



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

April 5, 2017

Susan McClendon, Chief Financial Officer
Drew Foam Co., Inc.
1093 Highway 278 East
Monticello, AR 71655

RE: Drew Foam Co., Inc. Inspection (Drew Co)
AFIN: 22-00057 **NPDES Permit No.: ARR000817**

Dear Ms. McClendon:


On March 7, 2017, I performed an Industrial Stormwater 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. A copy of the inspection report is enclosed for your records.

Please refer to the “Summary of Findings” section of the attached inspection report. All items listed in “Summary of Findings” were addressed either during the inspection or from additional information provided by the operator. No further response required for this inspection.

If I can be of any assistance, please contact me at fulmer@adeq.state.ar.us or (501) 414-2837.

Sincerely,

Tobin Fulmer
District 8 Field Inspector
Water Division

 A R K A N S A S Department of Environmental Quality	WATER DIVISION INSPECTION REPORT				
	AFIN: 22-00057	PERMIT #: ARR000817	DATE: 3/7/2017		
	COUNTY: 22 Drew	PDS #: 096262	MEDIA: WN		
	GPS LAT: 33.628707 LONG: -91.769566 LOCATION: General Area				
FACILITY INFORMATION		INSPECTION INFORMATION			
NAME: Drew Foam Co., Inc. LOCATION: 1093 Highway 278 East CITY: Monticello, AR		FACILITY TYPE: 2 - Industrial INSPECTOR ID#: 47009 S - State FACILITY EVALUATION RATING: N INSPECTION TYPE: Industrial Stormwater			
RESPONSIBLE OFFICIAL		DATE(S): 3/7/2017 ENTRY TIME: 10:18 EXIT TIME: 11:59 PERMIT EFFECTIVE DATE: 7/1/2014 PERMIT EXPIRATION DATE: 6/30/2019			
NAME / TITLE: Susan McClendon / Chief Financial Officer COMPANY: Drew Foam Co., Inc. MAILING ADDRESS: 1093 Highway 278 East CITY, STATE, ZIP: Monticello AR 71655 PHONE & EXT. / FAX: 870-460-4936 / EMAIL: smcclendon@drewfoam.com		FAYETTEVILLE SHALE RELATED: N FAYETTEVILLE SHALE VIOLATIONS: N			
CONTACTED DURING INSPECTION: Yes		INSPECTION PARTICIPANTS			
		NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Rebecca Micholick, Plant Manager 870-367-6245 rmicholick@drewfoam.com			
AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
S	PERMIT	**	FLOW MEASUREMENT	S	STORMWATER
U	RECORDS/REPORTS	**	LABORATORY	M	FACILITY SITE REVIEW
M	OPERATION & MAINTENANCE	**	EFFLUENT/RECEIVING WATER	**	SELF-MONITORING PROGRAM
U	SAMPLING	**	SLUDGE HANDLING/DISPOSAL	**	PRETREATMENT
**	OTHER:				
SUMMARY OF FINDINGS					
<p>1.) The Chain of Custody (COC) documented that samples collected at Outfalls 002 and 003 were received at the laboratory at a temperature of 8°C. This is a violation of Part 3.8.2.4 of the general permit. No further response is required for this item. SEE SAMPLE PRESERVATION COMMENTS</p> <p>2.) TSS exceedances occurred in samples collected on November 18, 2016. TSS was 338 mg/L for Outfall 003 and 154 mg/L for Outfall 002. The permit limit is 100 mg/L. A Corrective Action Plan (CAP) was not developed within 30 days of the previously mentioned exceedances. This is a violation of Part 3.12.1 of the general permit. A CAP was submitted on March 9, 2017. No further response is required for this item.</p> <p>3.) A SWAR for previous year of monitoring had not been completed. This is a violation of Part 5.2.4 of the general permit. A SWAR for 2016 was submitted on March 9, 2017. No further response is required for this item.</p>					

GENERAL COMMENTS

I conducted an inspection with the above-mentioned inspection participant. This inspection consisted of a site assessment and a review of records.

Site assessment:

I walked the site and recorded notes and took photos. I examined Outfalls 002 and 003. The area adjacent to Outfall 003 had dense woody vegetation, which made it difficult to access.

Records review:

I reviewed the lab bench sheets, COC, and SWPPP. The SWPPP was well-organized and up to date. It was also noted that a SWAR for 2016 had not been completed.

SAMPLE PRESERVATION COMMENTS:

During the inspection, it was noted that samples taken on November 18, 2016 were received by Arkansas Analytical, Inc. with a temperature of 8°C. Proper sample preservation was discussed with Ms. Micholick. The regulation that states that samples must maintain a temperature of ≤6°C can be found in 40 CFR 136 Table II.

<i>Tobin Fulmer</i>		
INSPECTOR'S SIGNATURE:	Tobin Fulmer	DATE: 3/7/2017
<i>Kerri McCabe</i>		
SUPERVISOR'S SIGNATURE:	Kerri McCabe	DATE: 4/4/2017

Inspection Form Legend:

S = Satisfactory, M = Marginal, U = Unsatisfactory, Y = Yes, N = No, NI = Not Implemented, NA = Not Applicable, NE = Not Evaluated –

If Y and a NI are check it means it is in the SWPPP but not implemented in the field which is a violation.

SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
Comments:	
SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION	
PERMITTEE SWPPP MEETS PERMIT REQUIRMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Is the SWPPP available for review by ADEQ? (Part 4.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Has SWPPP been updated since 07/01/2014, or later if required? (Part 4.1, Part 4.5)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Does the SWPPP contain facility name, general permit tracking number, facility physical address, and SIC and NAICS codes? (Part 4.2.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Pollution Prevention Team	
A. Does the SWPPP identify specific individuals or positions?(Part 4.2.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Does the SWPPP outline the responsibilities of each member of the Pollution Prevention Team? (Part 4.2.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
5. Does the SWPPP contain a facility description (process diagram, general layout, storage of raw materials, the flow of goods and materials through the facility and seasonal variations)? (Part 4.2.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
6. Does the facility site map contain the following items?	
A) The size of the property in acres? (Part 4.2.3.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) The location and extent of significant structures and impervious surfaces? (Part 4.2.3.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) The direction of stormwater flow using arrows? (Part 4.2.3.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) The locations of all existing structural control measures? (Part 4.2.3.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
E) The locations of all receiving waters in the immediate vicinity of the facility? (Part 4.2.3.5)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
F) The locations of all stormwater conveyances including ditches, pipes, and swales? (Part 4.2.3.6)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
G) The locations of potential pollutant sources? (Part 4.2.3.7)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
H) The locations of all stormwater monitoring points? (Part 4.2.3.8)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
I) The locations of stormwater inlets and outfalls with unique identification code for each outfall with indications if one or more outfall is being treated as "substantially identical" and an approximate outline of the areas draining to each outfall? (Part 4.2.3.9)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
J) Where the stormwater discharges to municipal separate storm sewer system (MS4), if applicable? (Part 4.2.3.10)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
K) The locations and descriptions of all non-stormwater discharges identified in the SWPPP? (Part 4.2.3.11)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
L) The locations of the following activities if they are exposed to precipitation? (Part 4.2.3.12)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Fueling Stations	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Vehicle and equipment maintenance and/or cleaning areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Loading and unloading areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Locations used for the treatment, storage, or disposal of waste	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Liquid storage tanks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Processing and storage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Transfer areas for substances in bulk	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Machinery	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
M) The locations and sources of run-on to the site from adjacent property that contains significant quantities of pollutants? (Part 4.2.3.13)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

7. A description of potential pollutant sources	
A) A list of industrial activities exposed to stormwater (Part 4.2.4.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) A list of pollutants associated with each identified activity, including all significant materials that have been handled, treated, stored, or disposed, and that have been exposed to stormwater in the 3 years prior to the SWPPP date (Part 4.2.4.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) Locations where spills/leaks could occur that may contribute pollutants to stormwater discharges and the corresponding outfall(s) (Part 4.2.4.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) A list of significant spills and significant leaks of toxic or hazardous pollutants that have occurred in areas exposed to precipitation or drained to a stormwater conveyance for three years prior to the SWPPP date (Part 4.2.4.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
E) Measures to identify and eliminate Non-stormwater Discharges (Part 4.2.4.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
F) Certification that outfalls have been tested for illicit Non-stormwater Discharges (Part 4.2.4.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
G) Location of storage piles containing salt used for deicing or other commercial or industrial purposes (Part 4.2.4.5)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
H) A summary of existing discharge sampling data (Part 4.2.4.6)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
8. Measures and Controls (Part 4.2.5)	
A) Does SWPPP describe stormwater controls appropriate for the facility?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) Have the selected controls been implemented?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
9. Documentation of:	
A) Good Housekeeping (Part 4.2.6.1.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) Preventative Maintenance (Part 4.2.6.1.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) Spills and Response Procedures (Part 4.2.6.1.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) Employee Training (Part 4.2.6.1.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
E) Monitoring – Benchmark, ELG, other (Part 4.2.6.2.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
F) Sample Location(s), Parameters, Limits, and Procedures (Part 4.2.6.2.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
G) Inspections (Part 4.2.6.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
a. Routine	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
b. Comprehensive	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
c. Name of Inspector	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
d. Schedule for Inspections	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
e. Specific items inspected, including outfalls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
10. Does stormwater discharge to a 303(d) listed or TMDL stream? (Part 4.2.7.1)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
If yes, are additional requirement met?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
11. Does stormwater direct discharge to an ERW, NSW, or ESW? (Part 4.2.7.2)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
If yes, are additional requirement met?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
12. Is the SWPPP signed and certified? (Part 4.2.8)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Comments:	
SECTION C: MONITORING & INSPECTIONS	
PERMITTEE MONITORING MEETS PERMIT REQUIRMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Is the facility one of the four Effluent Guideline Facilities in the Permit? (Cement MFG, Fertilizer MFG, Steam Electric coal pile, Paving and Roofing Materials, or Airport Deicing)(Part 3.3.1)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A) Are all outfalls from the regulated process being sampled? (Part 3.3.2)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B) If coal pile run off is monitored, are all other stormwater flows excluded? (Part 3.3.1)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
C) If airport with annual jet departures ≥ 1000, is effluent limit met? (Part 3.3.1)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B) If airport, is at least 60% of deicing fluid collected? (Part 3.3.1)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
2. Which of the monitoring categories is this facility subject to: (Parts 1.5, 3.4)	
A) Are samples being collected for each monitoring period (annually)? (Part 3.6)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) Are samples being collected from the location specified in the NOI and SWPPP (Part 3.7)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) Has the permittee determined that some of the outfalls are similar? (Part 3.8.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Are the conditions on the ground still the same as documented for the similar outfalls (Part 3.8.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) Are all parameters for the monitoring category being sampled and analyzed? (Part 3.4)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
E) Were the samples collected during a measureable storm event? (Part 3.8.2.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
F) Were the samples properly preserved and analyzed? (Part 3.8.2.4)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE

G) Are the sample locations suitable for the collection of a representative sample? (Part 3.8.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Has any of the monitoring revealed an exceedance of the benchmark values for this facility?(Part 3.12.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
A) Has a process to develop a corrective action plan been started within 30 days of exceedances? (Part 3.12.1)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) Is the exceedance attributed to natural background pollutant level? (Part 3.12.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) If the exceedance is naturally occurring, has the Department been notified? (Part 3.12.2.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Inspections (Part 5.1)	
A) Visual Site Inspections (minimum 4/year) (Part 5.1.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) At least one visual inspection conducted during a rain event	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) Inspections recorded and include: date of inspection, person doing inspection; major observations, and corrective actions required.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) Comprehensive Site Compliance Evaluation (Annual) (Part 5.1.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE

Comments:

SECTION D: RECORD KEEPING



PERMITTEE RECORD KEEPING AND REPORTING MEETS PERMIT REQUIRMENTS	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Has SWAR for the previous year of monitoring been completed? (Part 5.2.4)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Include sample results, lab reports, chain of custody?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Significant findings of inspections?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Summary of corrective action plans?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Is the SWAR signed? (Part 5.2.4.5)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Is permittee keeping copies of inspections? (Part 5.2.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE

Comments:

SECTION E: FACILITY TOUR

PERMITTEE FACILITY TOUR MEETS PERMIT REQUIRMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Any evidence of spills or leaks that have not been properly cleaned up as required by the SWPPP?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Any evidence of erosion or un-stabilized ground?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Any controls, structures, or storage areas that are not as identified in the SWPPP?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Any non-stormwater discharges <u>not</u> identified in the SWPPP? (see Part 1.6 of permit for list of allowable non-stormwater discharges)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
5. Any non-stormwater discharges that are not allowed under this permit? (see Part 1.6 of permit for list of allowable non-stormwater discharges)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
6. Are BMPs being properly operated and maintained? (Part 7.17)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
7. Are housekeeping procedures being implemented and are they sufficient?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
8. Toxicity testing recommended? (Part 6)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Comments:

Water Division Photographic Evidence Sheet			
Location:	Drew Foam Co., Inc.		
Photographer:	Tobin Fulmer	Date:	3/7/2017
Witness:	Rebecca Micholick	Time:	11:22
Description:	Outfall 002.		Photo #:
			
Photographer:	Tobin Fulmer	Date:	3/7/2017
Witness:	Rebecca Micholick	Time:	11:23
Description:	Area upslope of Outfall 002.		Photo #:
			

Water Division Photographic Evidence Sheet

Location:	Drew Foam Co., Inc.		
Photographer:	Tobin Fulmer	Date:	3/7/2017
Witness:	Rebecca Micholick	Time:	11:27
		Photo #:	3
Description:	Ditch draining to Outfall 003.		



Photographer:	Tobin Fulmer	Date:	3/7/2017
Witness:	Rebecca Micholick	Time:	11:29
		Photo #:	4
Description:	General area of Outfall 003 with dense vegetation.		



Water Division Photographic Evidence Sheet

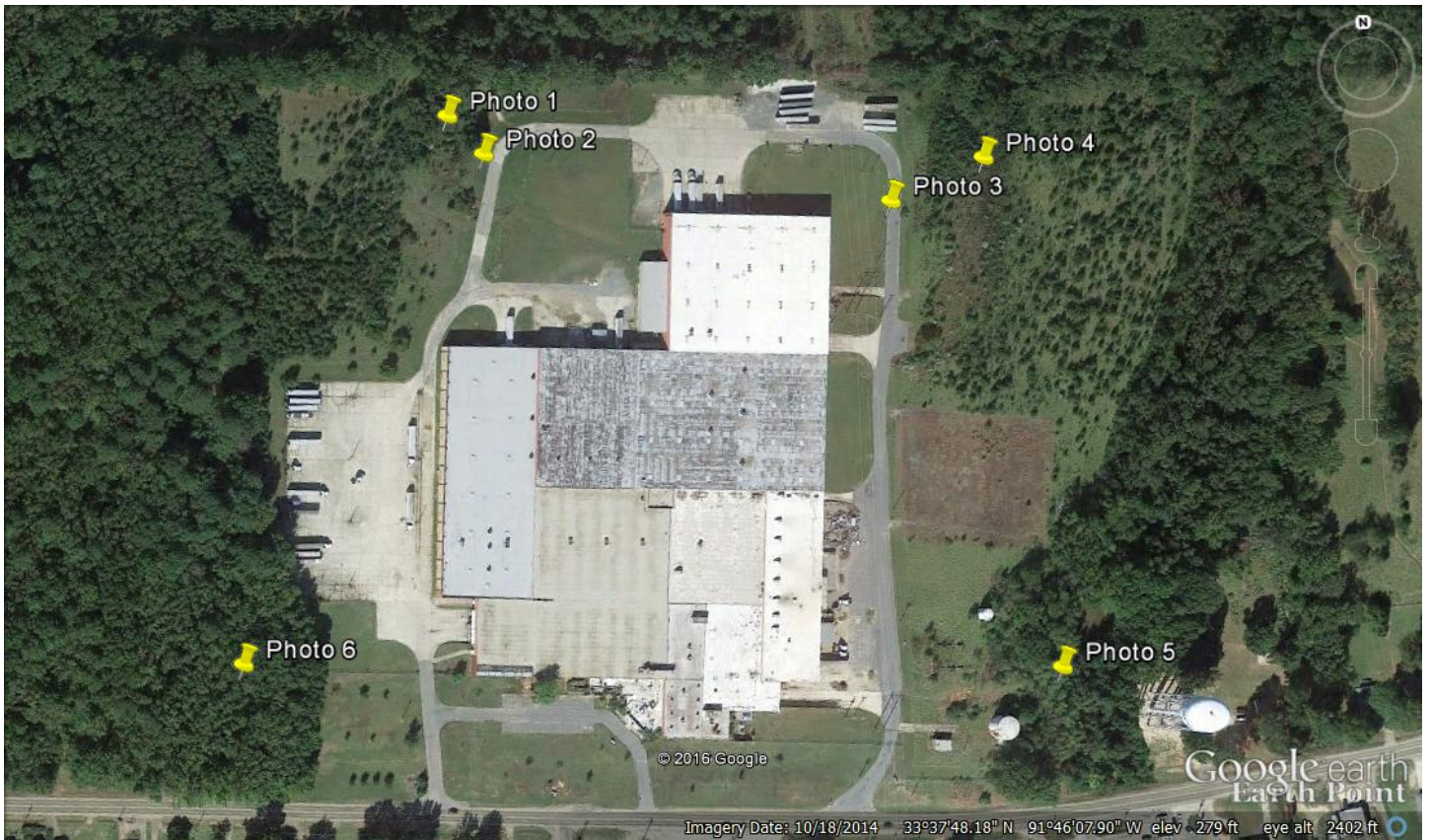
Location:	Drew Foam Co., Inc.				
Photographer:	Tobin Fulmer	Date:	3/7/2017	Time:	11:38
Witness:	Rebecca Micholick	Photo #:	5		
Description:	Outfall 004				



Photographer:	Tobin Fulmer	Date:	3/7/2017	Time:	11:46
Witness:	Rebecca Micholick	Photo #:	6		
Description:	Outfall 001				



Figure 1. General area of Drew Foam Co., Inc. (Google Earth, imagery date: October 18, 2014).



ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
 STORMWATER ANNUAL REPORT (SWAR) FORM

SWAR APPENDIX ATTACHED? YES NO

PERMIT NUMBER: ARR00 0817 AFIN: 22-00057 INDUSTRIAL SECTOR: Y2 REPORTING YEAR: 2016
 PERMITTEE NAME: Drew Foam Companies FACILITY NAME: same
 PHYSICAL ADDRESS: 1093 Hwy 278 E CITY: Monticello

PARAMETER	BENCHMARK VALUE	QUALITY OR CONCENTRATION	UNITS	OUTFALL NUMBER	BENCHMARK EXCEEDED?
Total Suspended Solids (TSS)	100	154	mg/L	002	<input checked="" type="checkbox"/> YES** <input type="checkbox"/> NO
pH	6.0-9.0	7.37	S.U.	002	<input type="checkbox"/> YES** <input checked="" type="checkbox"/> NO

**If a benchmark is exceeded, a corrective action plan summary is required

STORM EVENT DETAILS		COMMENTS:
DATE OF SAMPLED STORM EVENT	<u>11/18/2016</u>	
ESTIMATE OF RAINFALL	<u>0.73</u>	INCHES
TIME SINCE LAST MEASURABLE EVENT	<u>9</u>	DAYS

SIGNIFICANT FINDINGS FROM EVALUATION OR INSPECTIONS: pH - estimated result. Analyzed outside of holding time.
TSS - estimated result. Temperature exceeded 6°C

CORRECTIVE ACTION PLAN SUMMARY, INCLUDING STATUS OF ANY CORRECTIVE ACTIONS NOT YET COMPLETED: _____
CAP submitted 3/9/17. Procedure and training complete by 3/13/17

*If additional room is needed or additional parameters were monitored, attach SWAR Appendix, found on ADEQ website: www.adeg.state.ar.us

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Susan McClendon CFO
 SIGNATURE & DATE PRINTED NAME & TITLE OF OFFICIAL

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
SWAR APPENDIX

NOTE: THIS FORM CAN ONLY BE USED AS AN ATTACHMENT TO
THE SWAR FORM, NOT AS THE SOLE REPORTING FORM

PERMIT NUMBER: ARR00 0817 AFIN: 22.00557 INDUSTRIAL SECTOR: Y2 REPORTING YEAR: 2016

PARAMETER	BENCHMARK VALUE	QUALITY OR CONCENTRATION	UNITS	OUTFALL NUMBER	BENCHMARK EXCEEDED?
TSS	100	338	mg/L	003	<input checked="" type="checkbox"/> YES** <input type="checkbox"/> NO
pH	pH	7.21	S.U.	003	<input type="checkbox"/> YES** <input checked="" type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
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					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO
					<input type="checkbox"/> YES** <input type="checkbox"/> NO

**If a benchmark is exceeded, a
corrective action plan summary
is required

STORM EVENT DETAILS	
DATE OF SAMPLED STORM EVENT	<u>11/18/2016</u>
ESTIMATE OF RAINFALL	<u>0.73</u> INCHES
TIME SINCE LAST MEASURABLE EVENT	<u>9</u> DAYS

COMMENTS:

SIGNIFICANT FINDINGS FROM EVALUATION OR INSPECTIONS: _____

CORRECTIVE ACTION PLAN SUMMARY, INCLUDING STATUS OF ANY CORRECTIVE ACTIONS NOT YET COMPLETED: _____

If additional room is needed or additional parameters were monitored, attach additional copies of the SWAR Appendix

Record of Climatological Observations
These data are quality controlled and may not be identical to the original observations.

Elev: 290 ft. Lat: 33.636° N Lon: 91.756° W

Generated on 03/08/2017

Station: MONTICELLO MUNICIPAL AIRPORT, AR US GHCND:USW00053919

Observation Time Temperature: Unknown Observation Time Precipitation: 2400

P r e l i m i n a r y	Y e a r	M o n t h	D a y	Temperature (F)		at O b s e r v a t i o n	Precipitation			At Obs Time	Evaporation		Soil Temperature (F)								
				24 hrs. ending at observation time	Max. Min.		24 Hour Amounts ending at observation time	F l o w i n g (in)	Snow, ice pellets, hail (in)		F l o w i n g (in)	24 Hour Wind Movement (mi)	Amount of Evap. (in)	Ground Cover (see *)	4 in depth	Max.	Min.	Ground Cover (see *)	Max.	Min.	
2016	11	1	86	59		0.00				0.0											
2016	11	2	80	64		T				0.0											
2016	11	3	87	65		0.00				0.0											
2016	11	4	79	50		0.00				0.0											
2016	11	5	71	48		0.00				0.0											
2016	11	6	77	50		0.00				0.0											
2016	11	7	63	55		0.02				0.0											
2016	11	8	70	58		0.08				0.0											
2016	11	9	70	48		0.00				0.0											
2016	11	10	70	40		0.00				0.0											
2016	11	11	74	47		0.00				0.0											
2016	11	12	67	42		0.00				0.0											
2016	11	13	66	34		0.00				0.0											
2016	11	14	71	38		0.00				0.0											
2016	11	15	77	49		0.00				0.0											
2016	11	16	82	47		0.00				0.0											
2016	11	17	82	55		0.00				0.0											
2016	11	18	81	46		0.73				0.0											
2016	11	19	57	36		0.00				0.0											
2016	11	20	59	30		0.00				0.0											
2016	11	21	65	32		0.00				0.0											
2016	11	22	69	38		0.00				0.0											
2016	11	23	65	53		0.77				0.0											
2016	11	24	65	44		0.00				0.0											
2016	11	25	65	40		0.00				0.0											
2016	11	26	60	37		0.00				0.0											
2016	11	27	57	34		0.00				0.0											
2016	11	28	63	49		1.56				0.0											
2016	11	29	70	47		0.07				0.0											
2016	11	30	59	35		T				0.0											
			Summary	70	46																

The "*" flags in Preliminary indicate the data have not completed processing and quality control and may not be identical to the original observation.
Empty, or blank, cells indicate that a data observation was not reported.
*Ground Cover: 1=Grass; 2=Fallow; 3=Bare Ground; 4=Brome grass; 5=Sod; 6=Straw mulch; 7=Grass muck; 8=Bare muck; 9=Unknown
S This data value failed one of NCEC's quality control tests.
T values in the Precipitation category above indicate a TRACE value was recorded.
A values in the Precipitation Flag or the Snow Flag column indicate a multiday total, accumulated since last measurement, is being used.
Data value inconsistency may be present due to rounding calculations during the conversion process from SI metric units to standard imperial units.

3-9-17

Permit Number ARR000817

AFIN: 22-00057

Corrective Action Plan

Current Situation

The water samples taken 11-18-16 were tested to be outside the benchmark of 100 mg/L TSS. The samples were taken too close to the driveways and stormwater was not able to adequately filter through the vegetation. Outfall 002 showed 154 mg/L and Outfall 003 showed 338.

SWAR was not completed for 2016.

Proposed Plan

SWAR will be submitted by 3/10/17 along with this CAP.

A path to Outfall 003 collection site will be cleared.

A procedure to clearly define the actual collection process will be included as an appendix to the SWPPP and will be in place by 3/13/17. Training to the procedure indicating the collection locations for Outfall 002 and Outfall 003 will be completed by 3/13/17.

A new sample will be taken as soon as possible and sent for testing following the new procedure.

Rebecca Micholick

Plant Manager

Drew Foam Companies Inc.