



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	N	2	5	3	A	R	0	0	2	2	5	6	0	11	12	0	9	0	5	2	1	17	18	I	19	S	20	2	
Remarks																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----													
67						70	N							71	N	72	N	73											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> ) <b>Advance Industries IU Blytheville - AR0022560</b> <b>1000 N. Broadway</b> <b>Blytheville, AR 72315</b> <b>Mississippi Co.</b>	Entry Time/Date <b>1345 5/21/2009</b>	Permit Effective Date <b>12/1/2005</b>
	Exit Time/Date <b>1355 5/21/2009</b>	Permit Expiration Date <b>11/30/2010</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>None</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Gordon Caffey/Owner/870-763-4343</b> <b>Advance Industries</b> <b>P.O. Box 922</b> <b>Blytheville, AR 72315</b>	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)

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

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

\*\*See attached IU Site Visit form for Comments\*\*

Name(s) and Signature(s) of Inspector(s) <b>Brent L. Walker</b> <i>Brent L. Walker</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jonesboro</b> <b>(870) 935-7221 ext. 12/(870) 935-4715 (Fax)</b>	Date <b>June 15, 2009</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**Industrial User Site Visit**

Name of Industry: Advance Industries

Industry Contacts: Gerald Lloyd – Maintenance

Type of Industry: Industrial Laundry

Date of Visit: May 21, 2009

- |   |            |     |            |    |            |     |
|---|------------|-----|------------|----|------------|-----|
| 1. Significant industrial user?                       | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 2. Pretreatment equipment or procedures?              | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 3. Pretreatment equipment maintained and operational? | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 4. Hazardous waste generated or stored?               | <u> </u>   | Yes | <u> X </u> | No | <u> </u>   | N/A |
| 5. Proper solid waste disposal?                       | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 6. Solvent management/TTO control?                    | <u> </u>   | Yes | <u> </u>   | No | <u> X </u> | N/A |
| 7. Suitable sampling location?                        | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 8. Appropriate self-monitoring procedures/equipment?  | <u> </u>   | Yes | <u> </u>   | No | <u> X </u> | N/A |
| 9. Adequate spill prevention?                         | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |
| 10. Industry familiar with limits and requirements?   | <u> X </u> | Yes | <u> </u>   | No | <u> </u>   | N/A |

**Additional Comments:**

IU visit was conducted to verify that corrective action had been taken since the previous IU visit approximately one year ago.

Pretreatment equipment appeared to be operating properly and well maintained.

Visit Conducted by: Brent L. Walker *Brent L. Walker*

Date: June 15, 2009