



A R K A N S A S  
Department of Environmental Quality

June 25, 2012

Robert Moore, Plant Manager  
City of Rogers  
4300 Rainbow Road  
Rogers, AR 72756

AFIN: 04-00155, NPDES Permit Nos: AR0043397 and ARR00C388 (No Exposure), Routine Compliance Inspection

Dear Mr. Moore

On May 21, 2012, I performed a routine compliance inspection of the above referenced 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. The inspection also included an evaluation of the "no exposure" certification submitted by the City of Rogers under NPDES Permit ARR00C388. The inspection revealed the following:

**NPDES Permit AR0043397, Compliance Evaluation Inspection**

1. Dissolved oxygen records did not include: the sampler, the time sampled, and the date sampled. This is in violation of Part II, Section C, 8a and 8b of your permit.
2. Duplicate samples are not analyzed on at least 10% of the dissolved oxygen samples. This is in violation of Part 2, C, 3 of your permit.

Calibration records for the dissolved oxygen meter document the date and time of the calibrations and the name of the person performing the calibrations. It is recommended that the results of the calibrations be recorded to show that steps H and I of your SOP are being noted. In addition, any maintenance of the dissolved oxygen meter needs to be recorded in a log.

**NPDES Permit AR0043397, Pretreatment Compliance Inspection**

The inspection revealed the City of Rogers is in compliance with the terms of your permit.

**NPDES Permit ARR00C388 (No Exposure)**

The inspection revealed the City of Rogers is in compliance with the "no exposure" certification for this facility.

Mr. Moore, Rogers Pollution Control Facility

June 25, 2012

Page 2

The above items require your immediate attention. Please submit a written response to these findings to the Water Division Inspection Branch of this Department. This response should be mailed to the address at the bottom of the first page of the letter or e-mailed to [Water-Inspection-report@adeq.state.ar.us](mailto:Water-Inspection-report@adeq.state.ar.us). 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 with all necessary documentation (i.e. photos) is due by July 6, 2012.

If I can be any assistance, please contact me at [west@adeq.state.ar.us](mailto:west@adeq.state.ar.us) or 479-267-0811, ext. 12.

Sincerely,

A handwritten signature in black ink that reads "Jay Alison West". The signature is written in a cursive style.

Alison West  
District 1 Field Inspector  
Water Division

cc: Water Division Enforcement Branch  
Water Division Permits Branch



## POTW Pretreatment Program

### Industrial Site Visit

Name of Industry: Preformed Line Products Company

Industry Contacts: Mike Watkins-Environmental Technician

Type of Industry: Aluminum Forming

Date of Visit: May 23, 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:

pH buffer 10.0 expired in 2011. Area where daylight was noted in indoor chemical storage area near the floor. Mr. Renfro stated that he would check into it.

Visit Conducted By: Alison West Date: May 23, 2012