



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

Form Approved  
OMB No. 2040-0003

# NPDES Compliance Inspection Report

## Section A: National Data System Coding

Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type						
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="A"/> <input type="text" value="R"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> 11 <input type="text" value="1"/> 12 <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="5"/> 17 <input type="text" value="I"/> 18 <input type="text" value="S"/> 19 <input type="text" value="S"/> 20 <input type="text" value="2"/>	Remarks										
<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="1"/>											
Inspection Work Days		Facility Evaluation Rating		BI		QA		Reserved			
67 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 69		70 <input type="text" value="N"/>		71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 74 75 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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>Custom Powder Coating, Inc.</b> 1629 W. Farmington Fayetteville, AR 72701 City of Fayetteville-AR0020010	Entry Time/Date 11:50 a.m./06-05-2014	Permit Effective Date NA
	Exit Time/Date 12:35 p.m./06-05-2014	Permit Expiration Date NA
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>Angela Stevens/President/479.251.0500</b>	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number <b>Angela Stevens, President</b> <b>Custom Powder Coatings, Inc.</b> P. O. Box 1862 Fayetteville, AR 72702	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PDS # 078240</b>		

## Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

N	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	Y	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)

No comments.

Name(s) and Signature(s) of Inspector(s) <b>Alison West</b> <i>Alison West</i>	Agency/Office/Telephone/Fax <b>AR Dept. of Environmental Quality-Fayetteville</b> <b>479-267-0811, ext. 12/479-267-0819</b>	Date <b>06-09-2014</b>
Signature of Reviewer <b>Jason Bolenbaugh</b> <i>Jason Bolenbaugh</i>	Agency/Office/Phone and Fax Numbers <b>ADEQ/North Little Rock/501-682-0659</b>	Date <b>6/11/2014</b>

**POTW Pretreatment Program**  
**Industrial Site Visit**

Name of Industry: Custom Powder Coatings, Inc.

Industry Contacts: Angela Stevens, President

Type of Industry: SIC Code-3479

Date of Visit: 06-05-2014

- |  |   |                             |   |
|--|---|-----------------------------|---|
| 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: Alison West Date: 06-09-2014