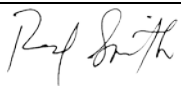

 A R K A N S A S Department of Environmental Quality		WATER DIVISION INSPECTION REPORT				
		AFIN: 31-00036		PERMIT #: AR0021776		DATE: 5/10/2017
		COUNTY: 31 Howard		PDS #: 097872		MEDIA: WN
		GPS LAT: 33.919881 LONG: -93.861240 LOCATION: Entrance				
FACILITY INFORMATION			INSPECTION INFORMATION			
NAME: City of Nashville WWTP LOCATION: 743 Hwy 27 South CITY: Nashville			FACILITY TYPE: 1 - Municipal	INSPECTOR ID#: 26294 S - State		
RESPONSIBLE OFFICIAL NAME: / TITLE Larry Dunaway / Public Works Director COMPANY: City of Nashville MAILING ADDRESS: 426 North Main CITY, STATE, ZIP: Nashville AR 71852 PHONE & EXT: / FAX: 870-845-4015 / EMAIL: I.dunaway@nashar.org			FACILITY EVALUATION RATING: 3 - Satisfactory	INSPECTION TYPE: Industrial User		
			DATE(S): 5/10/2017	ENTRY TIME: 11:00	EXIT TIME: 16:45	PERMIT EFFECTIVE DATE: 7/1/2014 PERMIT EXPIRATION DATE: 6/30/2019
CONTACTED DURING INSPECTION: Yes			FAYETTEVILLE SHALE RELATED: N			
			FAYETTEVILLE SHALE VIOLATIONS: N			
			INSPECTION PARTICIPANTS			
			NAME/TITLE/PHONE/FAX/EMAIL/ETC.: John Anderson, EHS Mgr. JAN-EZE / 870-845-5134 Chip Colston, WW Chief Operator / 870-200-5044 c. Ed Carlyle, Pretreatment Coordinator / 870-557-3143 c.			
AREA EVALUATIONS						
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)						
N	PERMIT	N	FLOW MEASUREMENT	N	STORMWATER	
N	RECORDS/REPORTS	N	LABORATORY	S	FACILITY SITE REVIEW	
N	OPERATION & MAINTENANCE	N	EFFLUENT/RECEIVING WATER	N	SELF-MONITORING PROGRAM	
N	SAMPLING	N	SLUDGE HANDLING/DISPOSAL	N	PRETREATMENT	
N	OTHER:					
SUMMARY OF FINDINGS						
No violations noted during inspection. Facility very clean.						
GENERAL COMMENTS						
INSPECTOR'S SIGNATURE:  Red Smith				DATE: 6/26/2017		
SUPERVISOR'S SIGNATURE:  Jason Bolenbaugh				DATE: 7/3/2017		

Industrial Site Visit

Name of Industry: JAN-EZE Plating Corporation.

Industry Contacts: John Anderson, EHS Manager

Type of Industry: Hard Chromium and Nickel Plating

Date of Visit: 5/10/2017

- | | | | | |
|-----|---|---|--|------------------------------|
| 1. | Significant industrial user: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 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 checked="" type="checkbox"/> Yes | <input 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: Facility was very clean

Visit Conducted By: Red Smith

Date of Report: 6/8/2017