

 <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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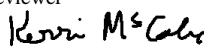
Section A: National Data System Coding																													
Transaction Code			NPDES								Yr/Mo/Day					Inspec. Type		Inspector		Fac. Type									
1	N	2	5	3	A	R	0	0	3	4	3	2	1	11	12	1	4	0	1	2	9	17	18	I	19	S	20	2	
Remarks																													
Inspection Work Days						Facility Evaluation Rating						BI		QA		Reserved													
67						70	N	71	N	72	N	73			74														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>ADC, 300 N Industrial Park Road, Harrison, Arkansas</b>  City of Harrison POTW – AR0034321	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Entry Time/Date <b>1304 / 2014-01-29</b></td> <td style="width:50%;">Permit Effective Date <b>n/a</b></td> </tr> <tr> <td>Exit Time/Date <b>1328 / 2014-01-29</b></td> <td>Permit Expiration Date <b>n/a</b></td> </tr> </table>	Entry Time/Date <b>1304 / 2014-01-29</b>	Permit Effective Date <b>n/a</b>	Exit Time/Date <b>1328 / 2014-01-29</b>	Permit Expiration Date <b>n/a</b>
Entry Time/Date <b>1304 / 2014-01-29</b>	Permit Effective Date <b>n/a</b>				
Exit Time/Date <b>1328 / 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>Kathy Slay, Plant Manager/ 8707412343</b>	Other Facility Data <b>PDS# 077142</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> Phone: 8704466170 Fax 8704462181	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: ADC

Industry Contacts: Kathy Slay

Type of Industry: 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 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 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: \_\_\_\_\_

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Visit Conducted By: Bruce Kirkpatrick *Bruce Kirkpatrick* Date: January 29, 2014