

Torrence, Rufus

From: Torrence, Rufus
Sent: Wednesday, October 06, 2010 8:54 AM
To: 'dezell@bmpaint.com'
Subject: AFIN 52-00230 ARP001058 B & M Site Visit for Compliance Assurance: Inspection

ADEQ

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

October 6, 2010

Denver Ezell, Chemical Mgr
B & M Painting
347 Van Buren
Camden, AR 71701

Re: September 15, 2010 Site Visit for Compliance Assurance: Inspection
(Tracking No. ARP001058, AFIN 52-00230)

Dear Mr. Ezell:

Part of ADEQ responsibility to EPA is to ensure that inspections of industries regulated by categorical pretreatment standards (40 CFR Part 405 – 471) are performed on a periodic basis. These industries are referred to as Categorical Industrial Users (CIUs) if they discharge the regulated wastewater into the local Publicly Owned Treatment Works (POTW). In accordance to 40 CFR 403.12(e), these CIUs must submit periodic reports to the Control Authority (ADEQ or Department) and in accordance with 40 CFR 403.8(f)(2)(v) be inspected by the Control Authority at least bi-annually. Please note that EPA interchanges the terms “POTW” and “Control Authority” in 40 CFR 403 and B&M must consider them synonymous. ADEQ serves at the Control Authority for the City of Camden POTW and B&M may substitute “ADEQ” where the regulations refer to “POTW”.

B&M has processes (Anodizing, Chemical Etching & Coating) in the Camden facility that are regulated by 40 CFR Part 433 and discharges to the City of Camden POTW. Therefore, B&M is a CIU. On Wednesday (September 15, 2010), the Department conducted an inspection of B&M’s facility.

The Department appreciates B&M taking the time on Wednesday to show ADEQ Engineer (Rufus Torrence) the facility in Camden. The inspection consisted of inspecting the processes, treatment, chemical storage and exterior storage. During the inspection of the new annex building, the Department noted that some of the regulated wastewater (rinse water) is bypassing both treatment and the sampling point. B&M must sample this rinse water, too. If B&M can meet the limits in 40 CFR 433 after sampling the “bypassing” rinse wastewater, B&M may continue to allow the rinse water to bypass treatment.

10/6/2010

The ADEQ lab analysis is attached. B&M wastewater complies with the limits in 40 CFR 433. B&M must commence sampling all regulated wastewater before it enters the POTW.

The Department appreciates B&M's continued efforts in periodic reporting.

If you have any questions or concerns, please contact the Department at (501) 682-0626 or torrence@adeq.state.ar.us.

Sincerely,

Rufus Torrence,
ADEQ Engineer

Attachments: ADEQ Lab Analysis
ADEQ Inspection Report dated September 15, 2010

Pretreatment Industrial Inspection

Facility Information

Facility Name: B&M, Inc	Site Address: 347 Van Buren Camden, AR 71701
Signatory Authority (Name & Title): Tracy Payne, General Manager	
Phone: (870) 836-3388	Mailing Address (if different): (Same)
Fax:	
Address: 347 Van Buren Camden, AR 71701	Corporate Owner Name and address (if applicable): (Not Applicable)
Phone: (Same)	
Fax:	Phone: (Not Applicable)
Contact Person (Name & Title): Denver Ezell	Fax: (Not Applicable)
e-mail: dezell@bmpaint.com	Corporate CEO: (Not Applicable)
e-mail: dezell@bmpaint.com	e-mail: (Not Applicable)
Facility Permit # or ARP001058	Last Inspection Date: August 13, 2008
POTW (City) IU discharges to: Camden Water Utilities	POTW's NPDES # AR0022365
Industrial Classification: <input checked="" type="checkbox"/> Categorical 40 CFR 433	<input type="checkbox"/> Significant

If Categorical, list which CFR #(s) the facility is subject to:

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III. Attachments	"Yes" indicates item exists at the facility and attachments will be included	
	"No" indicates item does not exist at the facility and attachments aren't necessary	
A. Industrial Processes	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
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D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
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Comments : **B&M Painting / Military & Aerospace Coating**

Inspector's Name (Print): Rufus Torrence	Signature:
IU Rep's Name (Print): Denver Ezell	Signature: (Not Required)

Date and Time Inspection Ended: **September 15, 2010 @ 12:10 pm**

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

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

Inspection Objective(s) **Compliance Assurance**

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

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

Comments:

B. Inspection Analysis

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

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

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting			
A. General Information			
Date and Time Inspection Started: Sept 15, 2010 @ 9:58 am		SIC code(s): 3471 & 3479	
IU Reps/Titles		Control Authority Reps/Titles	
Denver Ezell, Chemical Manager		Rufus Torrence, Inspector/Engineer	
End product(s): Painted Military/Aerospace Parts (Mfr Elsewhere)		Approx. # of units produced: (N/A)	
Days of Operation: Monday thru Friday		Days of Production (if different):	
Hours of Operation: 7:30 am to 6:00 pm		Hours of Production (if different):	
Shift 1, hrs.: 7:30 am to 6:00 pm	Shift 2, hrs.: to	Shift 3, hrs.: to	
# of Employees: 40	Peak Mos.:	"Off" Mos.:	
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?			
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?			
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If No, explain:			
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Production Levels? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Flow rates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
Prior to Pretreatment System? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
At connection to sanitary sewer? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
What is the current avg. production rate and process flow? (Not Applicable)			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
(Not Applicable)			

B. Facility Permits

Permit Type	Permit No.	Expiration Date
Air		
RCRA	ARD983286162	
NPDES		
Other City Permit	CWU-001-2000	

C. Additional Comments

(Note which section or attachment comments are regarding)

B & M should sample all regulated wastewater entering the POTW. The rinse wastewater (in the annex building across the street from the main building) is presently bypassing both treatment and the sampling point. B& M may continue to bypass the treatment but must sample the rinse wastewater to verify compliance. If B&M can meet the standards in 40 CFR 433 without passing the rinse wastewater through the ion exchange, then B&M may continue to allow the rinse wastewater to bypass treatment.

Attachment A: Industrial Process(es)

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

1. Anodizing	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Chemical Conversion Coating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Phosphating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

B&M provides anodizing, chemical conversion coatings, priming and topcoating for machined parts used in the military and aerospace industry. The parts are made and machined elsewhere and delivered to B&M for coating and painting.

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

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

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

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

List Major Raw Materials and Chemicals used:

Check Waste Stream Pollutants of Concern from Process(es)

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

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

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Does this facility practice P2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Environmental Management System in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ISO Certified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Written Standard Operating Procedures? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Preventative Maintenance Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)	
Explain:	
Water Reuse: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Cost Accounting to Track Savings: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Inventory Control / "Green Purchasing": Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)	
Explain:	
Employee Training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Spent Solvent Reclamation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Not Applicable)	
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input type="checkbox"/> Fog Spray Rinsing	<input type="checkbox"/> Countercurrent Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input checked="" type="checkbox"/> Air Jets to Blow Parts Dry	<input type="checkbox"/> Secondary Containment of Process Solutions
<input type="checkbox"/> Aqueous Paint Stripping Solutions	<input type="checkbox"/> Bead Blasting to Remove Paint
<input type="checkbox"/> Water Soluble Cutting Fluids	<input type="checkbox"/> Recycle Overspray
<input checked="" type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input type="checkbox"/> Conductivity Meters
<input type="checkbox"/> Dead Rinse Tanks	<input type="checkbox"/> Bath / Rinse Filtration

Attachment C: Pretreatment System			
Are wastestreams segregated before pretreatment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Are they pretreated prior to discharge to the sanitary sewer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Was the pretreatment system visually inspected during this visit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:			
<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input checked="" type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input checked="" type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input checked="" type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Belt/Disk Oil Skimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):			
Pretreatment system is a 1500 gallon collection/storage tank; wastewater is pumped from the collection/storage tank to a 4500 gallon batch tank where Cr is reduced and metals precipitated and settled. Treated wastewater is pumped to a third tank to hold before being released to the POTW. All three tanks are surrounded by a concrete berm. Equipment appeared clean and in working order.			
Does the description match the schematic currently on file?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
System Operator(s) Name: Doug Miller			
Does discharge permit require licensed operator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
List Name(s) and License classification:			
(Not Applicable)			
Is training provided to the Pretreatment System Operator(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If Yes, list type and frequency:			
Is the discharge from the Pretreatment System? <input checked="" type="checkbox"/> Batch <input type="checkbox"/> Continuous <input type="checkbox"/> Combination			
If any discharges are batch type or combination, describe the following:			
Volume of each batch: 3550 gallons per Day			
Describe process from which batch originated (spent bath, e.g.):			
Anodizing, Chemical Conversion & Phosphating			
Approximate duration of batch discharge:			
Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)	

Attachment D: Chemical Storage Area(s)

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

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

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Barrels aligned along wall	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer

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

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

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

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

If yes, list below:

Chemical storage comments: **B&M should store barrels on individual spill containment platforms.**

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

Buckets

Attachment E: Spill/Slug Control Plan

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

*B&M does not have any open drains and a spill/slug plan is not applicable

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

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

Guidance on proper sampling technique was discussed with B&M to insure consistency from CIU to CIU across the state.

Where is the sample point located?

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

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

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

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

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

Automatic Sampler or Manual

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

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

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

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

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

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

Were correct Sample Types Collected Yes No N/A

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

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

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

List the parameters the facility monitors and the frequency:

<input type="checkbox"/> Cd(t) 2/yr	<input type="checkbox"/> Cu(t) 2/yr	<input type="checkbox"/> Cr(t) 2/yr	<input type="checkbox"/> Ni(t) 2/yr	<input type="checkbox"/> Pb(t) 2/yr
<input type="checkbox"/> Ag(t) 2/yr	<input type="checkbox"/> Zn(t) 2/yr	<input type="checkbox"/> pH	<input type="checkbox"/> CN'(t) 2/yr	<input type="checkbox"/> CN'(a-c)
<input type="checkbox"/> TTO-Vol	<input type="checkbox"/> TTO-B/N	<input type="checkbox"/> TTO-A.E.	<input type="checkbox"/> TTO-Pest	<input type="checkbox"/> Cr(hex)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

How does the IU report TTO? Analysis Certification Statement

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

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

List the date of the last revision to the TOMP: **September 4, 2009**

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

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

Comments: **B & M TOMP states that no ("None") TTOs are present in the Camden facility.**

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2010-3007
Sample ID: B&M Painting
Sample Type: C

Sample Collect Date: 9/15/2010
Report Date: 10/5/2010

<u>Test Group</u>	<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
ICP/MS-T						
	Aluminum	< 200	µg/L	9/23/2010	20	200
	Antimony	< 100	µg/L	9/23/2010	5	100
	Arsenic	< 10.0	µg/L	9/23/2010	0.5	10.0
	Barium	< 100	µg/L	9/23/2010	2	100
	Beryllium	< 5.00	µg/L	9/23/2010	0.1	5.00
	Boron	< 250	µg/L	9/23/2010	5	250
	Cadmium	< 10.0	µg/L	9/23/2010	0.3	10.0
	Calcium	0.561	mg/L	9/23/2010	0.04	0.400
	Chromium	< 10.0	µg/L	9/23/2010	0.3	10.0
	Cobalt	< 10.0	µg/L	9/23/2010	0.5	10.0
	Copper	10.5	µg/L	9/23/2010	0.5	10.0
	Iron	< 200	µg/L	9/23/2010	10	200
	Lead	< 10.0	µg/L	9/23/2010	0.1	10.0
	Magnesium	< 1.00	mg/L	9/23/2010	0.1	1.00
	Manganese	< 10.0	µg/L	9/23/2010	0.2	10.0
	Nickel	< 25.0	µg/L	9/23/2010	0.5	25.0
	Potassium	< 1.00	mg/L	9/23/2010	0.05	1.00
	Selenium	< 20.0	µg/L	9/23/2010	0.5	20.0
	Silicon Dioxide	< 2.00	mg/L	9/23/2010	0.02	2.00
	Silver	< 50.0	µg/L	9/23/2010	1	50.0
	Sodium	3.35	mg/L	9/23/2010	0.02	0.400
	Thallium	< 25.0	µg/L	9/23/2010	0.5	25.0
	Vanadium	< 25.0	µg/L	9/23/2010	1	25.0
	Zinc	< 30.0	µg/L	9/23/2010	2	30.0