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 B_0 D_7			
Permittee Name: AlliANCE Ru	bber Co		
Facility Name: AlliANCE Rul	ober Co		
Facility Physical Address (<u>not</u> mailing address): 210 CARPENTER DAM Rd			
Facility City: Hot Springs	Zip Code: 71907		

Facility Contact Name: TREVOR HAMILTON	Title: SAfety / TEAINING COOLD.	
Facility Contact Phone Number 501-262-8175	Facility Contact Email: + hamilton Galliance- rubbe	e. con
	t 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 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 1^{st} – Dec 31^{st})? 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
No Complete Section 2, 3, 5 and 6.
Include any additional comments here: Did Not Sample in 2011

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	701/13/2011
Visual Site Inspection #2 Date	05/25/2011
Visual Site Inspection #3 Date	04/15/2011
Visual Site Inspection #4 Date	11/30/2011
Comprehensive Site Compliance Evaluation Date	12/29/2011

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	e samuel e es
Date Problem Discovered:	Describe the Problem:	N/A	
Date Problem Discovered:	Describe the Problem:	W/A	
Date Problem Discovered:	Describe the Problem:	NA	

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):
☐ 1 st Sampling period (January-June) ☐ 2 nd 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 <u>initiated</u> during the previous calendar year, but have <u>not yet been completed</u> . 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."

TREVOR HAMIHON		TEAINING COORD	06/04/2013
Printed Name	Title		Date /
Signature* RM +	Anil for		PSS TO LIVER 1

- * 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

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

PERMIT NUMBER: ARROO BOO	07	PERMITTEE NAME:	Alliance Rubben	e Co.
NAME: AlliANCE Rubber CO		FACILITY PHYSICAL ADDRESS:		
				40 71901
INDUSTRIAL SECTOR:	OUTFALI NO:	L REPOR YEAR:	TING 2011	
	_ ```			
PARAMETER	Benchmark	QUALITY OR C	ONCENTRATION	LDUTE
	Value	JANUARY-JUNE	JULY-DECEMB	ER UNITS
Chemical Oxygen Demand (COD)	120			mg/L
Total Suspended Solids (TSS)	100			mg/L
Oil and Grease (O&G)	15			mg/L
pH	6.0-9.0			S.U.
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			•	
Sampling Period:	J	ANUARY-JUNE JUI	LY-DECEMBER	
Date of Storm Event Sampled:	, ,			
Duration of Event:				hours
Estimate of Rainfall Event:				inches
Time Since Last Measurable Ever	⊢	<u> </u>		days
Estimate of Total Discharged Vol	ume:			gallons
Comments: (NAS NOT A	WILLE ST +	he NEED to test in	U ZOIL. HAVE MA	ade
ARRANGEMENTS with AR	ANALYTIC	Al for All testing	}.	
I CERTIFY UNDER PENALTY OF WITH THE INFORMATION SU INDIVIDUALS IMMEDIATELY R	BMITTED F	HEREIN; AND BASED FOR OBTAINING THE	ON MY INQUIRY INFORMATION, I B	OF THOSE BELIEVE THE
SUBMITTED INFORMATION IS T SIGNIFICANT PENALTIES FOR S OF EINE AND IMPRISONMENT.	RUE, ACCUI SUBMITTINC	RATE AND COMPLETE. FALSE INFORMATION	I AM AWARE THAT I, INCLUDING THE	THERE ARE POSSIBILITY
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P. O. Box 20950 Hot Springs, Arkansas 71903-0950 Hasler
06/05/2013
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FIRST-CLASS MAIL

ZIP 71901 011D1163112

ADEQ Stormwater Enforcement Branch 5301 Northshoee Drive North Little Rock, Ar. 72118

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