

CC: JAMES CARNEY
ODEN HAGGARD

AIRTHERM MFG. CO.
INTER-OFFICE MEMO

~~AT~~
AE

To DAVID SCOTT Date 3-30-2010

From DWIGHT JUMPER Subject ADEQ REPORT

PERIOD COVERED BY THIS REPORT.

FROM: 9-1-09

TO: 2-28-10

CERTIFIED MAIL (ORIGINAL COPY)

TO: ADEQ

RUEVS TORRENCE

WATER DIVISION

5321 NORTH HILTHE ROCK, AR, 72118-5317

TH Prtg. #11928

ARPO6109
62-100032

7779
RECEIVED
MAR 31 2010
By KH

In reporting violations cited
in 5/17 e-mail from this office
as well as a request for closure plan.

AE
They're currently switching from
Fephos to Pl2forization

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

Use of this form is not an EPA/ADEQ requirement.

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

AIRTERM A DIVISION OF METEK, INC,
3333 N. WASHINGTON
FORREST CITY, AR. 72335

B. FACILITY & LOCATION ADDRESS

AIRTERM A DIVISION OF METEK, INC,
3333 N. WASHINGTON
FORREST CITY, AR. 72335

C. FACILITY CONTACT:

D. JUMPER

TELEPHONE NUMBER

(870) 433-5660

e-mail:

D.JUMPER@METEK.COM

(2) REPORTING PERIOD—FISCAL YEAR From Mar 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

MARCH & SEPTEMBER

B. PERIOD COVERED BY THIS REPORT

FROM: 9-1-09 TO: 2-28-10

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

- Electroplating
- Electroless Plating
- Anodizing
- Coating
- Chemical Etching and Milling
- Printed Circuit Board Manufacture

ANCILLARY PROCESS(ES)

LIST BELOW EACH PROCESS USED IN THE FACILITY

- OVER FLOW RINSE
- METAL CLEANING
- IRON PHOSPHATE
- RINSE SEALANT
- SPRAY BOOTH (POWDER PAINT)

B. CHANGES:

SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.

ELIMINATED THE PAINT BOOTHS WATER CURTAIN TO DRY FILTERS. DISCONTINUED THE PAINT BOOTHS SAMPLE TYPE GRAB WATER.

*SEE 40CFR433.10(a) FOR 40 DIFFERENT OPERATIONS

C. Number of Regular Employees at this Facility

92

D. [Reserved]

(4) FLOW MEASUREMENT

INDIVIDUAL & TOTAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY

Process	Average	Maximum	Type of Discharge
Regulated (Core & Ancillary)	1212	34272	
Regulated (Cyanide)	1212	34272	
'403.6(e) Unregulated*			
'403.6(e) Dilute	5050	84963	
Cooling Water			
Sanitary	1840	1840	
Total Flow to POTW	8202	125075	*****

*"Unregulated" has a precise legal meaning; see 40CFR403.6(e).

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

- Neutralization
- Chemical Precipitation and Sedimentation
- Chromium Reduction
- Cyanide Destruction
- Other _____
- None

B. COMMENTS ON TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES--CORE & ANCILLARY--(AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT PERIOD IN THE SPACE PROVIDED BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant(mg/l)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO*
Max for 1 day	0.69	2.77	3.38	0.69	3.98	0.43	2.61	1.20	2.13
Monthly Ave	0.26	1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured	0.0040	0.0490	1.7700	0.0490	0.2550	0.0010	4.5000	0.0100	
Ave Measured	0.0040	0.0490	1.7700	0.0490	0.2550	0.0010	4.5000	0.0100	

Sample Location D-1 THE FIVE TANK PHOSPHATIZING IS DISCHARGED INTO EXTERIOR TROUGH

Sample Type (Grab or Composite) COMPOSITE/GRAB WW

Number of Samples and Frequency Collected 1

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

A. [Reserved]

[Reserved]

B. CHECK ONE: G '433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED G '433.12(a) TTO CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Arkansas Department of Environmental Quality.

ODELL HAGGANS - PLANT SUPERINTENDENT
(Typed Name)

Odell Haggans
(Corporate Officer or authorized representative)

Date of Signature 3/30/10

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____ of _____, a corporation, known to me to be the person whose name is subscribed to the foregoing instrument(s), and acknowledged to me that he executed the same for purposes and considerations therein expressed, in the capacity therein stated and as the act and deed of said corporation.

Given under my hand and seal of office on this _____ day of _____, 200__.

Notary Public in and for _____
County, Arkansas

My commission expires _____.

6602 [42 U.S.C. 13101] Findings and Policy para (b) Policy--The Congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

AS AN ONGOING POLLUTION PRACTICE, WE HAVE A CLOSED LOOP, NON-CONTACT COOKING WATER SYSTEM IN USE.

(8) GENERAL COMMENTS

(9) SIGNATORY REQUIREMENTS [40CFR403.12(I)]

I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Odell Hoggans
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Odell Hoggans
SIGNATURE

Plant Supt.
OFFICIAL TITLE

3/30/10
DATE SIGNED

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1001010219 Composite Date: 01/19/10 -01/19/10 Collected By: DWC
 Customer Name : AIRTHERM PRODUCTS, INC. Sample Time : 1015-1035/1030 (1-19) Delivery By : DWC
 Customer Number : 1153 Sample Type : COMPOSITE/GRAB WW Work Order :
 Report Date : 02/01/10 Sample From : FINAL EFFLUENT Purchase Order :

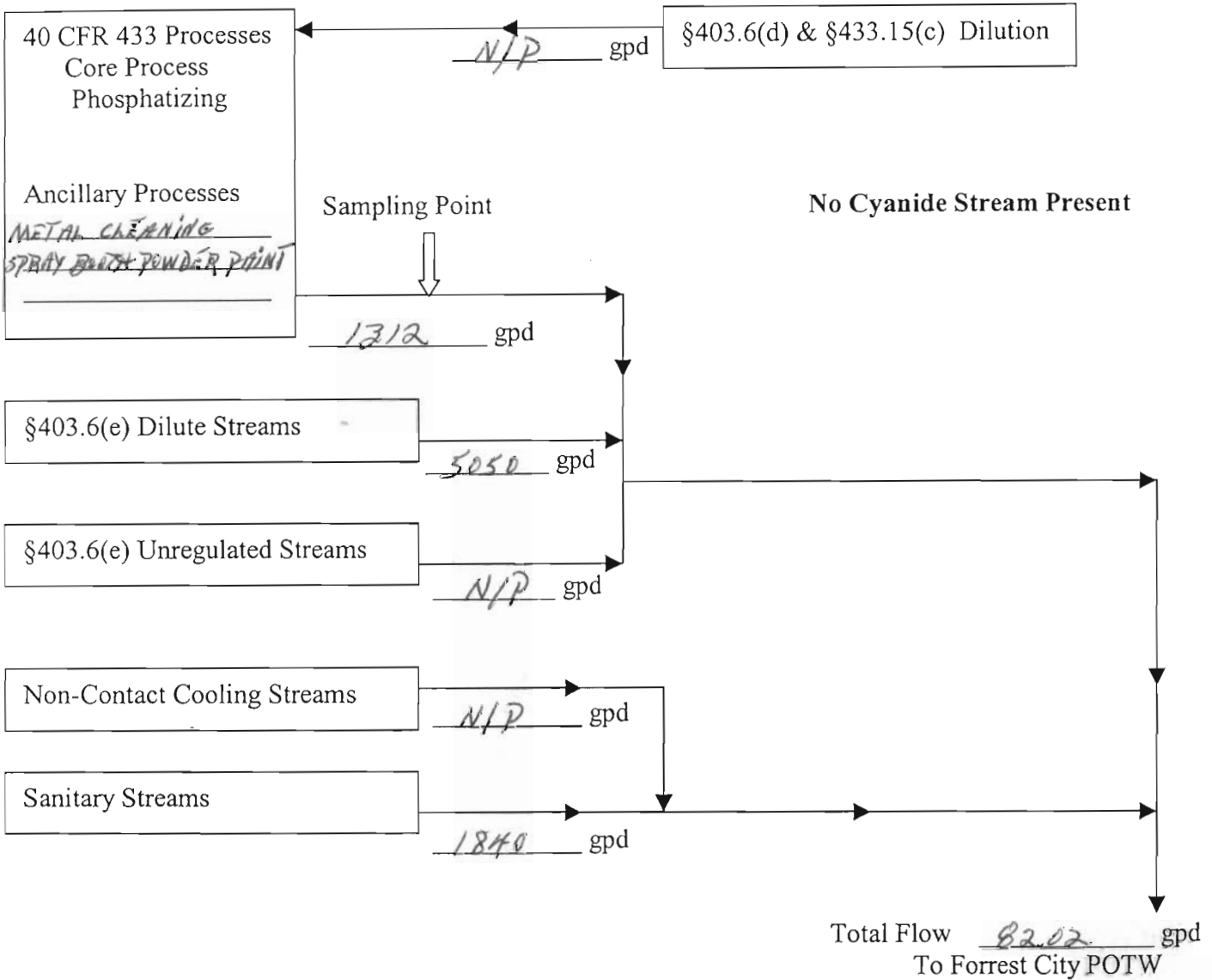
Laboratory Analysis

Date	Time	By	Parameter	Result	Notes	Quantity	Method	Quality Assurance	
								% RPD	% Recovery
01/25	1430	NTR	Cyanide Total (as CN)	< 0.0100 mg/L			SM 18th	2.47	95.9
01/27	1201	BGW	Chromium	0.04900 mg/L			EPA 200.7	0.50	99.6 *
01/27	1201	BGW	Nickel	0.2550 mg/L			EPA 200.7	2.02	98.8 *
01/27	1201	BGW	Copper	1.7700 mg/L			EPA 200.7	0.62	95.4 *
01/27	1201	BGW	Zinc	4.5000 mg/L			EPA 200.7	0.43	91.7 *
01/28	1220	BGW	Silver	< 0.0010 mg/L			EPA 200.7	0.20	97.8 *
01/27	1201	BGW	Cadmium	< 0.0040 mg/L			EPA 200.7	0.84	94.7 *
01/27	1201	BGW	Lead	0.0490 mg/L			EPA 200.7	1.92	101.9 *

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature 
 Environmental Services Co., Inc.



If a stream is not present, show NOT PRESENT or N/P. If a stream is present, the wastewater can enter the POTW but currently has no flow, show 0.0 gpd. If a stream is present but the wastewater cannot enter the POTW, show Zero Discharge or Z/D. If an unregulated stream is present but the User has decided not to declare it at this time, show N/P.

Signature of §403.12(b) Professional

Date

I certify under penalty of law that I have personally examined and am familiar with the information in this document and that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Odell Hogges Plant Supt.
Plant Manager or the authorized §403.12(l) official

3/30/10
Date