



Form Approved
OMB No. 2040-0003

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

NPDES Compliance Inspection Report

Section A: National Data System Coding

| | | | | | | |
|---|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------|---|--|
| Transaction Code | NPDES | Yr/Mo/Day | Inspec. Type | Inspector | Fac. Type | |
| 1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="3"/> 11 12 <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="9"/> 17 18 <input type="text" value="I"/> 19 <input type="text" value="S"/> 20 <input type="text" value="2"/> | Remarks | | | | | |
| <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="C"/> | | | | | | |
| Inspection Work Days | Facility Evaluation Rating | BI | QA | Reserved | | |
| 67 <input type="text"/> <input type="text"/> <input type="text"/> 69 | 70 <input type="text" value="N"/> | 71 <input type="text" value="N"/> | 72 <input type="text" value="N"/> | 73 <input type="text"/> | 74 <input type="text"/> 75 <input type="text"/> | |

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>) Gates Rubber Company 1801 N. Lincoln Siloam Springs, AR POTW: City of Siloam Springs, AR Permit Number: AR0020273 | Entry Time/Date 11:55 a.m./5-29-08 | Permit Effective Date NA |
| | Exit Time/Date 12:42 p.m./5-29-08 | Permit Expiration Date NA |
| Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Dennis Greeson/Safety Manager/479-524-8164/NA | Other Facility Data | |
| Name, Address of Responsible Official/Title/Phone and Fax Number Bill Medley/Environmental Health and Safety Coordinator/479-524-8164/NA Gates Rubber Company 1801 N. Lincoln Siloam Springs, AR 72761 | Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

Section C: Areas Evaluated During Inspection

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

| | | | | | | | |
|--------------------------------|---------------------------|--------------------------------|-------------------------|--------------------------------|--------------------------|--------------------------------|----------------------|
| <input type="text" value="N"/> | Permit | <input type="text" value="N"/> | Flow Measurement | <input type="text" value="N"/> | Operations & Maintenance | <input type="text" value="N"/> | Sampling |
| <input type="text" value="N"/> | Records/Reports | <input type="text" value="N"/> | Self-Monitoring Program | <input type="text" value="N"/> | Sludge Handling/Disposal | <input type="text" value="N"/> | Pollution Prevention |
| <input type="text" value="N"/> | Facility Site Review | <input type="text" value="N"/> | Compliance Schedules | <input type="text" value="Y"/> | Pretreatment | <input type="text" value="N"/> | Multimedia |
| <input type="text" value="N"/> | Effluent/Receiving Waters | <input type="text" value="N"/> | Laboratory | <input type="text" value="N"/> | Storm Water | <input type="text" value="N"/> | Other: |

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

The inspection of this facility was part of a pretreatment compliance inspection of the city of Siloam Springs.

The contract lab, ESC, does all of the sampling and analysis for the industry. Duplicates on pH were not indicated on the chain of custody for the year of 2007.

| | | |
|--|---|------------------------|
| Name(s) and Signature(s) of Inspector(s) Alison West | Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Fayetteville 479-267-0811 ext 12/479-267-0819 | Date 5-30-08 |
| Signature of Reviewer | Agency/Office/Phone and Fax Numbers | Date |

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Gates Rubber Company

Industry Contacts: Dennis Greeson, Safety Manager

Type of Industry: Egg Hatchery

Date of Visit: 5-29-08

- | | | | |
|--|---|--|---|
| 1. Significant industrial user: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Determined |
| 2. Pretreatment equipment or procedures? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Pretreatment equipment maintained and operational? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Hazardous waste generated or stored? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Proper solid waste disposal? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Solvent management/TTO control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 7. Suitable sampling location? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Appropriate self-monitoring procedures / equipment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Adequate spill prevention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 10. Industry familiar with limits and requirements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Additional Comments: Duplicates on pH were not being conducted by ESC, contract lab.

Visit Conducted By: Alison West Date: 5-29-08