

Attn: Jeff Wages, EHS Coordinator
Syrgis Performance Initiators
334 Phillips 311 Road
West Helena, AR 72342

Re: AFIN 54-00092 ARP001013

On October 31, 2005 I conducted an inspection of your West Helena facility; I thank you for taking the time to show me the plant. Syrgis recently purchased a part of the Norac plant. Norac still retains possession of the Metallic Sterate production area. Syrgis purchased the organic peroxide (MEK peroxide and benzoyl peroxide) production area.

The processes are all continuous and Syrgis discharges to the POTW the wastewater regulated by 40 CFR 414 (Support H – Specialty Organic Chemicals). There are two important concepts which I need to follow-up with you.

First, EPA is stressing the importance of preventing pollution at its source before the pollutants enter the wastewater rather than polluting and treating the wastewater. Syrgis has no formal written P2 (Pollution Prevention) plan but Syrgis claims to employ P2 practices in their plant; these practices include: Water Reuse; "Green" Purchasing; Spent Solvent Reclamation, etc.

Second, Syrgis is taking grab samples for all the regulated pollutants. The pretreatment regulations require specific sampling procedures for each type of pollutant; in accordance with 40 CFR 403.12(g)(3), "*Grab samples must be used for pH, cyanide, total phenols, oil and grease, sulfide, and volatile organic compounds. For all other pollutants, 24-hour composite samples must be obtained through flow-proportional composite sampling techniques, unless time-proportional composite sampling or grab sampling is authorized by the Control Authority [ADEQ].*" Since Syrgis processes are continuous and the wastewater flow is continuous and steady, I have no problem with Syrgis using time-proportional composite sampling; nonetheless, I do recommend that Syrgis look into flow-proportional composite sampling. I recommend that Syrgis review this ISCO website to select appropriate sampling equipment:

<http://www.isco.com/products/products1.asp?PL=201>

If you have concerns, please do not hesitate to contact my office:

Rufus J. Torrence, NPDES Pretreatment Engineer
ARKANSAS DEPT OF ENVIRONMENTAL QUALITY
Water Division
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North Little Rock, Arkansas 72118-5317
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NPDES PERMIT FILE
NPDES # ARP001013
AFIN # 54-00092
Permit PN
 Correspondence
 Technical Backup
11-6-07 Date Scanned

Pretreatment Industrial Inspection

Facility Information

Facility Name: <i>The Syrgis Performance</i>	Site Address: <i>334 Phillips 311 Road West Helena, AR 72342</i>
Signatory Authority (Name & Title): <i>Scott Ahlers, Plant Manager</i>	Mailing Address (if different): <i>Same</i>
Phone: <i>(870) 572-9061</i>	Corporate Owner Name and address (if applicable): <i>Syrgis Performance Products Stockholm, Sweden</i>
Fax: <i>(870) 572-1416</i>	Phone: <i>+46 8 545 12160</i>
Address: <i>Same</i>	Fax: <i>+46 8 545 12170</i>
Phone: <i>"</i>	Corporate CEO: <i>Andy Harris</i>
Fax: <i>"</i>	e-mail: <i>aharris@syrgis.com</i>
Contact Person (Name & Title): <i>Jeff Wages</i>	Last Inspection Date: <i>4-27-05</i>
e-mail:	
Facility Permit # <i>N/A</i> or ARP00 <i>1013</i>	POTW's NPDES #AR00 <i>43389</i>
POTW (City) IU discharges to: <i>Helena WTP</i>	<input type="checkbox"/> Significant <i>AFIN 54-00092</i>
Industrial Classification: <input checked="" type="checkbox"/> Categorical	
If Categorical, list which CFR #(s) the facility is subject to: <i>40 CFR 414.85</i>	

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	"No" indicates item does not exist at the facility and attachments aren't necessary	
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Comments: *Subpart H - Specialty Organic Chemicals*

Inspector's Name (Print): <i>Rufus Torrence</i>	Signature: <i>Rufus Torrence</i>
IU Rep's Name (Print): <i>Scott Ahlers</i>	Signature: <i>Scott Ahlers</i>
Date and Time Inspection Ended: <i>10-31-07 (a)</i>	<i>1:40 pm</i>

I. Summary of Inspection			
A. Inspection and Objective (Complete Before Inspection)			
<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Annual - 3'	<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)			
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 checked="" type="checkbox"/> Pretreatment Process	<input 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 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: 10-31-07 @ 11:45 am SIC code(s): 2869

IU Reps/Titles <u>Jeff Wages, EHS</u>	Control Authority Reps/Titles <u>Rufus Torrence, Pret Eng</u>
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End product(s): Organic Peroxides & Metallic Sterates Approx. # of units produced: 18,500 tons

Days of Operation: M-F Days of Production (if different):

Hours of Operation: 24 hr/day Hours of Production (if different):

Shift 1, hrs.: 7 to 3 pm Shift 2, hrs.: 3 to 11 pm Shift 3, hrs.: 11 to 7 am

of Employees: 105 Peak Mos.: May "Off" Mos.: December

Are there any scheduled plant shutdowns? Yes No N/A If yes, when? Last 2 weeks/year

Are there designated plant clean-up days? Yes No N/A If yes, when?

Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes No

If No, explain:

Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes No

If Yes, explain:

Are there any Safety Concerns or Identified Hazards that the inspector should be aware of? Yes No

If Yes, explain:

Has there been any changes since the last inspection regarding the following items:

Plant/flow/process layout? Yes No If yes, obtain copy of updated schematic for facility file.

Processes? Yes No If yes, explain:

Production Levels? Yes No If yes, explain:

Raw materials? Yes No If yes, explain:

Flow rates? Yes No If yes, explain:

Are regulated and non-regulated wastestreams combined? yes no

Prior to Pretreatment System? yes no N/A

If Yes, was the CWF used to calculate limits? yes no

Prior to connection to the POTW sanitary sewer? yes no N/A

At connection to sanitary sewer? yes no N/A

Production and flows verified for Production-Based Standards? yes no N/A

What is the current avg. production rate and process flow?
"N/A prod rate" & 36,000 gpd

Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes no

Attachment A: Industrial Process(es)

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

1. MEK Peroxide	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Benzoyl Peroxide	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):

Manufacture of MEK peroxide & benzoyl peroxide. MEK peroxide is a hardener or "initiator" in the plastic industry.

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 checked="" type="checkbox"/> Boiler Blowdown 100+ gpd	<input type="checkbox"/> Spent Rinse Tanks	<input type="checkbox"/> Equipment Coolants	<input checked="" 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:

Methyl Ethyl Ketone, Hydrogen Peroxide, Sulfuric Acid, Dimethyl Phthalate Benzoyl Chloride

Check Waste Stream Pollutants of Concern from Process(es)

<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) Pb & 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 checked="" type="checkbox"/>	TOXIC Organic	

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

None have access to POTW; all WW is pumped to treatment

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

Preventative Maintenance Program Yes No (hydraulic systems, valves, pumps, etc)

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

Inventory Control / "Green Purchasing": Yes No (lean manufacturing/"env. friendly purchasing", etc)

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

Recycle Paper, Aluminum, Boxes, and Pallets? Yes No

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

<input checked="" 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 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"/>

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

2 ponds
 First is settling pond
 Second pond is "polishing"

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

System Operator(s) Name:

N/A

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)
N/A		

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. MEKP ①	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input 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 checked="" 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 checked="" type="checkbox"/> Notification Procedures
<input checked="" 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: ① Norac is primarily a chemical company so chemicals are stored over the entire plant but Norac does have a bulk storage area; other storage areas are scattered over acreage and the areas are isolated for safety. Earth berms prevent surface run-off.

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

Attachment E: Spill/Slug Control Plan

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 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? yes no N/A

Visual Inspection of Discharge Lines/Points

Provide description of manhole condition and flow channel of the following where applicable:

Sampling / Monitoring Point	Discharge from polishing pond
Total Flow Monitoring Point	Estimated using city water meter
Upstream Manhole	
Point of Connection:	

① N/A no central plant; scattered "satellite" plants with no direct access to POTW.

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.

Operator was using "Grab" but instructed to use 24 hr time composite

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:

Rineco Analytical Services

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 type="checkbox"/> Cd(t)	<input type="checkbox"/> Cu(t)	<input type="checkbox"/> Cr(t)	<input 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'(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:



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Text maps to 466453



Helena Chemical Co

The Norac Co Henry's Cell #
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