



SEPARATOR



27-00004



WATER NPDES



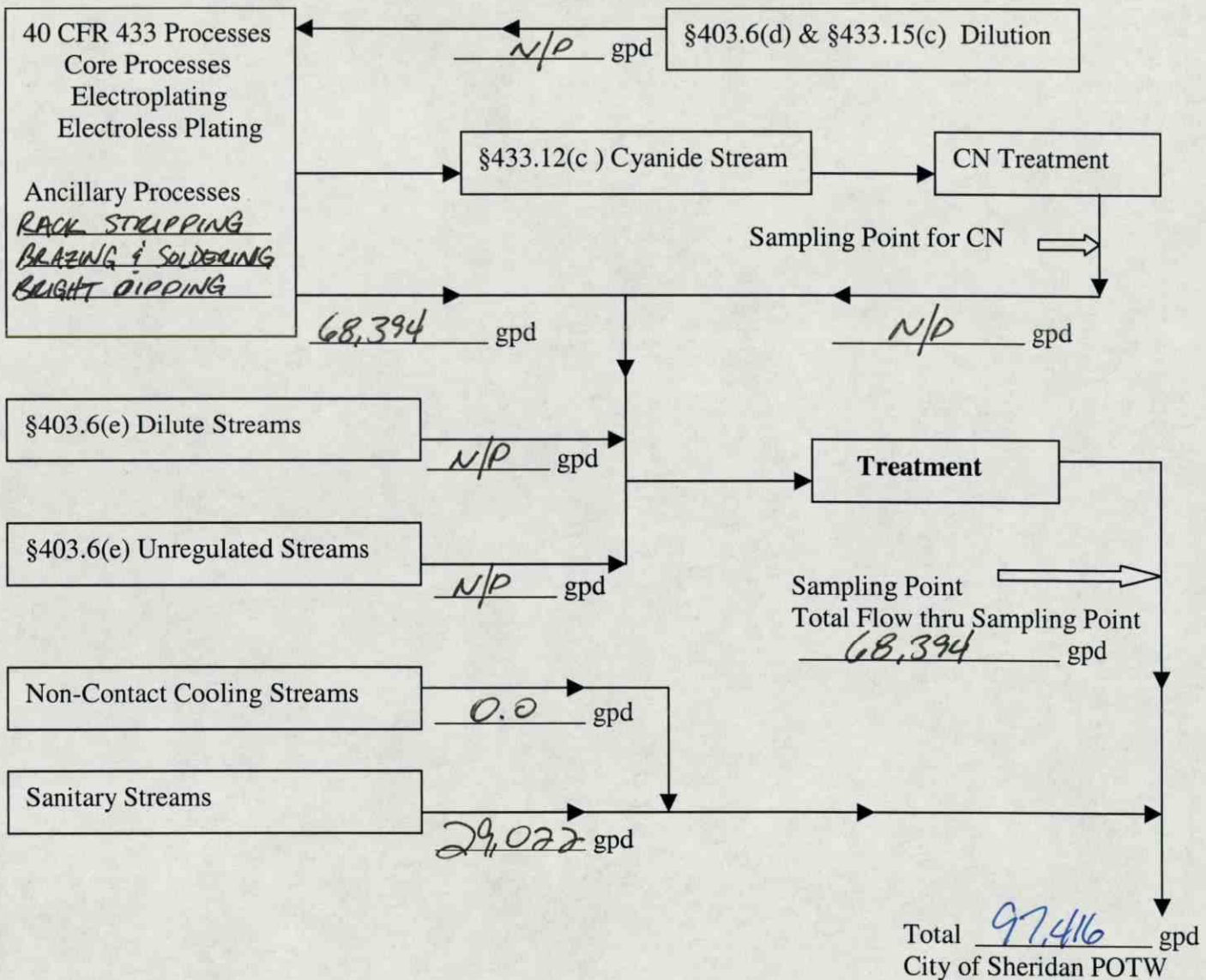
PRETREATMENT



07/23/2002



ARP000021



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

[Signature]

Signature of §403.12(b) Professional

07/23/02

Date

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

[Signature]

Plant Manager or the authorized §403.12(l) official

7/24/02

Date

INDUSTRIAL BASELINE MONITORING REPORT

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

(1) Identifying Information:

A. Legal Name: Sterling Plumbing Group
 Mailing Address: P.O. Box 427
Sheridan, AR Zip: 72150

B. Facility Name: Sterling Plumbing Group
 Location: 155 Oklahoma Street
Sheridan, AR Zip: 72150

C. Name of Owners: Kohler Co., Kohler, Wisconsin

D. Name of Operators: Sterling Plumbing Group

E. Facility Contact (provide the name, title & phone number of a designated person to contact if additional information is necessary.) Buel Pumphrey, Mfg. Engineer
501-942-2111

F. Number of Employees 251 G. Number of Shifts 2

H. Number of Months/Year in Operation 12

I. Provide the name of the publicly owned treatment works (sewerage authority, municipality, etc.) that receives the wastewater discharges from this facility (if this facility is not connected to a sewerage system describe where wastewater is discharged.) Sheridan City Water Works

J. Provide the date the facility began/will begin discharging to the publicly owned treatment works (sewerage authority, municipality, etc.) 09-20-90
 Date facility began operation Installed Plater 1975

(2) Permits:
 Describe all environmental control permits held by or for the facility

Describe Title of the Permit	Permit No.	Issuing Office	Exp. Date
NPDES (Discontinued 02-01-91)	AR0003375	ADPC&E	09-30-1995
Discharge to Sheridan Sewer	#001	City of Sheridan	
Ark. Air Pollution Code	791-AR-1	ADPC&E	

Filed date 95 11 16
 Received 2-24-93
 R999

AR000021

(3) Description of Operations:

A. List Raw Materials Used: Brass screw machine parts, wrought brass stamping, brass tubing, brass castings, copper tubing, and un-plated molded plastic parts.

B. List Chemicals Used: See list, Attachment "A-1 thru 6" MSDS sheets provided and attached to schematic drawings to associate their usage with-in the system. Only one copy of MSDS is furnished, but may have multiple usage through-out the system.

(Reference: Attachment "B" for over-all schematic drawing)

C. Describe Manufacturing or Service Activities Conducted and the Final Products: We do brazing, soldering, washing, bright-dipping, and copper, nickle, chrome plating on brass and plastic parts necessary for final assembly and pack-off of water faucets and tubular bath-drain assemblies. Warehousing and shipping of finished products also occurs here.

D. Summarize each Regulated Process: Copper, nickel, chrome plating of brass and molded plastic parts.

Process Description	Production Rate	Pretreatment	Subpart	SIC Code
		Standard Category		
Plating	15,000 pcs/day	40 CFR 433	A	3432

E. Provide on a separate sheet: Attachment "B" & "A-1 thru 6"

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

(4). Flow Measurement: 1992 Averages

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

Average 95,000 Maximum 113,000

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

<u>Regulated Process</u>	<u>Average Flow Rate (gpd)</u>	<u>Maximum Flow Rate (gpd)</u>	<u>Type of Discharge (Batch, etc) Continuous During Working Hours</u>
Plating	75,000	90,000	

<u>Unregulated Process</u>	<u>Average Flow Rate (gpd)</u>	<u>Maximum Flow Rate (gpd)</u>	<u>Type of Discharge (Batch, etc.)</u>
Cooling Water	15,000	17,000	Continuous During Working Hours
Sanitary Wastewater	5,000	6,000	

(5) Measurement of Pollutants

A. Provide on a Separate Sheet: City Permit #001, Attachment "C"

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

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

See attachment "B" for treated water sample point "001 prior to metering and combined discharge with non-contact cooling water to city sewer.

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

Regulated Process: Plating (1992 Averages from DMR's on file with ADPC4E)

Pollutant (mg/l)	Copper	Nickel	Zinc	Cadmium	Silver	Lead	Chrome T.	Cyanide T.	Oil & Grease	T.S.S.	BOD	TTO
Maximum	1.02	1.01	.655	.011	.016	.068	.214	<.01	18.3	5.45	100.0	-----
Average	.598	.502	.399	.007	.015	.06	.112	<.01	7.6	3.6	45.3	.132

Sample Location: After metering, before introduction to sewer man-hole

3-9-2002

Sample Type (composite samples are required except where not feasible or where grab samples are specifically required (see 40 CFR 403.12(b)(5)(iii))): Grab sample taken from 24 hour composite, except grab sample from flow for oil and grease.

Number of Samples and Frequency Collected: See schedule - Attachment "D".

Also copy of Analysis Report showing chain of custody.

Analytical Methods Used: EPA150.1, 413.1, 160.2, 200.7, 335.7, 405.1, 608, 624, 625, as recorded by American Interplex on Analysis Report.

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

Pollutant (mg/l)	N.A.											
MEC*												
AEC*												
AMMC*												
AAAC*												

Sample Location: N.A.

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

Number of Samples and Frequency Collected: N.A.

Analytical Methods Used: N.A.

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

(6) Certification:

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

B. If no, do you require:

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

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

3) Name of Qualified Professional that reviewed this certification:

Name & Title Jeff Plass, Plant Co-Ordinator - Sterling Div.

Signature




Date _____

(7) Compliance Schedule

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

B. Signatory Requirement

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

Name - Authorized Representative

David C. Brown

Official Title

Manager, Sheridan Plant

Signature

David C. Brown

Date

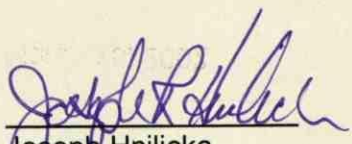
2-22-93



March 15, 2002

Authorization To Sign Environmental Reports

I hereby authorize persons filling the position title of Director of Arkansas Operations at the Kohler Co. facility located in Sheridan, Arkansas to sign (1) all regular reports required by permits issued by the Arkansas Department of Environmental Quality (ADEQ) and (2) all regular reports required by National Pretreatment Standards pursuant to ADEQ rules, the Resource Conservation and Recovery Act (RCRA), the Clean Water Act (CWA), the Superfund Amendments and Reauthorization Act (SARA) and the Clean Air Act (CAA) as adopted by ADEQ. This authorization is provided in accordance with 40CFR 270.11, 40CFR 122.22 40CFR 403.12(1) and comparable ADEQ regulations.

 3/15/02
Joseph Hnilicka Date
Vice President, Operations – Global Faucets



Torrence, Rufus

From: Torrence, Rufus
Sent: Thursday, April 20, 2006 9:12 AM
To: 'Randy Kuykendall (randy.kuykendall@kohler.com)'
Cc: Shafii, Mo; Bailey, John; Mokhtari, Parviz; 'David Fitzgerald (tpwater@seark.net)'
Subject: ARP000021 Site Visit for Compliance Assurance to Kohler in Sheridan, AR0034347

Tracking:	Recipient	Delivery	Read
	'Randy Kuykendall (randy.kuykendall@kohler.com)'		
	Shafii, Mo	Delivered: 4/20/2006 9:13 AM	
	Bailey, John	Delivered: 4/20/2006 9:13 AM	
	Mokhtari, Parviz	Delivered: 4/20/2006 9:13 AM	Read: 4/20/2006 10:19 AM
	'David Fitzgerald (tpwater@seark.net)'		

Attn: Randy Kuykendall, Kohler Safety & Env Specialist

Thank you for taking the time to show John, Parviz and me the Kohler plant in Sheridan. The Sheridan plants makes brass and plastic faucets. The plastic parts are electroless plated with nickel and then electroplated with copper. The copper plated plastic and brass parts are then electroplated with chrome. The electroless plating and electroplating processes are core operations of the 40CFR433 Metal Finishing Point Source Category.

Kohler has recently added a Physical Vapor Deposition (PVD) operation to the existing plating operations; since the actual PVD process is dry, the PVD operation does not qualify as a 40CFR433 Core operation. However, the water cleaning step which proceeds the PVD operation does fall within the 40 ancillary operations regulated by 40CFR433.

Kohler pretreatment system has four primary feed streams (Hex Chrome, Nickel, Copper and Rinse wastewater streams). The Hex Chrome in the wastewater is reduced to Tri-valent Chrome, then the stream is treated and blended with the other three other treated streams before all the wastewater is discharged to the POTW.

During the exit meeting I stressed again that the City of Sheridan may have lost the option to land apply the sludge accumulating in the lagoons. The nickel concentration in the sludge may be above the 40CFR503 ceiling limit of 420 mg/kg.

Kohler wastewater operator grabbed a sample of the treated wastewater from a manhole outside the plant. I split a wastewater sample with Kohler. The ADEQ lab analysis should be available by May 31, 2006. When I receive the analysis, I will forward a copy to Kohler (Randy Kuykenall).

Rufus J. Torrence, NPDES Pretreatment Engineer
Arkansas Department of Environmental Quality
Water Division
8001 National Drive
Post Office Box 8913
Little Rock, AR 72219-8913
Phone: (501) 682-0626
FAX: (501) 682-0910
email: torrence@adeq.state.ar.us

Pretreatment Industrial Inspection

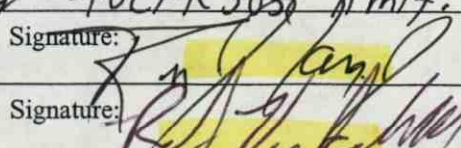
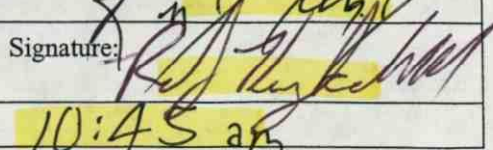
Facility Information

Facility Name: Kohler (Sterling Plumbing)	Site Address: 415 S. Oklahoma St. Sheridan, AR 72150
Signatory Authority (Name & Title): Bill Royals, Director	Mailing Address (if different): P.O. Box 427 Sheridan, AR
Phone: (870) 942-2111	Corporate Owner Name and address (if applicable): Kohler Co Kohler, WI
Fax: (870) 942-5358	Phone:
Address: (same)	Fax:
Contact Person (Name & Title): Randy Kuykendall, Safety Spec	Corporate Contact: Lee Kraemer
e-mail: randy.kuykendall@kohler.com	e-mail: lee.kraemer@kohlerco.com
Facility Permit # N/A or ARP00 0021	Last Inspection Date: 3-30-05
POTW (City) IU discharges to: Sheridan Water Works	POTW's NPDES #AR00 34347
Industrial Classification: <input checked="" type="checkbox"/> Categorical <input type="checkbox"/> Significant	
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 433	

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

Comments: **The POTW may be unable to land apply the sludge; the nickel conc may have exceeded the 420 mg/kg 40CFR 503 limit.**

Inspector's Name (Print): Rufus Torrence	Signature: 
IU Rep's Name (Print): Randy Kuykendall	Signature: 
Date and Time Inspection Ended: 4-19-06 @ 10:45 am	

KLR

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|---|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual - B1 | <input type="checkbox"/> Spill/Slug | <input type="checkbox"/> Unscheduled |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint |

Inspection Objective(s)

Compliance Assurance

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

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

Comments:

B. Inspection Analysis

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

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

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 4-19-06 @ 9:05 am		SIC code(s): 3432	
IU Reps/Titles: Rufus Torrence, Jr. John Barlow, Eng. Supv. Parviz Nikhfar		Control Authority Reps/Titles: Randy Kuykendall, Fac. Env. Ray Miller, Plant Engineer	
End product(s): Faucet Fittings & assemblies		Approx. # of units produced: _____	
Days of Operation: M-F		Days of Production (if different): _____	
Hours of Operation: 6:30 am - 11:00 pm		Hours of Production (if different): _____	
Shift 1, hrs.: 6:30 to 11:00 am	Shift 2, hrs.: 2:30 to 11:00 pm	Shift 3, hrs.: to _____	
# of Employees: 400	Peak Mos.: _____	"Off" Mos.: _____	
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when? _____			
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when? _____			
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If No, explain: _____			
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain: _____			
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, explain: Safety Glasses / Shoes / Hearing Protection			
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 type="checkbox"/> N/A <input checked="" type="checkbox"/>			
At connection to sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>			
What is the current avg. production rate and process flow? N/A			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/> N/A			

B. Facility Permits

Permit Type	Permit No.	Expiration Date
Air	0791-AR-7	
RCRA	ARD000388983	
NPDES	ARR00A297	
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

PVD = Physical Vapor Deposition

Zirconium

Attachment A: Industrial Process(es)

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

1. <u>Electroplating</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <u>Electroless Plating</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es): Copper, nickel, chrome plating of brass and molded plastic parts.

General observations of facility's indoor housekeeping: OK

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:

Unplated molded plastic parts, copper tubing, brass castings, brass tubing, et al.

Check Waste Stream Pollutants of Concern from Process(es)

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

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

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

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

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

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

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

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

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

Overflow Alarms

Aqueous Cleaning Solutions

Fog Spray Rinsing

Countercurrent Rinsing

Dragout Collection Trays

Seal-Less Pumps

Air Jets to Blow Parts Dry

Secondary Containment of Process Solutions

Aqueous Paint Stripping Solutions

Bead Blasting to Remove Paint

Water Soluble Cutting Fluids

Recycle Overspray

In-Process Recycle (Ion Exchange, Reverse Osmosis)

Conductivity Meters

Dead Rinse Tanks

Bath / Rinse Filtration

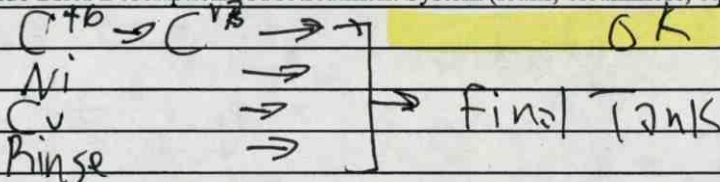
Attachment C: Pretreatment System

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

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

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

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



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

System Operator(s) Name: Neal Hollinger
Joe McElroy

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

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

List Name(s) and License classification: Neal Hollinger - Class I

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

If Yes, list type and frequency: once/year

Is the discharge from the Pretreatment System? Batch Continuous Combination

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

Volume of each batch: gallons per

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

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
Tot 2/12PV		44793214 125, 000 9pm

7 KLR

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.	<input type="checkbox"/> Yes <input 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:

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

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<input checked="" type="checkbox"/> yes <input 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	Indoors but the ADEQ sampler took a grab sample from exterior manhole.
Total Flow Monitoring Point	Totalizer on line to POTW
Upstream Manhole	
Point of Connection:	

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.

Where is the sample point located? *Indoors but ADEQ used exterior manhole*

<input type="checkbox"/> End of Process	<input 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:

Arkansas Analytical

Automatic Sampler or Manual

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

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

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

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

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

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

Were correct Sample Types Collected Yes No N/A

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

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

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

List the parameters the facility monitors and the frequency:

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

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

How does the IU report TTO? Analysis Certification Statement

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

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

List the date of the last revision to the TOMP:

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

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

Comments:

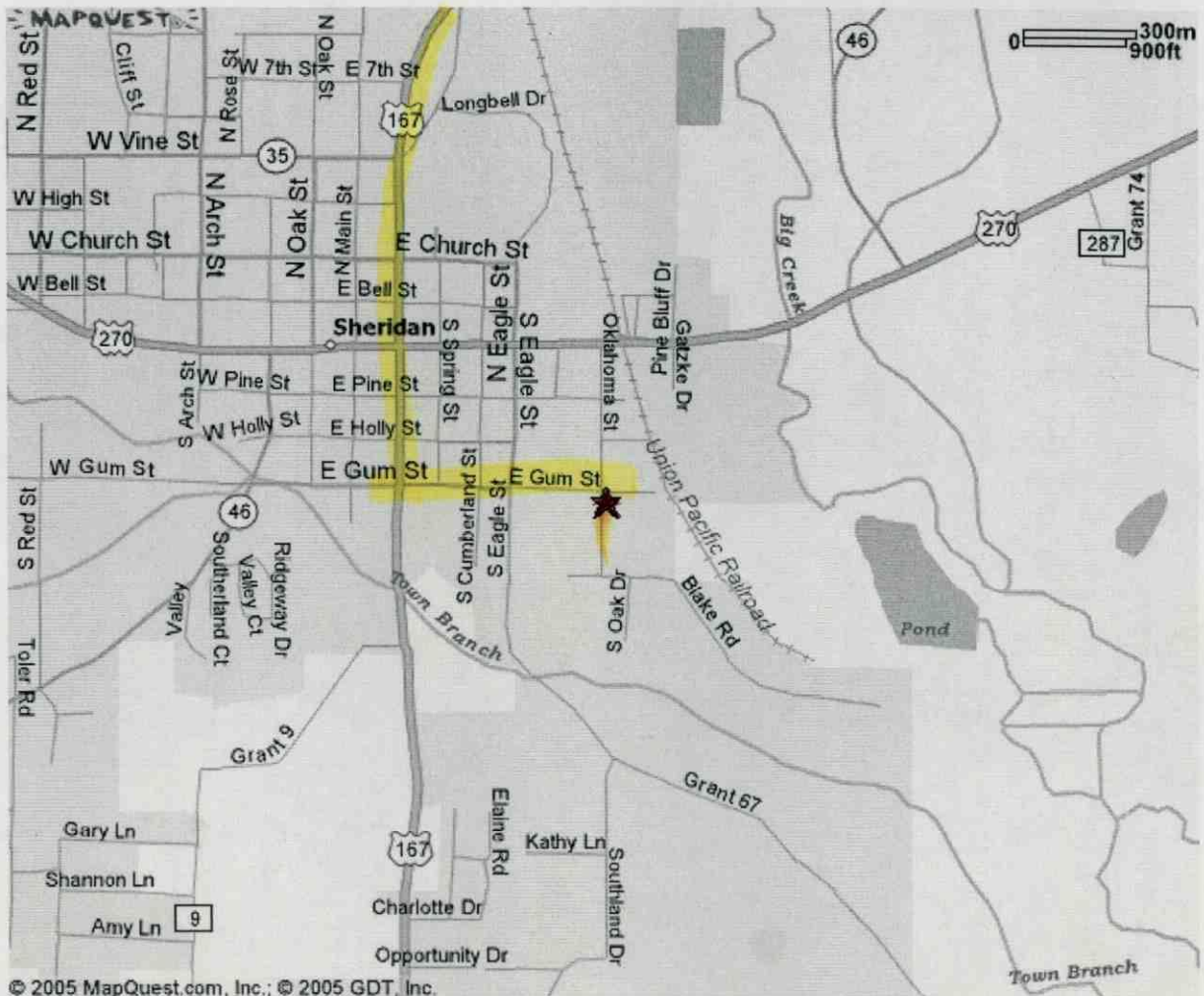
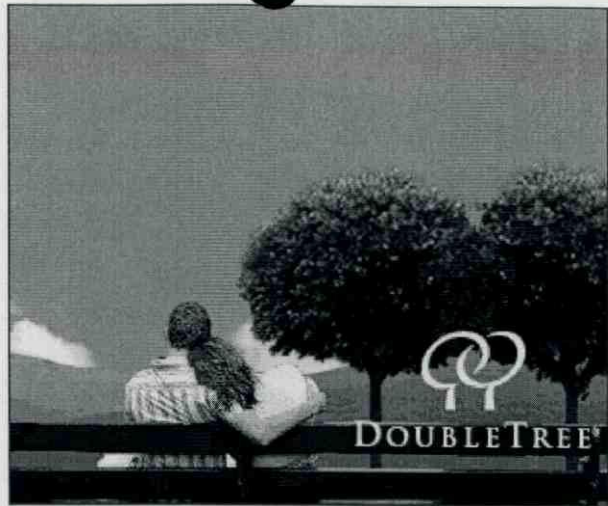


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415 Oklahoma St
Sheridan AR
72150-2575 US

Notes:

Randy Key Kendall
(870) 942-2111



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This map is informational only. No representation is made or warranty given as to its content. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

KLR

Pretreatment Industrial Inspection

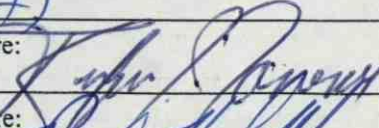
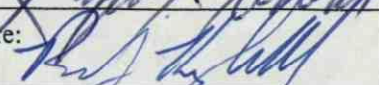
Facility Information

Facility Name: Kohler (Sterling Plum)	Site Address: 415 S. Oklahoma St. Sheridan, AR 72150
Signatory Authority (Name & Title): Bill Royals, Director	
Phone: 870-942-2111	Mailing Address (if different): P.O. Box 427 Sheridan, AR
Fax: 870-942-5358	
Address: (same)	Corporate Owner Name and address (if applicable): Kohler Co Kohler, WI
Phone:	Phone:
Fax:	Fax:
Contact Person (Name & Title): Randy Kuykendall, Safety Spec	Corporate Contact: Lee Kraemer
e-mail: Randy.Kuykendall@kohler.com	e-mail: lee.kraemer@kohlerco.com
Facility Permit # N/A or ARP000021	Last Inspection Date: N/A
POTW (City) IU discharges to: Sheridan Water Works	POTW's NPDES #AR0034347
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 433	

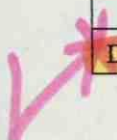
Table of Contents

I. Summary of Inspection	Page	of
A. Inspection Objectives		
B. Inspection Analysis		
II. Pre-Inspection Meeting	Page	of
A. General Information		
B. Facility Permits		
C. Additional Comments		
III. Attachments "Yes" indicates item exists at the facility and attachments will be included		
"No" indicates item does not exist at the facility and attachments aren't necessary		
A. Industrial Processes A1-MAHL	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of

Comments: Kohler's discharge appears to be having a significant impact on the Sheridan POTW. (see MAHL attachment)

Inspector's Name (Print): Rufus Torrence	Signature: 
IU Rep's Name (Print): Randy Kuykendall	Signature: 

Date and Time Inspection Ended: 3-30-05 @ 11:30 am



I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual - <i>Bi</i> | <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 type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input checked="" type="checkbox"/> Chemical Storage | <input checked="" type="checkbox"/> Discharge point(s) | <input checked="" type="checkbox"/> Spills/Slug Control Plan |
| <input type="checkbox"/> Records Review | <input type="checkbox"/> RCRA information | <input type="checkbox"/> Process/Flow/Pretreatment Schematics |
| <input type="checkbox"/> IU sampling procedures | <input type="checkbox"/> Flow/pH Meter(s) | <input type="checkbox"/> Calibration Records |
| <input type="checkbox"/> MSDS Inventory List | <input type="checkbox"/> New MSDS | <input type="checkbox"/> |

Comments:

B. Inspection Analysis

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

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

Records Review

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 3-30-05 / 10:00		SIC code(s): 3432	
IU Reps/Titles: Rufus Torrence Parviz Moalhebi		Control Authority Reps/Titles: Lee Kraemer, Cur Env Randy Kuv Kendall, Fac Env Randy Kraemer, Cur Env	
End product(s): Faucet Fittings & assemblies		Approx. # of units produced: (Confid)	
Days of Operation: M-F		Days of Production (if different):	
Hours of Operation: 6:30 am - 11:00 pm		Hours of Production (if different):	
Shift 1, hrs.: 6:30 to 11:00 pm	Shift 2, hrs.: 7:30 to 11:00	Shift 3, hrs.: to	
# of Employees: 400	Peak Mos.:	"Off" Mos.:	
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when?			
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If yes, when?			
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, explain:			
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, explain: Safety Glasses, Safety Shoes & hearing protection			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
 			
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
 			
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
 			
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain			
 			
Are regulated and non-regulated wastestreams combined? yes <input 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 type="checkbox"/> N/A <input type="checkbox"/>			
At connection to sanitary sewer? yes <input type="checkbox"/> no <input 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 type="checkbox"/>			
What is the current avg. production rate and process flow?			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>			

Attachment A: Industrial Process(es)

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

1. <i>Electroplating</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <i>Electroless Plating</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

Kohler does brazing, soldering, washing, bright-dipping & copper/nickel chrome plating on brass & plastic parts.

General observations of facility's indoor housekeeping:

Good

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

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

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

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

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

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

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

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

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

- | | |
|--|---|
| <input type="checkbox"/> Overflow Alarms | <input type="checkbox"/> Aqueous Cleaning Solutions |
| <input type="checkbox"/> Fog Spray/Rinsing | <input type="checkbox"/> Countercurrent Rinsing |
| <input type="checkbox"/> Dragout/Collection Trays | <input type="checkbox"/> Seal-Less Pumps |
| <input type="checkbox"/> Air Jets to Blow Parts Dry | <input type="checkbox"/> Secondary Containment of Process Solutions |
| <input type="checkbox"/> Aqueous Paint Stripping Solutions | <input 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? Yes No N/A

Are they pretreated prior to discharge to the sanitary sewer? Yes No N/A

Was the pretreatment system visually inspected during this visit? Yes No N/A

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

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

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

Newly Renovated

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

System Operator(s) Name: *Neal Hollinger
Joe McEvey*

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

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

List Name(s) and License classification: *Neal Hollinger - Class I*

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

If Yes, list type and frequency: *once/yr*

Is the discharge from the Pretreatment System? Batch Continuous Combination

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

Volume of each batch: _____ gallons per

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

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)

Attachment D: Chemical Storage Area(s)

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

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

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1.	<input type="checkbox"/> Yes <input 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:

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

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan? <i>X</i>	<input checked="" 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 checked="" type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input checked="" 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? (Briefly Describe, Include Dates)	<input type="checkbox"/> yes <input type="checkbox"/> no
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	<i>In clours but A/E/G took grab sample from exterior manhole</i>
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

** Facility has plan.*

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.

Where is the sample point located?

11110002 Normal daily but ADEQ used Manhole

<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 checked="" 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:

Arkansas Analytical

Automatic Sampler or Manual

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

List the parameters the facility monitors and the frequency:

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

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

How does the IU report TTO? Analysis Certification Statement

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

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

List the date of the last revision to the TOMP:

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

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

Comments:

ESTIMATED MAHL LOADINGS vs ACTUAL INDUSTRIAL LOADINGS

FOR THE POTW IN SHERIDAN

20000505 <===Date Data was last updated

AR0034347

DRAFT

THE LIMITS BELOW WERE TAKEN FROM ADEQ ANPCAN TRACKING SYSTEM..THE LIMITS ARE INTENDED FOR GUIDANCE ONLY AND HAVE NO REG VALUE

Contributing CIUs:	KOHLER		(Reserved/Removed)		Sheridan		Kohler				
	HW WQ LIMIT mg/l	HW SLUDGE LIMIT mg/l	HW INHIBITION mg/l	HW LIMIT mg/l	MAHL lbs/day	CIU LOAD lbs/day	DOM LOAD lbs/day	TOT LOAD lbs/day	SAFE LOAD TO POTW?		
Arsenic	N/A	0.0079	0.1	0.0079	0.044	0.0000	0.0146	0.0146	OK		
Beryllium	N/A	N/A	N/A	N/A	N/A	0.0000	0.0005	0.0005	N/A		
Cadmium	0.0191	0.0050	1	0.0050	0.028	0.0039	0.0146	0.0185	OK		
Chromium	6.4398	0.1262	1	0.1262	0.71	0.4918	0.2429	0.7346	CAUTION: Exceeded 90% of the MAHL for Chromium		
Copper	0.1901	0.1504	1	0.1504	0.85	0.4059	0.2963	0.7022	OK		
Cyanide	0.0581	N/A	0.1	0.0581	0.33	0.0156	0.1991	0.2148	OK		
Lead	0.0302	0.0424	0.1	0.0302	0.17	0.0312	0.2380	0.2692	CAUTION: Exceeded 90% of the MAHL for Lead		
Mercury	0.000104	0.0024	0.1	0.000104	0.00059	0.0000	0.0000	0.0000	OK		
Molybdenum	N/A	0.0031	0.001	0.0010	0.0056	0.0000	0.0024	0.0024	OK		
Nickel	0.7041	0.0863	1	0.0863	0.49	0.4059	0.1020	0.5079	CAUTION: Exceeded 90% of the MAHL for Nickel		
Selenium	N/A	0.0062	0.002	0.0020	0.01	0.0000	0.0049	0.0049	OK		
Silver	0.0109	N/A	0.25	0.0109	0.061	0.0156	0.0243	0.0399	OK		
Zinc	1.1212	0.3057	0.3	0.3000	1.69	0.0312	0.8500	0.8812	OK		

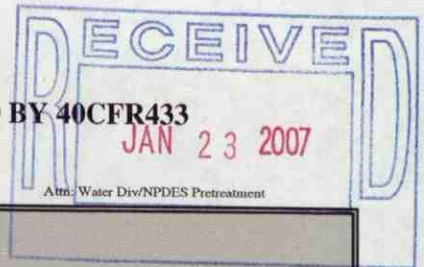
MAHL => MAXIMUM ALLOWABLE HEADWORKS LOADING HW => HEADWORKS WQ => WATER QUALITY CIU => CATEGORICAL INDUSTRIAL USER

- >Domestic Concentrations are from Table 3-13 Typical Domestic Wastewater Levels (page 3-59 in EPA Guid Manual on the Dev & Imp of Local Disc Limit Under the Pret Prog) unless the POTW reports different values (Exception: 1/2 MDL for Be, Mo & Se; zero for Hg)
- >HW WQ LIMIT (Headworks Water Quality Limit) is in accordance with the latest version of ADEQ NPDES CPP (Continuing Planning Process) [40CFR131 and Regulation No. 2, ARK ACT 472 of 1949] & the CPP WQ Ave Monthly Limits were adjusted using a removal efficiency to get HW WQ LIMIT
- >HW SLUDGE LIMIT is the most stringent of the land application or surface disposal [40CFR503]. Note that the standards for land application and surface disposal are protective of the criteria for market & distribution (Annual Whole Sludge App Rate = 1 metric ton/hectare)[54FR880] and should be protective of landfill requirements [40CFR258 and Reg 22 of Ark SW Man Act No. 237]
- >HW INHIBITION LIMITS are Biological Inhibition Levels from EPA Local Limits Dev Guid Appendices; App G/Act Sludge (Exceptions: Silver limit from EPA Guid Man Dev & Imp of Disc Limit Pret Prog; Table 3-2 and MDL for Be, Mo & Se) If the POTW reports a higher influent value that does not inhibit the process then this value will be used.

Disclaimer

The State will serve as Control Authority for all POTWs without an approved pretreatment program. Part of the responsibility of the Control Authority is to develop local limits for this POTW. The local limits provide control of non-domestic sources only; the City will retain the authority to decide if an existing source will remain connected to the POTW and if a new source may connect to the POTW. Noncompliance with the NPDES permit can be caused by domestic sources and even city-owned facilities. Therefore, in consideration of the city's authority to reject a user and of possible domestic contamination, in no event will ADEQ be liable for direct, indirect, special, incidental, or consequential damages for failure of these limits to provide compliance with the POTW NPDES permit, to protect the POTW or to meet the goals of the National/State/Local pretreatment program. The limits shown above are for guidance only. Local limits must not only have a firm technical basis but also this basis must be well documented and supported by the proper technical and legal personnel; hence, the City may not use these limits for anything except guidance.

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433



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

(1) IDENTIFYING INFORMATION	
A. LEGAL NAME & MAILING ADDRESS KOHLER Company P.O. Box 427 Sheridan, AR 72150	B. FACILITY & LOCATION ADDRESS 415 S. Oklahoma St. Sheridan, AR 72150
C. FACILITY CONTACT: Randy Kuykendall TELEPHONE NUMBER: 870-942-2111	
(2) REPORTING PERIOD-- FISCAL YEAR From January 1 to December 31 <small>(Both Semi-Annual Reports must cover Fiscal Year)</small>	
A. MONTHS WHICH REPORTS ARE DUE JANUARY & JULY	B. PERIOD COVERED BY THIS REPORT FROM: July 1, 2006 TO: December 31, 2006
(3) DESCRIPTION OF OPERATION	
A. REGULATED PROCESSES <u>CORE PROCESS(ES)</u> CHECK EACH APPLICABLE BLOCK <input checked="" type="checkbox"/> Electroplating <input checked="" type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input type="checkbox"/> Coating <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture <u>ANCILLARY PROCESS(ES)*</u> LIST BELOW EACH PROCESS USED IN THE FACILITY BRAZING _____ ACID/ALKALI CLEANING _____ _____ _____ _____	B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE. Jan 2007 SAR Filedate 2007 02 01 2007 02 16
*SEE 40CFR.10(a) FOR 40 DIFFERENT OPERATIONS	
C. Number of Regular Employees at this Facility 580	D. [Reserved] ARPOO 0021

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Anc)	74,296	155,500	POTW Continuous
Regulated (Cyanide)	0	0	N/A
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	0	0	N/A
Cooling Water	0	0	N/A
Sanitary	28,283	59,195	POTW Continuous
Total Flow to POTW	102,578	214,695	*****

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

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

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

B. COMMENTS OF TREATMENT SYSTEM

Treated water samples are sent weekly to commercial lab for analysis. In-house testing performed twice per shift. Results of in-house tests are hand delivered to city each Monday. Monthly DMR is also submitted.

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

Pollutant(mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN*	TTO*
Max for 1 day	0.69	2.77	3.38	0.69	3.98	0.43	2.61	MDL	2.13
Monthly Ave	0.26	1.71	2.07	0.43	2.38	0.24	1.48	MDL	--
Max Measured	0.005	0.44	1.29	0.015	1.23	0.02	0.12	0.02	0.00
Ave Measured	0.005	0.22	0.35	0.015	0.45	0.02	0.03	0.02	0.00

*PROVIDE THE CONCENTRATION HERE IF NO CERTIFICATION IS PROVIDED IN SECTION 6 BELOW OR MARK N/A IF A CERTIFICATION IS PROVIDED.

Sample Location #001 AFTER TREATMENT/BEFORE DISCHARGE

Sample Type (Grab or Composite) COMPOSITE

Number of Samples and Frequency Collected 1/WEEK - (IN-HOUSE 2/SHIFT)

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

A. CYANIDE CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standards, I certify that to the best of my knowledge, cyanide has not been used or generated in our processes which are regulated by the Metal Finishing (40CFR 433) categorical pretreatment standards since the filing of the last semi-annual compliance report.

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

B. CHECK ONE: §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED §433.12(a) T/O CERTIFICATION

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

N/A
(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

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

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

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

Notary Public in and for _____
County, Arkansas

My commission expires _____

(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]

§6602 [42 U.S.C. 1310] Findings and Policy para (b) Policy - The congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

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

(8) GENERAL COMMENTS

ATTACHMENTS:
TTO/CN Analysis
Semi-Annual Metals Analysis

cc: Teresa Arellanes - KOHLER EHS
David Fitzgerald - Sheridan Waterworks
File

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

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

Bill Royals
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Director of Arkansas Faucet Operations
OFFICIAL TITLE

Bill Royals
SIGNATURE

11/15/07
DATE SIGNED



11701 Interstate 30, Bldg. 1, Ste. 115
 Little Rock, AR 72209
 PHONE: 501-455-3233
 FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION		Project Description		Turnaround Time	Preservation Codes:									
Kohler		Reporting Information		24 Hour	1. Cool, 4 Degrees Centigrade				4. Thiosulfate for Dechlorination					
415 South Oklahoma St.				48 Hour	2. Sulfuric Acid (H ₂ SO ₄), pH < 2				5. Hydrochloric Acid(HCl)					
Sheridan, AR 72150				72 Hour	3. Nitric Acid (HNO ₃), pH < 2				6. Sodium Hydroxide (NaOH), pH > 12					
Attn: Joe McElroy		Telephone:	Routine (5 Day)		TEST PARAMETERS									
FAX:		Bill to/P.O. #:		Preservative Code:	1	1,6	1,3	1,5	1	1				Bottle Type Code
				Bottle Type:	P	P	P	GA	GA	GA	GA			G = Glass, P = Plastic V = Septum, A = Amber

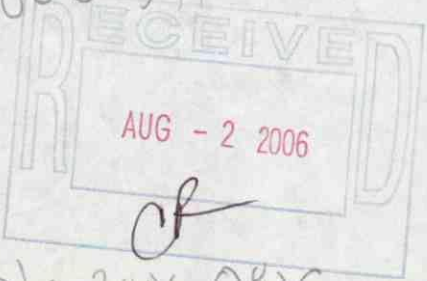
<i>Dennis Neude</i>			<i>Dennis Henderson</i>													
Sampler(s) Signature			Sampler(s) Printed													
Field Number	SAMPLE COLLECTION		Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	BOD, TSS	Cyanide	As, Cd, Cr, Cu, Pb, Mo, Ni, Se, Ag, Zn, Hg	PPS Volatiles	PPS Pesticides/PCBs	PPS BNAs	Oil and Grease	Arkansas Analytical W Order Number	
	Date/s	Time/s														
	11/29-11-30	SAM-SAM		X	9	W	Wastewater	X	X	X	X	X	X		12003-01	
	11-30	SAM	X		1	W	Wastewater							X	02	

1. Relinquished by: (Signature)		Date/Time	2. Received by: (Signature)		SAMPLE CONDITION UPON RECEIPT IN LAB				REMARKS / SAMPLE COMMENTS			
<i>Dennis Neude</i>		3:00am 12/1/06	<i>Melissa Seer</i>		1. CUSTODY SEALS: <input checked="" type="checkbox"/> Yes ___ No 2. CONTAINERS CORRECT: <input checked="" type="checkbox"/> Yes ___ No 3. COC/LABELS AGREE: <input checked="" type="checkbox"/> Yes ___ No 4. PRESERVATION CONFIRMED: <input checked="" type="checkbox"/> Yes ___ No 5. RECEIVED ON ICE: <input checked="" type="checkbox"/> Yes ___ No 6. TEMPERATURE ON RECEIPT: 10c				Flow 113200			
3. Relinquished by: (Signature)		Date/Time	4. Received by lab: (Signature)		FOR COMPLETION BY LAB ONLY							
<i>Melissa Seer</i>		12-1-06 0840	<i>Tamara Webb</i>									

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

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

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION	
A. LEGAL NAME & MAILING ADDRESS KOHLER Company P.O. Box 427 Sheridan, AR 72150	B. FACILITY & LOCATION ADDRESS 415 S. Oklahoma St. Sheridan, AR 72150
C. FACILITY CONTACT: Randy Kuykendall TELEPHONE NUMBER: 870-942-2111	
(2) REPORTING PERIOD-- FISCAL YEAR From January 1 to December 31 <small>(Both Semi-Annual Reports must cover Fiscal Year)</small>	
A. MONTHS WHICH REPORTS ARE DUE JANUARY & JULY	B. PERIOD COVERED BY THIS REPORT FROM: January 1, 2005 TO: June 30, 2005
(3) DESCRIPTION OF OPERATION	
A. REGULATED PROCESSES <u>CORE PROCESS(ES)</u> CHECK EACH APPLICABLE BLOCK <input checked="" type="checkbox"/> Electroplating <input checked="" type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input type="checkbox"/> Coating <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture <u>ANCILLARY PROCESS(ES)*</u> LIST BELOW EACH PROCESS USED IN THE FACILITY BRAZING _____ ACID/ALKALI CLEANING _____ _____ _____ _____	B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE. Additional Plating Capacity Installed for Brushed Chrome generates additional 3 gallons/min of process rinse water. Counter flow rinse system installed in plastic and brush plater has a water reduction of 9.5 gallons per minute. Brass and plastic platers had low flow rinses installed creating an approx water reduction of 9200 gallons/day. <div style="text-align: right; font-size: 1.2em; font-family: cursive;"> July 2006 SAR  Filed date 2006 0918 </div>
<small>*SEE 40CFR.10(a) FOR 40 DIFFERENT OPERATIONS</small>	
C. Number of Regular Employees at this Facility <u>610</u>	D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Anc)	85,735	169,200	POTW Continuous
Regulated (Cyanide)	0	0	N/A
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	0	0	N/A
Cooling Water	0	0	N/A
Sanitary	10,410	20,544	POTW Continuous
Total Flow to POTW	96,145	189,744	*****

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

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

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

B. COMMENTS OF TREATMENT SYSTEM

Treated water samples are sent weekly to commercial lab for analysis. In-house testing performed twice per shift. Results of in-house tests are hand delivered to city each Monday. Monthly DMR is also submitted.

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

Pollutant(mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN*	TTO*
Max for 1 day	0.69	2.77	3.38	0.69	3.98	0.43	2.61	MDL	2.13
Monthly Ave	0.26	1.71	2.07	0.43	2.38	0.24	1.48	MDL	--
Max Measured	0.005	0.6	1.38	0.015	1.13	0.02	0.17	0.02	0.00
Ave Measured	0.005	0.23	0.43	0.015	0.56	0.02	0.04	0.02	0.00

*PROVIDE THE CONCENTRATION HERE IF NO CERTIFICATION IS PROVIDED IN SECTION 6 BELOW OR MARK N/A IF A CERTIFICATION IS PROVIDED.

Sample Location #001 AFTER TREATMENT/BEFORE DISCHARGE

Sample Type (Grab or Composite) COMPOSITE

Number of Samples and Frequency Collected 1/WEEK - (IN-HOUSE 2/SHIFT)

40CFR136 Preservation and Analytical Methods Use: Yes No

① ANPCAN

(6) CERTIFICATION

A. CYANIDE CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standards, I certify that to the best of my knowledge, cyanide has not been used or generated in our processes which are regulated by the Metal Finishing (40CFR 433) categorical pretreatment standards since the filing of the last semi-annual compliance report.

N/A

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature

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

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

N/A

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

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

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

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

Notary Public in and for _____
County, Arkansas

My commission expires _____

OPTIONAL

(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]

§6602 [42 U.S.C. 1310] Findings and Policy para (b) Policy - The congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

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

(8) GENERAL COMMENTS

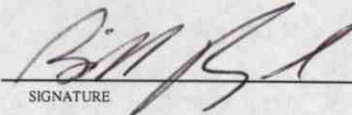
ATTACHMENTS:
TTO/CN Analysis
Semi-Annual Metals Analysis

cc: Teresa Arellanes - KOHLER EHS
David Fitzgerald - Sheridan Waterworks
File

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

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

Bill Royals
NAME OF CORPORATE OFFICIER OR AUTHORIZED REPRESENTATIVE


SIGNATURE

Director of Arkansas Faucet Operations
OFFICIAL TITLE

7/14/06
DATE SIGNED

Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



11701 I-30 Bldg 1, Ste 115 • Little Rock, AR 72209
501-455-3233 • Fax 501-455-6118

RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Metals by EPA 200 Series Methods (Water)

Silver	mg/L	<0.0200	-	-	-	-
Arsenic	mg/L	<0.0500	-	-	-	-
Cadmium	mg/L	<0.005	-	-	-	-
Chromium	mg/L	0.105	-	-	-	-
Copper	mg/L	0.221	-	-	-	-
Mercury	mg/L	<0.0002	-	-	-	-
Molybdenum	mg/L	<0.010	-	-	-	-
Nickel	mg/L	0.30	-	-	-	-
Lead	mg/L	<0.0150	-	-	-	-
Selenium	mg/L	<0.050	-	-	-	-
Zinc	mg/L	0.021	-	-	-	-

Organochlorine Pesticides and PCBs by EPA Method 608/8141A (Water)

Aldrin	ug/L	<0.050	-	-	-	-
alpha-BHC	ug/L	<0.050	-	-	-	-
beta-BHC	ug/L	<0.050	-	-	-	-
gamma-BHC (Lindane)	ug/L	<0.050	-	-	-	-
delta-BHC	ug/L	<0.050	-	-	-	-
Chlordane	ug/L	<0.200	-	-	-	-
4,4'-DDT	ug/L	<0.100	-	-	-	-
4,4'-DDE	ug/L	<0.100	-	-	-	-
4,4'-DDD	ug/L	<0.100	-	-	-	-
Dieldrin	ug/L	<0.100	-	-	-	-
Endosulfan I	ug/L	<0.100	-	-	-	-
Endosulfan II	ug/L	<0.100	-	-	-	-
Endosulfan sulfate	ug/L	<0.100	-	-	-	-
Endrin	ug/L	<0.100	-	-	-	-
Endrin aldehyde	ug/L	<0.100	-	-	-	-
Heptachlor	ug/L	<0.050	-	-	-	-

Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Organochlorine Pesticides and PCBs by EPA Method 608/8141A (continued)

Heptachlor epoxide	ug/L	<1.00	-	-	-	-
Chlorpyrifos	ug/L	<0.070	-	-	-	-
Aroclor-1242	ug/L	<1.00	-	-	-	-
Aroclor-1254	ug/L	<1.00	-	-	-	-
Aroclor-1221	ug/L	<1.00	-	-	-	-
Aroclor-1232	ug/L	<1.00	-	-	-	-
Aroclor-1248	ug/L	<1.00	-	-	-	-
Aroclor-1260	ug/L	<1.00	-	-	-	-
Aroclor-1016	ug/L	<1.00	-	-	-	-
Toxaphene	ug/L	<5.00	-	-	-	-
TCMX	[surr]	64.8%	-	-	-	-
Decachlorobiphenyl	[surr]	83.8%	-	-	-	-

Purgeables by EPA Method 624 (Water)

trans-1,3-Dichloropropene	ug/L	<10.0	-	-	-	-
Acrolein	ug/L	<50.0	-	-	-	-
Acrylonitrile	ug/L	<50.0	-	-	-	-
Benzene	ug/L	<10.0	-	-	-	-
Bromoform	ug/L	<10.0	-	-	-	-
Carbon tetrachloride	ug/L	<10.0	-	-	-	-
Chlorobenzene	ug/L	<10.0	-	-	-	-
Chlorodibromomethane	ug/L	<10.0	-	-	-	-
Chloroethane	ug/L	<50.0	-	-	-	-
2-Chloroethyl vinyl ether	ug/L	<10.0	-	-	-	-
Chloroform	ug/L	<10.0	-	-	-	-
Bromodichloromethane	ug/L	<10.0	-	-	-	-
1,1-Dichloroethane	ug/L	<10.0	-	-	-	-
1,2-Dichloroethane	ug/L	<10.0	-	-	-	-
1,1-Dichloroethene	ug/L	<10.0	-	-	-	-

1950

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Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Purgeables by EPA Method 624 (continued)

1,2-Dichloropropane	ug/L	<10.0	-	-	-	-
cis-1,3-Dichloropropene	ug/L	<10.0	-	-	-	-
Ethylbenzene	ug/L	<10.0	-	-	-	-
Bromomethane	ug/L	<50.0	-	-	-	-
Chloromethane	ug/L	<50.0	-	-	-	-
Methylene chloride	ug/L	<20.0	-	-	-	-
1,1,2,2-Tetrachloroethane	ug/L	<10.0	-	-	-	-
Tetrachloroethene	ug/L	<10.0	-	-	-	-
Toluene	ug/L	<10.0	-	-	-	-
trans-1,2-Dichloroethene	ug/L	<10.0	-	-	-	-
1,1,1-Trichloroethane	ug/L	<10.0	-	-	-	-
1,1,2-Trichloroethane	ug/L	<10.0	-	-	-	-
Trichloroethene	ug/L	<10.0	-	-	-	-
Vinyl chloride	ug/L	<10.0	-	-	-	-
Dibromofluoromethane	[surr]	85.3%	-	-	-	-
Toluene-d8	[surr]	94.9%	-	-	-	-
4-Bromofluorobenzene	[surr]	106%	-	-	-	-

Semivolatile Organic Compounds by 625 (Water)

4,6-Dinitro-2-methylphenol	ug/L	<10.0	-	-	-	-
4-Chloro-3-methylphenol	ug/L	<10.0	-	-	-	-
Acenaphthene	ug/L	<10.0	-	-	-	-
Acenaphthylene	ug/L	<10.0	-	-	-	-
Anthracene	ug/L	<10.0	-	-	-	-
Benzidine	ug/L	<50.0	-	-	-	-
Benz(a)anthracene	ug/L	<10.0	-	-	-	-
Benzo[a]pyrene	ug/L	<10.0	-	-	-	-
Benzo[b]fluoranthene	ug/L	<10.0	-	-	-	-
Benzo[g,h,i]perylene	ug/L	<20.0	-	-	-	-

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Joe McElroy
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415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual
RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Semivolatile Organic Compounds by 625 (continued)

Benzo[k]fluoranthene	ug/L	<10.0	-	-	-	-
Bis(2-chloroethoxy)methane	ug/L	<10.0	-	-	-	-
Bis(2-chloroethyl)ether	ug/L	<10.0	-	-	-	-
Bis(2-chloroisopropyl)ether	ug/L	<10.0	-	-	-	-
Bis(2-ethylhexyl)phthalate	ug/L	<10.0	-	-	-	-
4-Bromophenyl-phenylether	ug/L	<10.0	-	-	-	-
Butylbenzylphthalate	ug/L	<10.0	-	-	-	-
2-Chloronaphthalene	ug/L	<10.0	-	-	-	-
4-Chlorophenyl-phenylether	ug/L	<10.0	-	-	-	-
Chrysene	ug/L	<10.0	-	-	-	-
Dibenz[a,h]anthracene	ug/L	<20.0	-	-	-	-
1,2-Dichlorobenzene	ug/L	<10.0	-	-	-	-
1,3-Dichlorobenzene	ug/L	<10.0	-	-	-	-
1,4-Dichlorobenzene	ug/L	<10.0	-	-	-	-
3,3-Dichlorobenzidine	ug/L	<50.0	-	-	-	-
Diethylphthalate	ug/L	<10.0	-	-	-	-
Dimethylphthalate	ug/L	<10.0	-	-	-	-
Di-n-butylphthalate	ug/L	<10.0	-	-	-	-
2,4-Dinitrotoluene	ug/L	<10.0	-	-	-	-
2,6-Dinitrotoluene	ug/L	<10.0	-	-	-	-
Di-n-octylphthalate	ug/L	<10.0	-	-	-	-
Fluoranthene	ug/L	<10.0	-	-	-	-
Fluorene	ug/L	<10.0	-	-	-	-
Hexachlorobenzene	ug/L	<10.0	-	-	-	-
Hexachlorobutadiene	ug/L	<10.0	-	-	-	-
Hexachlorocyclopentadiene	ug/L	<10.0	-	-	-	-
Hexachloroethane	ug/L	<20.0	-	-	-	-
Indeno[1,2,3-cd]pyrene	ug/L	<20.0	-	-	-	-

10-18-20
C. J. ...
C. J. ...

Joe McElroy
 Kohler-Plating - Sheridan
 415 S Oklahoma St.
 Sheridan, AR 72150



RE: Wastewater Semiannual
 RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Semivolatile Organic Compounds by 625 (continued)

Isophorone	ug/L	<10.0	-	-	-	-
Naphthalene	ug/L	<10.0	-	-	-	-
Nitrobenzene	ug/L	<10.0	-	-	-	-
N-Nitrosodimethylamine	ug/L	<50.0	-	-	-	-
N-Nitroso-di-n-propylamine	ug/L	<20.0	-	-	-	-
N-Nitrosodiphenylamine	ug/L	<20.0	-	-	-	-
Phenanthrene	ug/L	<10.0	-	-	-	-
1,2,4-Trichlorobenzene	ug/L	<10.0	-	-	-	-
Pyrene	ug/L	<10.0	-	-	-	-
2,3,7,8-TCDD Screen	ug/L	<10.0	-	-	-	-
2-Chlorophenol	ug/L	<10.0	-	-	-	-
2,4-Dichlorophenol	ug/L	<10.0	-	-	-	-
2,4-Dimethylphenol	ug/L	<10.0	-	-	-	-
2,4-Dinitrophenol	ug/L	<50.0	-	-	-	-
2-Nitrophenol	ug/L	<20.0	-	-	-	-
4-Nitrophenol	ug/L	<50.0	-	-	-	-
Pentachlorophenol	ug/L	<50.0	-	-	-	-
Phenol	ug/L	<10.0	-	-	-	-
2,4,6-Trichlorophenol	ug/L	<10.0	-	-	-	-
Nitrobenzene-d5	[surr]	58.8%	-	-	-	-
2-Fluorobiphenyl	[surr]	63.0%	-	-	-	-
Terphenyl-d14	[surr]	71.0%	-	-	-	-
2-Fluorophenol	[surr]	62.8%	-	-	-	-
Phenol-d5	[surr]	52.5%	-	-	-	-
2,4,6-Tribromophenol	[surr]	67.8%	-	-	-	-
1,2-Diphenyl Hydrazine	ug/L	<20.0	-	-	-	-
4,6-Dinitro-o-cresol	ug/L	<50.0	-	-	-	-
p-Chloro-m-cresol	ug/L	<10.0	-	-	-	-

Joe McElroy
 Kohler-Plating - Sheridan
 415 S Oklahoma St.
 Sheridan, AR 72150



RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

ANALYTICAL RESULTS

LAB NUMBER:	0606180-01	0606180-02	-	-	-	-
SAMPLE ID:	Wastewater Composite	Wastewater Grab	-	-	-	-
DATE COLLECTED:	15-Jun-06	15-Jun-06	-	-	-	-
MATRIX:	Water	Water	-	-	-	-

Wet Chemistry (Water)

BOD	mg/L	<2.00 [1]	-	-	-	-
Cyanide (total)	mg/L	<0.020	-	-	-	-
Oil and Grease	mg/L	-	<1.0	-	-	-
TSS	mg/L	4.4	-	-	-	-



Handwritten text in the left margin, possibly including the words "CIVIL" and "ENGINEER".

Joe McElroy
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415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual
RECEIVED: 16-Jun-06

QUALITY CONTROL RESULTS

Wet Chemistry - Quality Control

Batch: A606183 (Water); Prepared: 15-Jun-06 15:36

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>
TSS	< 1.0 mg/L	95.0 %	92.0 % / 3.21

Metals by EPA 200 Series Methods - Quality Control

Batch: A606190 (Water); Prepared: 16-Jun-06 13:00

	<u>Blank</u>	<u>LCS</u>	<u>MS</u>	<u>MSD/RPD</u>
Arsenic	< 0.0500 mg/L	105 %	103 %	106 % / 2.88
Cadmium	< 0.001 mg/L	94.0 %	87.5 %	87.5 % / 0.00
Chromium	< 0.005 mg/L	97.6 %	90.2 %	90.6 % / 0.442
Copper	< 0.005 mg/L	88.0 %	94.8 %	91.0 % / 4.09
Lead	< 0.0150 mg/L	96.2 %	88.0 %	87.4 % / 0.684
Molybdenum	< 0.010 mg/L	92.5 %	85.0 %	89.5 % / 4.72
Nickel	< 0.01 mg/L	90.8 %	82.6 %	81.4 % / 1.45
Selenium	< 0.050 mg/L	93.0 %	86.8 %	90.0 % / 3.62
Silver	< 0.0200 mg/L	91.6 %	80.8 %	90.0 % / 10.8
Zinc	< 0.005 mg/L	98.8 %	95.0 %	95.2 % / 0.206

Metals by EPA 200 Series Methods - Quality Control

Batch: A606219 (Water); Prepared: 19-Jun-06 12:03

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>	<u>MS</u>	<u>MSD/RPD</u>
Mercury	< 0.0001 mg/L	105 %	104 % / 1.53	104 %	104 % / 0.384

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Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual
RECEIVED: 16-Jun-06

QUALITY CONTROL RESULTS

Organochlorine Pesticides and PCBs by EPA Method 608/8141A - Quality Control
Batch: A606221 (Water); Prepared: 19-Jun-06 15:09

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>	<u>MS</u>	<u>MSD/RPD</u>
4,4'-DDT	< 0.100 ug/L	68.0 %	82.4 % / 19.1	79.8 %	79.7 % / 0.125
Aldrin	< 0.050 ug/L	79.0 %	65.5 % / 18.7	69.8 %	64.0 % / 8.53
Decachlorobiphenyl	36.4 %	37.4 %	42.4 %	91.0 %	87.0 %
Dieldrin	< 0.100 ug/L	73.0 %	71.6 % / 1.94	77.6 %	77.3 % / 0.387
Endrin	< 0.100 ug/L	81.8 %	72.8 % / 11.6	75.9 %	77.4 % / 1.96
gamma-BHC (Lindane)	< 0.050 ug/L	83.5 %	70.0 % / 17.6	74.0 %	74.8 % / 1.01
Heptachlor	< 0.050 ug/L	84.5 %	81.0 % / 4.23	85.8 %	82.5 % / 3.77
TCMX	63.2 %	62.0 %	64.6 %	73.2 %	67.0 %

Wet Chemistry - Quality Control
Batch: A606222 (Water); Prepared: 19-Jun-06 08:30

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>	<u>MS</u>
Oil and Grease	< 1.0 mg/L	85.4 %	81.9 % / 4.15	91.3 %



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Joe McElroy
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415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual
RECEIVED: 16-Jun-06

QUALITY CONTROL RESULTS

Semivolatile Organic Compounds by 625 - Quality Control
Batch: A606228 (Water); Prepared: 20-Jun-06 10:12

	Blank	LCS	LCSD/RPD	MS	MSD/RPD
1,2,4-Trichlorobenzene	< 10.0 ug/L	36.8 %	39.8 % / 7.84	44.6 %	45.2 % / 1.45
1,4-Dichlorobenzene	< 10.0 ug/L	34.8 %	34.5 % / 0.722	39.8 %	41.4 % / 3.82
2,4,6-Tribromophenol	65.8 %	71.0 %	55.8 %	63.5 %	68.0 %
2,4-Dinitrotoluene	< 10.0 ug/L	53.0 %	45.5 % / 15.2	47.3 %	47.1 % / 0.424
2-Chlorophenol	< 10.0 ug/L	56.0 %	49.8 % / 11.8	60.0 %	57.0 % / 5.13
2-Fluorobiphenyl	56.0 %	51.8 %	53.0 %	53.0 %	48.6 %
2-Fluorophenol	53.8 %	57.0 %	47.5 %	57.0 %	56.0 %
4-Chloro-3-methylphenol	< 10.0 ug/L	59.8 %	55.0 % / 8.28	55.5 %	63.5 % / 13.4
4-Nitrophenol	< 50.0 ug/L	60.2 %	46.0 % / 26.8	54.5 %	49.6 % / 9.41
Acenaphthene	< 10.0 ug/L	54.0 %	51.8 % / 4.26	50.0 %	48.0 % / 4.19
Nitrobenzene-d5	51.8 %	46.8 %	48.8 %	51.5 %	49.8 %
N-Nitroso-di-n-propylamine	< 20.0 ug/L	53.8 %	51.0 % / 5.25	55.0 %	52.5 % / 4.65
Pentachlorophenol	< 50.0 ug/L	72.0 %	58.0 % / 21.5	64.5 %	65.5 % / 1.54
Phenol	< 10.0 ug/L	44.0 %	37.5 % / 16.0	43.4 %	42.8 % / 1.39
Phenol-d5	46.8 %	54.0 %	43.2 %	51.0 %	50.5 %
Pyrene	< 10.0 ug/L	62.2 %	58.5 % / 6.21	55.0 %	57.0 % / 3.57
Terphenyl-d14	77.8 %	77.2 %	68.8 %	68.5 %	76.5 %

Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

QUALITY CONTROL RESULTS

Purgeables by EPA Method 624 - Quality Control
Batch: A606230 (Water); Prepared: 20-Jun-06 10:31

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>	<u>MS</u>	<u>MSD/RPD</u>
1,1-Dichloroethene	< 10.0 ug/L	95.4 %	81.6 % / 15.6	109 %	107 % / 1.29
4-Bromofluorobenzene	107 %	102 %	107 %	107 %	111 %
Benzene	< 10.0 ug/L	88.4 %	90.6 % / 2.46	94.3 %	92.9 % / 1.49
Chlorobenzene	< 10.0 ug/L	102 %	107 % / 5.16	106 %	104 % / 2.32
Dibromofluoromethane	85.9 %	85.1 %	83.5 %	89.9 %	90.6 %
Toluene	< 10.0 ug/L	99.6 %	107 % / 7.35	115 %	104 % / 9.79
Toluene-d8	94.9 %	93.1 %	96.4 %	93.7 %	95.5 %
Trichloroethene	< 10.0 ug/L	90.8 %	87.4 % / 3.82	94.3 %	91.8 % / 2.62

Wet Chemistry - Quality Control
Batch: A606282 (Water); Prepared: 16-Jun-06 11:00

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>
BOD	< 2.00 mg/L	72.7 %	71.7 % / 1.40

Wet Chemistry - Quality Control
Batch: A606285 (Water); Prepared: 22-Jun-06 16:15

	<u>Blank</u>	<u>LCS</u>	<u>LCSD/RPD</u>	<u>MS</u>
Cyanide (total)	< 0.020 mg/L	103 %	106 % / 2.04	100 %

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Joe McElroy
Kohler-Plating - Sheridan
415 S Oklahoma St.
Sheridan, AR 72150



RE: Wastewater Semiannual

RECEIVED: 16-Jun-06

DATE/TIME ANALYZED

0606180-01	Cd 200.7	19-Jun-06 13:30
0606180-01	As 200.7	19-Jun-06 13:27
0606180-01	Mo 200.7	19-Jun-06 13:27
0606180-01	Se 200.7	19-Jun-06 13:27
0606180-01	Ag 200.7	19-Jun-06 13:28
0606180-01	Cu 200.7	19-Jun-06 13:28
0606180-01	Cr 200.7	19-Jun-06 13:29
0606180-01	TSS, EPA 160.2	15-Jun-06 15:36
0606180-01	Zn 200.7	19-Jun-06 13:29
0606180-01	Pb 200.7	19-Jun-06 13:30
0606180-01	PPS Pesticides/PCBs 608/8141A	20-Jun-06 01:34
0606180-01	Hg 7470A/245.1	20-Jun-06 11:29
0606180-01	PPS VOA EPA 624	20-Jun-06 12:29
0606180-01	SVOAs, PPS EPA 625	20-Jun-06 19:47
0606180-01	BOD, EPA 405.1	22-Jun-06 15:50
0606180-01	Cyanide, Total by EPA 335.2	22-Jun-06 16:19
0606180-01	Ni 200.7	19-Jun-06 13:29

DATE/TIME ANALYZED

0606180-02	Oil & Grease, EPA 1664A	19-Jun-06 08:30
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Special Notes

- 1 = The sample dilutions set-up for the BOD analysis did not meet the oxygen depletion criteria of at least 2 mg/l dissolved oxygen depletion. Therefore the reported result is an estimated value only.
- 2 = D means "does not meet laboratory acceptance criteria"

Arkansas Analytical, Inc.

Bruce Yancey
Bruce Yancey
Lab Manager

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

1 POSSIBLE

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11701 Interstate 30, Bldg. 1, Ste. 115
 Little Rock, AR 72209
 PHONE: 501-455-3233
 FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION				Project Description				Turnaround Time		Preservation Codes:									
Kohler				Reporting Information				24 Hour	1. Cool, 4 Degrees Centigrade				4. Thiosulfate for Dechlorination						
415 South Oklahoma St.								48 Hour	2. Sulfuric Acid (H ₂ SO ₄), pH < 2				5. Hydrochloric Acid(HCl)						
Sheridan, AR 72150				Telephone:				72 Hour	3. Nitric Acid (HNO ₃), pH < 2				6. Sodium Hydroxide (NaOH), pH > 12						
Attn: Joe McElroy				FAX:				Routine (5 Day)	TEST PARAMETERS								Bottle Type Code		
Bill to/P.O. #:				Preservative Code:				1	1,6	1,3	1,5	1	1					G = Glass, P = Plastic	
				Bottle Type:				P	P	P	GA	GA	GA	GA			V = Septum, A = Amber		
Joe Gatlin				JOE GATLIN															Arkansas Analytical V Order Num
Sampler(s) Signature				Sampler(s) Printed															
Field Number	SAMPLE COLLECTION		Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION		BOD, TSS	Cyanide	As, Cd, Cr, Cu, Pb, Mo, Ni, Se, Ag, Zn, Hg	PPS Volatiles	PPS Pesticides/PCBs	PPS BNAs	Oil and Grease	Order Number			
	Date/s	Time/s																	
	6/14/06	6:00 A.M.		X	9	W	Wastewater		X	X	X	X	X	X		0606180-	01		
	6-15-06	6:00 A.M.	X		1	W	Wastewater							X			02		
1. Relinquished by: (Signature)		Date/Time		2. Received by: (Signature)				SAMPLE CONDITION UPON RECEIPT IN LAB				REMARKS / SAMPLE COMMENTS							
Joe Gatlin		6-16-06 7:00 A.M.		Melissa Green				1. CUSTODY SEALS: <input checked="" type="checkbox"/> Yes ___ No				FLOW = 130,000 GALLONS							
								2. CONTAINERS CORRECT: <input checked="" type="checkbox"/> Yes ___ No											
								3. COC/LABELS AGREE: <input checked="" type="checkbox"/> Yes ___ No											
3. Relinquished by: (Signature)		Date/Time		4. Received by lab: (Signature)				4. PRESERVATION CONFIRMED: <input checked="" type="checkbox"/> Yes ___ No											
Melissa Green		6-16-06 0830		Sydney James				5. RECEIVED ON ICE: <input checked="" type="checkbox"/> Yes ___ No											
								6. TEMPERATURE ON RECEIPT: 1°C											
FOR COMPLETION BY LAB ONLY																			



ARKANSAS
Department of Environmental Quality

AFIN: 27-00004	Permit No.: ARPO00021
Date: 4-13-07	By: R. Torrence
Project: TOMP	
Sheet 1 of 1	Printed on recycled content paper ADEQ Engineer/Geologist Grid Pad - revised 2002 

As of today

Kohler

has

not

submitted

a

TOMP

