

# POTW Pretreatment Program

## Industrial Site Visit

Name of Industry: 3M ESPE OMNI Preventative Care

Industry Contacts: Chris McNew, Manufacturing Supervisor

Type of Industry: Pharmaceutical Manufacturing (SIC #2834, 5122)

Mixing/compounding and formulation of dentistry/prescription mouth rinses and gel treatment

Date of Visit: May 21, 2009

- |  |   |  |   |
|--|---|--|---|
| 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 type="checkbox"/> Yes            | <input checked="" 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| 9. Adequate spill prevention?                          | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input 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:

The facility appears to meet the requirements contained in their control document.

Although no hazardous waste is generated or stored at the facility, raw material containers are sent via Clean Harbors hazardous waste haulers to Little Rock for incineration.

Visit Conducted By: John Fazio

Date: 5/21/09



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

Form Approved  
OMB No. 2040-0003  
Approval Expires 7-31-85

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

Transaction Code	NPDES										yr/mo/day					Inspec. Type	Inspector	Fac Type											
1	N	2	5	3	A	R	0	0	2	2	4	0	3	11	12	0	9	0	5	2	1	17	18	I	19	S	20	2	
Remarks																													
0	0	1	C																										
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 (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>3M ESPE OMNI Preventative Care</b> <b>2501 SE Otis Corley Dr.</b> <b>Bentonville, AR 72712</b>	POTW: <b>City of Bentonville</b> Permit #: <b>AR0022403</b>	Entry Time /Date	Permit Effective Date
		Exit Time/Date	Permit Expiration Date
		1435 / 05-21-09	N/A
		1545 / 05-21-09	N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)		Other Facility Data	
<b>Chris McNew, Manufacturing Supervisor, 479-418-7503</b>			
Name, Address of Responsible Official/Title/Phone and Fax Number		Contacted	
<b>Chris McNew, Manufacturing Supervisor, 479-418-7503</b> <b>3M ESPE OMNI Preventative Care</b> <b>2501 SE Otis Corley Dr.</b> <b>Bentonville, AR 72712</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## Section C: Areas Evaluated During Inspection

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

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

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

The facility appeared to meet the requirements contained in their control document.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
John Fazio	Arkansas Dept. of Environmental Quality/ Fayetteville / 479-267-0811, ext. 16	May 27, 2009
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

EPA Form 3560-3 (Rev. 9-94) Previous editions are obsolete.