


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

 Form Approved
 OMB No. 2040-0003

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	3	3	8	8	0	11	12	0	9	1	2	0	3	17	18	I	19	S	20	2
Remarks																												
0	0	5	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 (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>)		Entry Time/Date 1505 on 12/3/09	Permit Effective Date February 1, 2008
<u>Alliance Rubber</u> located on Carpenter Dam Road just south of the by-pass in Hot Springs, AR		Exit Time/Date 1540 on 12/3/09	Permit Expiration Date January 31, 2013
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Trevor Hamilton – Facility Manager		Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Trevor Hamilton 210 Carpenter Road Hot Springs, Arkansas 71903			
		Contacted Yes <input checked="" type="checkbox"/> No <input 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	Y	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 and PCI form

Name(s) and Signature(s) of Inspector(s) Jim McSwain	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Hot Springs Field Office – 501-520-0541 – Fax 501-520-5978	Date 12/8/09
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**POTW Pretreatment Program
Industrial Site Visit**

Name of Industry: Alliance Rubber Company

Industry Contacts: Trevor Hamilton, Facility Manager

Type of Industry: Rubber band manufacturing

Date of Visit: 12/3/09 at 1505

- | | | | |
|--|---|--|---|
| 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 type="checkbox"/> Yes | <input checked="" 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: Facility was in compliance with their limits and requirements.

Visit Conducted By: Jim McSwain **Date:** 12/3/09