Permit Number: A	RR00 A175
AFIN 04-00	100
Industrial Sector:	B2

# **DMR Review Form**

Annual Report Rec	ceived?	X Yes	No		
Are All Parameters	s Okay?	Yes	No		
Parameters exceed	ing the benchmark values	:			
Pollutant	Reported Value	Benchmark V	Value C	Outfall #	Period
COD, TSS, Oto 002, 003	5, pH Not . For Jan-	Reported June p	at o	utfall	5 001,
		_			
Engineer Signature	Comple 3-	29-12			
Date information w	4-2-12 vas entered into database				
Date letter was com	4-2-12 apleted				

AK 4MI

## 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 <u>A 1 7 5</u>	
Permittee Name: Glad Manufacturi	ing Company
Facility Name:	
Facility Physical Address ( <u>not</u> mail Glad Manufacturing Company	ing address):
Facility City: Rogers	Zip Code: 72756

Facility Contact Name: Mike Watkins	Title: Emergency Coordinator
Facility Contact Phone Number 479-636-2845	Facility Contact Email: mike.watkins@clorox.com
Reporting Period: January 1	st to December 31st 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 31**<sup>st</sup>. 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 31 <sup>st</sup> )? <b>Note</b> : If a parameter was sampled at a discharge point more than once then all the sreported and evaluated individually:	year (Jan amples r	1 1 <sup>st</sup> – Dec needs to be
Yes ☐ - Complete Sections 2, 3, 4, 5 and 6.  No ☐ - Complete Section 2, 3, 5 and 6.	MAL	3 1 2012
Include any additional comments here:		23015
No samples were taken during the monitoring period Jan-June. Faculty was unaware of the requirements; therefore did not know that sampling was required. Sampling was conducted this year. Analytical results were below benchmark values.		

### 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	No dates recorded
Visual Site Inspection #2 Date	No dates recorded
Visual Site Inspection #3 Date	No dates recorded
Visual Site Inspection #4 Date	12/21/11
Comprehensive Site Compliance Evaluation Date	12/21/11

#### 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  $1^{st}$  – Dec  $31^{st}$ ) 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:** 12/21/11 **Describe the Problem:** pH has been run out of holding time. A pH meter will be used on future samples.

**Date Problem Discovered:** 12/21/11 **Describe the Problem:** Faculty was unaware of the required visual inspections. Beginning in 2012, these inspections will be conducted for each outfall location.

**Date Problem Discovered:** 10/2011 **Describe the Problem:** Faculty was unaware of the new permit requirement; therefore, did not know that testing of stormwater runoff was a requirement. Testing was conducted in the second half of the year. All results were below benchmark values.

Date Problem Discovered: Describe the Problem:

### 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parabenchmark during the previous calendar year (Jan – Dec). the facility must investigate the cause of each parameter exceeded this, indicate below in which sampling period an exceedance at a sample location, indicate all sample results that exceeded the benchmark for more than one parameter (e.g. Section 4 and complete one for each parameter.	If the parameter benchmark value is exceeded, seedance and determine a corrective action plan. eedance occurred. If more than one sample was exceeded the benchmark. Note: If the facility
<b>Pollutant Parameter:</b> N/A benchmark was exceeded durin apply):	
1 <sup>st</sup> Sampling period (January-June)	2 <sup>nd</sup> Sampling Period (July-December)
For the each pollutant parameter exceeding the benchmark <b>completed</b> during the previous calendar year and include the	s_summarize below any corrective actions plan e dates you completed the corrective actions.
For the each pollutant parameter exceeding the benchmark aduring the previous calendar year, but have <b>not yet been</b> complete corrective actions.	

6. Certification by Permit	ree	
direction, or supervision, in ac properly gather and evaluate the who manage the system, or the information submitted is, to the	cordance with a system designed information submitted. Based on a ose persons directly responsible j best of my knowledge and belief, t penalties for submitting false infor	chments were prepared under my to assure that qualified personnel my inquiry of the person or persons for gathering the information, the rue, accurate, and complete. I am mation, including the possibility of
WAYNE CLIVE	Plant MANAGER	1/12/2012
Printed Name	Title	Date
Signature* Wayse	Chi	

- \* 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.

Are the DMRs included with this report? Yes No

- 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:

5.

- 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

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

		(Divile)				
PERMIT NUMBER: ARR00A17.	5	PERMITTEE NA	AME:	Mr. Wayne Clive	÷	
FACILITY GLAD MANUFACTU	JRING CO.	FACILITY PHY ADDRESS:	SICAL	1700 N. 13 <sup>th</sup> St		
				Rogers, AR 727.	56	
INDUSTRIAL B2 SECTOR:	OUTFALI NO:	001	REPORT YEAR:	TING 2011		
PARAMETER	Benchmark	QUALITY	OR CO	NCENTRATION		LAUTE
	Value	JANUARY-J	UNE	JULY-DECEME		UNITS
Chemical Oxygen Demand (COD)	120	NO DATA		34.6	JEAN	mg/L
Total Suspended Solids (TSS)	100			10.0		mg/L
Oil and Grease (O&G)	15			< 1.5		mg/L
Н	6.0-9.0			7.3		S.U.
		_				
_						
		-				
Sampling Period:	_	ANUARY-JUNE		Y-DECEMBER		
Date of Storm Event Sampled:	V.	O DATA		12/11	<u> </u>	
Duration of Event:			5.5		hours	
Estimate of Rainfall Event:			1.00	<u> </u>	inches	
Time Since Last Measurable Ever			29		days gallons	
Estimate of Total Discharged Vol	ume:				ganons	
Comments:						
LODDWIDY INTO POSTAL MY OF	3 F 435/ 7011 : ~	I CLAVE PERSON	A ( 1 ) ( =	WANDED AND		TIAD
I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SU						
INDIVIDUALS IMMEDIATELY R						
SUBMITTED INFORMATION IS T	RUE, ACCUF	RATE AND COMP	LETE. I	AM AWARE THA	T THERE	E ARE
SIGNIFICANT PENALTIES FOR	SUBMITTING	FALSE INFORM	ATION,	INCLUDING THE	POSSIB	ILITY
OF FINE AND IMPRISONMENT.	1					
	1/		,	11.	01	1
Signature & Date	are	6	3448	Clive	Plan	V m
Signature & Date	1/12/12	P	rinted N	ame & Title of Off	icial	1

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

		(2),,,,,,					
PERMIT NUMBER: ARR00A175		PERMITTER	PERMITTEE NAME:		Mr. Wayne Clive		
FACILITY NAME: GLAD MANUFACTURING CO.		FACILITY PHYSICAL ADDRESS:		1700 N. 13 <sup>th</sup> Street			
				Rogers	, AR 72756		
INDUSTRIAL B2	OUTFAL NO:	L 002	REPORT YEAR:	ΓING	2011		
PARAMETER	Benchmark	QUAL	ITY OR CO	NCENT	TRATION	UNITS	
	Value	JANUAR	Y-JUNE	JULY	-DECEMBER	- UNITS	
Chemical Oxygen Demand (COD)	120	NO D	ATA		48.8	mg/L	
Total Suspended Solids (TSS)	100				2.0	mg/L	
Oil and Grease (O&G)	15				< 1.5	mg/L	
рН	6.0-9.0				6.2	S.U.	
		_				_	
	_	+					
		-					
Sampling Period:		IANUARY-JU	NE TUL	Y-DECE	EMBER		
Date of Storm Event Sampled:	_	NO DATA		12/11	ANDER		
Duration of Event:		10 5/11/1	5.5		hou	rs	
Estimate of Rainfall Event:			1.06	5	incl		
Time Since Last Measurable Eve	ent:		29		day	S	
Estimate of Total Discharged Vo	lume:				gall		
Comments							
Comments:							
I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SOMEONIC INDIVIDUALS IMMEDIATELY SUBMITTED INFORMATION IS SIGNIFICANT PENALTIES FOR OF FINE AND IMPRISONMENT.	UBMITTED I RESPONSIBLE TRUE, ACCUI	HEREIN; AND E FOR OBTAIN RATE AND CO	BASED ( NING THE II MPLETE. I	ON MY NFORM AM AW	INQUIRY OF ATION, I BELI ARE THAT TH	THOSE EVE THE ERE ARE	
Signature & Date	/12/12	h	AGAE Printed Na	C/ame & T	itle of Official	had my	

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

		(~)				
PERMIT NUMBER: ARR00A17:	5	PERMITTEE NAM	иЕ:	Mr. Wayne Clive	•	
FACILITY NAME: GLAD MANUFACTU	URING CO. FACILITY PHYSICAL ADDRESS:		1700 N. 13 <sup>th</sup> St			
				Rogers, AR 727	56	
INDUSTRIAL B2 SECTOR:	OUTFALI NO:	003	EPORT EAR:	71NG 2011		
PARAMETER	Benchmark	QUALITY (	OR CC	ONCENTRATION		UNITS
	Value	JANUARY-JUI	NE	JULY-DECEME	BER	ONTIS
Chemical Oxygen Demand (COD)	120	NO DATA		46.5		mg/L
Total Suspended Solids (TSS)	100			13.0		mg/L
Oil and Grease (O&G)	15			< 1.5		mg/L
рН	6.0-9.0			6.4		S.U.
					$\rightarrow$	
					-	
					$\rightarrow$	
		-			-+	
					$\rightarrow$	
Consulting Deviceds		ANITIADA UNE	11.11.3	V DECEMBED		
Sampling Period:		ANUARY-JUNE TO DATA		Y-DECEMBER		
Date of Storm Event Sampled: Duration of Event:		O DATA	5.5	.2/11	hours	
Estimate of Rainfall Event:			1.06	5	inches	3
Time Since Last Measurable Even			29		days	
Estimate of Total Discharged Volu	ıme:				gallon	ıs
Comments:						
conditionts						
		A CONTRACTOR		VALUED AND A		411 1 4 7
I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SU INDIVIDUALS IMMEDIATELY R SUBMITTED INFORMATION IS TO SIGNIFICANT PENALTIES FOR SOFFINE AND IMPRISONMENT.	BMITTED H ESPONSIBLE RUE, ACCUR	HEREIN; AND BASE FOR OBTAINING RATE AND COMPLE	SED ( THE I) ETE, I	ON MY INQUIRY NFORMATION, I I AM AWARE THA	Y OF T BELIEV T THER	THOSE 'E THE LE ARE
Signature & Date	he	WA Prin	LA E	C/VE ame & Title of Off	P/	in p

1/12/12