

ADEQ

ARKANSAS
Department of Environmental Quality

November 28, 2009

Tommy Campbell
Director of Operations
L. A. Darling Company – Corning Facility
P.O. Box 338
Corning, AR 72422

Re: L. A. Darling Company (Tracking #ARP000011, AFIN #1100046) Pretreatment Compliance Assurance Visit in Corning (NPDES #AR0033979)

Dear Mr. Campbell,

On 11/19/09, a compliance assurance visit (CAV) was conducted by ADEQ Pretreatment personnel at your facility. This to satisfy requirements of the memorandum of agreement with EPA Region VI in our State's Pretreatment Program implementation procedures to "Randomly sample and analyze the effluent from industrial users and to conduct surveillance activities in order to identify, independent of information supplied by industrial users occasional and continuing noncompliance with pretreatment standards" per 40 CFR 403.8(f)(2)(v).

This office wishes to extend its appreciation for the cooperation, transparent exchange of information and dialogue with your facility contractor, Andy Stickler, during the visit. Your willingness to "open the books" and share process knowledge compliments the true spirit of environmental partnerships.

L. A. Darling is compliant with the Metal Finishing standards in 40 CFR 433.17 and the National Pretreatment Regulations in 40 CFR 403. ADEQ's analytical attachments confirm concentrations found from wastewater samples taken during the site visit are well within the 40 CFR 433.17 limitations without pretreatment. Samples were taken directly from your three (3) processes overflow rinse tanks.

Find attached supporting documentation: the "Pretreatment Industrial Inspection" and ADEQ's Certificate of Analysis for all metals analyzed by our lab.

If there are further questions or comments, please feel free to contact this office at (501) 682-0625 or electronically at gilliam@adeq.state.ar.us.

Sincerely,



Allen R. Gilliam
ADEQ State Pretreatment Coordinator

cc: Pretreatment File
Tracy Robinson / Water Superintendent / P.O. Box 538 / Corning, AR 72422
Andy Stickler / Stickler Consulting Services / 200 Rosewood Dr. / Paragould, AR 72450

Attachments

**Pretreatment Industrial Inspection
Facility Information**

Facility Name: L.A. Darling – Corning Facility @ 302 Wooten Lane Corning, AR 72422

Signatory Authority (Name & Title): Tommy Campbell / Director of Operations

Phone: 870.857.3546 X - 2333

Mailing Address (if different):

P.O. Box 338, Corning, AR 72422

Fax:

Address: same

Corporate Owner Name and address: Corning – 1401 Hwy. 49B,
North, Paragould, AR 72450 *L.A. Darling*

Contact Person (Name & Title): Tommy Campbell / Director of Operations & subcontractor Andy Stickler with Stickler Consulting Services (astick@grnco.net)

Phone: 870.239.9564

Phone: 870.857.3546 X – 2276 & 870.236.0832

Fax:

Fax:

Corporate President: Randy Guthrie

e-mail: chris.hoggard@ladarling.com

e-mail:

Facility Tracking #ARP000011 **AFIN#**1100046

Last Inspection Date: 4/26/07

POTW (City) IU discharges to: Corning (NPDES #AR0033979)

Industrial Classification:

Categorical

Significant

If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 433.17

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B. Facility Permits

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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 no Page 5 of 10

B. **Pollution Prevention Activities**

yes no Page 6 of 10

C. **Pretreatment System (not necessary)**

yes no Page of

D. **Chemical Storage**

yes no Page 8 of 10

E. **Spill/Slug Control Plan**

yes no Page 9 of 10

F. **Self-Monitoring/TOMP**

yes no Page 10 of 10

Comments :

Inspector’s Name (Print): Allen Gilliam

Signature: *Allen Gilliam*

IU Rep’s Name (Print): *Andy Stickler*

Signature: *Andy Stickler*

Date and Time Inspection Ended: 11/19/09 @ 2:30 pm

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): Assure compliance with 40 CFRs 403 and 433 requirements via sampling and walk-through.

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 checked="" type="checkbox"/> Process Inspection	<input 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 checked="" type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input checked="" type="checkbox"/> Process/Flow/Pretreatment Schematics
<input checked="" type="checkbox"/> IU sampling procedures	<input checked="" 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: See updated hand drawn schematic dated "11/09". It provides a much better overview of plant and process flow. This schematic does not depict removal of pretreatment equipment yet.

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: Adequate, no comment.

Process Area(s): Adequate, no comment.

Pretreatment System: System not necessary.

Self Monitoring Procedures: Adequate, no comment.

Diversion/Sewer Meters: Not applicable.

Spill/Slug Control Plan: Slug plan deemed not necessary.

Sampling Point: During this site visit, grab samples were taken from the three (3) final rinses from each of their phosphatizing lines without treatment.

Chemical Storage: Adequate, no comment.

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 11/19/09 @ 9:30 a.m.		SIC code(s): 2542	
IU Reps/Titles: Andy Stickler / Facility Contractor		Control Authority Reps/Titles: Allen Gilliam / State Pretreatment Coordinator	
End product(s): Metal shelving, upright fixtures & metal storage racks		Approx. # of units produced: ???	
Days of Operation: Monday - Friday		Days of Production (if different): Same	
Hours of Operation: 16 per day		Hours of Production (if different): Same	
Shift 1, hrs.: 6 a.m. to 2 p.m.	Shift 2, hrs.: 2 p.m. to 10 p.m.	Shift 3, hrs.: N/A to	
# of Employees: ~350	Peak Mos.: N/A	"Off" Mos.: N/A	
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: Safety glasses required.			
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: One has to be wary of forklift traffic.			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Once pretreatment equipment is removed, an updated schematic will be forthcoming.			
Processes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Discontinued use of pretreatment system, no longer necessary.			
Production Levels? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Raw materials? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Discontinued Fe phosphatizing any Zn or galvanized metals.			
Flow rates? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Got rid of 50 gpd of A/C condensate, therefore, no more need for the CWF. Need to change limits on semi-annual report to reflect this.			
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 checked="" type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>			
What is the current avg. process flow? Last semi-annual report indicated ~ 22,800 gpd			

B. Facility Permits

Permit / ID Type	Permit / ID No.	Expiration Date
Air	497-AR-4	7/14/92 issued and "non-ending"
RCRA	ARD990869802	SQCEG
NPDES (stormwater)	ARR00A826	1/1/10
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

Pollution Prevention (P2): Water conservation was discussed. Facility rep indicated 5 or 6 gpm rinse overflow has been the acceptable rate based on visual observation and rinse quality.

It is this inspector's opinion more P2 could be discovered and practiced at this facility.

Attachment A: Industrial Process(es)

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

1. Fe phosphatizing	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. Tube mill (w.w. hauled off-site)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Rinses	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Fork lift washdown	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es): Facility manufactures custom metal retail displays, fixtures, gondolas, storage shelving and an assortment of other merchandise/commercial displays for retail stores. Raw material is either hot or cold rolled steel, steel sheeting, Fe phosphate and powder coat paint. Facility has ceased receiving or processing any Zn galvanized steel.

Facility forms, presses, stamps, perforates, cuts, welds, "rolls" (tube mill) steel to form support legs ("uprights"), machines and assembles various pieces to meet customer final products' specifications. Shelving units are can be 16" to 20" in width and vary in length. What little fluids generated in this area are captured by "oil sorb" socks.

Fe phosphatizing captures this facility under the metal finishing regs in CFR 433.17. They currently have three (3) almost identical phosphatizing lines. They all have a first stage cleaner/Fe phosphatizing stage followed by milder Fe phosphatizing with a final rinse prior to entering a dry-off/curing oven, then to powder coating and back through the dry-off/curing oven. The phosphatizing rinses are the only source of regulated wastewater.

There are two separate powder coat paint lines with no w.w. generated.

General observations of facility's indoor housekeeping: Clean and orderly.

General observations of area outside facility's building: Uncluttered with no evidence of spills or unpermitted discharges.

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

<input checked="" type="checkbox"/> Process Rinse Overflows ~23,000 gpd	<input type="checkbox"/> Equip. Cleanup	<input type="checkbox"/> Floor Cleanup	<input checked="" type="checkbox"/> Spent Bath Solutions hauled off-site ~ 2/year
<input 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"/> Rinse overflows	<input type="checkbox"/>	<input type="checkbox"/>

List Major Raw Materials and Chemicals used:

Cold and hot rolled steel, sheet steel, Fe phosphate, cutting oils and coolants

Check Waste Stream Pollutants of Concern from Process(es):

<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input type="checkbox"/> Metals (List): All Metal Finishing metals reg'd under 40 CFR 433.17	<input type="checkbox"/> Solvents (List): Facility has submitted a TOMP in lieu of analyzing for TTOs
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂	<input checked="" type="checkbox"/> pH	
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		

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"/> ("considering ISO 14001")	
Written Standard Operating Procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Facility rep indicated they keep a book on most every standard operating procedure and a log book for a history.	
Preventative Maintenance Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc) Explain: "Ongoing and as needed"	
Water Reuse: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Facility does practice counter-current flows in their phosphatizing processes.	
Cost Accounting to Track Savings: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Facility rep indicated they a "Rapid Continuous Improvement" (RCI) program in place.	
Inventory Control / "Green Purchasing": Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc) Explain: Facility practices lean manufacturing.	
Employee Training: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: All workers are OSHA and some, wastewater trained.	
Spent Solvent Reclamation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Maintenance and tool room contain some solvents that are recycled through Safety Kleen.	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Paper, wooden pallets, cardboard and scrap steel are recycled.	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Explain: Waste oil is sent off for proper disposal/re-use.	
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 checked="" type="checkbox"/> Countercurrent Rinsing
<input checked="" type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input checked="" 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 checked="" type="checkbox"/> Water Soluble Cutting Fluids	<input type="checkbox"/> Recycle Overspray
<input type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input type="checkbox"/> Conductivity Meters
<input type="checkbox"/> Dead Rinse Tanks	<input type="checkbox"/> Bath / Rinse Filtration

Attachment C: Pretreatment System N/A (Pretreatment not necessary to meet categorical limits)

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 type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

System Operator(s) Name:

Is the System Operator(s) licensed by the State of Arkansas? 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 Process? Batch Continuous Combination

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

Volume of each batch discharged: ~23,000+ gpd (from last semi-annual report signed 7/09)

Describe process from which wastewater originated (spent bath, e.g.): Wastewater is from phosphate rinses with occasional batch discharges from the spent rinse tanks.

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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was this area(s) visually inspected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Describe Chemical Storage Area(s)	Are there floor drains in this area? If yes, where does this drain lead to?
1. Bulk storage (~ 15 55 gallon drums. Lube & Hydr. oils)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Various work stations have a drum or small quantities of necessary chemicals for use at that point.	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Bulk storage (barrels sit on top of "containment pans")
Chemical Inventory List (MSDS) on file?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were any new MSDS reviewed during the Inspection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

If yes, list below: Time constraints did not allow for a comprehensive review of many chemicals, but there were two full notebooks of them.

Chemical storage comments: Adequate, no comment.

Chemical handling procedures (totes, dolly, buckets, hardline, etc): Forklifts, metering pumps and totes.

Attachment E: Spill/Slug Control Plan (Slug discharge potential deemed negligible)

Does the facility have a Spill/Slug control plan?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
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 checked="" type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(B) Describes storage and handling of chemicals	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(C) Procedures for immediate notification to POTW of slug discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A
2. Describes procedures and equipment for emergency response	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" 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 checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted? Not necessary	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Is it posted in areas where chemicals are used and stored?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If Yes how many?	
Are appropriate personnel provided training in the event of a spill or slug discharge?	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
Has there been any non-routine, episodic discharges or chemical spills in the past year?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" 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: For this site visit, samples were taken directly from the top of each of their three (3) final rinse tanks. This was to provide proof that since the facility has ceased Fe phosphatizing any Zn or galvanized material, pretreatment equipment is no longer necessary. Each sample was taken from a well mixed area of the rinse tanks' overflow to the city.	
Total Flow Monitoring Point: N/A	
Point of Connection: N/A	

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. As soon as the pretreatment equipment is removed, there will be one pipe receiving all rinse tanks' discharge before discharge to the City. For this site visit, to verify pretreatment is not necessary, samples were taken from the process overflow rinse tanks (3 of them)

Where is the sample point located? See above.

<input checked="" type="checkbox"/> End of Process (rinse tanks)	<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? 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 (For this site visit, grabs were taken)

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

List the parameters the facility monitors and the frequency: Semi-Annually

<input checked="" type="checkbox"/> Cd(t)	<input checked="" type="checkbox"/> Cu(t)	<input checked="" type="checkbox"/> Cr(t)	<input checked="" type="checkbox"/> Ni(t)	<input checked="" type="checkbox"/> Pb(t)
<input checked="" type="checkbox"/> Ag(t)	<input checked="" type="checkbox"/> Zn(t)	<input type="checkbox"/> pH	<input checked="" 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: 1/18/06

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: This inspector's observations concluded there were not large quantities of toxic organics that could possibly enter the City's sewer system in toxic amounts.

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-3083

Sample ID: Darling Store Fixtures - A-1 Rinse Tank

Sample Collect Date: 11/19/2009

Sample X
Type:

(Line A-2)
Line A-2)

Report Date: 12/1/2009

<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	20.3	µg/L	11/25/2009	20	20.0
	Antimony	21.7	µg/L	11/25/2009	5	10.0
	Arsenic	20.1	µg/L	11/25/2009	0.5	1.00
	Barium	78.2	µg/L	11/25/2009	2	10.0
	Beryllium	< 0.50	µg/L	11/25/2009	0.1	0.50
	Boron	219	µg/L	11/25/2009	5	25.0
	Cadmium	< 1.00	µg/L	11/25/2009	0.3	1.00
	Calcium	12.3	mg/L	11/25/2009	0.04	0.040
	Chromium	3.85	µg/L	11/25/2009	0.3	1.00
	Cobalt	2.61	µg/L	11/25/2009	0.5	1.00
	Copper	13.0	µg/L	11/25/2009	0.5	1.00
	Iron	22600	µg/L	11/25/2009	10	20.0
	Lead	< 1.00	µg/L	11/25/2009	0.1	1.00
	Magnesium	10.2	mg/L	11/25/2009	0.1	0.10
	Manganese	221	µg/L	11/25/2009	0.2	1.00
	Nickel	112	µg/L	11/25/2009	0.5	2.50
	Potassium	2.21	mg/L	11/25/2009	0.05	0.100
	Selenium	< 2.00	µg/L	11/25/2009	0.5	2.00
	Silicon Dioxide	30.4	mg/L	11/25/2009	0.02	0.20
	Silver	< 5.00	µg/L	11/25/2009	1	5.00
	Sodium	119	mg/L	11/25/2009	0.02	0.040
	Thallium	< 2.50	µg/L	11/25/2009	0.5	2.50
	Vanadium	< 2.50	µg/L	11/25/2009	1	2.50
	Zinc	32.8	µg/L	11/25/2009	2	3.00

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-3084

Sample ID: Darling Store Fixtures - A-2 Rinse Tank

Sample Collect Date: 11/19/2009

Sample X

(Line A-1)

Report Date: 12/1/2009

Type:

<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	25.8	µg/L	11/25/2009	20	20.0
	Antimony	< 10.0	µg/L	11/25/2009	5	10.0
	Arsenic	5.98	µg/L	11/25/2009	0.5	1.00
	Barium	101	µg/L	11/25/2009	2	10.0
	Beryllium	< 0.50	µg/L	11/25/2009	0.1	0.50
	Boron	45.7	µg/L	11/25/2009	5	25.0
	Cadmium	< 1.00	µg/L	11/25/2009	0.3	1.00
	Calcium	13.2	mg/L	11/25/2009	0.04	0.040
	Chromium	2.02	µg/L	11/25/2009	0.3	1.00
	Cobalt	1.24	µg/L	11/25/2009	0.5	1.00
	Copper	16.0	µg/L	11/25/2009	0.5	1.00
	Iron	9850	µg/L	11/25/2009	10	20.0
	Lead	< 1.00	µg/L	11/25/2009	0.1	1.00
	Magnesium	10.7	mg/L	11/25/2009	0.1	0.10
	Manganese	73.9	µg/L	11/25/2009	0.2	1.00
	Nickel	23.2	µg/L	11/25/2009	0.5	2.50
	Potassium	2.18	mg/L	11/25/2009	0.05	0.100
	Selenium	< 2.00	µg/L	11/25/2009	0.5	2.00
	Silicon Dioxide	30.2	mg/L	11/25/2009	0.02	0.20
	Silver	< 5.00	µg/L	11/25/2009	1	5.00
	Sodium	66.9	mg/L	11/25/2009	0.02	0.040
	Thallium	< 2.50	µg/L	11/25/2009	0.5	2.50
	Vanadium	2.83	µg/L	11/25/2009	1	2.50
	Zinc	352	µg/L	11/25/2009	2	3.00

Arkansas Department of Environmental Quality

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- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-3085

Sample ID: Darling Store Fixtures – A-3 Rinse Tank
(Line B)

Sample Collect Date: 11/19/2009

Sample
Type:

Report Date: 12/1/2009

<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	< 20.0	µg/L	11/25/2009	20	20.0
	Antimony	< 10.0	µg/L	11/25/2009	5	10.0
	Arsenic	4.63	µg/L	11/25/2009	0.5	1.00
	Barium	77.0	µg/L	11/25/2009	2	10.0
	Beryllium	< 0.50	µg/L	11/25/2009	0.1	0.50
	Boron	47.4	µg/L	11/25/2009	5	25.0
	Cadmium	< 1.00	µg/L	11/25/2009	0.3	1.00
	Calcium	13.0	mg/L	11/25/2009	0.04	0.040
	Chromium	< 1.00	µg/L	11/25/2009	0.3	1.00
	Cobalt	< 1.00	µg/L	11/25/2009	0.5	1.00
	Copper	4.44	µg/L	11/25/2009	0.5	1.00
	Iron	3100	µg/L	11/25/2009	10	20.0
	Lead	< 1.00	µg/L	11/25/2009	0.1	1.00
	Magnesium	9.09	mg/L	11/25/2009	0.1	0.10
	Manganese	25.0	µg/L	11/25/2009	0.2	1.00
	Nickel	14.0	µg/L	11/25/2009	0.5	2.50
	Potassium	2.30	mg/L	11/25/2009	0.05	0.100
	Selenium	< 2.00	µg/L	11/25/2009	0.5	2.00
	Silicon Dioxide	27.7	mg/L	11/25/2009	0.02	0.20
	Silver	< 5.00	µg/L	11/25/2009	1	5.00
	Sodium	40.2	mg/L	11/25/2009	0.02	0.040
	Thallium	< 2.50	µg/L	11/25/2009	0.5	2.50
	Vanadium	2.61	µg/L	11/25/2009	1	2.50
	Zinc	4.46	µg/L	11/25/2009	2	3.00