

Henderson, Katie

From: Torrence, Rufus
Sent: Monday, November 28, 2011 9:01 AM
To: David Gombrich (dgombrich@parker.com)
Subject: AFIN 63-00124 ARP001049 AR0036498 Site Visit to Parker for Compliance Assurance: Inspection
Attachments: PMC Insp 20111116.doc



ARKANSAS
Department of Environmental Quality

November 28, 2011

David Gombrich, EHS&E
Parker Mobile Cylinder
20138 I-30
Benton, AR 72015

Re: Site Visit for Compliance Assurance: Inspection
(Tracking Number: ARP001049 AFIN: 63-00124 City of Benton NPDES No.: AR0036498)

Dear Mr. Gombrich:

Part of ADEQ responsibility to EPA is to ensure that inspections of industries regulated by categorical pretreatment standards (40 CFR Part 405 – 471) are performed on a periodic basis. These industries are referred to as Categorical Industrial Users (CIUs) if they discharge the regulated wastewater into the local Publicly Owned Treatment Works (POTW). Parker had processes (Coating-Phosphatizing) in the Benton facility that were regulated by 40 CFR Part 433 and discharged the wastewater from these operations into the City of Benton POTW. Therefore, Parker was a CIU. In accordance to 40 CFR 403.12(e), Parker was required to submit periodic reports to the Control Authority (ADEQ or Department) and in accordance with 40 CFR 403.8(f)(2)(v) be inspected by the Control Authority at least bi-annually. The Department appreciates Parker taking the time on Wednesday (November 16, 2011) to show the ADEQ Engineer/Inspector (Rufus Torrence) the facility in Benton. The inspection consisted of a pre-inspection meeting and touring the facility.

During the pre-inspection meeting Parker indicated that the process tanks are empty and dry. Parker is currently trying to sell the tanks. Therefore, until the sell is complete or the tanks are activated again, Parker will not be required to submit semi-annual reports nor will the Department inspect the Benton facility.

The Department requests that Parker send ADEQ a letter when the tanks are sold or re-activated.

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

Sincerely,


A handwritten signature in blue ink, appearing to read "Rufus Torrence". The signature is fluid and cursive, with a prominent initial "R" and a long, sweeping underline.

Rufus Torrence,
ADEQ Engineer/Inspector

Attachments: Inspection Report for November 16, 2011 Site Visit for Compliance Assurance

Pretreatment Industrial Inspection

Facility Information

Facility Name:		Site Address:	
<i>Parker Mobile Cylinder</i>		<i>20138 I-30 Benton, AR 72015</i>	
Signatory Authority (Name & Title): <i>David Gombrich, EHS&E</i>			
Phone: <i>(501) 794-0334</i>		Mailing Address (if different):	
Fax: <i>(501) 794-0732</i>		<i>(Same)</i>	
Address: <i>20138 Interstate 30 Benton, AR 72015</i>		Corporate Owner Name and address (if applicable):	
		<i>Parker Hannifin Corporation</i>	
Phone: <i>(Same)</i>		<i>6035 Parkland Blvd Cleveland, OH 44124-4144</i>	
Fax: <i>(Same)</i>		Phone: <i>(216) 896-3000</i>	
Contact Person (Name & Title):		Fax:	
<i>David Gombrich, EHS&E</i>		Corporate CEO:	
e-mail: <i>dgombrich@parker.com</i>		e-mail:	
<i>AFIN 63-00124 ARP001049</i>		Last Inspection Date: <i>November 17, 2009</i>	
POTW (City) IU discharges to: <i>Benton</i>		POTW's NPDES # <i>AR0036498</i>	
Industrial Classification:	<input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant	
If Categorical, list which CFR #(s) the facility is subject to: <i>40 CFR 433 Metal Finishing</i>			
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	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
E. Spill/Slug Control Plan	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page	of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
Comments : Parker has removed the core process from operation. The phosphate tank and rinse tanks are empty and dry. Parker is trying to sell the tanks. Therefore, Parker is a "quasi-ciu" and will not be inspected while the tanks are "empty". If Parker sells the tanks, Parker will no longer be a CIU.			
Inspector's Name (Print):		Signature:	
<i>Rufus Torrence</i>			
IU Rep's Name (Print)		Signature:	
<i>David Gombrich</i>		(Not Required)	
Date and Time Inspection Ended: <i>November 16, 2011 @ 2:30 pm</i>			

I. Summary of Inspection			
A. Inspection and Objective (Complete Before Inspection)			
<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Bi-Annual	<input type="checkbox"/> Spill/Slug	<input type="checkbox"/> Unscheduled
<input type="checkbox"/> New Construction	<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
Inspection Objective(s)			
<i>Compliance Assurance</i>			
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 checked="" type="checkbox"/> TOMP	
<input checked="" 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 checked="" type="checkbox"/> IU sampling procedures*	<input type="checkbox"/> Flow/pH Meter(s)	<input type="checkbox"/> Calibration Records	
<input type="checkbox"/> MSDS Inventory List	<input type="checkbox"/> New MSDS	<input type="checkbox"/>	
B. Inspection Analysis			
Were there any deficiencies/violations identified and noted during the inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
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: 11-16-11 @ 1:00 pm		SIC code(s): 3593
IU Reps/Titles	Control Authority Reps/Titles	
David Gombrich, EHS & Energy	Rufus Torrence, Water Div Engineer II	
End product(s): Hydraulic Cylinders		Approx. # of units produced: 1500/month
Days of Operation: Monday - Friday		Days of Production (if different): Same
Hours of Operation: 7 am to 11 pm		Hours of Production (if different): Same
Shift 1, hrs.: 7 am to 3 pm	Shift 2, hrs.: 3 pm to 11 pm	Shift 3, hrs.: to
# of Employees:	Peak Mos.:	"Off" Mos.:
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? Christmas		
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Yes. <input checked="" type="checkbox"/> No		
If Yes, explain:		
Has there been any changes since the last inspection regarding the following items:		
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.		
Processes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:		
Production Levels? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain Production down due to slow economy		
Raw materials? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Ditto		
Flow rates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain Ditto		
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 type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/>		
What is the current avg. production rate and process flow? (Not Applicable)		
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>		
(Not Applicable)		

Attachment A: Industrial Process(es)			
List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not			
1. Phosphatizing	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were processes visually inspected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Brief description of process(es):			
<i>The Benton facility purchases 1018, 1026 & 1045 carbon steel tubes and rounds. The rounds are chrome plated by Janeze off-site. The tubes are cut to length to serve as the main and staging cylinders; the chrome plated rounds (with piston heads attached) are used as shafts for the hydraulic cylinders. The internal tubes are machined to close tolerances to serve as "stages"; units can have up to five cylinders that stage out during operation.</i>			
General observations of facility's indoor housekeeping: <i>Acceptable</i>			
General observations of area outside facility's building: <i>Good</i>			
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 checked="" type="checkbox"/> Product Cleaning	<input type="checkbox"/> Forklifts Maint./Wash	<input type="checkbox"/> Tank Dragout	<input type="checkbox"/> Air Pollution Devices
<input type="checkbox"/> Boiler Blowdown	<input type="checkbox"/> Spent Rinse Tanks	<input type="checkbox"/> Equipment Coolants	<input type="checkbox"/> Non-Contact Cooling Water
<input type="checkbox"/> Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List Major Raw Materials and Chemicals used:			
<i>1018, 1026 & 1045 carbon steel tubes and rounds; water-based paints</i>			
Check Waste Stream Pollutants of Concern from Process(es)			
<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes list number and the location of all floor drains:			
<i>Parker is planning to plug all floor drains and is in the process of completing this task.</i>			

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Does this facility practice P2?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Environmental Management System in place?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
ISO Certified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Written Standard Operating Procedures?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Explain:		
Preventative Maintenance Program	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)
Explain:		
Water Reuse:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Cost Accounting to Track Savings:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Inventory Control / "Green Purchasing":	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)
Explain:		
Employee Training:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Spent Solvent Reclamation?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Recycle Paper, Aluminum, Boxes, and Pallets?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Recycle Waste Oil, Solvents, and Lubricants?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Other Activities		
P2 Equipment/Practices in use:		
<input type="checkbox"/> Overflow Alarms	<input checked="" 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 type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input type="checkbox"/> Conductivity Meters	
<input type="checkbox"/> Dead Rinse Tanks	<input type="checkbox"/> Bath / Rinse Filtration	

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Are they pretreated prior to discharge to the sanitary sewer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was the pretreatment system visually inspected during this visit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

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

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

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

Neutralization Only

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

System Operator(s) Name:
(Not Applicable)

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:
(Not Applicable)

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

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? Batch Continuous Combination

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

Volume of each batch: **1100** gallons **released 6/month rinse**
600 gallons released 6/month bath

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

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
	<i>(Not Applicable)</i>	

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was this area(s) visually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. <i>Paint Booth West Wall*</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. <i>Paint Booth North Wall*</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
Does the Chemical Storage Area(s) contain any of the following?		
<input checked="" type="checkbox"/> Dikes, Berms for Containment	<input type="checkbox"/> Plugs for Floor Drains	
<input type="checkbox"/> Secondary Tanks for Holding	<input type="checkbox"/> Premix (low) Concentrations	
<input type="checkbox"/> Alarms	<input type="checkbox"/> Chain restraints, limited access	
<input type="checkbox"/> Spills Control Kits for Cleanup	<input type="checkbox"/> Notification Procedures	
<input type="checkbox"/> Chemical desegregation within Storage Area	<input type="checkbox"/> Other	
Chemical Inventory List (MSDS) on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Were any new MSDS reviewed during the Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If yes, list below:		
Chemical storage comments: 1. *West Wall area has four 55 gallon drums of Acids, Rust Removers, etc. on a spill containment pallet.		
2. *North Wall area is a cabinet which has paints only		
Chemical handling procedures (totes, dolly, buckets, hardline, etc):		
Fork Lift		

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

**Parker's Benton facility has very little (if any potential at all) to slug load the local POTW.*

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.

Grab Sample

Where is the sample point located?

<input checked="" 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: **Environmental Testing & Consulting**

Automatic Sampler or Manual

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

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

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

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

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

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

Were correct Sample Types Collected Yes No N/A

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

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

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

List the parameters the facility monitors and the frequency:

<input checked="" type="checkbox"/> Cd(t) 2/year	<input checked="" type="checkbox"/> Cu(t) 2/year	<input checked="" type="checkbox"/> Cr(t) 2/year	<input checked="" type="checkbox"/> Ni(t) 2/year	<input checked="" type="checkbox"/> Pb(t) 2/year
<input checked="" type="checkbox"/> Ag(t) 2/year	<input checked="" type="checkbox"/> Zn(t) 2/year	<input type="checkbox"/> pH	<input checked="" type="checkbox"/> CN ⁻ (t) 2/year	<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: **Parker plans to develop and submit a TOMP to ADEQ for approval.**