

 <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 1 4 0 1 2 9 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


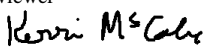
Name and Location of Facility Inspected (<i>For industrial users discharging to POTW, also include POTW name and NPDES permit number</i>) Pace Industries, 513 HWY 62/65 North, Harrison, Arkansas City of Harrison POTW – AR0034321	Entry Time/Date 1114 / 2014-01-29	Permit Effective Date n/a
	Exit Time/Date 1138 / 2014-01-29	Permit Expiration Date n/a
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mark Maddox / 870-741-8255	Other Facility Data PDS# 077141	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Kathryn Catlin / Wastewater Systems Manager / 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 	Agency/Office/Telephone/Fax AR Dept. of Environmental Quality – Jasper Phone: 8704466170 Fax 8704462181	Date April 2, 2014
Signature of Reviewer Kerri McCabe 	Agency/Office/Phone and Fax Numbers ADEQ / NLR / 501-682-0642	Date April 7, 2014

POTW Pretreatment Program

Industrial Site Visit

Name of Industry: Pace Industries

Industry Contacts: Mark Maddox 870.741.8255

Type of Industry: custom aluminum die casting

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 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: _____

Visit Conducted By: Bruce Kirkpatrick *Bruce Kirkpatrick* Date: April 2, 2014