



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
 Division of Water Resources
 William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, Tennessee 37243
 1-888-891-8332 (TDEC)

Tennessee Multi-Sector General NPDES Permit (TMSP) Compliance Inspection Report

Facility Name:	Baltimore Aircoil Company, INC.	NPDES Tracking Number: TNR	TNR054307	
Street Address:	990 Manufacturers Road	County:	Rhea	
Facility SIC Code(s):	3585 - - -	TMSP Sector(s):	AB - - - - -	
Inspection Date:	6/21/2024	Effective Date:	1-Jul-23	
	Time of Entry:	NA	Time of Exit:	NA

Notice of Coverage (NOC) and Stormwater Pollution Prevention Plan (SWPPP)	Yes	No	N/A
Is the facility's NOC retained on-site or available upon request?	X	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility developed and maintained a SWPPP?	X	<input type="checkbox"/>	<input type="checkbox"/>
Does the SWPPP include: a detailed site map identifying drainage, outfalls, pollutant potential areas and BMPs	X	<input type="checkbox"/>	<input type="checkbox"/>
an inventory of potential pollutant sources?	X	<input type="checkbox"/>	<input type="checkbox"/>
a pollution prevention team?	X	<input type="checkbox"/>	<input type="checkbox"/>
a list of measures and controls to prevent pollution?	X	<input type="checkbox"/>	<input type="checkbox"/>
a description of good house keeping practices?	X	<input type="checkbox"/>	<input type="checkbox"/>
a list of erosion prevention and sediment controls?	X	<input type="checkbox"/>	<input type="checkbox"/>
a list of significant spills and leaks of toxic and hazardous pollutants?	X	<input type="checkbox"/>	<input type="checkbox"/>
a description of spill prevention and response procedures?	X	<input type="checkbox"/>	<input type="checkbox"/>
a certification page signed by the appropriate authority?	X	<input type="checkbox"/>	<input type="checkbox"/>
a description of employee training and dates delivered?	X	<input type="checkbox"/>	<input type="checkbox"/>
a certification of testing for presence of non-storm-water discharge?	X	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly Visual Examination of Stormwater Quality	Yes	No	N/A
Has the permittee performed quarterly visual examinations in accordance with the requirements of the TMSP?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are the visual examination reports retained on-site or available upon request?	X	<input type="checkbox"/>	<input type="checkbox"/>

Stormwater Monitoring	Yes	No	N/A
Has the permittee performed stormwater monitoring at all of the outfalls?	X	<input type="checkbox"/>	<input type="checkbox"/>
Have all of the required parameters been monitored?	X	<input type="checkbox"/>	<input type="checkbox"/>
Have the samples been collected in accordance with the requirements of the TMSP and/or 40 CFR?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are the monitoring reports and associated documentation retained on-site or available upon request?	X	<input type="checkbox"/>	<input type="checkbox"/>
Did the facility notify the Division within the required time frame if benchmark exceedances occurred?	X	<input type="checkbox"/>	<input type="checkbox"/>

Comprehensive Site Compliance Evaluations and Inspections	Yes	No	N/A
Has the permittee performed annual comprehensive site compliance evaluations?	X	<input type="checkbox"/>	<input type="checkbox"/>
Has the permittee performed any required site inspections?	X	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluations and inspection records retained on-site or available upon request?	X	<input type="checkbox"/>	<input type="checkbox"/>

Facility BMP Review	Yes	No	N/A
Are the site BMPs in accordance with the SWPPP? See 6/6/2024 onsite inspection by Nikki Carpenter	x	<input type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained?	x	<input type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	x	<input type="checkbox"/>	<input type="checkbox"/>

Outfall and Receiving Waters (where applicable)	Outfall # 1	Outfall # 2
Was an outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).	See attached form	See attached form
Condition of receiving water upstream from the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		

Project Name: Baltimore Aircoil Company, Inc. (TNR054307)
Location: 990 Manufacturers Rd. Dayton, TN
Date: 06/06/24



Photo 1: Front of facility facing east.



Photo 2: South lot of facility; loading zone.



Photo 3: Covered storage near south loading area.



Photo 4: Outfall 002.



Photo 5: South lot drainage just above Outfall 002.



Photo 6: Rip rap swale to Outfall 001.



Photo 7: Outfall 001.



Photo 8: Finished product storage in north lot.



Photo 9: North lot storage area; wood, metal, cardboard cycled through every 3-4 days.



Photo 10: North lot storage area; wood, metal, cardboard cycled through every 3-4 days.



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Facility SIC Code(s):	3585 - - -	TMSP Sector(s):	AB - - - - -	Effective Date:	1-Jul-23
Inspection Date:	6/6/2024	Time of Entry:	9:30 EST	Time of Exit:	1:00

to be reviewed by JKD-TMZDNR

Notice of Coverage (NOC) and Stormwater Pollution Prevention Plan (SWPPP)	Yes	No	N/A
Is the facility's NOC retained on-site or available upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility developed and maintained a SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the SWPPP include: a detailed site map identifying drainage, outfalls, pollutant potential areas and BMPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
an inventory of potential pollutant sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a pollution prevention team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of measures and controls to prevent pollution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of good house keeping practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of erosion prevention and sediment controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a list of significant spills and leaks of toxic and hazardous pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of spill prevention and response procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a certification page signed by the appropriate authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a description of employee training and dates delivered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a certification of testing for presence of non-storm-water discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly Visual Examination of Stormwater Quality	Yes	No	N/A
Has the permittee performed quarterly visual examinations in accordance with the requirements of the TMSP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the visual examination reports retained on-site or available upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Has the permittee performed stormwater monitoring at all of the outfalls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all of the required parameters been monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the samples been collected in accordance with the requirements of the TMSP and/or 40 CFR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comprehensive Site Compliance Evaluations and Inspections	Yes	No	N/A
Has the permittee performed annual comprehensive site compliance evaluations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the permittee performed any required site inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the evaluations and inspection records retained on-site or available upon request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility BMP Review	Yes	No	N/A
Are the site BMPs in accordance with the SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the BMPs been installed correctly and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have good housekeeping measures been implemented and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Outfall and Receiving Waters (where applicable)	Outfall # ①	Outfall # ②
Was an outfall discharging at time of inspection? If yes, explain observations (source/color/odor/foam/scum/solids etc.).	NO	NO
Condition of receiving water upstream from the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		
Condition of receiving water _____ feet downstream of the outfall?		



Little Richland Creek

* grass off facility and stream
RDA 2306

site contact: mark Gallagher, EHS mgr
(2702 27 2207)

Observations and Comments:

cooling tower mfg manufacturer
outfall 002 not d/c - small amt stand water -
runoff from load zone/roof/park lot
load area tidy - empty totes - liquid nitrogen/oxygen
storage + propane
south lot generally clean/tidy
rear of facility has covered storage - clean/tidy
- backs up to fully vegetated field
north lot storage has dumpsters - tidy -
outside storage (wood/metal/cardboard) cycled
through every 3-4 d - no long term storage
outfall 001 - not d/c some standing water
roof drains to grass
expansion to rear of facility complete
outside storage = finished product transport load (north)
no water quality concerns.

On-Site Contact Person:	DWR Inspector:
Print Name: Mark Gallagher	Print Name: Nikki Carpenter
Title: EHS Manager Date: 6.6.24	Title: Env. Scientist Date: 06/06/24
Signature: 	Signature: 
Phone: 270-227-2207	Phone: 423 661 5267
Email: mgallagher@baltimoreareal.com	Email: Nikki.Carpenter@mvgov

last 07/17/09 - NOV