

Arkansas Department of Environmental
Quality (ADEQ)
5301 Northshore Drive
North Little Rock, AR 72118-5317

Industrial Stormwater General Permit
(ARR000000) Annual Report Form

Permit No. ARR-00 0817	
Permittee Name: DREW FOAM COMPANIES INC	
Facility Name: DREW FOAM COMPANIES INC	
Facility Physical Address (not mailing address): 1098 HWY 278 EAST	
Facility City: MONTICELLO AR	Zip Code: 71655

Facility Contact Name: Susan McClendon	Title: CFO
Facility Contact Phone Number 8703676245	Facility Contact Email: Smcclendon@drewfoam.com
Reporting Period: January 1 st to JUNE30 th 2012 (Year)	

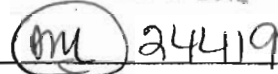
This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31st**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

1. Benchmarks Exceeded

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1st – Dec 31st)? **Note:** If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

Yes - Complete Sections 2, 3, 4, 5 and 6.

No - Complete Section 2, 3, 5 and 6.

JUN 29 2012


Include any additional comments here:

WE DO THE PH TEST ON ALL OFF FALLS AT THE TIME OF THE RAIN FALL

2. Evaluations and Inspections

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	2-23-12
Visual Site Inspection #2 Date	5-17-12
Visual Site Inspection #3 Date	
Visual Site Inspection #4 Date	
Comprehensive Site Compliance Evaluation Date	6-12-12

3. Stormwater Problems Identified At the Facility

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1st – Dec 31st) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- **If no problems were identified, put N/A for Not Applicable.**

Date Problem Discovered: Describe the Problem: N/A

Date Problem Discovered: Describe the Problem: N/A

Date Problem Discovered: Describe the Problem: N/A

Date Problem Discovered: Describe the Problem: N/A

4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

Pollutant Parameter: _____ benchmark was exceeded during the following sampling period (check all that apply):

X 1st Sampling period (January-June)

2nd Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan completed during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan initiated during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

5. Are the DMRs included with this report? Yes No

6. Certification by Permittee

"I certify under penalty of law that this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Susan McClendon CFO 6-28-12
Printed Name Title Date

Signature* Susan McClendon

* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

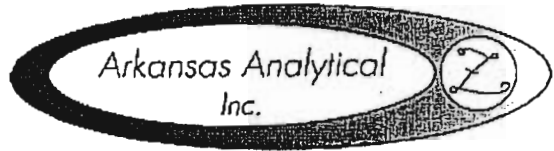
- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return the signed document to the address below. Make sure you retain a copy for your records.

Arkansas Department of Environmental Quality
Water Division, General Permits Section
5301 Northshore Dr.
North Little Rock, AR 72118
Water.Permit.Application@adeq.state.ar.us



11701 I-30 Bldg 1, Ste 115 - Little Rock, AR 72209
501-455-3233 Fax 501-455-6118

20 June 2012

Allen Chavis
Drew Foam Companies
1993 Hwy 278 E
Monticello, AR 71655

JUN 29 2012

RE: Stormwater Samples
SDG Number: 1206173

Enclosed are the results of analyses for samples received by the laboratory on 13-Jun-12 11:00. If you have any questions concerning this report, please feel free to contact me.

Sample Receipt Information:

Custody Seals	✓
Containers Correct	✓
COC/Labels Agree	✓
Preservation Confirmed	✓
Received On Ice	
Temperature on Receipt	4.0°C

Sincerely,

A handwritten signature in cursive script that reads "Norma James".

Norma James
President

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Drew Foam, Monticello AR

Storm Water Runoff - pH test

Date / time sampled 6/12/12

Date / time rainfall occurred 10:45

person doing test Allen Chavis

Outfall # tested 001, 002, 003 + 004

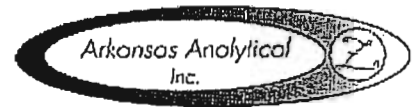
results (6.5) (7.0) (7.0) (7.0)

JUN 29 2012

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20 June 2012

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Monticello, AR 71655
Project: Stormwater Samples



Date Received: 13-Jun-12 11:00

ANALYTICAL RESULTS

Lab Number: 1206173-01
Sample Name: Stormwater Outfall 002
Date/Time Collected: 6/12/12 11:00
Sample Matrix: Water

<u>Wet Chemistry</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
COD	mg/L	10.2		6/18/12 14:54	A208227	410.4
Oil and Grease	mg/L	< 2.9		6/19/12 9:00	A206220	1664A
pH	S.U.	4.23	E2	6/13/12 17:25	A206181	150.2/9040C
TSS	mg/L	1.6		6/15/12 16:58	A206204	2540D

ANALYTICAL RESULTS

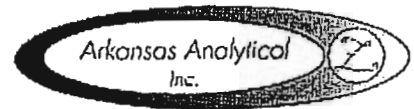
Lab Number: 1206173-02
Sample Name: Stormwater Outfall 003
Date/Time Collected: 6/12/12 11:00
Sample Matrix: Water

<u>Wet Chemistry</u>	<u>Units</u>	<u>Result</u>	<u>Qualifier(s)</u>	<u>Date/Time Analyzed</u>	<u>Batch</u>	<u>Method</u>
COD	mg/L	< 10.0		6/18/12 14:54	A206227	410.4
Oil and Grease	mg/L	< 2.8		6/19/12 9:00	A206220	1664A
pH	S.U.	5.23	E2	6/13/12 17:25	A206181	150.2/9040C
TSS	mg/L	2.4		6/15/12 16:58	A206204	2540D

JUN 29 2012

20 June 2012

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Project: Stormwater Samples



Date Received: 13-Jun-12 11:00

QUALITY CONTROL RESULTS

Wet Chemistry -- Batch: A206181 (Water)

Prepared: 13-Jun-12 17:25 By: AT -- Analyzed: 13-Jun-12 17:25 By: AT

Analyte	BLK	LCS / LCSD	MS / MSD	Dup	RPD	Qualifiers
pH	NA	101% / 100%	NA / NA		0.142%	

Wet Chemistry -- Batch: A206204 (Water)

Prepared: 15-Jun-12 09:45 By: AP -- Analyzed: 15-Jun-12 13:50 By: AP

Analyte	BLK	LCS / LCSD	MS / MSD	Dup	RPD	Qualifiers
TSS	<1.0 mg/L	79.0% / 83.0%	NA / NA		4.94%	

Wet Chemistry -- Batch: A206220 (Water)

Prepared: 19-Jun-12 16:31 By: AT -- Analyzed: 19-Jun-12 16:31 By: AT

Analyte	BLK	LCS / LCSD	MS / MSD	Dup	RPD	Qualifiers
Oil and Grease	<2.5 mg/L	89.9% / 89.9%	80.2% / NA		0.00%	

Wet Chemistry -- Batch: A206227 (Water)

Prepared: 18-Jun-12 14:54 By: SB -- Analyzed: 18-Jun-12 14:54 By: SB

Analyte	BLK	LCS / LCSD	MS / MSD	Dup	RPD	Qualifiers
COD	<10.0 mg/L	104% / NA	123% / 117%		3.77%	

QUALIFIER(S)

*E2: Estimated Result; Analyzed Outside of Holding Time

All Analysis performed according to EPA approved methodology when available:
SW 846, Revised December, 1996; EPA 800/4-79-020, Revised March, 1983; Standard Methods, 20th Edition.
Instrument calibration and quality control samples performed at or above frequency specified in analytical method.

Reviewed by: _____
Norma James
President

JUN 29 2012

