

**Peltier, Hannah**

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**From:** Torrence, Rufus  
**Sent:** Friday, May 17, 2013 10:25 AM  
**To:** G W Roach 'groach@roachconveyors.com'  
**Cc:** mdavis@roachconveyors.com; Peltier, Hannah  
**Subject:** AFIN 56-00031 AR0035602 ARP001060 Roach Mfg Co Site Visit for Compliance Assurance: Inspection  
**Attachments:** RMC Insp 20130418.doc; RMC Lab Report.doc



May 16, 2013

G W Roach, Jr.  
Roach Manufacturing Co.  
808 Hwy 463  
Trumann, AR 72472

Re: April 24, 2013 Site Visit for Compliance Assurance: Inspection  
(AR0035602, Tracking No. ARP001060, AFIN 56-00031)

Dear Mr. Roach:

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) the Control Authority must inspect them at least bi-annually.

RMC has processes (Coating-Phosphate Washer) in the Trumann facility that are regulated by 40 CFR Part 433 and discharges to the City of Trumann POTW. Therefore, RMC is a CIU. On Wednesday (April 24, 2013), the Department conducted an inspection of RMC's facility.

The Department appreciates RMC taking the time on Tuesday to show ADEQ Engineer (Rufus Torrence) the facility in Trumann. The inspection consisted of inspecting the shop operations (manufacture of conveyors), phosphate washer and exterior sampling. During the inspection, we took a sample of the regulated wastewater entering the local POTW.

The ADEQ lab analysis is attached. RMC wastewater complies with the limits in 40 CFR 433. RMC must continue sampling all regulated wastewater at least semi-annually before it enters the POTW.

The Department appreciates RMC'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](mailto:torrence@adeq.state.ar.us) .

Sincerely,

A handwritten signature in blue ink that reads "Rufus Torrence". The signature is written in a cursive style with a large, stylized initial "R".

Rufus Torrence,  
ADEQ Engineer

Attachments: ADEQ Lab Analysis  
ADEQ Inspection Report dated March 22, 2011

**Pretreatment Industrial Inspection**

**Facility Information**

Facility Name: <b>Roach Manufacturing Corporation</b>	Site Address: <b>808 Hwy 463 N</b>
	<b>Trumann, AR 72472</b>
Signatory Authority (Name & Title): <b>G W Roach, Jr. President</b>	
Phone: <b>(870) 483-7631 ext 222</b>	Mailing Address (if different):
Fax: <b>(870) 483-0222</b>	<b>P O Box 1310 Trumann, AR 72472</b>
Address: <b>(Same)</b>	Corporate Owner Name and address (if applicable):
	<b>(Not Applicable)</b>
Phone: <b>(870) 483-7631</b>	
Fax: <b>(870) 483-0222</b>	Phone: *****
Contact Person (Name & Title):	Fax: *****
<b>Merritt Davis, Project Engineer</b>	Corporate CEO: *****
e-mail: <a href="mailto:sribble@roachconveyors.com">sribble@roachconveyors.com</a>	e-mail: *****
Facility Permit # <b>ARP001060</b>	Last Inspection Date: <b>March 22, 2011</b>

POTW (City) IU discharges to: <b>Trumann Waterworks</b>	POTW's NPDES # <b>AR0035602</b>
Industrial Classification: <input checked="" type="checkbox"/> <b>Categorical</b>	AFIN <b>56-00031</b>
If Categorical, list which CFR #(s) the facility is subject to: <b>40 CFR 433.17</b>	

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A. General Information		
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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
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E. Spill/Slug Control Plan	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of

Comments :

***This Facility recently opened; this is the second site visit for compliance assurance.***

Inspector's Name (Print): <b>Rufus Torrence</b>	Signature: 
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IU Rep's Name (Print) <b>Merritt Davis</b>	Signature: <b>Not Applicable</b>
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Date and Time Inspection Ended: **April 24, 2013 @ 10:25 am**

<b>I. Summary of Inspection</b>			
<b>A. Inspection and Objective (Complete Before Inspection)</b>			
<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): <i>To verify no changes in core process (phosphatizing) &amp; compliance assurance</i>			
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 type="checkbox"/> TOMP	
<input 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 checked="" 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>B. Inspection Analysis</b>			
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: <i>Covered concrete drain box outside main building in the rear</i>			
Chemical Storage			

<b>II. Pre-Inspection Meeting</b>			
<b>A. General Information</b>			
Date and Time Inspection Started: <i>April 24, 2013 @ 9:00 am</i>		SIC code(s): <i>3535</i>	
IU Reps/Titles		Control Authority Reps/Titles	
<i>G W Roach, Jr, President</i>		<i>Rufus Torrence, Engineer</i>	
<i>Merritt Davis, Project Engineer</i>			
End product(s): <i>Conveyors</i>		Approx. # of units produced: <i>10K+/yr</i>	
Days of Operation: <i>Mon thru Friday</i>		Days of Production (if different):	
Hours of Operation: <i>6 am to 11 pm</i>		Hours of Production (if different):	
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to	
# of Employees: <i>225</i>	Peak Mos.: <i>Not Applicable</i>	"Off" Mos.: <i>N/A</i>	
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: <i>Not Applicable</i>			
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: <i>Not Applicable</i>			
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: <i>Not Applicable</i>			
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: <i>Not Applicable</i>			
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain <i>Not Applicable</i>			
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input type="checkbox"/> <i>Not Applicable</i>			
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"/>			
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? <i>Not Applicable</i>			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
<i>Not Applicable</i>			



**Attachment A: Industrial Process(es)**

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

1. <i>Phosphate Washer</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input 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):

*This facility is a large machine shop for making and storing gravity and automated conveyors*

General observations of facility's indoor housekeeping: *Good*

General observations of area outside facility's building: *Good*

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:

*Sheet metal, plates and tubes for making conveyors*

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN <sup>-</sup>	<input checked="" type="checkbox"/> Metals (List) <i>Cd, Cr, Cu, Pb Ni, Ag and Zn</i>	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl <sub>2</sub>		
<input type="checkbox"/> O&G	<input type="checkbox"/> S <sup>-</sup>		
<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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Does this facility practice P2?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Environmental Management System in place?	Yes <input checked="" type="checkbox"/>	No <input 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 type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Explain:		
Spent Solvent Reclamation?	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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 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**

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"/>

*\*No pretreatment system in this facility*

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

*\*No pretreatment system in this facility*

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

System Operator(s) Name:

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: \_\_\_\_\_ 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)



<b>Attachment E: Spill/Slug Control Plan</b>	
Does the facility have a Spill/Slug control plan*?	<input type="checkbox"/> yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	<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 type="checkbox"/> yes <input checked="" type="checkbox"/> no
Have 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	
<b>Visual Inspection of Discharge Lines/Points</b>	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	<i>Covered drain box outside main building in the rear.</i>
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

*\*No floor drains in this facility*

**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? *Drain box in rear outside*

<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 checked="" 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: *Environmental Testing & Consulting*

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)	<input checked="" type="checkbox"/> Cu(t)	<input checked="" type="checkbox"/> Cr(t)	<input checked="" type="checkbox"/> Ni(t)	<input type="checkbox"/> Pb(t)
<input type="checkbox"/> Ag(t)	<input type="checkbox"/> Zn(t)	<input type="checkbox"/> pH	<input type="checkbox"/> CN <sup>-</sup> (t)	<input type="checkbox"/> CN <sup>-</sup> (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:



5301 Northshore Drive  
North Little Rock, AR 72118  
Telephone: 501-682-0744

**Client Report For:** Roach Mfg. Corp 2013 1374  
**Attention:**  
**Client Address:**

,

**Report Date:** May 16, 2013  
**LAB ID:** AR13APR24-09  
**Comment:**

Approved By: \_\_\_\_\_

Date: May 16, 2013

**Client:** Special Samples

**Client Sample ID:** RMC

**Lab ID:** 2013-1374

**Collection Date:** 4/24/2013 10:05:00 AM

**Matrix:** Water

Analyses

**Total Metals by EPA 200.8**

**EPA 200.8**

**Batch: 13051310 Run: 1**

	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Aluminum	<200	200	20		ug/L
Antimony	<100	100	5		ug/L
Arsenic	58	10	0.5		ug/L
Barium	<100	100	2.0		ug/L
Beryllium	<5	5	0.1		ug/L
Boron	<250	250	5.0		ug/L
Cadmium	<10	10	0.3		ug/L
Calcium	3.43	0.4	0.04		mg/L
Chromium	<10	10	0.3		ug/L
Cobalt	<10	10	0.5		ug/L
Copper	25.4	10	0.5		ug/L
Iron	3370	200	10.0		ug/L
Lead	<10	10	0.1		ug/L
Magnesium	1.49	1	0.1		mg/L
Manganese	31.3	10	0.2		ug/L
Nickel	35.8	25	0.5		ug/L
Potassium	<10	10	0.05		mg/L
Selenium	<20	20	0.5		ug/L
Silver	<50	50	1.0		ug/L
Sodium	106	0.4	0.02		mg/L
Thallium	<25	25	0.05		ug/L
Vanadium	<25	25	1.0		ug/L
Zinc	46.2	30	2.0		ug/L
Dilution Factor	10				
Analyzed By	Robert Graddy				
Analysis Date/Time	May 9 2013 10:14PM				
Prep By					
Prep Date/Time					

Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118

Laboratory Contact: Jeff Ruehr  
Ruehr@adeq.state.ar.us  
501-682-0955