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Attn: Heath Albers, Plant Manager  
Amerimax Coated Products  
215 Phillips 324 Road  
Helena, AR 72342

On October 31, 2007 I performed a Compliance Sampling Inspection on your facility, Amerimax Coated Products. Amerimax receives aluminum/steel coils about 13,000 feet long by 4 feet wide and about 3/16" thick and coats (paints) one or both sides in a single process line. Electric motors drive mechanical rolls which pull the metal coils from the reels and forces them through several steps (alkaline cleaning, painting/coating, heat drying, etc.) along the line which ends with a take-up reel for the coated product. Amerimax sells the coated coils to industrial manufacturers which make gutters, aluminum sidings, etc.

Perhaps, the most interesting part of my visit was reviewing some of Amerimax P2 (Pollution Prevention) activities. Since the plant was constructed only twelve (12) years ago, the facility was designed to be environmentally friendly and has P2 concept as part of the design. Even though Amerimax does not have a "written" P2 Plan, the plant has a number of ongoing P2 activities: Preventive Maintenance, Water Reuse, Green Purchasing, Employee Training, Aluminum Recycling, Waste Oil Recycling, etc.

Amerimax uses "Production Daily Schedule Control" logs to determine the production rate for compliance with production-based standards. Amerimax runs both aluminum and steel through the only production line. Based on the logs, on Tuesday (Oct 30, 2007) Amerimax coated 331,319 off-lbs of galvanized steel. Flow records were not available and the plant manager is to email flow logs for this day. When the flow and ADEQ wastewater analysis are received, the inspector will verify compliance with 40 CFR 465.25 pretreatment standards.

I want to thank you for taking the time to show me your facility; I enjoyed seeing the coil coating technology.

If you have questions or concerns about the "Pretreatment Industrial Inspection" report which you copied, please do not hesitate to contact my office.

Rufus J. Torrence, Pretreatment Engineer  
Arkansas Department of Environmental Quality  
Water Division  
8001 National Drive  
Post Office Box 8913  
Little Rock, AR 72219-8913  
Phone: (501) 682-0626  
FAX: (501) 682-0910  
email: torrence@adeq.state.ar.us

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**Pretreatment Industrial Inspection**

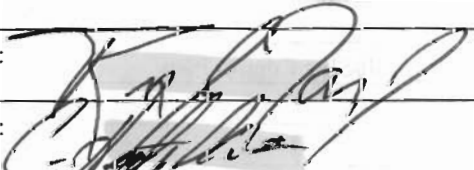
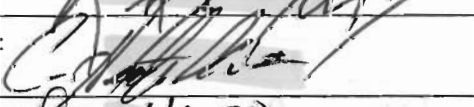
**Facility Information**

Facility Name:	Amerimax Coated Products, Inc.	Site Address:	215 Phillips 324 Road West Helena, AR 72342
Signatory Authority (Name & Title):	Heath Albers, Plant Manager	Mailing Address (if different):	
Phone:	(870) 572-5074	Corporate Owner Name and address (if applicable):	Euramax International, Inc. 5445 Triangle Pwy, Suite 350/Worcross, GA
Fax:	(870) 572-5594	Phone:	(770) 449-7066
Address:	Same	Fax:	(770) 449-7354
Phone:	Same	Corporate CEO:	Dave Smith
Fax:		e-mail:	dsmith@euramax.com
Contact Person (Name & Title):	Same	Last Inspection Date:	4-27-05
e-mail:	halbers@amerimaxbp	POTW's NPDES #AR00	43389
Facility Permit #	or AR P00 1044	Industrial Classification:	<input checked="" type="checkbox"/> Categorical <input type="checkbox"/> Significant AFIN 54-001
POTW (City) IU discharges to:	Helena WWTP	If Categorical, list which CFR #(s) the facility is subject to:	40CFR 465

**Table of Contents**

I. Summary of Inspection	Page	of
A. Inspection Objectives		
B. Inspection Analysis		
II. Pre-Inspection Meeting	Page	of
A. General Information		
B. Facility Permits		
C. Additional Comments		
III. Attachments	"Yes" indicates item exists at the facility and attachments will be included	
	"No" indicates item does not exist at the facility and attachments aren't necessary	
A. Industrial Processes	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page of
E. Spill/Slug Control Plan	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of

Comments :

Inspector's Name (Print):	Rufus Torrence	Signature:	
IU Rep's Name (Print):	Heath Albers, Plant Manager	Signature:	
Date and Time Inspection Ended:	10-31-07		11:30 am

**I. Summary of Inspection**

**A. Inspection and Objective (Complete Before Inspection)**

<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Annual - 31	<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 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?  Yes  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 @ 9:45 am		SIC code(s): 3479	
IU Reps/Titles Heath Albers, Plant Mgr.		Control Authority Reps/Titles Rufus Torrence, Pret. Eng.	
End product(s): Coated Aluminum & Galv Coils		Approx. # of units produced: 200 mm ft <sup>2</sup>	
Days of Operation: M-F		Days of Production (if different):	
Hours of Operation: 24/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: 60	Peak Mos.: May to Sep	"Off" Mos.: Nov & Dec	
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? 2 wks at Christmas			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, explain: Stationery & mobile equipment operating			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Production Levels? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Flow rates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
Prior to Pretreatment System? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
At connection to sanitary sewer? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A <input type="checkbox"/>			
Production and flows verified for Production-Based Standards? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>			
What is the current avg. production rate and process flow? 331,319 #/day steel / Flow to be determined			
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			



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

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

1. Al Coil Coating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Gal Coil Coating	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):

Coils are unwound, cleaned with caustic detergent and rinsed with water. The coils are then coated on one or both sides. After the coating has cured, the coils are rewound.

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 checked="" type="checkbox"/> Process Rinse Overflows 32,000 gpd	<input type="checkbox"/> Equip. Cleanup —	<input type="checkbox"/> Floor Cleanup +2 gpd	<input type="checkbox"/> Spent Bath Solutions +3 gpd
<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 does not go to treatment sys	<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:

Aluminum coils, galvanized steel coils, caustic, phosphate solution, various paints & solvents.

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) Cr, Cu & Zn	<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?  No If yes list number and the location of all floor drains:

No drains can enter POTW; all WW in floor drains are pumped to treatment system.

**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 type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input checked="" type="checkbox"/> Fog Spray Rinsing	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Recycle Overspray
<input type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input checked="" type="checkbox"/> Conductivity Meters
<input type="checkbox"/> Dead Rinse Tanks	<input checked="" type="checkbox"/> Bath / Rinse Filtration

### Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment?  Yes  No  N/A

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

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

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

<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input 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):

System well-maintained

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

System Operator(s) Name:

Eddie Little, Wet Section Opr  
ERIC Martin

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:

N/A

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: 3000 gallons per batch

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

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
22 1/2" V-Notch Weir w/ 15CO flow	Factory Rep Once per year	Instantaneous and Totalized flow w/ electronic data acquisition & recording ("Thumb Drive")



**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. Paint Warehouse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ①	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. ② Waste Storage Room	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ②	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3. ② Hazardous Waste Storage	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No ①	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ①	<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 checked="" 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:

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Chemical storage comments:

① Floor in area is below main floor and sloped to center holding pit. The pit can only be emptied by pump out.

② Same area

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

totes are haul to sites in plants using 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 *
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	
<b>Visual Inspection of Discharge Lines/Points</b>	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	Sample Box at Weir Discharge
Total Flow Monitoring Point	V-Notch Weir
Upstream Manhole	
Point of Connection:	

\* IU has spill plan for surface spills only;  
 no plant spills can accidentally enter POTW.  
 ? floor drains

**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.

Samples are collected at the weir box prior to discharge by a certified lab.

Where is the sample point located?

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

Is the Sample Collection Site Adequate?  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 Cor.

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

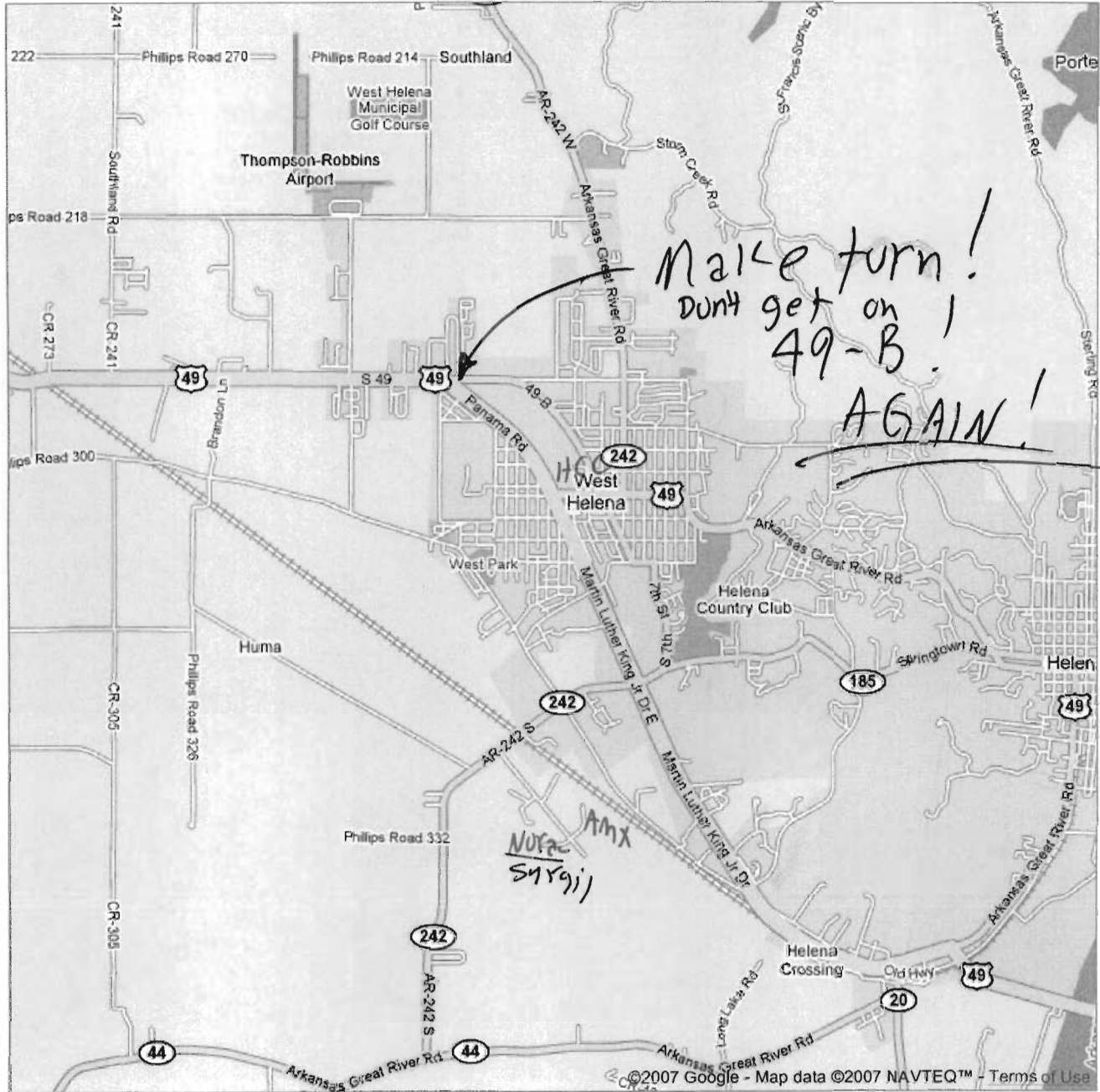
Comments:



Save trees. Go green!

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Helena Chemical Co

The Norac Co  
Amerimax

Henry's Cell #  
(501) 622-8653