



**STATE OF ARKANSAS  
DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY**

8001 NATIONAL DRIVE, P.O. BOX 8913  
LITTLE ROCK, ARKANSAS 72219-8913  
PHONE: (501) 682-0648  
FAX: (501) 682-0910



242

December 6, 1996

Mr. Wyman Morgan, General Manager  
City of West Memphis Water Utilities  
P.O. Box 1868  
West Memphis, AR 72301

**RECEIVED**  
DEC 11 1996  
2696

WEST MEMPHIS COMPLIANCE FILES  
NPDES # 22039 *Lyon*

RE: CSN 18-0019; NPDES Permit No. AR0022039

DMR'S *called*  
 NCR  
 CORRESPONDENCE  
 CRAS

Dear Mr. Morgan:

On November 19 and 20, 1996, I performed a routine compliance evaluation inspection along with a pretreatment compliance inspection of the wastewater treatment facility for the City of West Memphis pursuant to the federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. The inspection revealed the following violations:

Compliance Evaluation Inspection

1. The sludge on the ground around the clarifiers needs to be cleaned up in accordance with the provisions of your NPDES permit.
2. Evidence of a hydraulic overload was observed at times to the facility, due to I & I problems in the collection system.
3. Effluent composite samples are not composited according to flow as required by the NPDES permit.

Pretreatment Compliance Inspection

1. The effluent table II and table III samples are 24 hour composite samples but are not combined proportional to flow.

The above items require your immediate attention. Please submit a written response to these finding to the NPDES Enforcement Section of this Department when the violations have been corrected. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed

as soon as possible, and the written response is due by  
January 5, 1997.

If I can be of any assistance, please contact me at (501) 673-  
8846.

Sincerely,

*Frank Esny*

*for* Sam Clardy  
District Field Inspector  
Water Division

SC/ka

cc: NPDES Branch





# NPDES Compliance Inspection Report

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

### Section A: National Data System Coding

Transaction Code 1W 25	NPDES 3AR10022031911	yr/mo/day 129611111917	Inspection Type 18C	Inspector 19S	Fac Type 2d1
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Remarks

CLSW 11181-00119

Reserved 67	Facility Evaluation Rating 703	BI 71W	QA 72M	Reserved	73	74	75	80
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### Section B: Facility Data

Name and Location of Facility Inspected City of West Memphis 502 Rushing St. West Memphis, AR		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 0930	Permit Effective Date Sept. 1, 1990
Name(s) of On-Site Representative(s) Mike Moudy John Newson, Jr.		Exit Time/Date 1430/11-20-96	Permit Expiration Date August 31, 1995
Name, Address of Responsible Official Wyman Morgan P.O. Box 1868 West Memphis, AR 72301		Title General Manager, Water Utilities	Phone No(s) 501-735-9862
		Phone No. 501-735-3355	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

### Section C: Areas Evaluated During Inspection

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

S	Permit	S	Flow Measurement	S	Pretreatment	M	Operations & Maintenance
S	Records/Reports	S	Laboratory	N	Compliance Schedules	S	Sludge Disposal
S	Facility Site Review	S	Effluent/Receiving Waters	M	Self-Monitoring Program		Other:

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

- DMR's for the months of April, May, and June 1996 were reviewed. There were no effluent excursions observed during this time period.
- During a heavy rain event on 10-27-96, the secondary clarifiers overflowed leaving a sheet of sludge on the ground around the clarifiers. The Dept. was notified in writing on 10-30-1996 of the by-pass. The sludge left from this by-pass needs to be removed and disposed of by the facility.
- Evidence of a hydraulic overload was observed at times to the facility due to I & I problems in the collection system.
- Effluent samples are not composited according to flow as required by the NPDES permit.

Name(s) and Signature(s) of Inspector(s) Sam Clardy	Agency/Office/Telephone ADPC & E / Stuttgart, AR	Date Dec. 2, 1996
Signature of Reviewer Sam Clardy	Agency/Office 501-673-8846	Date

### Regulatory Office Use Only

Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance
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Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable

PERMIT NO.  
AR0022039

**SECTION F - Facility and Permit Background**

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE Nov. 15, 1995
Same	FINDINGS - 24hr & 6hr composite samples are not composited to flow. - Oxidation ditch #1 out of service

**SECTION G - Records and Reports**

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.  YES  NO  N/A (Further explanation attached no)

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:

(i) SAMPLING DATE, TIME, EXACT LOCATION	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(ii) ANALYSES DATES, TIMES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).  YES  NO  N/A

(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.  YES  NO  N/A

(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.  YES  NO  N/A

(e) QUALITY ASSURANCE RECORDS KEPT.  YES  NO  N/A

(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.  YES  NO  N/A

**SECTION H - Permit Verification**

INSPECTION OBSERVATIONS VERIFY THE PERMIT.  YES  NO  N/A (Further explanation attached no)

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.  YES  NO  N/A

(b) FACILITY IS AS DESCRIBED IN PERMIT. not described  YES  NO  N/A

(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION. application not reviewed  YES  NO  N/A

(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.  YES  NO  N/A

(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.  YES  NO  N/A

(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.  YES  NO  N/A

(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.  YES  NO  N/A

(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.  YES  NO  N/A

(i) ALL DISCHARGES ARE PERMITTED.  YES  NO  N/A

**SECTION I - Operation and Maintenance**

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.  YES  NO  N/A (Further explanation attached yes)

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.  YES  NO  N/A

(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.  YES  NO  N/A

(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.  YES  NO  N/A

(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED. Crittenden County landfill  YES  NO  N/A

(e) ALL TREATMENT UNITS IN SERVICE.  YES  NO  N/A

(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.  YES  NO  N/A

(g) QUALIFIED OPERATING STAFF PROVIDED. 1 -> Class 4, 2 -> Class III's, 2 -> Class I's  YES  NO  N/A

(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS. on the job  YES  NO  N/A

(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.  YES  NO  N/A

(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.  YES  NO  N/A

(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.  YES  NO  N/A

(l) SPCC PLAN AVAILABLE.  YES  NO  N/A

(m) REGULATORY AGENCY NOTIFIED OF BY PASSING. (Dates 10-30-96)  YES  NO  N/A

(n) ANY BY-PASSING SINCE LAST INSPECTION.  YES  NO  N/A

(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.  YES  NO  N/A



PERMIT NO.

AR0022039

**SECTION J - Compliance Schedules**

PERMITTEE IS MEETING COMPLIANCE SCHEDULE.  YES  NO  N/A (Further explanation attached no)

CHECK APPROPRIATE PHASE(S):

- (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- (e) CONSTRUCTION HAS COMMENCED.
- (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- (g) CONSTRUCTION HAS BEEN COMPLETED.
- (h) START-UP HAS COMMENCED.
- (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

**SECTION K - Self-Monitoring Program**

Part 1 - Flow measurement (Further explanation attached no)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A  
DETAILS:

- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.  YES  NO  N/A  
TYPE OF DEVICE:  WEIR  PARSHALL FLUME  MAGMETER  VENTURI METER  OTHER (Specify Batch)
- (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration 1-18-96)  YES  NO  N/A
- (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED.  YES  NO  N/A
- (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED.  YES  NO  N/A
- (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.  YES  NO  N/A

Part 2 - Sampling (Further explanation attached yes) See Section D

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A  
DETAILS:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.  YES  NO  N/A
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.  YES  NO  N/A
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT.  YES  NO  N/A  
IF NO,  GRAB  MANUAL COMPOSITE  AUTOMATIC COMPOSITE FREQUENCY
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.  YES  NO  N/A
  - (i) SAMPLES REFRIGERATED DURING COMPOSITING  YES  NO  N/A
  - (ii) PROPER PRESERVATION TECHNIQUES USED  YES  NO  N/A
  - (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT  YES  NO  N/A
  - (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3  YES  NO  N/A
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT.  YES  NO  N/A
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT.  YES  NO  N/A

Part 3 - Laboratory (Further explanation attached no)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT.  YES  NO  N/A  
DETAILS:

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3)  YES  NO  N/A
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED.  YES  NO  N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED.  YES  NO  N/A
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.  YES  NO  N/A
- (e) QUALITY CONTROL PROCEDURES USED.  YES  NO  N/A
- (f) DUPLICATE SAMPLES ARE ANALYZED. 10-100 % OF TIME.  YES  NO  N/A
- (g) SPIKED SAMPLES ARE USED. 10-100 % OF TIME.  YES  NO  N/A
- (h) COMMERCIAL LABORATORY USED.  YES  NO  N/A
- (i) COMMERCIAL LABORATORY STATE CERTIFIED.  YES  NO  N/A

LAB NAME Environmental Testing

LAB ADDRESS 2924 Walnut Grove Rd.; Memphis, TN 38111

PERMIT NO.

AR0022039

SECTION L - Effluent/Receiving Water Observations (Further explanation attached no)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	—	—	—	—	—	clear	

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached N/A)

- GRAB SAMPLES OBTAINED
- COMPOSITE OBTAINED
- FLOW PROPORTIONED SAMPLE
- AUTOMATIC SAMPLER USED
- SAMPLE SPLIT WITH PERMITTEE
- CHAIN OF CUSTODY EMPLOYED
- SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

N/A

COMPOSITING FREQUENCY \_\_\_\_\_ PRESERVATION \_\_\_\_\_

SAMPLE REFRIGERATED DURING COMPOSITING:  YES  NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE \_\_\_\_\_

SECTION N - Analytical Results (Attach report if necessary)

N/A



001  
 DMR Calculation Check

Reporting Period: From 96 06 01 To 96 06 30  
 year month day year month day

Parameter Checked: TSS

	<u>Quantity</u>	<u>30-day</u>	<u>7-day</u>
	<u>Min.</u>	<u>Avg.</u>	<u>Max. Avg.</u>
Reported Value:		9.2	12.9
Calculated Value:		9.16	12.9
Permit Value:		30.0	45.0

If calculated value does not equal reported value, explain:

Value equal / OK



# NPDES Compliance Inspection Report

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

## Section A: National Data System Coding

Transaction Code: 1M 25  
 NPDES: AIR01012203911  
 yr/mo/day: 96/11/19  
 Inspection Type: 18P  
 Inspector: 19S  
 Fac Type: 2d1

Remarks

Reserved: 67 [ ] [ ] 69  
 Facility Evaluation Rating: 7dM  
 BI: 71M  
 QA: 72M  
 Reserved: 73 [ ] [ ] 74 75 [ ] [ ] [ ] [ ] 80

## Section B: Facility Data

Name and Location of Facility Inspected City of West Memphis 502 Rushing St. West Memphis, AR		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 0930	Permit Effective Date Sept 1, 1990
Name(s) of On-Site Representative(s) Denise Bosnick Tina Cooper		Exit Time/Date 1430/11-20-96	Permit Expiration Date Aug. 31, 1995
Name, Address of Responsible Official Mr. wyman Morgan P.O. Box 1868 West Memphis, AR 72301		Title Industrial Pretreatment Coord. Industrial Pretreatment General Manager, Water Utilities	Phone No(s) 501-735-3355
		Phone No. 501-735-3355	Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Section C: Areas Evaluated During Inspection

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

<input type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> S Pretreatment	<input type="checkbox"/> Operations & Maintenance
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Sludge Disposal
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Self-Monitoring Program	Other:

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

- The effluent samples for table II and Table III are being composited but not being combined proportional to flow.
- Overall, the pretreatment staff is doing a very good job with the facilities Pretreatment Program.

Name(s) and Signature(s) of Inspector(s) Sam Clardy	Agency/Office/Telephone ADPC & E / Stuttgart, AR	Date Nov. 25, 1996
Signature of Reviewer Sam Clardy	Agency/Office 501-673-8846	Date
<b>Regulatory Office Use Only</b>		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance



ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY  
PRETREATMENT COMPLIANCE INSPECTION (PCI) REPORT

+++++

Name of Municipality: City of West Memphis

CSN Number: 18-0019

NPDES Permit Numbers: AR0022039

Program tracked under NPDES Permit Number: AR0022039

Fact Sheet Preparation Date: unknown

Date of Last PCI/Audit: November 15, 1996

Date of Last Annual Report: March 28, 1996

Name of Inspector: Sam Clardy

Date PCI Performed: November 19 and 20, 1996

Name, Title, and telephone number of Facility Representative: \_\_\_\_\_

Denise Bosniak, Industrial Pre-Treatment Coordinator 501-735-3355

Name and Title of Other Participants: \_\_\_\_\_

Tina Cooper, Industrial Pretreatment

Number of IUs Visited: 3

Name(s) of IUs Visited: Superior, Coca Cola, and Foxcraft

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

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NOTE: ANY QUESTION PRINTED IN ALL CAPS AND BOLD PRINT INDICATES 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.

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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.

The Colonel's has been deleted from the program

2. Has ADPC&E or EPA been notified of these changes? No

3. HAS THE INDUSTRIAL USER SURVEY BEEN KEPT UPDATED?

yes - survey issued every 2 years and is also used as permit application.

4. What procedure is being used to update the IU survey? \_\_\_\_\_

Applications are mailed to the IU's along with new connection applications.

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) 9

6. Number of Categorical Industrial Users: 2

7. How does the POTW determine the appropriate categorical standards to apply to an IU? SIC and by regulation based on type of industrial process.

8. List all categorical IUs discharging under the approved program. Include the name of the IU, the regulatory category (such 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:

Automated Conveyors

metal finisher

cleaning and painting steel parts

Superior Industries

metal finisher

electro plating



B. LOCAL LIMITS

1. IS THE POTW APPLYING LOCAL LIMITS WHICH HAVE BEEN APPROVED BY ADPC&E OR EPA?

yes - limits are based on EPA guidelines.

2. Describe any apparent problems with the local limits.

None

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:	
<b>Metals:</b>				
influent	<u>2 per year</u>	<u>2/yr</u>	<u>none</u>	<u>                    </u>
effluent	<u>2 per year</u>	<u>2/yr</u>	<u>none</u>	<u>                    </u>
sludge	<u>2 per year</u>	<u>2/yr</u>	<u>none</u>	<u>                    </u>
<b>Organics:</b>				
influent	<u>1 per year</u>	<u>1/yr</u>	<u>none</u>	<u>                    </u>
effluent	<u>1 per year</u>	<u>1/yr</u>	<u>none</u>	<u>                    </u>
sludge	<u>none</u>	<u>none</u>	<u>none</u>	<u>                    </u>

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

Occasional problem with low pH, but they have been  
unable to track down the source.

C. INDUSTRIAL USER CONTROL MECHANISM

1. Is the POTW using the type of control mechanism (permit, agreement, etc.) required by the approved program? yes (permit)

2. How many IU permits (or other control documents) have been issued?  
9 (at one time the POTW had 15 but they deleted truck washers & The Colonels)

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 CONTROL DOCUMENT.

yes

4. Does the control document contain the following required items?

An expiration date yes (every 3 years)

Discharge limitations yes

If the program requires self-monitoring by the IUs, do the permits contain

IU self-monitoring requirements N/A

IU reporting requirements N/A

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 yes - has been added to permits

right of entry yes

nontransferability yes

revocation clause no - by city ordinance; not found in permit

penalty provisions yes

slug load notification yes

notification of process change yes



D. MONITORING OF IUS BY THE POTW

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

	Current frequency:	Program requirement:
Sampling:		
categorical IUs	<u>1-2 times/month</u>	<u>1/month</u>
other SIUs	<u>1-2 times/month</u>	<u>1/month</u>
Inspection:		
categorical IUs	<u>1/year</u>	<u>none</u>
other SIUs	<u>1/year</u>	<u>none</u>

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

yes

3. Are inspections announced or unannounced? both

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 the manufacturing facilities yes

Inspection of chemical storage areas yes

Description of regulated processes, categorical wastestreams, and discharge location of these wastestreams yes

Inspection of the pretreatment facilities yes

Review of self-monitoring records N/A (POTW does all monitoring)

Observation of IU self-monitoring procedures N/A

Verification that approved analytical techniques are used N/A

Verification of IU flow measurement (where required) N/A

6. Overall adequacy of inspection documentation:

yes

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 (all are process flows - no combine flows)

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 BMRs, semi-annual reports, progress reports, bypass reports, and self-monitoring reports? The reports are

reviewed, dated, and filed by Ms. Bosniak or Ms. Cooper and are tracked by way of calendar and computer.

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

N/A - POTW does all the monitoring

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

yes - letter is sent requiring a response within 15 days.



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

A non-compliance letter is sent by the pretreatment coordinator requiring a response within 15 days. A second letter may be sent if there is no response, or it may go to A.O., show cause hearing, or issue of penalty. This is determined by the pretreatment coordinator and the utility manager.

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:

Name and address yes  
 Other environmental permits held yes  
 Description of operations yes  
 Process flow diagrams yes  
 Flow measurements yes  
 Measurements of regulated pollutants yes  
 Certification of compliance by the IU yes  
 Compliance schedule (if needed) no

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

- effluent monitoring is being collected using a 24 hour composite sampler but is not being combined proportional to flow as required by permit.

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 As soon as results of samples indicate a violation a non-compliance letter is sent requiring 15 day response. If not received a second letter sent followed by A.O. and show cause hearing along with penalty.

Late reports non-compliance letter sent requiring a 15-day response

Unpermitted discharges NOU with application sent and could go to a show cause hearing.

Slug loads or spills not addressed in the enforcement plan but is located in City ordinance.

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:
<u>N/A</u>			



5. Comments on the POTW's enforcement procedures:

Satisfactory - no comments.

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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: N/A

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 user 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: N/A



H. EVALUATION AND COMMENTS

Satisfactory - The POTW has a good staff handling the facilities pretreatment programs

PRETREATMENT COMPLIANCE INSPECTION  
IU SITE VISIT FORM

Name of Industry: Superior Industries International, Inc.

POTW Name: West Memphis

Industry Contacts: Dale Parlet

Date and Time of visit: 11-19-96 at 11:00 a.m.

Description of Manufacturing Processes:

Chromium plating facility

Sources of Process Wastewater:

rinse water from plating process

Categorical Industry? yes

Basis for limits: Federal Regulations for metal finishers

Point of application: at manhole

Description of pretreatment equipment and procedures:

Neutralization flock → Clarifier → filter press →  
pH adjustment, → effluent tank → discharge

Spill prevention and solvent management procedures:

one acid storage area (Nitric & Sulfuric) did not have a containment system  
in place.

Sampling location and equipment:

Satisfactory - location of sampling is done prior  
to process waste stream combining with sanitary waste.



## PRETREATMENT COMPLIANCE INSPECTION

## IU SITE VISIT FORM

Name of Industry: Coca-Cola Bottling Company of ArkansasPOTW Name: West MemphisIndustry Contacts: Olivia BurseyDate and Time of visit: 11-19-96 at 1145 a.m.

## Description of Manufacturing Processes:

Canning facility

## Sources of Process Wastewater:

product spill and rinse waterCategorical Industry? Significant - Non categoricalBasis for limits: Federal regulations and local sewer ordinancePoint of application: at manhole

## Description of pretreatment equipment and procedures:

no pretreatment required at this time

## Spill prevention and solvent management procedures:

N/A

## Sampling location and equipment:

Satisfactory - sampling is done prior to process waste stream combining with sanitary waste.

## PRETREATMENT COMPLIANCE INSPECTION

## IU SITE VISIT FORM

Name of Industry: Foxcraft Trailers, Inc.POTW Name: West MemphisIndustry Contacts: Chris FoxDate and Time of visit: 11-19-96 3:30 p.m.

## Description of Manufacturing Processes:

Truck/trailer wash

## Sources of Process Wastewater:

washwaterCategorical Industry? NoBasis for limits: Federal regulations and local sewer ordinancePoint of application: at manhole

## Description of pretreatment equipment and procedures:

no pretreatment required at this time

## Spill prevention and solvent management procedures:

N/A

## Sampling location and equipment:

Satisfactory - sampling is done prior to the combining of process and sanitary waste streams.



PPETS CODE SHEET  
 PRETREATMENT COMPLIANCE INSPECTION (PCI)

INSPECTOR'S NAME	<u>Sam Clardy</u>	CODE
NAME OF FACILITY	<u>City of West Memphis</u>	
PERMIT NUMBER USED TO TRACK PROGRAM	<u>AR0022039</u>	NPID
DATE OF PCI	<u>November 19 and 20, 1996</u>	DTIA

PPETS WENDB DATA ELEMENTS

NUMBER OF SIGNIFICANT IUS (SIUS)	<u>9</u>	SIUS
NUMBER OF CATEGORICAL IUS	<u>2</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>N/A</u>	MSNC
SIUS IN SIGNIFICANT NONCOMPLIANCE WITH SELF-MONITORING and NOT INSPECTED OR SAMPLED BY POTW	<u>0</u>	SNIN



# NPDES Compliance Inspection Report

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

## Section A: National Data System Coding

Transaction Code **1W 25** NPDES **AR1010220391** yr/mo/day **11 12 9 6 1 1 1 9 17** Inspection Type **18 J** Inspector **19 S** Fac Type **20 2**

Remarks

003C

Reserved Facility Evaluation Rating **70 W** BI **71 W** OA **72 W** Reserved **73 74 75 80**

## Section B: Facility Data

Name and Location of Facility Inspected: **Foxcraft Trailers, Inc. 400 Mound City Rd. West Memphis, AR**  
Entry Time  AM  PM **3:30** Permit Effective Date **Sept. 1, 1990**  
Exit Time/Date **4:10 PM 11-19-96** Permit Expiration Date **Aug. 31, 1995**

Name(s) of On-Site Representative(s): **Chris Fox** Title(s): **owner/manager** Phone No(s): **732-3924**

Name, Address of Responsible Official: **Chris Fox 400 Mound City Rd. West Memphis, AR 72301** Title: **Owner/manager** Phone No.: **501-732-3924** Contacted:  Yes  No

## Section C: Areas Evaluated During Inspection

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

<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment	<input type="checkbox"/> Operations & Maintenance
<input checked="" type="checkbox"/> Records/Reports	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Sludge Disposal
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Self-Monitoring Program	Other:

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

Facility was inspected during a pretreatment inspection on the City of West Memphis.

Name(s) and Signature(s) of Inspector(s): <b>Sam Clardy</b>	Agency/Office/Telephone: <b>ADPC&amp;E / Stuttgart, AR</b>	Date: <b>Nov. 25, 1996</b>
Signature of Reviewer: <b>Sam Clardy</b>	Agency/Office: <b>501-673-8846</b>	Date:

## Regulatory Office Use Only

Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance
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POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Foxcraft Trailers, Inc.

Industry Contacts: Chris Fox - Owner / manager

Type of Industry: Truck / Trailer wash

Significant - Non categorical

Date of Visit: November 19, 1996

- |   |   |                             |   |
|---|---|-----------------------------|---|
| 1. significant industrial user:                       | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> not determined |
| 2. pretreatment equipment or procedures?              | <input type="checkbox"/> yes            | <input type="checkbox"/> no | <input checked="" type="checkbox"/> n/a |
| 3. pretreatment equipment maintained and operational? | <input type="checkbox"/> yes            | <input type="checkbox"/> no | <input checked="" type="checkbox"/> n/a |
| 4. hazardous waste generated or stored?               | <input type="checkbox"/> yes            | <input type="checkbox"/> no | <input checked="" 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 type="checkbox"/> no | <input checked="" 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 well maintained.

Visit Conducted by (signature):

Sam Clardy

Date: 11-19-96

ACI:X-2430



# NPDES Compliance Inspection Report

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

## Section A: National Data System Coding

Transaction Code 1W 25 NPDES AR1010220319 11 12 91611119 17 Inspection Type 18I Inspector 19S Fac Type 2d2

Remarks

PAV 0103C

Reserved Facility Evaluation Rating BI OA Reserved  
67 70M 69 71 W 72 W 73 74 75 80

## Section B: Facility Data

Name and Location of Facility Inspected <u>Superior Industries International, Inc.</u> <u>1515 South Avalon</u> <u>West Memphis, AR 72301</u>		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <u>11:00</u>	Permit Effective Date <u>Sept. 1, 1990</u>
		Exit Time/Date <u>11:35 / 11-19-96</u>	Permit Expiration Date <u>Aug. 31, 1995</u>
Name(s) of On-Site Representative(s) <u>Dale Parlet</u>		Title(s) <u>Production Control Supervisor</u>	Phone No(s) <u>732-4170</u>
Name, Address of Responsible Official <u>Dale Parlet</u> <u>1515 South Avalon</u> <u>West Memphis, AR 72301</u>		Title <u>Production Control Supervisor</u>	Phone No. <u>501-732-4170</u>
		Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection

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

<input type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment	<input type="checkbox"/> Operations & Maintenance
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Sludge Disposal
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Self-Monitoring Program	Other:

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

Facility was inspected during a pretreatment inspection on the City of West Memphis.

Name(s) and Signature(s) of Inspector(s) <u>Sam Clardy</u>	Agency/Office/Telephone <u>ADPC &amp; E / Stuttgart, AR</u>	Date <u>Nov. 25, 1996</u>
Signature of Reviewer <u>Sam Clardy</u>	Agency/Office <u>501-673-8846</u>	Date
<b>Regulatory Office Use Only</b>		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance



POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Superior Industries International, Inc.

Industry Contacts: Dale Parlet - Production Control Supervisor

Type of Industry: Electro plating

Categorical Industry

Date of Visit: November 19, 1996

- |   |   |  |  |
|---|---|--|--|
| 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 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 type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> n/a (See below) |
| 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 had an outdoor acid storage area (Nitric & Sulfuric) that did not have a containment system in place.

Visit Conducted by (signature): Sam Clardy Date: 11-19-96

ACI:X-2430



# NPDES Compliance Inspection Report

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

## Section A: National Data System Coding

Transaction Code 1 <u>M</u> 2 <u>5</u>	NPDES 3 <u>A</u> <u>R</u> <u>0</u> <u>0</u> <u>2</u> <u>2</u> <u>0</u> <u>3</u> <u>9</u> <u>1</u> <u>1</u>	yr/mo/day 12 <u>9</u> <u>6</u> <u>1</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u>7</u>	Inspection Type 18 <u>J</u>	Inspector 19 <u>S</u>	Fac Type 20 <u>2</u>
Remarks 003C					
Reserved 67 <u> </u> <u> </u> <u> </u> 69	Facility Evaluation Rating 70 <u>M</u>	BI 71 <u>M</u>	QA 72 <u>M</u>	Reserved 73 <u> </u> <u> </u> <u> </u> 74	75 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> 80

## Section B: Facility Data

Name and Location of Facility Inspected <u>Coca-Cola Bottling Company of Arkansas</u> <u>West Memphis, AR</u>		Entry Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <u>1145</u>	Permit Effective Date <u>Sept 1, 1990</u>
<u>1400 Rainer Road</u>		Exit Time/Date <u>1215/11-19-96</u>	Permit Expiration Date <u>Aug. 31, 1995</u>
Name(s) of On-Site Representative(s) <u>Oliva Bursey</u>		Title(s) <u>Quality assurance manager</u>	Phone No(s) <u>732-1460</u>
Name, Address of Responsible Official <u>Jerry Wade</u> <u>1400 Rainer Road</u> <u>West Memphis, AR 72301</u>		Title <u>Operations Manager</u>	Phone No. <u>501-732-1460</u>
		Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## Section C: Areas Evaluated During Inspection

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

<input type="checkbox"/> Permit	<input type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Pretreatment	<input type="checkbox"/> Operations & Maintenance
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Sludge Disposal
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Effluent/Receiving Waters	<input type="checkbox"/> Self-Monitoring Program	Other:

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

Facility was inspected during a pretreatment inspection on the City of West Memphis.

Name(s) and Signature(s) of Inspector(s) <u>Sam Clardy</u>	Agency/Office/Telephone <u>ADPC &amp; E / Stuttgart, AR</u>	Date <u>Nov. 25, 1996</u>
Signature of Reviewer <u>Sam Clardy</u>	Agency/Office <u>501-673-8846</u>	Date
<b>Regulatory Office Use Only</b>		
Action Taken	Date	Compliance Status <input type="checkbox"/> Noncompliance <input type="checkbox"/> Compliance



POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Coca-Cola Bottling Company of Arkansas

Industry Contacts: Olivia Bursey, Quality Assurance Manager

Type of Industry: Bottling Company

Significant - Non Categorical

Date of Visit: November 19, 1996

- |   |   |  |   |
|---|---|--|---|
| 1. significant industrial user:                       | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> not determined |
| 2. pretreatment equipment or procedures?              | <input type="checkbox"/> yes            | <input type="checkbox"/> no            | <input checked="" type="checkbox"/> n/a |
| 3. pretreatment equipment maintained and operational? | <input type="checkbox"/> yes            | <input type="checkbox"/> no            | <input checked="" type="checkbox"/> n/a |
| 4. hazardous waste generated or stored?               | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input checked="" 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:

Facility was very clean and well maintained. No problems were noted.

Visit Conducted by (signature): Sam Clardy

Date: 11-19-96

ACI:X-2430