

Torrence, Rufus

From: Torrence, Rufus
Sent: Thursday, June 03, 2010 8:12 AM
To: Justin Halford (jwh@twhenterprises.com)
Subject: AFIN 34-00101 ARP001054 TWH Site Visit for Compliance Assurance: Inspection



ARKANSAS
Department of Environmental Quality

June 3, 2010

Justin Halford, Engineer
TWH Enterprises, Inc
700 Pepsi Cola Road
Batesville, AR 72501

Re: May 12, 2010 Site Visit for Compliance Assurance: Inspection
(Tracking No. ARP001054, AFIN 34-00101)

Dear Mr. Halford:

Part of ADEQ responsibility to EPA is to ensure that inspections of industries regulated by categorical pretreatment standards (40 CFR Part 405 – 471) are performed on a periodic basis. These industries are referred to as Categorical Industrial Users (CIUs) if they discharge the regulated wastewater into the local Publicly Owned Treatment Works (POTW). In accordance to 40 CFR 403.12(e), these CIUs must submit periodic reports to the Control Authority (ADEQ or Department) and in accordance with 40 CFR 403.8(f)(2)(v) be inspected by the Control Authority at least bi-annually. Please note that EPA interchanges the terms “POTW” and “Control Authority” in 40 CFR 403 and TWH must consider them synonymous. ADEQ serves at the Control Authority for the City of Batesville POTW and TWH may substitute “ADEQ” where the regulations refer to “POTW”.

TWH has processes (anodizing, alodine, etc.) in the Batesville, AR facility that are regulated by 40 CFR Part 433 and discharges to the City of Batesville POTW. Therefore, TWH is a CIU. On Wednesday (May 12, 2010), the Department conducted an inspection of the TWH facility. Please note that TWH old categorization was 40 CFR 413. Refer to page 4 in the inspection report for an explanation.

The Department appreciates TWH taking the time on Wednesday to show ADEQ Engineer (Rufus Torrence) the new TWH facility in Batesville. The inspection consisted of visiting key areas (shown on the attached report) and taking a wastewater sample. In the anodizing area, contact process water is circulated through a deionization unit. Since TWH releases the wastewater in batch operations from the circulating system, the ADEQ engineer took a sample from the main holding tank which contained raw untreated wastewater.

The ADEQ lab analysis is attached. The wastewater in the holding tank is almost pure except for some aluminum. TWH must continue to sample the wastewater after treatment and just before it enters the POTW.

The Department appreciates the TWH's continued efforts in periodic reporting.

If you have any questions or concerns, please contact the Department at (501) 682-0626 or torrence@adeq.state.ar.us.

Sincerely,

Rufus Torrence,
ADEQ Engineer

Attachments: ADEQ Lab Analysis
ADEQ Inspection Report dated May 12, 2010

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2010-1210

Sample ID: TWH

**Sample X
Type:**

Sample Collect Date: 5/12/2010

Report Date: 6/2/2010

<u>Test Group</u>	<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
ICP/MS-T	Aluminum	21300	µg/L	5/20/2010	20	200
	Antimony	< 100	µg/L	5/20/2010	5	100
	Arsenic	< 10.0	µg/L	5/20/2010	0.5	10.0
	Barium	< 100	µg/L	5/20/2010	2	100
	Beryllium	< 5.00	µg/L	5/20/2010	0.1	5.00
	Boron	321	µg/L	5/20/2010	5	250
	Cadmium	< 10.0	µg/L	5/20/2010	0.3	10.0
	Calcium	13.7	mg/L	5/20/2010	0.04	0.400
	Chromium	165	µg/L	5/20/2010	0.3	10.0
	Cobalt	< 10.0	µg/L	5/20/2010	0.5	10.0
	Copper	293	µg/L	5/20/2010	0.5	10.0
	Iron	2260	µg/L	5/20/2010	10	200
	Lead	20.3	µg/L	5/20/2010	0.1	10.0
	Magnesium	4.26	mg/L	5/20/2010	0.1	1.00
	Manganese	28.2	µg/L	5/20/2010	0.2	10.0
	Nickel	550	µg/L	5/20/2010	0.5	25.0
	Potassium	9.58	mg/L	5/20/2010	0.05	1.00
	Selenium	< 20.0	µg/L	5/20/2010	0.5	20.0
	Silicon Dioxide	< 2.00	mg/L	5/20/2010	0.02	2.00
	Silver	< 50.0	µg/L	5/20/2010	1	50.0
	Sodium	2950	mg/L	5/20/2010	0.02	0.400
	Thallium	< 25.0	µg/L	5/20/2010	0.5	25.0
	Vanadium	< 25.0	µg/L	5/20/2010	1	25.0
	Zinc	84.8	µg/L	5/20/2010	2	30.0

Pretreatment Industrial Inspection

Facility Information

Facility Name: TWH Enterprises, Inc		Site Address: 700 Pepsi Cola Rd.	
		Batesville, AR 72501	
Signatory Authority (Name & Title):			
Phone: (870) 251-1200		Mailing Address (if different): (Same)	
Fax: (870) 251-1202			
Address: (Same)		Corporate Owner Name and address (if applicable):	
		Not Applicable – Privately Owned	
Phone: (Same)			
Fax: (Same)		Phone: Not Applicable	
Contact Person (Name & Title):		Fax: Not Applicable	
Justin Halford, Engineer		Corporate CEO: Not Applicable	
e-mail: twh@twhenterprises.com		e-mail: Not Applicable	
Facility Permit # ARP001054 AFIN 32-00548		Last Inspection Date: 4-30-09	
POTW (City) IU discharges to: Batesville		POTW's NPDES # AR0020702	
Industrial Classification: <input checked="" type="checkbox"/> Categorical		<input checked="" type="checkbox"/> Significant	
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 433 Metal Finisher (Anodizing and Alodine)			
Table of Contents			
I. Summary of Inspection		Page	of
A. Inspection Objectives			
B. Inspection Analysis			
II. Pre-Inspection Meeting		Page	of
A. General Information			
B. Facility Permits			
C. Additional Comments			
III. Attachments	"Yes" indicates item exists at the facility and attachments will be included		
	"No" indicates item does not exist at the facility and attachments aren't necessary		
A. Industrial Processes	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
D. Chemical Storage	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page	of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
Comments : TWH relocated to a new building with about 62,000 sq ft. TWH is no longer an existing source.			
Since TWH moved to this new location in 2009, TWH will be regulated by 40 CFR 433 instead of			
40 CFR 413. TWH moved from Newport to Batesville and the new location is a "New Source".			
Inspector's Name (Print): Rufus Torrence		Signature:	
			
IU Rep's Name (Print)		Signature: Not Applicable	
T W Halford			
Date and Time Inspection Ended: 5-12-2010 @ 11.25 am			

I. Summary of Inspection			
A. Inspection and Objective (Complete Before Inspection)			
<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Bi-Annual	<input type="checkbox"/> Spill/Slug	<input type="checkbox"/> Unscheduled
<input type="checkbox"/> New Construction	<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
Inspection Objective(s) Compliance Assurance			
Checklist of items to be reviewed and/or visually inspected:			
<input checked="" type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Safety Concerns	
<input type="checkbox"/> Process Inspection	<input checked="" type="checkbox"/> Pretreatment Process	<input type="checkbox"/> TOMP	
<input checked="" type="checkbox"/> Chemical Storage	<input checked="" type="checkbox"/> Discharge point(s)	<input type="checkbox"/> Spills/Slug Control Plan	
<input type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input type="checkbox"/> Process/Flow/Pretreatment Schematics	
<input type="checkbox"/> IU sampling procedures	<input type="checkbox"/> Flow/pH Meter(s)	<input type="checkbox"/> Calibration Records	
<input type="checkbox"/> MSDS Inventory List	<input type="checkbox"/> New MSDS	<input type="checkbox"/>	
Comments:			
B. Inspection Analysis			
Were there any deficiencies/violations identified and noted during the inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Provide a brief narrative of deficiencies/violations or other concerns in the following areas:			
Records Review			
Process Area(s)			
Pretreatment System			
Self Monitoring Procedures			
Diversion/Sewer Meters			
Spill/Slug Control Plan			
Sampling Point			
Chemical Storage			

II. Pre-Inspection Meeting		
A. General Information		
Date and Time Inspection Started: 5-12-2010 @ 9:45 am		SIC code(s): 3471, 3499, 3812
IU Reps/Titles	Control Authority Reps/Titles	
Justin Halford, Mechanical Engineer	Rufus Torrence, Engineer	
End product(s): (Job Shop)		Approx. # of units produced: N/A
Days of Operation: Varies		Days of Production (if different): Varies
Hours of Operation: Varies		Hours of Production (if different): Varies
Shift 1, hrs.: Day Only	Shift 2, hrs.: N/A	Shift 3, hrs.: N/A
# of Employees: 2	Peak Mos.: N/A	"Off" Mos.: N/A
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?		
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?		
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If No, explain:		
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, explain:		
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: <input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No		
If Yes, explain:		
Has there been any changes since the last inspection regarding the following items:		
Plant/flow/process layout? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.		
Processes? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, explain:		
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, explain:		
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, explain:		
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, explain		
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		
Prior to Pretreatment System? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
At connection to sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
What is the current avg. production rate and process flow?/s Not Applicable		
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>		
Not Applicable		

Attachment A: Industrial Process(es)

List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not

1. Anodizing	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Alodine	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

TWH is anodizing and alodining small machined parts, etc.

General observations of facility's indoor housekeeping: **Excellent (New Building)**

General observations of area outside facility's building: **Excellent (New Landscaping)**

Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M) or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).

<input type="checkbox"/> Process Rinse Overflows	<input type="checkbox"/> Equip. Cleanup	<input type="checkbox"/> Floor Cleanup	<input type="checkbox"/> Spent Bath Solutions
<input type="checkbox"/> Product Cleaning	<input type="checkbox"/> Forklifts Maint./Wash	<input type="checkbox"/> Tank Dragout	<input type="checkbox"/> Air Pollution Devices
<input type="checkbox"/> Boiler Blowdown	<input type="checkbox"/> Spent Rinse Tanks	<input type="checkbox"/> Equipment Coolants	<input type="checkbox"/> Non-Contact Cooling Water
<input type="checkbox"/> Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Major Raw Materials and Chemicals used:

TWH is a "job shop" which makes parts from standard metal shapes (round bars, square bars, plates, etc.)

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) Cd, Cu, Cr, Pb Ni, Ag & Zn	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂		
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<input type="checkbox"/> pH	<input type="checkbox"/>		

Are there floor drains in the Process area? Yes No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Does this facility practice P2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Environmental Management System in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ISO Certified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Written Standard Operating Procedures? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Preventative Maintenance Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)	
Explain:	
Water Reuse: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Cost Accounting to Track Savings: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Inventory Control / "Green Purchasing": Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)	
Explain:	
Employee Training: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Spent Solvent Reclamation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input type="checkbox"/> Fog Spray Rinsing	<input type="checkbox"/> Countercurrent Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input type="checkbox"/> Air Jets to Blow Parts Dry	<input type="checkbox"/> Secondary Containment of Process Solutions
<input type="checkbox"/> Aqueous Paint Stripping Solutions	<input type="checkbox"/> Bead Blasting to Remove Paint
<input type="checkbox"/> Water Soluble Cutting Fluids	<input type="checkbox"/> Recycle Overspray
<input type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input checked="" type="checkbox"/> Conductivity Meters
<input type="checkbox"/> Dead Rinse Tanks	<input checked="" type="checkbox"/> Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment? Yes No N/A

Are they pretreated prior to discharge to the sanitary sewer? Yes No N/A

Was the pretreatment system visually inspected during this visit? Yes No N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:

<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input checked="" type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input checked="" type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input type="checkbox"/> Belt/Disk Oil Skimmer	<input checked="" type="checkbox"/> Deionization Unit	<input type="checkbox"/>	<input type="checkbox"/>

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

Closed loop system with D. I. treatment is in good condition and well maintained. D. I. unit is backwashed every three weeks (approximately) and about 500 gallons of wastewater is treated and released to the POTW. The entire process area is above a sloped pit that ends in the pretreatment area. Any captured ww is pumped to treatment.

Does the description match the schematic currently on file? Yes No N/A

System Operator(s) Name: **Justin Halford**

Does discharge permit require licensed operator? Yes No N/A

Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3?) Yes No N/A

List Name(s) and License classification:

Is training provided to the Pretreatment System Operator(s)? Yes No N/A

If Yes, list type and frequency:

Is the discharge from the Pretreatment System? Batch Continuous Combination

If any discharges are batch type or combination, describe the following:

Volume of each batch: **500** gallons per **2-3 weeks**

Describe process from which batch originated (spent bath, e.g.): **Spent Anodizing/Alodining Bath**

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
N/A	N/A	N/A

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No *(see comment below)*

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3. Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4. Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer

Does the Chemical Storage Area(s) contain any of the following? **Not Applicable**

- | | |
|---|---|
| <input type="checkbox"/> Dikes, Berms for Containment | <input type="checkbox"/> Plugs for Floor Drains |
| <input type="checkbox"/> Secondary Tanks for Holding | <input type="checkbox"/> Premix (low) Concentrations |
| <input type="checkbox"/> Alarms | <input type="checkbox"/> Chain restraints, limited access |
| <input type="checkbox"/> Spills Control Kits for Cleanup | <input type="checkbox"/> Notification Procedures |
| <input type="checkbox"/> Chemical desegregation within Storage Area | <input type="checkbox"/> Other |

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Not Applicable

Chemical storage comments:

All bulk chemicals are stored in the same room with the treatment system and D.I. Unit.

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Not Applicable

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no ¹
If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place?	
Is the spill/slug control plan <2 years old?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(B) Describes storage and handling of chemicals	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(C) Procedures for immediate notification to POTW of slug discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
2. Describes procedures and equipment for emergency response	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
3. Describes follow-up to limit damage suffered by POTW or environment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
5. Are worker personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is it posted in areas where chemicals are used and stored?	<input type="checkbox"/> yes <input type="checkbox"/> no
If Yes how many?	
Are appropriate personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have there been any non-routine, episodic discharges or chemical spills in the past year?	<input type="checkbox"/> yes <input type="checkbox"/> no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	The inspector took the sample from the surge tank since no "treated" water was available.
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

¹There are no floor drains; hence, virtual no potential for an accidental spill to enter the POTW. The process area is above a pit that slopes to the treatment area.

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title. **Justin Halford normally witnesses Arkansas Testing Lab Tech when the tech is grabbing a sample from the effluent just before it enters the pipe to the sewer system. Justin says that the tech immediately preserves the sample by injecting nitric acid into the plastic jug containing the sample.**

Where is the sample point located?

<input type="checkbox"/> End of Process	<input type="checkbox"/> Pretreatment Effluent	<input type="checkbox"/> Total Flow
<input type="checkbox"/> Combined Flow	<input type="checkbox"/> Metered Flow	<input type="checkbox"/> Flow Actuator
<input type="checkbox"/> Private Manhole	<input type="checkbox"/> Utility Manhole	<input type="checkbox"/> Advance Notice Required
<input type="checkbox"/> Safety Hazards Identified	<input type="checkbox"/>	<input type="checkbox"/>

Is the Sample Collection Site Adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility rep. request a split sample on this sampling/inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility perform self-monitoring tests in-house?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If no, record the name and address of Contract Lab: **Arkansas Testing Lab in Searcy, AR**

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the Contract Lab certified by ADEQ for test parameters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dates and Times of Sample Analysis Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Correct Methods Used for Test Analysis (Refer To 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EPA recommended holding times being met (Refer to 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Chain of Custody Records for Self-Monitoring Samples Reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were correct Sample Types Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dates and times of Sample Collection Recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Samples preserved correctly (refer to 40CFR Part 136)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were Self Monitoring records on file for past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

List the parameters the facility monitors and the frequency:

<input checked="" type="checkbox"/> Cd(t) twice/year	<input checked="" type="checkbox"/> Cu(t) twice/year	<input checked="" type="checkbox"/> Cr(t) twice/year	<input checked="" type="checkbox"/> Ni(t) twice/year	<input checked="" type="checkbox"/> Pb(t) twice/year
<input checked="" type="checkbox"/> Ag(t) twice/year	<input checked="" type="checkbox"/> Zn(t) twice/year	<input type="checkbox"/> pH	<input checked="" type="checkbox"/> CN'(t) twice/year	<input type="checkbox"/> CN'(a-c)
<input type="checkbox"/> TTO-Vol	<input type="checkbox"/> TTO-B/N	<input type="checkbox"/> TTO-A.E.	<input type="checkbox"/> TTO-Pest	<input type="checkbox"/> Cr(hex)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? <input type="checkbox"/> Analysis <input checked="" type="checkbox"/> Certification Statement
Does the facility have a Toxic Organic Management Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, Does the plan show how toxic organics are used, stored, and disposed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
List the date of the last revision to the TOMP:
Is the TOMP being followed as written? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If no, provide explanation in comments.)
If no, is there evidence that a TOMP is needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (If yes, provide description of evidence in comments.)

Comments: **According to the TWH cover letter attached to each semi-annual report, TWH does not store or use any chemicals that contain any of the 110 regulated toxic organics.**