Inspection Report: Claridge Extrusions, AFIN: 05-00054, Permit #: AR0034321

|   | N REPORT   |                  |   |   |                      |                             |                                   |  |  |  |
|---|--|------------------|---|---|----------------------|-----------------------------|-----------------------------------|--|--|--|
| AUEU  |  |                  |   | ERMIT #: <b>AR0034321</b>   |                      |                             | DATE: 9/10/2018                   |  |  |  |
| ARKANSAS  |  | COUNTY: 05 Boone |   | 9   | PDS #: <b>104988</b> |                             | MEDIA: WN                         |  |  |  |
|   | partment of Environmental Quality                    | GF               | S LAT: <b>36.24087</b>  | 9 LONG: -93.080   | 0843 L               | OCATION:                    | Entrance                          |  |  |  |
|   | FACILITY INFORMAT                                    |                  | INSPECTION INFORMATION  |   |                      |                             |                                   |  |  |  |
| Claridge Extrusions LOCATION:   |  |                  | PACILITY TYPE: INSPECTOR ID#:  2 - Industrial 36537 S - State |   |                      |                             |                                   |  |  |  |
| Industrial Park Road  |  |                  |   |   |                      | ction type:<br>ustrial User |                                   |  |  |  |
| CITY:<br>Harrison   |  |                  |   | DATE(S): EI   | NTRY TIME:           | EXIT TIME:                  | PERMIT EFFECTIVE DATE:            |  |  |  |
| RESPONSIBLE OFFICIAL  |  |                  |   | 9/10/2018 1   | 3:30                 | 14:00                       | 10/1/2007                         |  |  |  |
| NAME: / TITLE  Katheryn Yeager / Wastewater Manager   |  |                  |   |   |                      |                             | PERMIT EXPIRATION DATE: 9/30/2012 |  |  |  |
| COMPANY:  |  |                  |   | FAYETTEVILLE SHALE RELATED: <b>N</b>  |                      |                             |                                   |  |  |  |
| City of Harrison MAILING ADDRESS:   |  |                  |   | FAYETTEVILLE SHALE VIOLATIONS: N  |                      |                             |                                   |  |  |  |
| P.O. Box 1715 Spring St.  |  |                  |   | INSPECTION PARTICIPANTS   |                      |                             |                                   |  |  |  |
| CITY, STATE, ZIP: Harrison AR 72601   |  |                  |   | NAME/TITLE/PHONE/FAX/EMAIL/ETC.: Randy Reese, City of Harrison Pretreatment |                      |                             |                                   |  |  |  |
|   | IF & EXT: / FAX:                                     |                  |   | Coordinator, randy.reese@cityofharrison.com;                                |                      |                             |                                   |  |  |  |
| -   | 0-741-5022 /   |                  |   | Skyler Schlick, ADEQ Inspector,   |                      |                             |                                   |  |  |  |
| kat   | ∷<br>:heryn.yeager@cityofharrison.cor                | n                |   | SchlickS@adeq.state.ar.us;  |                      |                             |                                   |  |  |  |
|   | INTACTED DURING INSPECTION:                          |                  |   | Jake Mattix, Claridge Extrusion   |                      |                             |                                   |  |  |  |
| AREA EVALUATIONS (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)                     |  |                  |   |   |                      |                             |                                   |  |  |  |
| **  | PERMIT   | **               | ** FLOW MEASUREMENT   |   | STORMV               | RMWATER                     |                                   |  |  |  |
| **  | RECORDS/REPORTS                                      | **               | LABORATORY  |   |                      | SITE REVIEW                 |                                   |  |  |  |
| **  | OPERATION & MAINTENANCE                              | **               |   | CEIVING WATER   |                      |                             | NITORING PROGRAM                  |  |  |  |
| S   | SAMPLING<br>OTHER: <b>IU</b>                         | ^^               | SLUDGE HAND   | LING/DISPOSAL   | .   ^^               | PRETRE                      | ATMENT                            |  |  |  |
| <u> </u>  | OTHER. IO  |                  | SUMMARY C   | F FINDINGS  |                      |                             |                                   |  |  |  |
| No  | violations were noted relative to                    | Citv             |   |   | gram d               | urina the i                 | nspection.                        |  |  |  |
|   |  | ٠,               | ,   |   | J. W                 |                             |                                   |  |  |  |
|   |  |                  | GENERAL (   |   |                      |                             |                                   |  |  |  |
|   | aridge Extrusions is classified as                   |                  | _   | •   | -                    | _                           |                                   |  |  |  |
| to City of Harrison's POTW. The facility produces, extrudes, fabricates, paints, and anodizes custom aluminum   |  |                  |   |   |                      |                             |                                   |  |  |  |
| extrusions. Pretreatment of wastewater involves pH adjustment, flocculation, clarifier, and sludge press. Water |  |                  |   |   |                      |                             |                                   |  |  |  |
| is discharged to the POTW collection system; solids are disposed to dumpster as needed.                         |  |                  |   |   |                      |                             |                                   |  |  |  |
|   |  |                  |   |   |                      |                             |                                   |  |  |  |
|   | + Augus  | ()<br>(),a,      | rke.  |   |                      |                             |                                   |  |  |  |
| INS   | SPECTOR'S SIGNATURE:                                 | Amv Beck         |   |   |                      | DATE: <b>9/24/2018</b>      |                                   |  |  |  |
| INSPECTOR'S SIGNATURE: Amy Beck DATE: 9/24/2018   |  |                  |   |   |                      |                             |                                   |  |  |  |
| _   | العا   | געו              | ~ M- Calc   | 7   |                      |                             |                                   |  |  |  |
| SU  | SUPERVISOR'S SIGNATURE:Kerri McCabe DATE: 10/18/2018 |                  |   |   |                      |                             |                                   |  |  |  |

## **POTW Pretreatment Program**

### **Industrial Site Visit**

| Name  | of Industry: Claridge Extrusion                    |                   |            |     |
|-------|--|-------------------|------------|-----|
| Indus | try Contacts: <u>Jake Mattix/ Maintenance Mana</u> | ger, Andrew Coker | / Operator |     |
| Туре  | of Industry: Aluminum Die Casting                  |                   |            |     |
| Date  | of Visit: September 10, 2018                       |                   |            |     |
| 1.    | Significant industrial user:                       | ✓_Yes             | No _       | N/A |
| 2.    | Pretreatment equipment or procedures?              | ✓_Yes             | No         | N/A |
| 3.    | Pretreatment equipment maintained                  |                   |            |     |
|       | and operational?                                   | ✓_Yes             | No         | N/A |
| 4.    | Hazardous waste generated or stored?               | ✓_Yes             | No         | N/A |
| 5.    | Proper solid waste disposal?                       | ✓_Yes             | No         | N/A |
| 6.    | Solvent management/TTO control?                    | ✓_Yes             | No         | N/A |
| 7.    | Suitable sampling location?                        | ✓_Yes             | No         | N/A |
| 8.    | Appropriate self-monitoring                        |                   |            |     |
|       | procedures/equipment?                              | ✓_Yes             | No         | N/A |
| 9.    | Adequate spill prevention?                         | ✓_Yes             | No         | N/A |
| 10.   | Industry familiar with limits                      |                   |            |     |
|       | and requirements?                                  | <b>∕</b> Yes      | No         | N/A |

Additional Comments: <u>Facility representatives were helpful and aware of permit requirements</u>. <u>The facility is planning to upgrade the pretreatment system to include automated pH monitoring and adjustment</u>.

Visit Conducted By: Amy Beck, Skylar Schlick, Randy Reese

Date of Report: <u>September 24, 2018</u>

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# Water Division Photographic Evidence Sheet Location: Claridge Extrusions Photographer: Amy Beck Date: September 10, 2018 Time: 1343 Witness: Skylar Schlick Photo #: 1 Description: Tanks for wastewater treatment: surge tank and pH adjustment.

09.10.2018 13.43

Photographer:Amy BeckDate:September 10, 2018Time:1344Witness:Skylar SchlickPhoto #:2Description:Clarifier



# **Water Division Photographic Evidence Sheet** Location: Claridge Extrusions Photographer: Amy Beck Date: September 10, 2018 Time: 1349 Witness: Skylar Schlick Photo #: Description: Sludge press Photographer: Amy Beck Date: September 10, 2018 Time: 1337 Witness: Skylar Schlick Photo #: Description: Lined dumpster for solid disposal.