

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40 CFR 433

Use of this form is not an ADEQ requirement, but satisfies the reporting requirements in 40 CFR 403.12(e).

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

**Hino Motors Manufacturing USA LLC
100 Hino Blvd.
Marion, AR 72364**

B. FACILITY & LOCATION ADDRESS

**Hino Motors Manufacturing USA LLC
100 Hino Blvd.
Marion, AR 72364**

C. FACILITY CONTACT: Tommie Purifoy **TELEPHONE NUMBER:** (870) 635-2974 **e-mail:** tpurifoy@hmmusa.com

(2) REPORTING PERIOD--FISCAL YEAR From _____ to _____ (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

June & December

B. PERIOD COVERED BY THIS REPORT

FROM: January 2021 TO: June 2021

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

- Electroplating**
- Electroless Plating**
- Anodizing**
- Coating (conversion)**
- Chemical Etching and Milling**
- Printed Circuit Board Manufacture**

ANCILLARY PROCESS(ES)*

LIST BELOW EACH PROCESS USED IN THE FACILITY

N/A

*SEE 40CFR433.10(a) FOR THE 40 ANCILLARY OPERATIONS

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.

C. Number of Regular Employees at this Facility. 966

D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge*
Regulated (Core & Cyanide)	3906		Batch per 8 hours
' 403.6(e)			
' 403.6(e) Dilute			
Cooling Water			
Sanitary	20 gal. per person		Continuous
Total Flow to POTW	22186		Continuous

*If batch discharged please list the period of time between each batch discharge. Do not normalize over that period for the average flow.

**"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 Filter Press
- None

B. COMMENTS ON TREATMENT SYSTEM

The regulated process waste is not mixed with sanitary waste at time of metering.

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.

40 CFR 433.17 Pollutant(mg/l) limits	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO*
Max for 1 day	0.11	2.77	3.38	0.69	3.98	0.43	2.61	1.20	2.13
Monthly Avg	0.07	1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured	<0.0020	0.0050	0.0115	<0.0060	0.0560	<0.0050	0.0457	<0.005	*
Avg Measured**									*

Sample Location Pretreatment Discharge Tank

Sample Type (Grab* or Composite) Grab

*If Grab, list # of grabs over what period of time

Number of Samples and Frequency Collected 1 sample taken semi annual.

40CFR136 Preservation and Analytical Methods Use: Yes No (include complete Chain of Custody)

*If a TOMP has been submitted and approved by ADEQ place N/A.

**A value here is the average of all samples taken during one (1) calendar month regardless of number of samples taken. If only one (1) sample is taken it must meet the monthly average limitation.

(6) CERTIFICATION (ONLY IF A TOMP HAS BEEN SUBMITTED/APPROVED BY ADEQ)

B. CHECK ONE: 433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED 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.

(Typed/Printed Name)

(Corporate Officer or authorized representative signature)

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 _____, 200__.

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 including Best or Environmental Management Practices, Source Reduction, Waste Minimization, Lean Manufacturing, Water and/or Energy Conservation:

1. _____
2. _____
3. _____
4. _____
5. _____

(8) GENERAL COMMENTS

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.

Gareth Jolly

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Senior Vice President/Plant Manager

OFFICIAL TITLE



SIGNATURE

1/17/2022

DATE SIGNED