

# ADEQ

ARKANSAS  
Department of Environmental Quality

December 22, 2009

Mr. Arnold Rogers, Plant Superintendent  
City of Harrison Wastewater Treatment Facility  
P.O. Box 1715  
Harrison, AR 72602

Re: AFIN: 05-00054; NPDES Permit No. AR0034321

Dear Mr. Rogers:

On December 16, 2009, I performed a pretreatment compliance inspection of the wastewater treatment 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 did not reveal evidence of any violations.

If I can be of any assistance, please contact me at (870) 446-6170 or by e-mail at [Kirkpatrick@adeq.state.ar.us](mailto:Kirkpatrick@adeq.state.ar.us).

Sincerely,



Bruce Kirkpatrick  
District 2 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch

 UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460 <h2 style="margin: 0;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	4	3	2	1	11	12	0	9	1	2	1	6	17	18	P	19	S	20	1	
Remarks																													
A			F			I			N			0		5		-		0		0		5		4					
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>City of Harrison Wastewater Treatment Plant</b> <b>1508 Silver Valley Road</b> <b>Harrison, Arkansas</b> <b>Section 2, T18N, R20W in Boone County</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>0815 / 12-16-08</b></td> <td style="width:50%;">Permit Effective Date <b>October 1, 2007</b></td> </tr> <tr> <td>Exit Time/Date <b>1520 / 12-16-08</b></td> <td>Permit Expiration Date <b>September 30, 2012</b></td> </tr> </table>	Entry Time/Date <b>0815 / 12-16-08</b>	Permit Effective Date <b>October 1, 2007</b>	Exit Time/Date <b>1520 / 12-16-08</b>	Permit Expiration Date <b>September 30, 2012</b>
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Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mr. Rick Maples / Pretreatment Coordinator / Phone 870-741-4426</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mr. Arnold Rogers / Wastewater Superintendent / Phone: 870-741-5527</b> <b>City of Harrison</b> <b>P.O. Box 1715</b> <b>Harrison, AR 72602</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Contacted</td> </tr> <tr> <td style="text-align: center;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Contacted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
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Section C: Areas Evaluated During Inspection							
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)							
S	Permit	N	Flow Measurement	N	Operations & Maintenance	N	Sampling
N	Records/Reports	N	Self-Monitoring Program	N	Sludge Handling/Disposal	N	Pollution Prevention
N	Facility Site Review	N	Compliance Schedules	S	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	N	Storm Water	N	Other:

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

**The facility was operating the pretreatment program satisfactorily at the time of the inspection. The records were well organized and maintained. During the course of the inspection, the facilities of all of Harrison's four significant industrial users were visited. The inspection did not reveal any evidence of any violations.**

Name(s) and Signature(s) of Inspector(s)	Bruce Kirkpatrick	Agency/Office/Telephone/Fax	Date
		AR Dept. of Environmental Quality-Jasper PHONE# (870) 446-6170 /FAX# (870) 446-2181	December 21, 2009
Signature of Reviewer		Agency/Office/Phone and Fax Numbers	Date

## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

## PRETREATMENT COMPLIANCE INSPECTION (PCI) REPORT

Name of Municipality: HarrisonAFIN Number: 05-00054NPDES Permit Number(s): AR0034321Program Tracked under NPDES Permit Number: AR0034321Fact Sheet Preparation Date: August 15, 2005 (new permits in 2010)Date of Last PCI/Audit: 12/22/2008Date of Last Annual Report: 3/17/09Name of Inspector: Bruce KirkpatrickDate PCI Performed: 12/16/09Name, Title, and Telephone Number of Facility Representative:  
Mr. Rick Maples, Pretreatment Coordinator, 870-741-4426Name and Title of Other Participants: n/aNumber of IUs Visited: 4Name(s) of IUs Visited: Claridge Extrusions/Anchor Die Cast/  
Claridge Products/Pace Industries

AN IU SITE VISIT FORM SHOULD BE COMPLETED FOR EACH IU VISITED

**NOTE: ANY QUESTION PRINTED IN ALL CAPS AND BOLD PRINT INDICATED A REGULATORY REQUIREMENT AND MUST BE ANSWERED FOR THE PCI REPORT TO BE COMPLETE. A NO ANSWER TO ONE OF THESE QUESTIONS SHOULD RESULT IN AN UNSATISFACTORY RATING.**

Form approved July 1989

A. INDUSTRIAL USER SURVEY

1. List any Significant Industrial Users (SIUs) which have been added or deleted from the program since the last audit or inspection. none

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2. Has ADEQ or EPA been notified of these changes? na
3. **HAS THE INDUSTRIAL USER SURVEY BEEN KEPT UPDATED?** yes
4. What procedures are being used to update the IU Survey?  
New industries would need to contact Harrison Public Works to obtain water service.

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5. Total number of Significant Industrial Users, according to the definition used by the POTW. (This number must be greater than or equal to the answer to question 6) 4
6. Number of Categorical Industrial Users: 4
7. How does the POTW determine the appropriate categorical standards to apply to an IU? Once/year sampling by POTW along with once/month sampling by facility. Permits developed by NRS Consulting.

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8. List all categorical IUs discharging under the approved (such program. Include the name of the IU, the regulatory category as Metal Finishing), and the regulated process (phosphating, zinc plating, etc.) Additional listings can be made in the comments section if necessary.

Name of IU:	Category:	Regulated Process:
<b>Claridge Extrusions</b>	<b>Aluminum Forming</b>	<b>Ext./anod./phosphate</b>
<b>Claridge Products</b>	<b>Porcelain enameling</b>	<b>Porcelain enameling</b>
<b>Anchor Die Cast</b>	<b>Aluminum die casting</b>	<b>Zinc plating</b>
<b>Pace Industries</b>	<b>Metal Finishing</b>	<b>Die casting</b>

B. LOCAL LIMITS

1. IS THE POTW APPLYING LOCAL LIMITS WHICH HAVE BEEN APPROVED BY ADEQ OR EPA? yes

\_\_\_\_\_

2. Describe any apparent problems with the local limits.  
**None observed**

\_\_\_\_\_

3. How often are pollutant scans of POTW influent, effluent, and sludge performed by the POTW? Does this fulfill the requirements of the approved program (as described in the fact sheet) and part III of the NPDES permit?

Pollutant:	Frequency:	Requirement in		Comments:
		Permit:	Program:	
Metals:				
Influent:	<u>Annual</u>	<u>same</u>	<u>same</u>	_____
Effluent:	<u>Annual</u>	<u>same</u>	<u>same</u>	_____
Sludge:	<u>Quarterly</u>	<u>same</u>	<u>same</u>	_____
Organics:				
Influent:	<u>Annual</u>	<u>same</u>	<u>same</u>	_____
Effluent:	<u>Annual</u>	<u>same</u>	<u>same</u>	_____
Sludge:	<u>Quarterly</u>	<u>same</u>	<u>same</u>	_____

4. Have there been any inhibitions or upsets at the POTW (since the last PCI of Audit) which were believed to be caused by industrial discharges? If so, describe the action taken by the City to ensure that the incident would not recur. Were these actions effective?

NO inhibitions or upsets

n/a

n/a

C. INDUSTRIAL USER CONTROL MECHANISM

1. Is the POTW using the type of control mechanism (permit, agreement, etc.) required by the approved program? yes
2. How many IU permits (or other control documents) have been issued? 4
3. DO ALL SIGNIFICANT IUS HAVE CURRENT (UNEXPIRED) CONTROL DOCUMENTS? IF NOT, LIST ALL UNPERMITTED SIUS, THE DATE OF EXPIRATION OF THEIR PREVIOUS PERMIT (IF APPLICABLE), AND THE REASON FOR DELAY IN ISSUING THE REQUIRED DOCUMENT.  
yes
4. Does the control document contain the following items?  
An expiration date: yes  
Discharge limitations: yes  
If the program requires self-monitoring by the IUs, do the Permits contain: yes  
IU self-monitoring requirements: yes  
IU reporting requirements: yes
5. Indicate which of the following recommended standard conditions are contained in the control documents:  
Sample location: yes  
Type of sample: yes  
Monitoring frequency: yes  
Bypass prohibition: no  
Right of entry: yes  
Nontransferability: yes  
Revocation clause: no  
Penalty Provisions: yes  
Slug load notification: yes  
Notification of process change: yes

D. MONITORING OF IUS BY POTW

1. Indicate current inspection and sampling frequency and program requirement below:

	Current frequency:	Program Requirement:
Sampling:		
categorical IUs	<u>annually</u>	<u>annually</u>
other SIUs	<u>n/a</u>	<u>n/a</u>
Inspection:		
categorical IUs	<u>annually</u>	<u>annually</u>
other SIUs	<u>n/a</u>	<u>n/a</u>

2. HAS EACH SIU BEEN INSPECTED AND SAMPLED AT THE FREQUENCY REQUIRED BY THE APPROVED PROGRAM? yes

3. Are inspections announced or unannounced? unannounced

4. Are records kept of each inspection? yes

5. Does the inspection report contain an adequate description of the following:

Date and time of inspection: yes

Officials present: yes

Inspection of chemical storage areas: yes

Description of regulated processes, categorical waste streams, and discharge location of these waste streams: yes

Inspection of the pretreatment facilities: yes

Review of self-monitoring records: yes

Observation of IU self-monitoring procedures: yes

Verification that approved analytical techniques are used: yes

Verification of IU flow measurement (where required): n/a

6. Overall adequacy of inspection documentation: satisfactory

\_\_\_\_\_  
\_\_\_\_\_

7. DOES THE POTW SAMPLE IUS FOR ALL POLLUTANTS REGULATED IN THEIR PERMITS? (IT IS NOT NECESSARY TO SAMPLE FOR ALL POLLUTANTS EVERY TIME, BUT IT MUST BE DONE PERIODICALLY).

yes

8. Are analyses performed in accordance with EPA-approved methods (40 CFR 136)? yes

9. Are sampling and flow monitoring equipment properly maintained? yes

10. Is the POTW keeping proper field notes and chain of custody forms? yes

11. Is the sampling location representative of the discharge to the collection system? yes

12. Are sampling locations identified in POTW records? yes

13. Are sampling services available in an emergency? yes

14. What are the POTW's procedures for tracking receipt and review of IU reports, such as BMR's, semi-annual reports, progress reports, bypass reports, and self-monitoring reports?

Tracking done on dry-erase board in Pretreatment Coordinators office at the POTW.

15. ARE SELF-MONITORING REPORTS REVIEWED TO VERIFY THAT ANALYSES WERE PERFORMED FOR ALL REGULATED PARAMETERS, AND TO EVALUATE COMPLIANCE WITH EFFLUENT LIMITS?

yes

16. IF VIOLATIONS ARE FOUND IN REPORTS, DOES THE POTW RESPOND TO ALL VIOLATIONS?

yes



17. What are the POTW's procedures for following up violations?

Letter to IU citing violations

18. HAS THE POTW REVIEWED BMRS FOR COMPLIANCE WITH 40 CFR 403.12(b)?: yes

Review a Baseline Monitoring Report from the POTW's file, and indicate which of the following items can be identified in the BMR: **BMR review not performed as part of this inspection.**

Name and address: n/a

Other environmental permits held: n/a

Description of operations: n/a

Process flow diagrams: n/a

Flow measurements: n/a

Measurements of regulated pollutants: n/a

Certification of compliance by the IU: n/a

Compliance schedule (if needed): n/a

19. Additional comments on the POTW's inspection and sampling procedures:

The POTW appears to be performing s good job of sampling and inspection.

E. Enforcement

1. HAS THE POTW IMPLEMENTED ENFORCEMENT RESPONSE PROCEDURES TO ADEQUATELY ADDRESS EVERY IU VIOLATION OF PRETREATMENT STANDARDS AND REQUIREMENTS? yes

2. How does the POTW respond to the following violations?

Effluent limitations: Phone call followed by a letter.

Late reports: Phone call followed by a letter.

Unpermitted discharges: Phone call followed by a letter.

Slug loads or spills: Phone call followed by a letter.

Follows written enforcement response plan.

3. IS THE LIST OF SIGNIFICANT VIOLATORS PUBLISHED BY THE POTW DEVELOPED IN ACCORDANCE WITH EPA REGION VI CRITERIA FOR SIGNIFICANT VIOLATING INDUSTRIAL USER (DATED AUGUST 22, 1985)?

yes

4. List the SIUs which have met the criteria for Significant Violator within the last 12 months, and describe the enforcement action which has been taken by the POTW. If construction is required, please indicate whether the IU has been placed on an enforceable compliance schedule.

Name:	Type of Violation:	Enforcement Action:	Compliance Deadline:
<b>none</b>			

5. Comments on the POTW's enforcement procedures:

**Enforcement procedures appear to be effective.**

F. POTW'S PRETREATMENT ORGANIZATION STRUCTURE

1. Is the program structure essentially the same as that presented in the approved pretreatment program? yes
2. Are staffing levels adequate? yes
3. Are the responsible officials familiar with the approved program? yes

G. MULTIJURISDICTIONAL ISSUES

1. List any IUs which are located outside of the jurisdictional area of the POTW: none
2. Does the POTW have adequate procedures for controlling IUs located outside its jurisdictional area? n/a
3. Does the POTW have copies of permits for IUs in other cities? n/a
4. Have any of these IUs met the criteria for Significant Violator? If so, have they been published by the POTW in its annual list of Significant Violators? n/a
5. Comments on multijurisdictional issues: none



## PRETREATMENT COMPLIANCE INSPECTION

## IU SITE VISIT FORM

Name of Industry: Claridge ExtrusionsPOTW Name: City of HarrisonIndustry Contacts: Joe ClouseDate and Time of Visit: 1305 hrs on 12/16/09Description of Manufacturing Process:  
Extruding/finishing aluminum products

Sources of Process Wastewater:

Aluminum extrusion, anodizing and phosphating plus collected rainwater from pretreatment system.Categorical Industry? yesBasis for Limits: Harrison Sewer OrdinancePoint of Application: Outfall 001Description of Pretreatment Equipment and Procedures:  
pH adjustment / settling / filter press

Spill Prevention and Solvent Management Procedures:

Solvent waste goes RineCo in Benton, ArkansasSolvent waste is stored in paint house which has no floor drains and secondary containment.

Sampling Location and Equipment:

Outfall 001 located in manhole on north side of building.Grab samples are obtained.

## PRETREATMENT COMPLIANCE INSPECTION

## IU SITE VISIT FORM

Name of Industry: Anchor Die CastingPOTW Name: HarrisonIndustry Contacts: Gerald HenryDate and Time of Visit: 12/16/09 at 1103 hrsDescription of Manufacturing Process:  
Manufactures chain link fence partsSources of Process Wastewater:  
Wash lineCategorical Industry? yesBasis for Limits: Sewer ordinancePoint of Application: Outfall 001Description of Pretreatment Equipment and Procedures:  
Phenol destruction with potassium permanganate, oil stripping,  
Aeration, pH adjustment, settling, filtration

Spill Prevention and Solvent Management Procedures:

Facility has no floor drains, Secondary containment provided

Sampling Location and Equipment:

Outfall 001 - A grab sample is obtained from the v-notch weir  
located on the West side of the pretreatment building.

PPETS CODE SHEET

PRETREATMENT COMPLIANCE INSPECTION (PCI)

		CODE
INSPECTOR'S NAME:	<u>Bruce Kirkpatrick</u>	
NAME OF FACILITY:	<u>City of Harrison</u>	
PERMIT NUMBER USED TO TRACK PROGRAM:	<u>AR0034321</u>	NPID
DATE OF PCI:	<u>12/16/09</u>	DTIA

PPETS WENDB DATA ELEMENTS

NUMBER OF SIGNIFICANT IUS (SIUS):	<u>4</u>	SIUS
NUMBER OF CATEGORICAL IUS:	<u>4</u>	CIUS
SIUS NOT SAMPLED OR INSPECTED BY POTW:	<u>0</u>	NOIN
SIUS WITHOUT CONTROL MECHANISM:	<u>0</u>	NOCM
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH STANDARDS OR REPORTING:	<u>0</u>	PSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING REQUIREMENTS:	<u>0</u>	MSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING AND NOT INSPECTED OR SAMPLED BY POTW:	<u>0</u>	SNIN


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Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Harry Wagoner, Maintenance Supervisor / 870-743-2200</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Harry Wagoner, Maintenance Supervisor / 870-743-2200</b> <b>PO Box 910</b> <b>Harrison, AR 72602</b>	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	Pretreatment	Multimedia
Effluent/Receiving Waters	Laboratory	Storm Water	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)
A NPDES Industrial User Inspection was performed on 12/16/09 in conjunction with a Pretreatment Compliance Inspection of the City of Harrison's Pretreatment Program. The inspection did not reveal any violations. The inspection revealed that the industry had a very cooperative relationship with the City and that it was doing a good job of pre-treating its waste stream to the City.

Name(s) and Signature(s) of Inspector(s) <b>Bruce Kirkpatrick</b> 	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Jasper</b> <b>PHONE# 870-446-6170/FAX# 870-446-2181</b>	Date <b>12/21/09</b>
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date



## POTW Pretreatment Program

### Industrial Site Visit

Name of Industry: Claridge Products

Industry Contacts: Harry Wagoner

Type of Industry: Manufactures dry-erase boards, lecterns, corkboards and other classroom equipment

Date of Visit: 12/16/09

- |  |   |  |   |
|--|---|--|---|
| 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: none

Visit Conducted By: Bruce Kirkpatrick Date: 12/16/09

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Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

**POTW Pretreatment Program**

**Industrial Site Visit**

Name of Industry: Anchor Die Cast

Industry Contacts: Gerald Henry, Bobby Hopper

Type of Industry: manufactures die cast aluminum and galvanized steel hardware for fencing

Date of Visit: 12/16/09

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

Additional Comments: none

Visit Conducted By: **Bruce Kirkpatrick**      Date: **12/16/09**

 <p style="text-align: center;">UNITED STATES ENVIRONMENTAL PROTECTION AGENCY Washington, D.C. 20460</p> <h2 style="text-align: center;">NPDES Compliance Inspection Report</h2>	Form Approved OMB No. 2040-0003
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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	4	3	2	1	11	12	0	9	1	2	1	6	17	18	I	19	S	20	2
Remarks																												
0 0 4 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> ) <b>Pace Industries(City Of Harrison POTW/AR0034321)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>1005 hrs / 12-16-09</b></td> <td style="width:50%;">Permit Effective Date <b>IU - n/a</b></td> </tr> <tr> <td>Exit Time/Date <b>1057 hrs / 12-16-09</b></td> <td>Permit Expiration Date <b>IU - n/a</b></td> </tr> </table>	Entry Time/Date <b>1005 hrs / 12-16-09</b>	Permit Effective Date <b>IU - n/a</b>	Exit Time/Date <b>1057 hrs / 12-16-09</b>	Permit Expiration Date <b>IU - n/a</b>
Entry Time/Date <b>1005 hrs / 12-16-09</b>	Permit Effective Date <b>IU - n/a</b>				
Exit Time/Date <b>1057 hrs / 12-16-09</b>	Permit Expiration Date <b>IU - n/a</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Mark Piper, Environmental and Safety Manager / 870-741-8255</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mark Piper, Environmental and Safety Manager / 870-741-8255</b> <b>513 Hwy 62/65 N</b> <b>Harrison, AR 72602</b>	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	Pretreatment	Multimedia
Effluent/Receiving Waters	Laboratory	Storm Water	Other:

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

A NPDES Industrial User Inspection was performed on 12/16/09 in conjunction with a Pretreatment Compliance Inspection of the City of Harrison's Pretreatment Program. The inspection did not reveal any violations. The inspection revealed that the industry had a very cooperative relationship with the City and that it was doing a good job of pre-treating its waste stream to the City.

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Bruce Kirkpatrick 	AR Dept. of Environmental Quality-Jasper PHONE# 870-446-6170/FAX# 870-446-2181	12/21/09
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

## POTW Pretreatment Program

### Industrial Site Visit

Name of Industry: Pace Industries \_\_\_\_\_

Industry Contacts: Mark Piper \_\_\_\_\_

Type of Industry: Custom aluminum die casting \_\_\_\_\_

Date of Visit: 12/16/09 \_\_\_\_\_

- |  |   |  |   |
|--|---|--|---|
| 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 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 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: **Filter cake goes to Class 1 landfill. Paints other liquids picked up by Safety Clean.**

Visit Conducted By: **Bruce Kirkpatrick**      Date: **12/16/09**

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Remarks																												
0 0 4 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> ) <b>Claridge Extrusions ( City Of Harrison POTW/AR0034321)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>1305 hrs / 12-16-09</b></td> <td style="width:50%;">Permit Effective Date <b>IU - n/a</b></td> </tr> <tr> <td>Exit Time/Date <b>1355 hrs / 12-16-09</b></td> <td>Permit Expiration Date <b>IU - n/a</b></td> </tr> </table>	Entry Time/Date <b>1305 hrs / 12-16-09</b>	Permit Effective Date <b>IU - n/a</b>	Exit Time/Date <b>1355 hrs / 12-16-09</b>	Permit Expiration Date <b>IU - n/a</b>
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Exit Time/Date <b>1355 hrs / 12-16-09</b>	Permit Expiration Date <b>IU - n/a</b>				
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Joe Clouse, Pretreatment/ Plant Operator/ 870-743-2200</b>	Other Facility Data				
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Harry Wagoner, Maintenance Supervisor / 870-743-2200</b> <b>PO Box 910</b> <b>Harrison, AR 72602</b>	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
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**Section D: Summary of Findings/Comments (Attach additional sheets if necessary)**

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Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
Bruce Kirkpatrick 	AR Dept. of Environmental Quality-Jasper PHONE# 870-446-6170/FAX# 870-446-2181	12/21/09
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

## POTW Pretreatment Program

### Industrial Site Visit

Name of Industry: Claridge Extrusions

Industry Contacts: Harry Wagoner, Joe Clouse

Type of Industry: Manufactures aluminum parts by extrusion

Date of Visit: 12/16/09

- |  |   |  |   |
|--|---|--|---|
| 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: none

Visit Conducted By: Bruce Kirkpatrick Date: 12/16/09