

Pretreatment Industrial Inspection

Facility Information

Facility Name: <u>LA Darling Co aka Darling Store Fixtures</u>	Site Address: <u>302 Wooten St. Corning, AR 72422</u>
Signatory Authority (Name & Title): <u>Randy Guthrie - Director of Operations</u>	Mailing Address (if different):
Phone: <u>(870) 857-3546 ext 2333</u>	
Fax: <u>(870) 215-4605</u>	
Address: <u>(Same)</u>	Corporate Owner Name and address (if applicable): <u>L. A. Darling - Paragould</u>
Phone:	
Fax:	Phone:
Contact Person (Name & Title): <u>Greg Watson, Business Unit Mgr</u>	Fax:
e-mail:	Corporate CEO: <u>Thomas Weiss</u>
	e-mail: <u>tom.weiss@ladarling.com</u>
Facility Permit # <u>~</u> or ARP00 <u>0011</u>	Last Inspection Date: <u>N/A</u>
POTW (City) IU discharges to: <u>City of Corning</u>	POTW's NPDES #AR00
Industrial Classification: <input checked="" type="checkbox"/> <u>Categorical</u>	<input type="checkbox"/> <u>Significant</u>
If Categorical, list which CFR #(s) the facility is subject to: <u>40 CFR 433</u>	

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"No" indicates item does not exist at the facility and attachments aren't necessary		
A. Industrial Processes <u>& Amts A-1, A-2 + A-3</u>	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
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Comments :

Inspector's Name (Print): <u>Rufus Torrence</u>	Signature: <u>[Signature]</u>
IU Rep's Name (Print): <u>Greg Watson</u>	Signature: <u>[Signature]</u>

Date and Time Inspection Ended: 6-21-05 @ 12:15 pm

Date Scanned
 Technical Backup
 Correspondence
 Permit PN
 AFIN # 11-00046
 NPDES # AR000011
 NPDES PERMIT FILE



I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual <i>BI</i> | <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 checked="" type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input checked="" type="checkbox"/> Process Inspection | <input checked="" type="checkbox"/> Pretreatment Process | <input checked="" type="checkbox"/> TOMP |
| <input checked="" type="checkbox"/> Chemical Storage | <input checked="" type="checkbox"/> Discharge point(s) | <input checked="" type="checkbox"/> Spills/Slug Control Plan |
| <input type="checkbox"/> Records Review | <input type="checkbox"/> RCRA information | <input checked="" 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? Yes No

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review

Process Area(s)

Possible 40CFR 420 CIU

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

No secured containment

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 6-21-05 @ 11:15am		SIC code(s): 2542	
IU Reps/Titles Greg Watson, Business Mgr Andy Stickler, FCCI Proj. Eng		Control Authority Reps/Titles Rufus Torrence, Pret Eng	
End product(s): Store Fixtures		Approx. # of units produced: —	
Days of Operation: M-F		Days of Production (if different): —	
Hours of Operation: 16 hrs / day		Hours of Production (if different): —	
Shift 1, hrs.: 6 to 2 pm		Shift 2, hrs.: 2 to 8 pm	
Shift 3, hrs.: — to —			
# of Employees: 230		Peak Mos.: —	
"Off" Mos.: —			
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? Holidays			
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, explain: Elevated platform & catwalks			
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"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Are regulated and non-regulated wastestreams combined? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>			
Prior to Pretreatment System? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>			
If Yes, was the CWF used to calculate limits? yes <input checked="" type="checkbox"/> no <input 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? N/A			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
N/A			

B. Facility Permits		
Permit Type	Permit No.	Expiration Date
Air	(minor source)	
RCRA		
NPDES		
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

Shelving for Walmart

Steel Coils 16,000 #

500,000 #'

50" x 0.105" x 1500'

to 1/8" thick

Possible AUCFR420 forming
round tubes to rectangular tubes.

Attachment A: Industrial Process(es)

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

1. <i>Paint Lines</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. <i>Fork Lift</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. <i>Tube Mill Coolant</i>	Yes <input checked="" 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):

Iron phosphate shelves & powder coat shelves

General observations of facility's indoor housekeeping:

Good

General observations of area outside facility's building:

OK

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 checked="" type="checkbox"/> Process Rinse Overflows	<input type="checkbox"/> Equip. Cleanup	<input type="checkbox"/> Floor Cleanup	<input type="checkbox"/> Spent Bath Solutions
<input checked="" type="checkbox"/> Product Cleaning	<input checked="" type="checkbox"/> Forklifts Maint./Wash	<input type="checkbox"/> Tank Dragout	<input type="checkbox"/> Air Pollution Devices
<input type="checkbox"/> Boiler Blowdown	<input checked="" 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:

Check Waste Stream Pollutants of Concern from Process(es)

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

All sealed

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 checked="" type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input checked="" 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 checked="" type="checkbox"/> Belt/Disk Oil Skimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Well - maintained

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

System Operator(s) Name:

Lendell Wheelley,

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:

Lendell Wheelley, Class II; Bill Tubbs, Class II; Danny McFadden, Class II

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: _____ gallons per

Describe process from which batch originated (spent bath, e.g.):

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

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. OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input checked="" type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<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?

- | | |
|---|---|
| <input type="checkbox"/> Dikes, Berms for Containment | <input type="checkbox"/> Plugs for Floor Drains |
| <input checked="" 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:

Chemical storage comments:

Chemicals store against wall / no special containment or confinement.

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

Forklifts

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	end of treatment
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

① All floor drains sealed

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.

Where is the sample point located?

<input type="checkbox"/> End of Process	<input checked="" 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? Yes No N/A

Does the facility rep. request a split sample on this sampling/inspection? Yes No

Does the facility perform self-monitoring tests in-house? Yes No N/A

If no, record the name and address of Contract Lab: *American Interplex*

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed: Yes No N/A

Is the Contract Lab certified by ADEQ for test parameters? Yes No N/A

Dates and Times of Sample Analysis Recorded? Yes No N/A

Correct Methods Used for Test Analysis (Refer To 40CFR Part 136) Yes No N/A

EPA recommended holding times being met (Refer to 40CFR Part 136) Yes No N/A

Chain of Custody Records for Self-Monitoring Samples Reviewed Yes No N/A

Were correct Sample Types Collected Yes No N/A

Dates and times of Sample Collection Recorded? Yes No N/A

Were Samples preserved correctly (refer to 40CFR Part 136) Yes No N/A

Were Self Monitoring records on file for past 3 years? Yes No N/A

List the parameters the facility monitors and the frequency:

<input checked="" type="checkbox"/> Cd(t) <i>2/yr</i>	<input type="checkbox"/> Cu(t) <i>2/yr</i>	<input type="checkbox"/> Cr(t) <i>2/yr</i>	<input type="checkbox"/> Ni(t) <i>2/yr</i>	<input type="checkbox"/> Pb(t) <i>2/yr.</i>
<input checked="" type="checkbox"/> Ag(t) <i>2/yr</i>	<input type="checkbox"/> Zn(t) <i>2/yr</i>	<input type="checkbox"/> pH	<input type="checkbox"/> CN'(t)	<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? Analysis Certification Statement

Does the facility have a Toxic Organic Management Plan? Yes No N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? Yes No N/A

List the date of the last revision to the TOMP:

Is the TOMP being followed as written? Yes No N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? Yes No N/A (If yes, provide description of evidence in comments.)

Comments: *American Interplex analysis dated 5-19-95 shows NO TTOs*