

# ADEQ

ARKANSAS  
Department of Environmental Quality

May 20, 2009

Matt Slonaker, Plant Engineer  
Algonquin Industries Division  
1800 Highway 61 South  
P O Box 643  
Osceola, AR 72370

Re: April 29, 2009 Site Visit for Compliance Assurance  
(AFIN 47-00209, Tracking No. ARP000020)

Dear Mr. Slonaker:

Part of ADEQ responsibility to EPA is to ensure that inspections of industries regulated by categorical pretreatment standards (40 CFR Part 405 – 471) are performed on a periodic basis. These industries are referred to as Categorical Industrial Users (CIUs) if they discharge the regulated wastewater into the local Publicly Owned Treatment Works (POTW). Algonquin has processes (anodizing) in the Osceola, AR facility that are regulated by 40 CFR Part 467 & 468 and Algonquin discharges this regulated wastewater to the City of Osceola POTW. Therefore, Algonquin is a CIU. Since the City of Osceola has not been delegated the responsibility to conduct these inspections, ADEQ will perform these inspections. On Wednesday (April 29, 2009), I conducted an inspection of the Algonquin facility.

Please accept my thanks for taking the time to show me around your facility on Wednesday (April 29, 2009). The inspection consisted of visiting key areas (shown on the enclosed report) and taking a wastewater sample. The primary objective of the inspection was to verify that the process schematic (which ADEQ has on file for your facility) is accurate. In my last visit in 2005 Algonquin had over sixteen (16) regulated operations which fall under 40 CFR Parts 467 & 468. Algonquin has removed some of the Aluminum extrusion operations. Algonquin must update the enclosed ADEQ schematic to show the current status of each operation.

Algonquin must comply with the published standards by calculating "equal" limits for each semi-annual report submitted to ADEQ. Note that "equal" limits are based on the actual production and flows in the previous six month period while most permits contain "equivalent limits" (based on the highest normal production rate over a five year period).

ADEQ had authorized Algonquin to composite samples of similar wastewater from processes which fall under one subcategory (for example, Algonquin has several "conforming" operations; all of which fall under one subcategory C--Extrusion/Pressure Heat Treatment). Algonquin was to take one "composite" sample for these operations in lieu of taking a single sample for all sixteen operations. Algonquin elected to sample at six (6) locations throughout the plant. These sample locations were originally depicted on the enclosed SSP\_Diagram.doc (August 9, 2002). However, during the site visit it was determined that the sample locations on the schematic are no longer accurate. Based on this determination, I have revised the schematic. Please review the revised schematic to verify its accuracy for both operation status and sampling locations. I have enclosed a copy of the revised schematic.

NPDES PERMIT FILE  
NPDES # AR00021580  
AFIN # 47-00209  
Permit PN  
Correspondence  
Technical Backup  
5/21/09/vh Date Scanned

May 20, 2009

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Since Algonquin discharges all of the streams (including “de minimis” streams) to the POTW, the facility must continue to report production rates, flows, allowable limits and actual discharge concentrations to ADEQ for all streams with current or planned discharge to the POTW.

Algonquin is currently compositing the samples but not “compositing/combining” the allowable mass of pollutants. In other words, the math model should simulate that all the similar wastewater (excluding the recirculating water from the pond & die cleaning wastewater) is a “single stream” or “single batch” discharge. The math model should simulate that all three published allowable copper operations mass discharge [§468.14(k), §468.14(m) & §468.14(e)] of each pollutant is in a “single tank” that contains all the wastewater and allowable mass of pollutants from the previous six months of operation. The model should simulate the same for the Aluminum operations [§467.35 Press Heat wastewater]. Algonquin should compare the composited lab results with the “combined” allowable concentrations. In this scenario, Algonquin will report four analyses which were sampled from two “combined” wastestreams, the pond water and the die cleaning wastewater. The math model for compliance assurance must match the sampling procedure. Algonquin must update the Excel spreadsheet to calculate the correct “composited” allowable concentration limits.

Algonquin has all the production and flow data on Excel spreadsheets. The main source of cooling water comes from recirculating water that is cooled in a concrete pond. The volume in the recirculating system is approximately 80,000 gallons. During the pre-inspection meeting in April 2009, I requested the total pounds of Aluminum purchased in the previous six months. The reported “off-pounds” were approximately 25% more than the purchased amount. The comparison indicated that Algonquin procedure for determining “off-pounds” is acceptable.

During my visit on April 29, 2009, I took a sample of wastewater from the pond. The ADEQ lab has analyzed this wastewater sample. I have enclosed a copy of the analysis. Based on the allowable limits in the March 2009 semi-annual report, Algonquin is compliant.

If you have questions or concerns, please contact my office at (501) 682-0626 or by email at [torrence@adeq.state.ar.us](mailto:torrence@adeq.state.ar.us).

Sincerely,



Rufus Torrence  
Engineer

- Encls: 1) Algonquin Industries Osceola, Arkansas April 29, 2009 Schematic  
2) Southwire Specialty Products Osceola, Arkansas August 9, 2002 Schematic  
3) Pretreatment Industrial Inspection Facility Information Report / April 29, 2009  
4) Certificate of Analysis / ADEQ Lab Report / May 13, 2009

## Pretreatment Industrial Inspection

### Facility Information

Facility Name: <i>Algonquin Industries Division</i>	Site Address: <i>1800 Highway 61 South</i>
<i>Osceola Plant</i>	<i>Osceola, AR 72370</i>
Signatory Authority (Name & Title): <i>Matthew Stowe, General Manager</i>	
Phone: <i>(870) 563-5207</i>	Mailing Address (if different): <i>P O Box 643</i>
Fax: <i>(870) 563-1207</i>	<i>Osceola, AR 72370</i>
Address: <i>(same)</i>	Corporate Owner Name and address (if applicable):
	<i>Rea Magnet Wire</i>
Phone: <i>(same)</i>	<i>3600 E. Pontiac Fort Wayne, IN 46803</i>
Fax: <i>(same)</i>	Phone: <i>(260) 421-7321</i>
Contact Person (Name & Title): <i>Matt Slonaker,</i>	Fax:
<i>Plant Engineer</i>	Corporate CEO: <i>Larry Bagwell</i>
e-mail:	e-mail:
Facility Permit # <i>or ARP000020</i>	Last Inspection Date: <i>June 20, 2005</i>

POTW (City) IU discharges to: <i>City of Osceola</i>	POTW's NPDES # <i>AR0021580</i>
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant

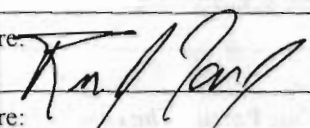
If Categorical, list which CFR #(s) the facility is subject to: *40 CFR Parts 467 & 468*

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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
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Comments : *Need to verify Attachment A-1/1 (Process Schematic with sampling points)*

Inspector's Name (Print): *Rufus Torrence*

Signature: 

IU Rep's Name (Print): *Matt Slonaker*

Signature: *Not Applicable*

Date and Time Inspection Ended: *April 29, 2009 @ 12:15 pm*

**I. Summary of Inspection**

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

<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Bi-Annual	<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) **Compliance Assurance**

Checklist of items to be reviewed and/or visually inspected:

<input checked="" type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input checked="" 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 checked="" type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input checked="" type="checkbox"/> Process/Flow/Pretreatment Schematics
<input checked="" 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 checked="" type="checkbox"/> Pollution Prevention Activities

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: *Algonquin is compositing samples but the math model is not based on a composited sample. Algonquin must update the Excel spreadsheet used to determine the allowable concentrations to show the applicable allowable limits.*

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point: *The correct sampling points are not indicated on the current schematic. Algonquin must update the ADEQ schematic to show the current/correct sampling points.*

Chemical Storage





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

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

1. <b>Solution Heat Treatment</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. <b>Clean/Etch Bath</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. <b>Core Die Cleaning</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5. <b>Clean/Etch Rinse</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. <b>Pressure Heat Treatment CCW</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. <b>Pickling &amp; Extrusion Heat Trt</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes  No  N/A

Brief description of process(es):

*Algonquin receives large rolls of Aluminum and Copper rods. These rods are drawn through dies to wire of various diameters.*

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	<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 type="checkbox"/> Boiler Blowdown	<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:

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) <i>Cr, Cu, Pb, Ni &amp; Zn</i>	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl <sub>2</sub>		
<input checked="" 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?  Yes  No If yes list number and the location of all floor drains:

Attachment B: Pollution Prevention (P2) / Recycling Activities	
Does the facility have a written P2 Plan?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does this facility practice P2?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Environmental Management System in place?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ISO Certified?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>ISO 9001 Certified.</i>
Written Standard Operating Procedures?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explain:	
Preventative Maintenance Program	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)
Explain:	
Water Reuse:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explain: <i>Water recirculates from processes to external pond.</i>	
Cost Accounting to Track Savings:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Explain:	
Inventory Control / "Green Purchasing":	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)
Explain:	
Employee Training:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explain:	
Spent Solvent Reclamation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explain:	
Recycle Waste Oil, Solvents, and Lubricants?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Explain: <i>Recycle used oil</i>	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input checked="" 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 checked="" 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

System Operator(s) Name: \_\_\_\_\_

\_\_\_\_\_

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)



**Attachment E: Spill/Slug Control Plan**

Does the facility have a Spill/Slug control plan?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <sup>1</sup>
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 <i>Circulating Pond</i>	
Total Flow Monitoring Point <i>Not Applicable (Batch Discharge)</i>	
Upstream Manhole	
Point of Connection:	

<sup>1</sup>No open floor drains 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.

*Grab sample from pond return pipe*

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 checked="" type="checkbox"/> Recirculating System	<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*

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 checked="" type="checkbox"/> Cu(t)	<input checked="" type="checkbox"/> Cr(t)	<input checked="" type="checkbox"/> Ni(t)	<input checked="" type="checkbox"/> Pb(t)
<input type="checkbox"/> Ag(t)	<input checked="" 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?  O&G 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: *Algonquin tests for O&G in lieu of analyzing for TTOs.*

## - CERTIFICATE OF ANALYSIS -

**Attn:**  
**Our Lab#:** 2009-1105  
**Your Sample ID:** Algonquin  
**Sample C**  
**Type:**

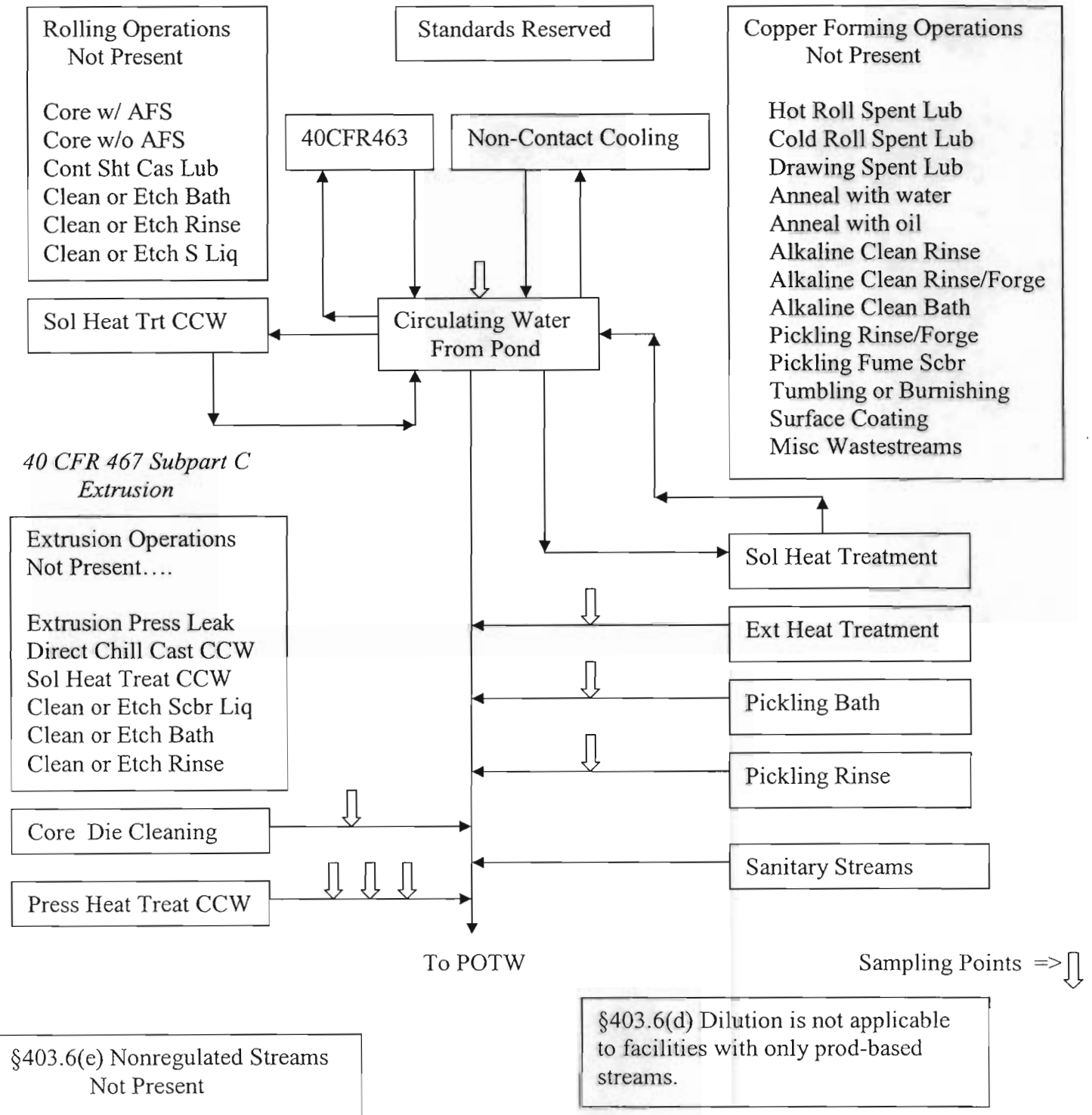
**Phone:**  
**FAX:**

**Ext:**

**Report Date:** 13-May-09

ICP/MS-T

Aluminum	<	200	µg/L	5/7/2009
Antimony	<	100	µg/L	5/7/2009
Arsenic	<	10.0	µg/L	5/7/2009
Barium	<	100	µg/L	5/7/2009
Beryllium	<	5.00	µg/L	5/7/2009
Boron	<	250	µg/L	5/7/2009
Cadmium	<	10.0	µg/L	5/7/2009
Calcium		29.3	mg/L	5/7/2009
Chromium	<	10.0	µg/L	5/7/2009
Cobalt	<	10.0	µg/L	5/7/2009
Copper		746	µg/L	5/7/2009
Iron		963	µg/L	5/7/2009
Lead		23.8	µg/L	5/7/2009
Magnesium		2.74	mg/L	5/7/2009
Manganese		156	µg/L	5/7/2009
Nickel	<	25.0	µg/L	5/7/2009
Potassium		8.82	mg/L	5/7/2009
Selenium	<	20.0	µg/L	5/7/2009
Silicon Dioxide		7.44	mg/L	5/7/2009
Silver	<	50.0	µg/L	5/7/2009
Sodium		85.0	mg/L	5/7/2009
Thallium	<	25.0	µg/L	5/7/2009
Vanadium	<	25.0	µg/L	5/7/2009
Zinc		52.8	µg/L	5/7/2009



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.

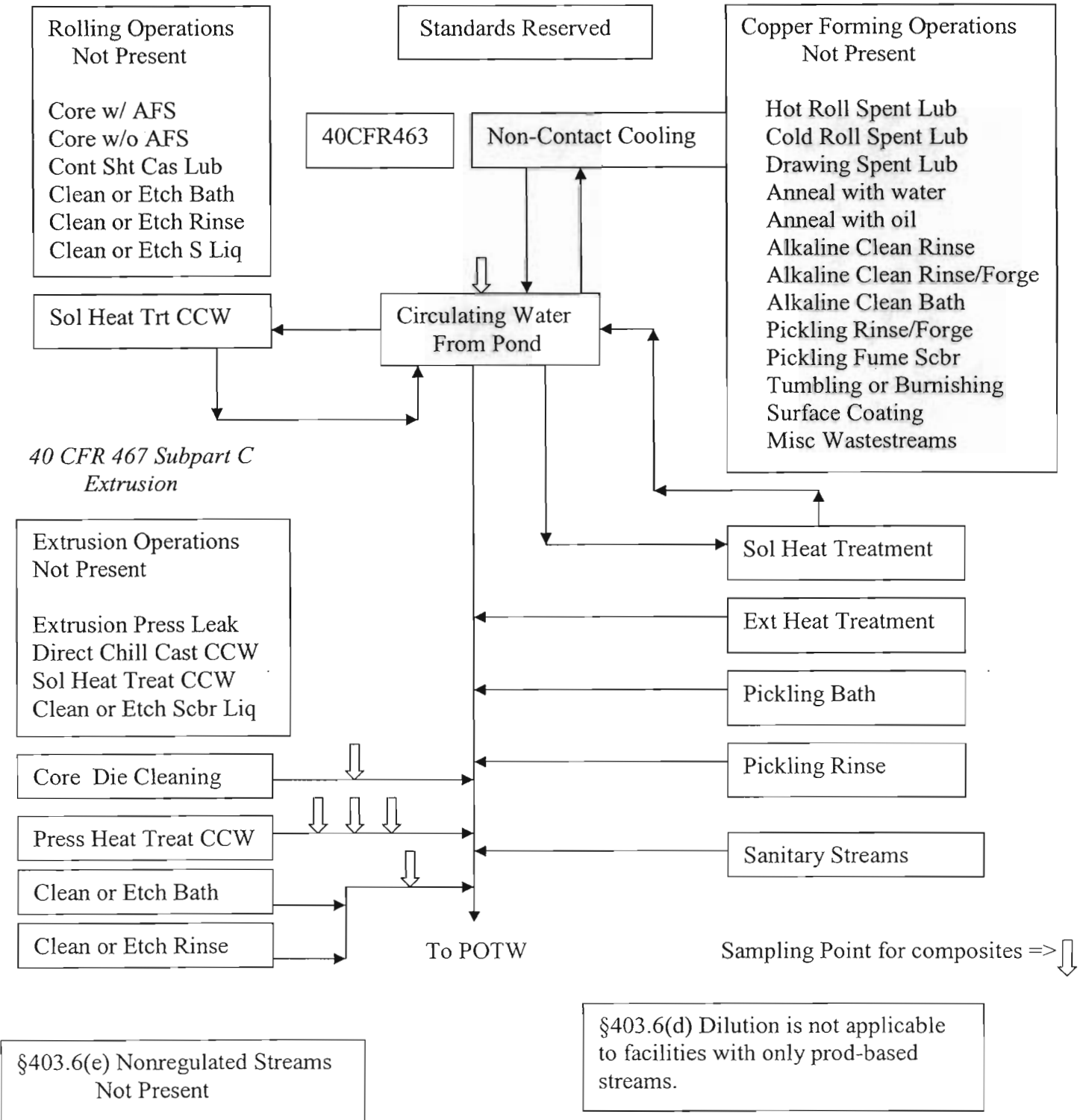
Signature of §403.12(b) Professional

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.

Plant Manager or the authorized §403.12(l) official

Date



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.

Plant Manager or the authorized §403.12(l) official

Date