


May 21, 2010

*Jeff Brodecky, Corporate Environmental Director
Boar's Head Provisions Co., Inc.
2230 Wyatts Mill Road
Jarratt, Virginia 23867*

*RE: Industrial Storm Water Compliance Inspection 
Boar's Head Facility – Forrest City, Arkansas*

AFIN: 62-00125 NPDES Permit No.: ARR00C141

Dear Mr. Brodecky:

On May 6, 2010, I conducted a routine compliance inspection of your facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following violations:

- 1. No documentation of annual storm water training.*
- 2. No documentation of quarterly visual site inspections.*
- 3. No documentation of an annual comprehensive site evaluation.*

*The above items require your immediate attention. Please submit a written response to Cindy Garner, Water Division Enforcement Branch Manager, of this Department. The response should be mailed to the address below. The response should contain documentation describing the course of action taken to correct each item noted. The corrective action should be completed as soon as possible and the written response is due by **June 1, 2010**.*

For additional information you may contact the Enforcement Branch by telephone at 501-682-0639 or by fax at 501-682-0910.

*Jeff Brodecky, Corporate Environmental Director
Boar's Head Provisions Co., Inc.
May 21, 2010
Page 2*

If I can be of any assistance, please contact me at (870) 247-5155.

Sincerely,

A handwritten signature in black ink that reads "Steven L. Henderson". The signature is written in a cursive, flowing style.

*Steven L. Henderson
District 6 Inspector
Water Division*

*cc: Water Division Enforcement Branch
Water Division Permits Branch*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type
1 N 2 5 3 A R R 0 0 C 1 4 1	11 1 12 0 13 0 14 5 15 0 16 6	17 W	19 S	20 2	
Remarks					
A F I N 6 2 - 0 0 1 2 5					
Inspection Work Days		Facility Evaluation Rating		BI QA -----Reserved-----	
67 69 		70 N		71 N 72 N 73 74 75 80 	

Section B: Facility Data

Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) Boar's Head Provisions Co., Inc. 2530 West Broadway Forrest City, Arkansas 72335 St. Francis County, Arkansas	Entry Time/Date 10:00 a.m. 5/6/2010	Permit Effective Date July 1, 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tim Bothun, Plant Manager (870) 630-1638 (870) 633-0799 Fax Rickey Pickett, Facilities Manager Danny Dailey, Maintenance Supervisor	Exit Time/Date 11:50 a.m. 5/6/2010	Permit Expiration Date June 30, 2014
Name, Address of Responsible Official/Title/Phone and Fax Number Jeff Brodecky, Corporate Environmental Director Boar's Head Provisions Co., Inc. 2230 Wyatts Mill Road Jarratt, Virginia 23867	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Other Facility Data N 34 59' 47.38" W -90 48' 49.39"

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	N	Flow Measurement	N	Operations & Maintenance	S	Sampling
U	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	S	Laboratory	U	Storm Water	N	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

At the time of inspection, the following violations were noted:

- 1. No documentation of annual storm water training.***
- 2. No documentation of quarterly visual site inspections.***
- 3. No documentation of an annual comprehensive site evaluation.***

Name(s) and Signature(s) of Inspector(s) Steven L. Henderson	Agency/Office/Telephone/Fax ADEQ/ White Hall/ (870) 247-5155/ (870) 247-5185	Date May 12, 2010
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION

PERMITTEE SWPPP MEETS PERMIT REQUIRMENTS

☐S ☐M ☒U ☐NA ☐NE

DETAILS:

1. Pollution Prevention Team

- | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| A. Identify specific individuals | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B. Outline their responsibilities | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

2. Description of potential pollutant sources, including:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| A. Site map indicating: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A1) Drainage areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A2) Drainage patterns/outfalls | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A3) Structural and non-structural controls | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A4) Surface waters | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| A5) Significant materials exposed to precipitation | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A6) The location of leaks or spills that have occurred in the last 3 years. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A7) Location of industrial activities exposed to precipitation including: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| i. Fueling stations | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| ii. Vehicle/equipment maintenance or cleaning areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| iii. Loading/unloading areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| iv. Waste treatment, storage, or disposal areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| v. Liquid storage tanks | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| vi. Processing areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| vii. Storage areas | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B. A list of pollutants likely to be present in the discharges | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C. Description of significant materials handled, treated, stored, or disposed of such that exposure to storm water occurred in the last 3 years. | |
| C1). Description of the method and location of storage or disposal | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C2) Description of all material management practices | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C3) Description and location of existing structural and non- structural controls | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| D. List of significant spills and leaks that occurred in the 3 years prior to the effective date of this Permit | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| E. Summary of existing storm water sampling data | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| F. Description of areas with a high erosion potential | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| G. A narrative summarizing potential pollutant sources | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

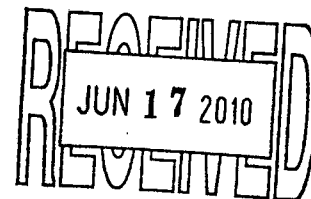
3. A description of appropriate measures and controls, including:

- | | |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| A. Good housekeeping procedures | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B. Preventive maintenance procedures | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C. Spill prevention and response procedures | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| D. Inspection procedures <i>No documentaion</i> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| E. Employee training program <i>No documentation</i> | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| F. Recordkeeping and internal reporting procedures | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

G. Non-storm water discharge certification	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
H. Identify authorized non-storm water discharges and appropriate controls	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
I. Erosion and sediment controls for areas with a high erosion potential	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
J. A narrative consideration of traditional storm water management practices	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
K. Plans for implementation and maintenance of traditional measures found reasonable and appropriate.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Annual Site Compliance Evaluation Reports which include: <i>No documentation</i>	
A. A summary of the scope of the inspection	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Personnel making the inspection	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Major Observations	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Actions taken to revise the Pollution Prevention Plan	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Certification of compliance or a list of non-compliance incidents	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. If discharging to a large or medium municipal separate storm sewer, compliance with applicable requirements in the municipal storm water management program.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
6. Consistency of the SWPPP with other plans	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
7. Additional requirements for facilities subject to Emergency Planning and Community Right to Know Act (EPCRA) Section 313 requirements	
A. A description of the measures used in areas where Section 313 water priority chemicals are stored, processed, or otherwise handled to:	
A1) Minimize the potential contact or storm water run-on with the chemicals	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A2) Prevent exposure of the chemicals to storm water and wind	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B. A discussion of the measures taken to minimize the discharge of Section 313 water priority chemicals from the following areas:	
B1) Liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B2) Non-liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B3) Truck and railcar loading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B4) Truck and railcar loading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B5) Transfer, processing, or handling areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B6) Other areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B7) Preventive maintenance and housekeeping	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B8) Facility security	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B9) Training	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B10) Professional Engineer (PE) certification every 3 years	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. Assurance that any salt storage piles present onsite are covered or enclosed	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

ADEQ

ARKANSAS
Department of Environmental Quality



MEETING ATTENDANCE

DATE: 6/17/2010

FACILITY: Boar's Head Provisions Co., Inc.

Name	Organization	E-Mail Address	Telephone Number
MARILYN STOUT	ADEQ	stout@adeq.state.ar.us	501-682-0630
John Campbell	Boar's Head	john.campbell@boarshead.com	804-753-7100
Jeff Brodecky	Boar's Head	jeff.brodecky@boarshead.com	434-535-8581 x5177
Amy Schluterman	ADEQ	Schluterman@adeq.state.ar.us	501-682-0633



Boar's Head Brand.

Jeff Brodecky
Environmental Manager

2230 Wyatts Mill Road
Jarratt, Virginia 23867

(434) 535-8581 ext. 5177
Fax (435) 535-5581
jeff.brodecky@boarshead.com



Boar's Head Brand.

John T. Campbell, CIPS, CLRL
Director of Environmental, Health & Safety

1950 Industry Place
Petersburg, Virginia 23805

(804) 733-7100 ext. 3146
Cell (941) 232-0862
Fax (804) 863-1402
john.campbell@boarshead.com

REMARKS:

Brought documents in resp. to 5/6/2010
inspection. Documents adequate.

Boar's Head Provisions Co., Inc.
Forrest City, AR

Date: 25-Aug-09

Training

Subject: SPILL PREVENTION

1	Tony Dawson	15	
2	Donald Lumber	16	
3	Michael J. Shea	17	
4	Edward D. Newell	18	
5	Danny Reyes	19	
6	AL ECKBORN <i>Al Eckborn</i>	20	
7	Jeff Brodecky <i>Brodecky</i>	21	
8		22	
9		23	
10		24	
11		25	
12		26	
13		27	
14		28	
15		29	

Boar's Head Provisions Co., Inc.
Forrest City, AR

Date: 25-Aug-09

Training

Subject: SPILL PREVENTION

1	Donald Dewain	15	
2	Tommy Clewin	16	
3	DANNY DAILY	17	
4	Allen McHewen	18	
5	Michael Light	19	
6	Edgar Jansay	20	
7	Ken Os	21	
8	Don Young	22	
9	Michael Goodhart	23	
10	David Amstutz	24	
11	Paul Allen	25	
12	Bruce Turner	26	
13	John Bates	27	
14	Jeff Bradley	28	
15	al Elbertson	29	

EMPLOYEE SIGN IN SHEET

Training Class: SPILL PREVENTION
 TRAINER: JEFF BRODEUR

Date: 8/24/09

	PRINT	Name	SIGNATURE	Dept.
1				
2	Rickey Pickett	Rickey Pickett		8/24/09
3	Elbert Wells	Elbert Wells		8-24-09
4	Tilden DeWitt	Tilden DeWitt		8-24-09
5	Bobby Martin	Bobby Martin		8-24-09
6	Kendra Metcalf	Kendra Metcalf		8-24-09
7	Timothy Burns	Timothy Burns		8-24-09
8	Timothy Helms	Timothy Helms		8/24/09
9	TERRY FRANKLIN	Terry Franklin		8-24-09
10	WILE WOODS	Wile Woods		8-24-09
11	Charles Atkins	Charles Atkins		8-24-09
12	AL ELBERSON	Al Elbersen		8/24/09
13	Jeff Brodeur	Jeff Brodeur		8/24/09
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

EMPLOYEE SIGN IN SHEET

Training Class: Spill Prevention

Date: 8/24/09

	Name	Dept.
1	Lula Washington	
2	Dong King	
3	Paul Ann	
4	James T. H.	
5	Marvin Jones	
6	Jeff Gault	
7	Other have	
8	Theresa Holli	
9	Steven Derrig	
10	Beaucliff Ann	
11	Nyrene Lowe	
12	Sere Jones	
13	Alma McDonald	
14	Ueta Bell	
15	Theresa Hall	
16	MARID Etherly	
17	Charles Bickham	
18	Kenyatta Chin	
19	James Ware	
20	Van Mc	
21	Michelle Fennell	
22	Shannon Bryant	
23	James Watson	
24	Clordia M. Hill	
25	Christopher Fitch	

Cedric Allen

Boar's Head Provisions Co., Inc.



Established 1905

June 1, 2010

Cindy Garner
Water Division Enforcement Branch Manager
ADEQ
North Little Rock, Arkansas 72118

RE: Storm Water Permit Compliance Inspection Violation of NPDES Permit No. ARR00C141 for Boar's Head Provisions Co., Inc Forrest City, Arkansas facility.

Dear Ms. Garner,

Boar's Head Provision Co., Inc. received a written notice of violation on May 24, 2010 indicating violations of NPDES Permit No. ARR00C141. Please accept the following correspondence to the issues listed in your letter

#1 - No documentation of Annual Storm Water Training:

Spill Prevention and Pollution refresher training was conducted on August 24th and 25th, 2009 with the key personnel in Storm Water Pollution and Spill Prevention at our facility.

#2 - No documentation of Quarterly Visual Site Inspection:

We strive to go above and beyond the quarterly visual site inspections by requiring our Security Guard staffing to complete visual inspections of these areas and others during their daily Security Rounds. We have strategic magnetic check stations that the Security Guard must engage with the Guard 1 Plus device to ensure the area was checked.

#3 – No documentation of an Annual Comprehensive Site Evaluation:

Environmental Audits are conducted annually and the most recent one was completed on March 25, 2009 by myself and accompanied by the Safety and Health Manager at that time.

Please accept this correspondence to the items identified during the audit as Boars Head's efforts to meet and/or exceed the requirements of our current NPDES permit and our continued commitment to stay in compliance.

Regards,

A handwritten signature in cursive script that reads "Jeff Brodecky".

Jeff Brodecky
Environmental Manager
Boar's Head Provisions Co., Inc.

Environmental Audit Checklist

Page 3 of 4

SECTION F: FACILITY AREAS			Yes	No	N/A
28.	Maintenance Shop				
	a.	Are oily rags, used absorbent and pad disposed of properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Is the area free from excess oil or chemical spillage on the grounds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Are chemicals properly stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Are all chemicals properly labeled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Does the area have a spill kit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29.	Paint Shop		Yes	No	N/A
	a.	Are all paint products stored in a flame cabinet? <i>few out on bench</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b.	Are all chemical and paint products properly labeled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Are the floors free from paint or chemical residue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Are all painting and chemical products being disposed of properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e.	Does the area have a spill kit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	f.	Does the area have a fire extinguisher in close proximity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION G: RECORDS REVIEW			Yes	No	N/A
30.	Does facility have any environmental permits? If so for what?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a.	Air	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Stormwater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Wastewater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Has all reporting been completed according to mandated guidelines?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Have hazardous waste manifest been received for all waste removed from property? <i>only as needed</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION H: SPILL/ RELEASE			Yes	No	N/A
33.	Have there been any spills/releases at this facility? If yes proceed below		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a.	Was the Environmental Manager Notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Was the Spill/Release Notification Form Completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Did the spill/release involve a hazardous chemical or material?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d.	Was the facility required to report spill to local, state, or federal agencies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECTION G: RECORDS REVIEW			Yes	No	N/A
34.	Does facility have any environmental permits? If so for what?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a.	Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b.	Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c.	Wastewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Has all reporting been completed according to mandated guidelines?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have hazardous waste manifest been received for all waste removed from property?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION H: ENERGY CONSERVATION			Yes	No	N/A
37.	Is natural day lighting being used when possible?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38.	Are thermostats tamper-proof so set-points are not easily changed?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39.	Are heating thermostat set-points set to maintain 70°F or lower?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Origination Date: 03/23/07

Revision Date: 02/23/09

Revision Number: 2

Environmental Audit Checklist

Page 1 of 4

Facility Location: <u>Forrest City, Arkansas</u>	Audit Date: <u>3/25/09</u>
Person(s) Conducting Audit: <u>JEFF BRODECKY</u>	Audit Number: <u> </u>
Audit Participant(s): <u>Al Elberson, Jeff Brodecky</u>	

N/A - Not Applicable

SECTION A: GENERAL INFORMATION

	Yes	No	N/A
1. Is this facility a Conditionally Exempt Small Quantity Generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the facility have an EPA ID number? If so record here:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has the facility significantly changed the types of products normally produced?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Has the facility had any construction activities which involve demolition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has production increased significantly since the previous audit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are the facility grounds free from debris and liquids or solid spills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the facility in close proximity to a waterway?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Has the facility been visited by a local, state or federal agency since the previous audit? If yes, list name of agency and reason for audit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Did any findings or violations result from the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did any fines result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: STORAGE AREAS

	Yes	No	N/A
Chemical Storage Area(s)			
9. a. Does the facility have a chemical storage area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the storage area have controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all chemicals properly labeled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the floor of storage area free from chemical residue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the area have secondary containment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scrap Metal Storage (Boneyard)			
10. a. Does the facility have a scrap metal storage area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is all scrap metal contained in the boneyard?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is scrap metal covered (i.e. tarp, bin cover)? <u>Need to Cover</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is scrap metal lying on the ground? <u>2 pieces - Want to put on pallet</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is scrap metal orderly and neat?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil Storage Area			
11. a. Does the facility have a used oil storage area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all used oil drums or totes place under overhead storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are drums/totes covered with lid and bung cap?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is floor of the storage area free from excessive oil or chemicals residue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the surrounding grass area free from oil or chemical residue?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Are all drums/totes properly labeled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste Storage Area			
12. a. Does the facility have a hazardous waste storage area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Does the facility generate hazardous waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all items properly labeled (i.e. name, date of accumulation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Are containers leaking, bulging or rusting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Has the facility generated more than 220 pounds (100 kg) of hazardous waste in any calendar month? Accumulated more than 2200lbs of hazardous waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Has a hazardous waste pick-up been scheduled in the past 3 months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Environmental Audit Checklist

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SECTION B: STORAGE AREAS (CONTINUED)		Yes	No	N/A
Universal Waste Storage Area				
13.	a. Does the facility have a dedicated universal waste storage area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Does the facility generate universal waste (i.e. batteries, lamps, mercury switches)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Does the facility accumulate less than 11000lbs of universal waste per year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Has universal waste been on site for more than 1 year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	e. Is waste properly labeled (i.e. date of accumulation, name)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Have employees been trained to properly handle universal waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C: STORMWATER		Yes	No	N/A
14.	Does this facility have a stormwater permit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does this facility have a SPCC or SWPPP plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does this facility have an SPCC or SWPPP team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has the annual stormwater sampling occurred?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18.	Are stormwater drain ditches free from debris and non-stormwater discharges?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is there any chemical or oil residue present in the stormwater drain ditch?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECTION D: WASTEWATER		Yes	No	N/A
20.	Does this facility have a wastewater permit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Has the facility been monitoring wastewater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Has the facility exceeded any monitoring standard? If so, for:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23.	Does the facility have wastewater treatment ponds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Do the wastewater ponds have controlled access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Are ponds discolored, fuming, bubbling or overflowing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c. Are the aerators operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION E: STORAGE TANKS		Yes	No	N/A
24.	Diesel AST			
	a. Does the facility have a diesel AST?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is tank leaking, damaged or rusted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c. Is secondary containment leaking or damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d. Is area surrounding diesel AST free from diesel residue?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is secondary containment of sufficient size?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Gasoline AST	Yes	No	N/A
	a. Does the facility have a gasoline AST?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Is tank leaking or damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c. Is secondary containment leaking or damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d. Is secondary containment of sufficient size?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Is area surrounding gasoline AST free from gasoline residue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26.	Mobile Diesel Tank	Yes	No	N/A
	a. Does the facility have a mobile diesel storage tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Is tank leaking or damaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Is tank away from traffic pattern?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Is area surrounding mobile diesel tank free from diesel residue?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27.	Does the facility have any other storage tanks? If so for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ARKANSAS
Department of Environmental Quality

Hand-Delivered Mail Receipt

Date	6-17-10
Division	Water
Sender	
Received By	Leslie Allen-Daniel