

Torrence, Rufus

From: Torrence, Rufus
Sent: Tuesday, November 15, 2011 10:49 AM
To: 'Jones Chuck'
Subject: AFIN 10-00102 ARP001040 AR0020605 Danfoss Scroll Technologies September 2011 Semi-Annual Report
Attachments: SCT_SAR_FORM 20111114.doc



November 15, 2011

Chuck Jones, EH&S Manager
Danfoss Scroll Technologies
One Scroll Drive
Arkadelphia, AR 71923

Re: Danfoss Scroll Technologies Semi-Annual Report
(Permit No. AR0020605, AFIN 10-00102 & ARP001040)

Dear Mr. Jones:

The Department has reviewed Danfoss's September 2011 semi-annual report. The report is complete. However, the average limits shown in Section 5.C are incorrect. The attached form shows the correct limits. Please use this form for future reporting in March and September of each year.

The Department appreciates the Danfoss's continued efforts in reporting and Danfoss will not be required to submit any additional information for the September 2011 semi-annual report.

If you have any questions or concerns, please contact the Department at (501) 682-0626 or by email at torrence@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink that reads "Rufus Torrence". The signature is written in a cursive style.

Rufus Torrence, Pretreatment Engineer
Water Division

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880
www.adeq.state.ar.us

(4) FLOW MEASUREMENT

INDIVIDUAL & TOTAL PROCESS FLOWS DISCHARGED TO POTW IN GALLON PER DAY (GPD)

Process	Average Flow	Maximum Flow	Type of Discharge
Regulated (Total)	48200	80000	Continuous
Regulated (Cyanide)	48200	80000	Continuous
§403.6(e) Unregulated*	0	0	N/A
§403.6(e) Dilute	50	1000	Batch
Cooling Water	0	0	N/A
Sanitary	8560	12950	Continuous
Total Flow to POTW	105010	173950	*****

*"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

N/A

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*
MAC	0.108	2.731	3.332	0.68	3.924	0.424	2.573	1.183	2.1
AAC	0.108 0.069	2.731 1.685	3.332 2.041	0.68 0.424	3.924 2.340	0.424 0.137	2.573 1.459	1.183 0.641	***
AMMC	0.0067	0.0051	0.1572	0.0115	0.227	0.0001	0.325	0.0140	0.2180
AMAC	0.0019	0.002	0.0397	0.0056	0.144	0.0001	0.1429	0.0095	0.077

MAC=> Max Alternate Conc AAC => Ave Alternate Conc AMMC => Actual Measured Max Conc AMAC => Actual Measured Ave Conc
See 40CFR403.6(e) for details on Alternate Concentrations

Sample Location After Pre-Treatment

Sample Type (Grap or Composite) Composite

Number of Samples and Frequency Collected 6 sample @1 per month

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

CYANIDE CERTIFICATION: (applicability pending)

[Empty box for Cyanide Certification]

B. CHECK ONE: §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED §433.11(a) TTO CERTIFICATION PROVIDED BELOW

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.

_____ (Typed Name)

_____ (Corporate Officer or authorized representative)

Date of Signature _____

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 _____, 20____.

Notary Public in and for
County, Arkansas

(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]

§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 environment should 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:

We continue to use mechanical separation of oil and grease prior to pre-treatment.

(8) GENERAL COMMENTS

N/A

(9) SIGNATORY REQUIREMENTS [40CFR403.12(1)]

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.

Paul Dean

NAME OF CORPORATE OFFICE OR AUTHORIZED REPRESENTATIVE

General Manager

OFFICIAL TITLE



SIGNATURE

11-7-11

DATE SIGNED

EFFLUENT SAMPLING MARCH 1, 2011 THROUGH SEPTEMBER 1, 2011

ATTRIBUTE	CADMIUM	CHROME	COPPER	LEAD	NICKEL	SILVER	ZINC	CYANIDE	TTO	ARSENIC
03/02/2011	0.006700	0.005100	0.157200	0.011500	0.154000	0.000100	0.262000	0.013000	0.019000	0.010200
04/06/2010	0.002400	0.001500	0.037800	0.011200	0.108800	0.000100	0.089700	0.014000	0.047000	0.008500
05/04/2010	0.000010	0.000100	0.004100	0.001300	0.033100	0.000100	0.055600	0.000005	0.218000	0.003900
06/01/2010	0.000100	0.000100	0.003500	0.000100	0.168000	0.000100	0.024700	0.009000	0.060000	0.005300
07/06/2010	0.000100	0.000100	0.007800	0.000100	0.227000	0.000100	0.100600	0.009000	0.047000	0.006500
08/04/2010	0.001800	0.004960	0.027800	0.009300	0.173000	0.000100	0.325000	0.012000	0.071000	0.009800
AMMC MAXIMUM	0.006700	0.005100	0.157200	0.011500	0.227000	0.000100	0.325000	0.014000	0.218000	0.010200
AMAC AVERAGE	0.001852	0.001977	0.039700	0.005583	0.143983	0.000100	0.142933	0.009501	0.077000	0.007367

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433/403.6(e)

Use of this form is not an EPA/ADEQ requirement. Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION	
A. LEGAL NAME & MAILING ADDRESS	B. FACILITY & LOCATION ADDRESS
C. FACILITY CONTACT: _____ TELEPHONE NUMBER: _____	
(2) REPORTING PERIOD--FISCAL YEAR From March 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)	
A. MONTHS WHICH REPORTS ARE DUE _____ & _____	B. PERIOD COVERED BY THIS REPORT FROM: _____ TO: _____
(3) DESCRIPTION OF OPERATION	
<p>A. REGULATED PROCESSES</p> <p><u>CORE PROCESS(ES)</u></p> <p>CHECK EACH APPLICABLE BLOCK</p> <p><input type="checkbox"/> Electroplating <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input type="checkbox"/> Coating <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture</p> <p><u>ANCILLARY PROCESS(ES)*</u></p> <p>LIST BELOW EACH PROCESS USED IN THE FACILITY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>B. CHANGES:</p> <p><small>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.</small></p>
C. Number of Regular Employees at this facility _____	D. [Reserved]

40CFR433 SEMI-ANNUAL REPORT CON'D FACILITY NAME:

(4) FLOW MEASUREMENT

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

Process	Average Flow	Maximum Flow	Type of Discharge
Regulated (Total)			
Regulated (Cyanide)			
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary			
Total Flow to POTW			*****

*"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.

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AAC	0.069	1.686	2.041	0.424	2.346	0.237	1.459	0.641	***
AMMC									
AMAC									

MAC <=> Max Alternate Conc AAC <=> Ave Alternate Conc AMMC <=> Actual Measured Max Conc AMAC <=> Actual Measured Ave Conc
See 40CFR403.6(e) for details on Alternate Concentrations

Sample Location _____

Sample Type (Grab or Composite) _____

Number of Samples and Frequency Collected _____

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

A. [Reserved]

[Reserved]

B. CHECK ONE: §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED §433.12(a) TTO CERTIFICATION PROVIDED BELOW

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.

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

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 _____, 199__.

Notary Public in and for _____
County, Arkansas

My commission expires _____.

(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]

§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:

(8) GENERAL COMMENTS

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

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.

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE SIGNED