

ADEQ

ARKANSAS
Department of Environmental Quality

June 18, 2012

Mr. Kathryn Catlin, Superintendent
City of Harrison Wastewater Treatment Facility
P.O. Box 1715
Harrison, AR 72602

Re: AFIN: 05-00054; NPDES Permit No. AR0034321
NPDES Permit No ARR00C373

Dear Mr. Catlin:

On June 1, 2012, I performed a Pretreatment Compliance Inspection and an Industrial Storm Water No Exposure Certification Inspection of the wastewater treatment facility and 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 found that you are in compliance with the terms of the referenced permits.

If I can be of any assistance, please contact me at (870) 446-6170 or by e-mail at 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

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003

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	1	2	0	6	0	1	17	18	P	19	S	20	1							
Remarks																																			
A F I N				0 5 - 0 0 0 5 4																															
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved																			
67						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) City of Harrison Wastewater Treatment Plant 1508 Silver Valley Road Harrison, Arkansas	Entry Time/Date 0822 / June 1, 2012	Permit Effective Date October 1, 2007
	Exit Time/Date 1204 / June 1, 2012	Permit Expiration Date September 30, 2012

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Tim Holt / Pretreatment Coordinator / Phone 870-741-4426	Other Facility Data PDS #066299
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Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602	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 four industrial users were visited.

Name(s) and Signature(s) of Inspector(s) <i>Bruce Kirkpatrick</i>	Bruce Kirkpatrick	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jasper PHONE# (870) 446-6170 /FAX# (870) 446-2181	Date June 6, 2012
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Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date
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ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

PRETREATMENT COMPLIANCE INSPECTION (PCI) REPORT

Name of Municipality: Harrison

AFIN Number: 05-00054

NPDES Permit Number(s): AR0034321

Program Tracked under NPDES Permit Number: AR0034321

Fact Sheet Preparation Date: August 15, 2005

Date of Last PCI/Audit: August 30 - September 1, 2011

Date of Last Annual Report: April 27, 2012

Name of Inspector: Bruce Kirkpatrick

Date PCI Performed: 6/1/12

Name, Title, and Telephone Number of Facility Representative:
Mr. Tim Holt, Pretreatment Coordinator, 870-741-4426

Name and Title of Other Participants: n/a

Number of IUs Visited: _____

Name(s) of IUs Visited: Claridge Extrusions/Anchor Die Cast(ADC)
/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

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.

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? Quarterly sampling by POTW along with once/month sampling by facility. Permits developed by NRS Consulting.

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:
Claridge Extrusions	Aluminum Forming	Ext./anod./phosphate
Claridge Products	Porcelain enameling	Porcelain enameling
Anchor Die Cast	Aluminum die casting	Zinc plating
Pace Industries	Metal Finishing	Die casting

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

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: yes
Right of entry: yes
Nontransferability: yes
Revocation clause: No, Permits do not specifically refer to revocation.
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>quarterly</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?

Computer Tracking done on PC 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)?: Not reviewed

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: 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): yes

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)? na

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:
none			

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

H. EVALUATION AND COMMENTS

The facility appeared to be operating an effective pretreatment program. Most of the deficiency's noted during the 2011 audit had been addressed. New Sewer Ordinance was adopted by the City on 12-6-2011. New FOG Program has been implemented. Unfinished tasks include re-issuance of IU permits and several final revisions to the Pretreatment Program which must be Completed prior to ADEQ approval.

PRETREATMENT COMPLIANCE INSPECTION

IU SITE VISIT FORM

Name of Industry: Claridge ExtrusionsPOTW Name: City of HarrisonIndustry Contacts: Harry Wagoner, Joe ClouseDate and Time of Visit: June 1, 2012 at 1148 hrsDescription of Manufacturing Process:
Extruding/finishing aluminum products

Sources of Process Wastewater:

Aluminum extrusion, anodizing and phosphatingCategorical 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 to 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: Cathy SlayDate and Time of Visit: June 1, 2012 @ 1120 hrs

Description of Manufacturing Process:

Manufactures chain link fence partsMetal finishing and metal molding

Sources of Process Wastewater:

Metal finishing and wash lineCategorical Industry? yesBasis for Limits: Sewer ordinancePoint of Application: Outfall 001

Description of Pretreatment Equipment and Procedures:

pH adjustment, polymer addition, skimming/clarification, filter press

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.

PRETREATMENT COMPLIANCE INSPECTION

IU SITE VISIT FORM

Name of Industry: Pace IndustriesPOTW Name: HarrisonIndustry Contacts: Rob MartinDate and Time of Visit: 1035 hrs on June 1, 2012Description of Manufacturing Process:
Custom aluminum die castingSources of Process Wastewater:
Die washing and cooling, parts vibratorsCategorical Industry? yesBasis for Limits: Sewer ordinancePoint of Application: Outfall 001Description of Pretreatment Equipment and Procedures:
pH adjustment, polymer addition, filter pressSpill Prevention and Solvent Management Procedures:
All drains go to pretreatment, SPCC Training for employees,
Spill clean-up kits at locations throughout plantSampling Location and Equipment:
Outfall 001

PRETREATMENT COMPLIANCE INSPECTION

IU SITE VISIT FORM

Name of Industry: Claridge ProductsPOTW Name: HarrisonIndustry Contacts: Harry WagonerDate and Time of Visit: 0959 hrs on June 1, 2012

Description of Manufacturing Process:

Liquid enameling of steel sheets

Sources of Process Wastewater:

Porcelain enameling processCategorical Industry? yesBasis for Limits: Sewer ordinancePoint of Application: Outfall 001

Description of Pretreatment Equipment and Procedures:

pH adjustment, polymer addition, filtration of solids

Spill Prevention and Solvent Management Procedures:

Facility has a SPCC plan and trains staff in its implementation.All paint and solvent storage has secondary containment.

Sampling Location and Equipment:

Outfall 001 is located at the manhole just North of thePorcelain area. Grab samples are obtained at this location.

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>June 1, 2012</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



Form Approved
OMB No. 2040-0003

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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 3 4 3 2 1 11 12 1 2 0 6 0 1 17 18 I 19 S 20 2					
Remarks					
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>) Claridge Products, 601 Hwy 62/65, Harrison, Arkansas	Entry Time/Date 0959 hrs / June 1, 2012	Permit Effective Date na
	Exit Time/Date 1026 hrs / June 1, 2012	Permit Expiration Date na
City of Harrison POTW – AR0034321	Other Facility Data PDS #066300	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Harry Wagoner	Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602	
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)

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

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

Facility personnel were very knowledgeable of pretreatment requirements and wastewater pretreatment plant operation.

Name(s) and Signature(s) of Inspector(s) Bruce Kirkpatrick <i>Bruce Kirkpatrick</i>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Jasper Phone: 8704466170 Fax 8704462181	Date June 5, 2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program**Industrial Site Visit**Name of Industry: Claridge ProductsIndustry Contacts: Harry WagonerType of Industry: Porcelain enamelingDate of Visit: June 1, 2012

- | | | | |
|--|---|-----------------------------|---|
| 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 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: _____

_____Visit Conducted By: Kirpatrick/HoltDate: 6-1-2012



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OMB No. 2040-0003

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Washington, D.C. 20460

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1 N 2 5 3 A R 0 0 3 4 3 2 1 11 12 1 2 0 6 0 1 17 18 I 19 S 20 2					
Remarks					
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>) Pace Industries, 513 HWY 62/65 North, Harrison, Arkansas	Entry Time/Date 1035 / June 1, 2012	Permit Effective Date na
	Exit Time/Date 1105 / June 1, 2012	Permit Expiration Date na
City of Harrison POTW – AR0034321	Other Facility Data PDS #066301	
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Robb Martin, HSE Coordinator/ 870.741.8255	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602		

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
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Name(s) and Signature(s) of Inspector(s) Bruce Kirkpatrick <i>Bruce Kirkpatrick</i>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Jasper Phone: 8704466170 Fax 8704462181	Date June 5, 2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Pace Industries

Industry Contacts: Robb Martin, HSE Coordinator/ 870.741.8255

Type of Industry: custom aluminum die casting

Date of Visit: 6-1-2012

- | | | | |
|--|----------------|---------------|-------------------------|
| 1. Significant industrial user: | <u> x </u> Yes | <u> </u> No | <u> </u> Not Determined |
| 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> x </u> Yes | <u> </u> No | <u> </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: _____

Visit Conducted By: Kirkpatrick / Holt Date: June 1, 2012

 <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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Remarks					
Inspection Work Days		Facility Evaluation Rating		BI	QA
67 69		70 N		71 N	72 N
-----Reserved-----					
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>) ADC, 300 N Industrial Park Road, Harrison, Arkansas	Entry Time/Date 1120 / June 1, 2012	Permit Effective Date na
City of Harrison POTW – AR0034321	Exit Time/Date 1134 / June 1, 2012	Permit Expiration Date na
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Kathy Slay, Plant Manager/ 8707412343	Other Facility Data PDS #066303	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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Facility personnel were very knowledgeable of pretreatment requirements and wastewater pretreatment plant operation.

Name(s) and Signature(s) of Inspector(s) Bruce Kirkpatrick 	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Jasper Phone: 8704466170 Fax 8704462181	Date June 5, 2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: ADC

Industry Contacts: Kathy Slay

Type of Industry: aluminum die casting

Date of Visit: 6-1-2012

- | | | | |
|--|----------------|-------------|-------------------------|
| 1. Significant industrial user: | <u> x </u> Yes | <u> </u> No | <u> </u> Not Determined |
| 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> </u> No | <u> x </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> x </u> Yes | <u> </u> No | <u> </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> x </u> Yes | <u> </u> No | <u> </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: _____

Visit Conducted By: Kirkpatrick/Holt Date: June 1, 2012



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 3 4 3 2 1 11 12 1 2 0 6 0 1 17 18 I 19 S 20 2					
Remarks					
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>) Claridge Extrusions, 219 Industrial Park Road, Harrison, Arkansas	Entry Time/Date 1137 / June 1, 2012	Permit Effective Date na
	Exit Time/Date 1148 / June 1, 2012	Permit Expiration Date na
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Joe Clouse, Pretreatment Plant Operator		Other Facility Data PDS #066304
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602		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)

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

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

Facility personnel were very knowledgeable of pretreatment requirements and wastewater pretreatment plant operation.

Name(s) and Signature(s) of Inspector(s) Bruce Kirkpatrick <i>Bruce Kirkpatrick</i>	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Jasper Phone: 8704466170 Fax 8704462181	Date June 6, 2012
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

Type of Industry: aluminum extrusion and finishing

Date of Visit: 6-1-12

- | | | | |
|--|---|-----------------------------|---|
| 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 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: _____

Visit Conducted By: Kirkpatrick/Holt Date: 6-1-2012



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	R	0	0	C	3	7	3	11	12	1	2	0	6	0	1	17	18	W	19	S	20	1			
Remarks																															
A F I N 0 5 - 0 0 0 5 4																															
Inspection Work Days						Facility Evaluation Rating						BI		QA		-----Reserved-----															
67						70						71		72		73		74		75		76		77		78		79		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) City of Harrison Wastewater Treatment Plant 1508 Silver Valley Road Harrison, Arkansas Section 2, T18N, R20W in Boone County		Entry Time/Date 0822 / June 1, 2012	Permit Effective Date general
		Exit Time/Date 1204 / June 1, 2102	Permit Expiration Date general
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Kathryn Catlin, Wastewater Superintendent / Phone: 870-741-5527			Other Facility Data PDS #066305
Name, Address of Responsible Official/Title/Phone and Fax Number Kathryn Catlin, Wastewater Superintendent / Phone: 870-741-5527 City of Harrison P.O. Box 1715 Harrison, AR 72602			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)

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

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

An NPDES Industrial Storm Water Compliance Inspection of the waste water treatment facility was performed. This inspection did not reveal any evidence of any violation.

Name(s) and Signature(s) of Inspector(s) Bruce Kirkpatrick 	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality-Jasper PHONE# (870) 446-6170 / FAX# (870) 446-2181	Date June 6, 2012
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

No Exposure Exclusion Verification		
Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? Answering "Yes" to any of these questions indicates the facility is <u>not</u> eligible for the No Exposure Exclusion.		
a. Using, storing, or cleaning industrial machinery or equipment, and areas where residuals from using, storing, or cleaning industrial machinery or equipment remain and are exposed to storm water.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
b. Are materials or residuals on the ground or in storm water inlets from spills/leaks.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
c. Are materials or products from past industrial activity exposed.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
d. Is material handling equipment exposed (except adequately maintained vehicles).	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
e. Are materials or products during loading/unloading or transporting activities exposed.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
f. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants).	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
g. Materials contained in open, deteriorated, or leaking storage drums, barrels, tanks, and similar containers.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
h. Materials or products handled/stored on roads or railways owned or maintained by the discharger.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
i. Waste materials exposed (except waste in covered, non-leaking containers [e.g., dumpsters]).	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
j. Application or disposal of process wastewater (unless otherwise permitted).	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
k. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow.	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Comments:		
General Comments: <u>No materials were found to be exposed to storm water run-off.</u>		