

 <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   <b>N</b>   2   <b>5</b>   3   <b>A</b>   <b>R</b>   <b>0</b>   <b>0</b>   <b>3</b>   <b>4</b>   <b>3</b>   <b>2</b>   <b>1</b>   11   12   <b>1</b>   <b>4</b>   <b>0</b>   <b>1</b>   <b>2</b>   <b>9</b>   17   18   <b>I</b>   19   <b>S</b>   20   <b>2</b>	Remarks																								
Inspection Work Days		Facility Evaluation Rating		BI	QA	-----Reserved-----																			
67				69	70	<b>N</b>	71	<b>N</b>	72	<b>N</b>	73		74		75		76		77		78		79		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 Products, 601 Hwy 62/65, Harrison, Arkansas</b>	Entry Time/Date <b>1337 hrs / 2014-01-29</b>	Permit Effective Date <b>n/a</b>
City of Harrison POTW – AR0034321	Exit Time/Date <b>1402 hrs / 2014-01-29</b>	Permit Expiration Date <b>n/a</b>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Harry Wagoner, Darren Tuck, 8707432200</b>		Other Facility Data <b>PDS# 077139</b>
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Mr. Kathryn Catlin / Wastewater Systems Manager / Phone: 870-741-5527</b> 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) <b>Bruce Kirkpatrick</b> 	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality – Jasper</b> <b>Phone: 8704466170 Fax 8704462181</b>	Date <b>April 2, 2014</b>
Signature of Reviewer <b>Kerri McCabe</b> 	Agency/Office/Phone and Fax Numbers <b>ADEQ / NLR / 501-682-0642</b>	Date <b>April 7, 2014</b>

## POTW Pretreatment Program

### Industrial Site Visit

Name of Industry: Claridge Products

Industry Contacts: Harry Wagoner, Darren Tuck

Type of Industry: Porcelain enameling

Date of Visit: 1-29-2014

- |  |   |  |   |
|--|---|--|---|
| 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: \_\_\_\_\_

Visit Conducted By: Bruce Kirkpatrick

*Bruce Kirkpatrick*

Date: 1-29-2014