator Wash
  - Floor Wash
  - Sinks
  - Boiler Blowdown
  - Cooling Tower Blowdown



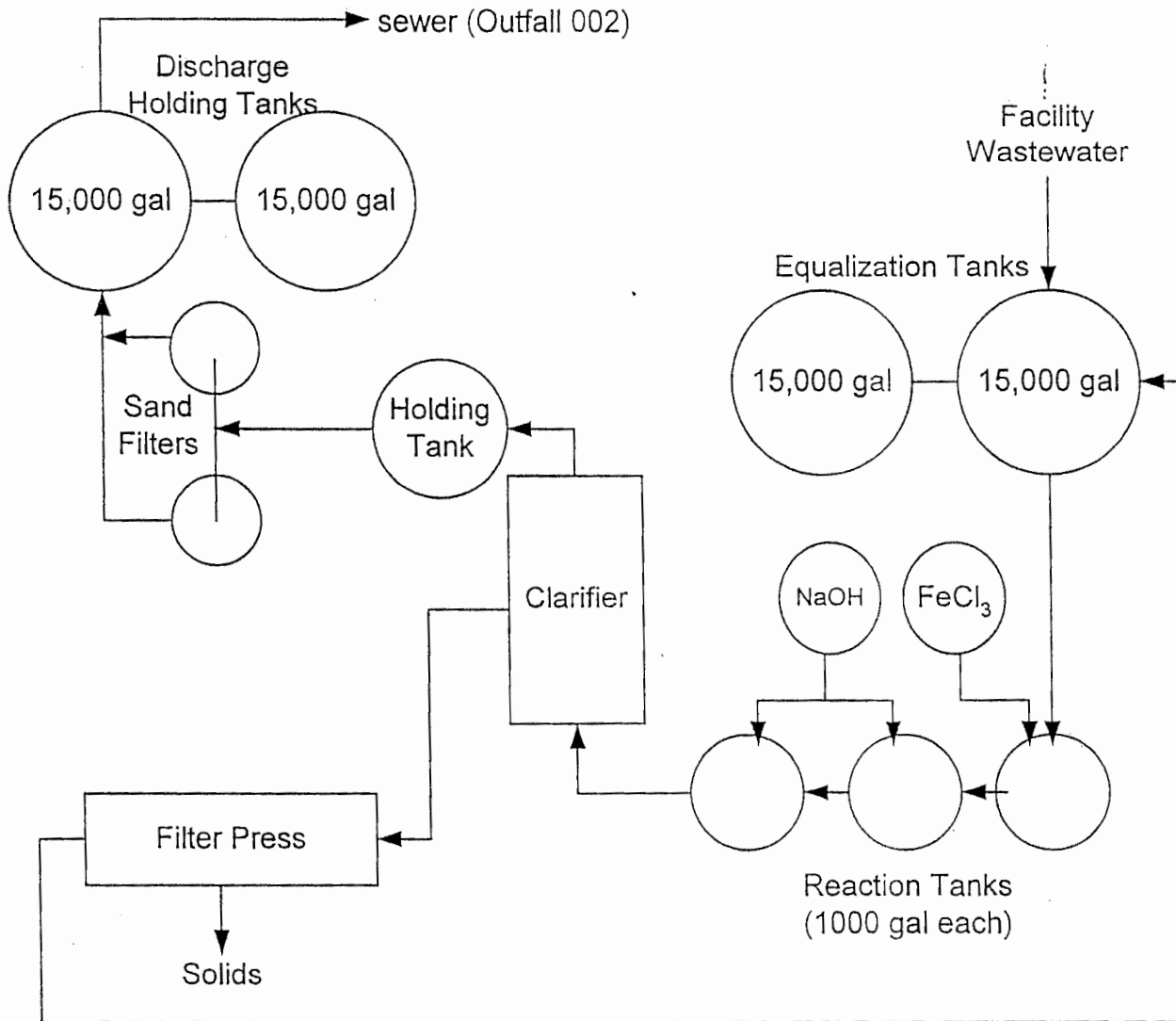
1-22-01

GNB Industrial Power

Process Flow Diagram

FIG. 1

A-522



GNB Industrial Power

FIG 2

Wastewater Pretreatment System  
Flow Diagram

# Attachment A-6

Jan - June 2015 GNB report

## Semi-Annual Continued Compliance Report (per 40 CFR 403.12(e))

**A) Total Plant Flow in Gallons per Day (gpd)** Average: 2,948 Maximum: 12,661

### **B) Individual Flows in Gallons per Day (gpd)**

Flow Rate	Regulated	Process	Outfall	002	Average	Maximum	Type of Discharge
Battery	Manufacturing				1,981	11,186	Batch

Flow Rate	Unregulated	Process	Outfall	001	Average	Maximum	Type of Discharge
Sanitary	Wastewater				967	1,475	Continuous

**C) Provide on a separate sheet a schematic drawing showing all wastewater flows (regulated & unregulated), location of treatment system & sampling locations.**

Previously submitted; no changes to system during the period.

### **Nature and Concentration of Pollutants**

#### **A) Analysis of regulated process flow**

##### **1. Volume Measurement**

**Location:** Discharge from pre-treatment

**Method:** Positive displacement meter

**Results** – gpd Avg. 1,893 gpd Max 11,186

##### **2. Concentration Measurement:**

**Location:** Discharge from pre-treatment

**Method:** Volume composited

**No./Freq. of Collection:** Monthly

Results (mg/L)	Average	Maximum
Cu	0.089	0.245
Pb	0.124	0.269

##### **3. Discharge Mass (Calculated)**

Results (lb/day)	Average	Maximum
Cu	0.001	0.002
Pb	0.002	0.005

**B) Application Categorical Standards Limits (40 CFR 461.34 (PSES))**  
**(Allowance – lb/ 1,000,000 lbs)**

Regulated Process	"1" if Used	Cu		Pb		Cu		Pb	
		Max	Avg	Max	Avg	Max	Avg	Max	Avg
Open Formation-Dry	1	3.19000	1.68000	0.71000	0.34000	.246	.13	.055	.0263
Open Formation-Wet		0.10000	0.05300	0.02200	0.01000				
Plate Soak		0.03900	0.02100	0.00800	0.00400				
Battery Wash	1	1.71000	0.90000	0.38000	0.18000	.132	.007	.029	.014
Direct Chill Lead		0.00040	0.00020	0.00008	0.00004	.0008			
Mold Release Form	1	0.01100	0.00600	0.00200	0.00100	.0008	.0004	.0001	.00007
Truck Wash		0.02600	0.01400	0.00500	0.00200				
Laundry		0.21000	0.11000	0.05000	0.02000				
Miscellaneous	1	0.58000	0.31000	0.13000	<del>0.60000</del> 0.0600	.0431	.023	.0097	.0045
Total of Processes Used:	4	5.49100	2.89600	1.22200	1.12100	.422	.1604	.0938	.045

<b>C) Production</b>	<b>lb/month</b>	<b>lb/day</b>
Manufactured Products	2,373,000	77,400
Trucked Products	0	0

**D) Summation of Allowance Mass Limits (lbs/day)**

	Average	Maximum
Cu	0.264	0.3413
Pb	0.059	0.0308

*Don't match AE*

**Compliance Certification**

A) Is the facility meeting applicable categorical Pre-Treatment standards on a consistent basis?

Yes (X)      No ( )

B) If 'No', do you require:

1. Additional operation & maintenance (O&M) to achieve compliance?  
Yes ( ) No ( )
2. New or additional pre-treatment facilities to achieve compliance?  
Yes ( ) No ( )

C) If additional O&M or additional pre-treatment will be required to meet categorical pretreatment standards on a consistent basis, attach a schedule on a separate sheet projection increments of progress indicating dates of the commencement & completion of major events leading to compliance schedule.

*A-6 b*

# Exide Technologies Production Based Standards

Average Monthly Lead Used (lb/day) 2,484,446.0

Average Daily Lead Used (lb/day) 112,929

Pretreatment Standard (lb/1,000,000 lb Pb used)  
(from 40 CFR 461.34)

Allowance (lb/1,000,000 lb Pb used)  
(Pretreatment Standard)

		Daily Max		Monthly Avg		% Process	Daily Max		Monthly Avg.	
		Copper	Lead	Copper	Lead		Copper	Lead	Copper	Lead
1	Open Formation - Dehydrated	3.19	0.71	1.68	0.34	0	0	0	0	0
2	Open Formation - Wet	0.1	0.022	0.053	0.01	0.1	0.01	0.0022	0.0053	0.001
3	Plate Soak	0.039	0.008	0.021	0.004	0.1	0.0039	0.0008	0.0021	0.0004
	Closed Formation	0	0	0	0	1	0	0	0	0
	Battery Wash - Detergent	1.71	0.38	0.9	0.18	1	1.71	0.38	0.9	0.18
	Direct Chill Lead Casting	0.0004	0.00008	0.0002	0.00004	0	0	0	0	0
	Mold Release Formulation	0.011	0.002	0.006	0.001	1	0.011	0.002	0.006	0.001
	Truck Wash	0.026	0.005	0.014	0.002	1	0.026	0.005	0.014	0.002
	Laundry	0.21	0.05	0.11	0.02	0	0	0	0	0
	Miscellaneous	0.58	0.13	0.31	0.06	1	0.58	0.13	0.31	0.06

A-6c

Total Allowance	<u>2.3409</u>	0.520	1.237	0.2444
Limit Allowance	<u>0.264355</u>	0.05872	<u>0.13974</u>	0.02760

**Copper Daily Maximum**      **0.264**    lbs/day ✓  
**Monthly Average**            **0.140**    lbs/day ✓  
  
**Lead Daily Maximum**        **0.059**    lbs/day ✓  
**Monthly Average**            **0.028**    lbs/day ✓

*limits (lb/d) change*

Limits derived from Pretreatment Standards for Existing Sources for the Battery Manufacturing Category (40 CFR 461) Subpart C: Lead

December 31, 2009



Attachment A-7

RECEIVED

AUG 10 2015

WATER/WASTEWATER



August 6, 2015

Lance A. McAvoy  
Environmental Manager  
Fort Smith Utility  
3900 Kelley Highway  
Fort Smith, AR 72904

A Division of Exide Technologies  
4115 South Zero St  
Fort Smith, AR 72908

Re: JULY 2015 Wastewater Self-Monitoring Report for Exide Technologies Industrial Wastewater Discharge Permit Number CIUM036304

Dear Mr. McAvoy:

Enclosed is the July 2015 Self-Monitoring Report submitted to the City of Fort Smith-Control Authority by Exide Technologies pursuant to Industrial Wastewater Discharge Permit No. CIUM036304.

You may contact our EHS Tech, Keith Moore at (479) 649-2147 or at [keith.moore@exide.com](mailto:keith.moore@exide.com) should you require additional information or need to discuss the report.

*I certify under penalty of law that 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 (403.12(1) and 403.6(a)(2)(ii).*

Thank You,

A handwritten signature in black ink, appearing to read 'James L. Gray'.

James L. Gray  
Plant Manager  
GNB Industrial Power – Exide Technologies  
Fort Smith Manufacturing

Cc: J Bolea

## Discharge Monitoring Report--GNB/Exide Technologies-002 Outfall #002

<b>Facility</b> Exide Technologies 4115 South Zero Street Fort Smith, AR 72903
---

<b>Permit no.</b> CIUM 036304
----------------------------------

Flow in Gallons		
Min.	Avg.	Max.
3,369	3,369	3,369

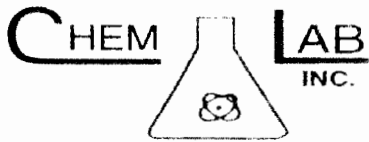
Monitoring Period		
Year	Month	Day
15	07	01
to		
15	07	31

Grab Parameters		Concentration				Quantity or Loading				Number of Exceed	Frequency of Testing	Sample Type
		Min	Avg	Max	Units	Min	Avg	Max	Units			
pH	Sample Measure	8.39	8.39	8.39	SU					0	1/mo.	Grab
pH	Permit Require	6.00		11.0	SU						1/mo.	Grab
Oil & Grease	Sample Measure	11.4	11.4	11.4	mg/L					0	1/mo.	Grab
Oil & Grease	Permit Require			150	mg/L						1/mo.	Grab
<b>Composite Parameters</b>												
BOD	Sample Measure	18.7	18.7	18.7	mg/L	0.525	0.525	0.525	PPD	0	1/mo.	24 hr. Comp.
BOD	Permit Require			450	mg/L			180	PPD		1/mo.	24 hr. Comp.
TSS	Sample Measure	27.3	27.3	27.3	mg/L	0.767	0.767	0.767	PPD	0	1/mo.	24 hr. Comp.
TSS	Permit Require			430	mg/L			180	PPD		1/mo.	24 hr. Comp.
<b>Composite Metals</b>												
Cadmium	Sample Measure	0.020	0.020	0.020	mg/L					0	1/mo.	24 hr. Comp.
Cadmium	Permit Require			REPORT	mg/L						1/mo.	24 hr. Comp.
Copper	Sample Measure	0.048	0.048	0.048	mg/L	0.001	0.001	0.001	PPD	0	1/mo.	24 hr. Comp.
Copper	Permit Require			REPORT	mg/L		0.140	0.264	PPD		1/mo.	24 hr. Comp.
Lead	Sample Measure	0.073	0.073	0.073	mg/L	0.002	0.002	0.002	PPD	0	1/mo.	24 hr. Comp.
Lead	Permit Require			REPORT	mg/L		0.028	0.058	PPD		1/mo.	24 hr. Comp.
Zinc	Sample Measure	0.038	0.038	0.038	mg/L					0	1/mo.	24 hr. Comp.
Zinc	Permit Require			REPORT	mg/L						1/mo.	24 hr. Comp.

"I certify under penalty of law that 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."

Signature:	Date: 8/31/15
Title: Plant Manager	

A-7b



Ark Lab I.D.# 66-0666  
Okla Lab I.D.# 9601

Phone (479) 646-1585  
FAX (479) 646-9148  
Emergency Numbers

(479) 420-9033  
(918) 658-5127

GNB/Exide Technologies-U02

Site/Facility Location Fort Smith, AR

Client Sample I.D. Effluent

Date of Sample 7/9/15

Lab I.D.# 15-07-0615

ANALYTICAL SERVICES

Client-- GNB/Exide Technologies-002

Control Number-- 15-07-0615

Date/Time Sampler on-- 7/8/15 10:21

Report issued-- 7/22/15

Meter On Reading-- 42731.6

Total Flow-- 3369.3

Date/Time Sampler off-- 7/9/15 10:52

PO Number--

Meter Off Reading-- 46100.9

Units-- Gallons

Date/Time Received in Lab-- 7/9/15 11:15

Sample ID-- Effluent

Difference-- 3369.3

Collected From-- Outfall #002

Sample Phase-- Liquid

Units-- Gallons

Parameter	Concentration	Units	Collected	Collected @	Analyzed	Analyzed @	Method	Batch #	Blank Value	RPD Value	LFB % Recovery	Spike % Recovery	Spike Dup % Recovery	MDL
			By	Date/Time	By	Date/Time			Less than MDL	Acceptable Range	Acceptable Range	Acceptable Range	Acceptable Range	Acceptable Range
<b>Grab</b>														
pH	8.39	SU	TD	7/9/15 10:48	TD	7/9/15 10:51	SM 4500-H+ B	N/A	N/A	N/A	N/A	N/A	N/A	N/A SU
Temperature	28.6	°C	TD	7/9/15 10:48	TD	7/9/15 10:51	SM 2550 B	N/A	N/A	N/A	N/A	N/A	N/A	N/A °C
Oil & Grease	11.4	mg/L	TD	7/9/15 10:50	DE	7/10/15 9:48	SM 5520 B	07267	yes	-3.70	102	94.8	98.4	1.00 mg/L
<b>our Composite</b>										-17.1 to 19.5	55.8 to 127	55.8 to 127	55.8 to 127	2.50 mg/L
BOD	18.7	mg/L	TD	7/9/15 10:52	DE	7/9/15 17:50	SM 5210 B	07266	yes	4.24	95.5	N/A	N/A	2.00 mg/L
TSS	27.3	mg/L	TD	7/9/15 10:52	DE	7/10/15 10:20	SM 2540 D	07269	yes	1.29	N/A	N/A	N/A	5.00 mg/L
Cadmium	0.020	mg/L	TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-25.1 to 20.9	N/A	N/A	N/A	1.00 mg/L
Copper	0.048	mg/L	TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	0.535	100	75.9	96.8	0.00000004 mg/L
Lead	0.073	mg/L	TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-23.4 to 19.0	20.0 to 145	20.0 to 145	20.0 to 145	0.002 mg/L
Zinc	0.038	mg/L	TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-0.433	106	116	116	0.002 mg/L
			TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-11.9 to 13.4	42.3 to 130	42.3 to 130	42.3 to 130	0.004 mg/L
			TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	0.385	94.0	94.8	94.4	0.015 mg/L
			TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-39.4 to 29.0	6.52 to 147	5.43 to 158	5.43 to 158	0.012 mg/L
			TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-0.433	104	87.8	88.2	0.002 mg/L
			TD	7/9/15 10:52	JC	7/10/15 14:42	SM 3120 B	07268	yes	-18.9 to 17.7	26.7 to 131	43.3 to 152	43.3 to 152	0.004 mg/L

Approved by

Date

7/22/15

# symbol denotes matrix interference

A-7c



**WATER USAGE REPORT**

**Jul-15**

GNB Industrial Power -  
Exide Technologies  
4115 S. Zero  
Ft. Smith, AR 72908

Permit  
CIUM036304

Monitoring period  
From 7/1/2015 To 7/31/2015

**Outfall # 002 Grey Water**

Date	Meter	Gallons
1	31874	3900
2	36163	4289
3		
4		
5		
6	38275	2112
7	42731	4456
8	42731	0
9	45306	2575
10	46816	1510
11		
12		
13	48520	1704
14	48521	1
15	50756	2235
16	52632	1876
17	54335	1703
18		
19		
20	56747	2412
21	57073	326
22	58571	1498
23	61048	2477
24	63996	2948
25	63998	2
26		
27	67228	3230
28	69839	2611
29	69841	2
30	74012	4171
31	77887	3875

Min Flow 0  
Max Flow 4456  
Avg Flow 2170.13

Gallons used  
49913

Avg per day  
2170.13

**Outfall #001 Black Water**

Date	Meter	Gallons
1	47380	2880
2	47667	2870
3		
4		
5		
6	48820	11530
7	49107	2870
8	49394	2870
9	49682	2880
10	49970	2880
11		
12		
13	50041	710
14	50048	70
15	50057	90
16	50082	250
17	50115	330
18		
19		
20	50291	140
21	50305	140
22	50418	1130
23	50488	700
24	50547	590
25	50574	270
26		
27	50737	1630
28	50816	790
29	50861	450
30	50876	150
31	50913	370

Min Flow 70  
Max Flow 11530  
Avg Flow 1590.87

Exide is having an issue with the flow meter for 001 outfall. All flow readings for 001 are not accurate. A service tech has reviewed the unit and recommends sending it off for repairs.

Exide will use an average of the prior four months flow

Jan-Apr average flow 29,164/month  
972/day

Gallons used  
36590

Avg per day  
1590.87

A-7e