

Permit Number: ARR00 0817

AFIN 22-00057

Industrial Sector: 42

(B4)

DMR Review Form

Annual Report Received?

Yes

No

Are All Parameters Okay?

Yes

No

Parameters exceeding the benchmark values:

Pollutant	Reported Value	Benchmark Value	Outfall #	Period
pH	4.91	6.0-9.0 s.u.	002	2
pH	4.86	6.0-9.0 s.u.	003	2

Katherine Yablony 5/2/12
Engineer Signature/Date

NOC 8/31/2011

5/2/12 kay
Date information was entered into database

5/3
Date letter was completed

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
STORMWATER DISCHARGE MONITORING REPORT
(DMR)**

PERMIT NUMBER: ARR000817

PERMITTEE NAME: DREWFOAM COMPANIES INC

FACILITY NAME: DREWFOAM COMPANIES
INC

FACILITY PHYSICAL ADDRESS: 1093 HWY 278 EAST

MONTICELLO AR 71655

INDUSTRIAL SECTOR: Y2

OUTFALL NO: 002

REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120		22.8	mg/L
Total Suspended Solids (TSS)	100		2.0	mg/L
Oil and Grease (O&G)	15		<2.7	mg/L
pH	6.0-9.0		4.91	S.U.

Sampling Period:

JANUARY-JUNE JULY-DECEMBER

Date of Storm Event Sampled:

*		12-28-11	
*	3		hours
*	1		inches
*	4		days
*	5000		gallons

Duration of Event:

Estimate of Rainfall Event:

Time Since Last Measurable Event:

Estimate of Total Discharged Volume:

Comments; * Drewfoam didn't receive a permit until the end of the first two quarters of the 2011 year

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 McCleuder
Signature & Date

CFO
Printed Name & Title of Official

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
STORMWATER DISCHARGE MONITORING REPORT
(DMR)**

PERMIT NUMBER: ARR000817

PERMITTEE NAME: DREWFOAM COMPANIES INC

FACILITY NAME: DREWFOAM COMPANIES INC

FACILITY PHYSICAL ADDRESS: 1093 HWY 278 EAST
MONTICELLO AR 71655

INDUSTRIAL SECTOR: Y2

OUTFALL NO: 003

REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120		19.3	mg/L
Total Suspended Solids (TSS)	100		1.2	mg/L
Oil and Grease (O&G)	15		<2.7	mg/L
pH	6.0-9.0		4.86	S.U.

Sampling Period:

JANUARY-JUNE JULY-DECEMBER

Date of Storm Event Sampled:

*		12-28-11	
*	3		hours
*	1		inches
*	4		days
*	5000		gallons

Duration of Event:

Estimate of Rainfall Event:

Time Since Last Measurable Event:

Estimate of Total Discharged Volume:

Comments; * Drewfoam didn't receive a permit until the end of the first two quarters of the 2011 year

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 McCleuder
Signature & Date

CFO
Printed Name & Title of Official

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: DREWFOAM COMPANIES INC	
Facility Name: DREWFOAM COMPANIES INC	
Facility Physical Address (<u>not</u> mailing address): 1093 HWY 278 EAST	
Facility City: MONTICELLO	Zip Code:71655

Facility Contact Name:	Title:
Facility Contact Phone Number 8703676245	Facility Contact Email:
Reporting Period: January 1 st to December 31 st 2011 (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.

Include any additional comments here:

The PH was outside the benchmark parameters for both outfalls

JAN 31 2012

JT 23506

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	*
Visual Site Inspection #2 Date	*
Visual Site Inspection #3 Date	9-21-11
Visual Site Inspection #4 Date	12-27-11
Comprehensive Site Compliance Evaluation Date	12-28-11

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: 1-5-12 **Describe the Problem:** PH outside the parameters

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: PH 6-9 benchmark was exceeded during the following sampling period (check all that apply):

1st Sampling period (January-June)

X X 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.

Outfalls 002 and 003 on the PH parameters were outside the 6.0-9.0 benchmark. PH only has a 15 min. holding time so we will be purchasing a portable PH meter for the future sampling as a corrective action.

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.

will test our water at the site with a PH meter.

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 1-30-12
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