

<b>(1) IDENTIFYING INFORMATION</b>	
<p>A. LEGAL NAME &amp; MAILING ADDRESS                  B&amp;M PAINTING CO., INC.                  DENVER EZELL                  347 VAN BUREN                  CAMDEN, AR 71701</p>	<p>B. FACILITY &amp; LOCATION ADDRESS                  B&amp;M PAINTING CO., INC.                  DENVER EZELL                  347 VAN BUREN                  CAMDEN, AR 71701</p>
<p>C. FACILITY CONTACT: DENVER EZELL      TELEPHONE NUMBER: (870-836-3388)      e-mail: dezell@bmpaint.com</p>	
<b>(2) REPORTING PERIOD--FISCAL YEAR From Jun 1 to May 31 (Both Semi-Annual Reports must cover Fiscal Year)</b>	
<p>A. MONTHS WHICH REPORTS ARE DUE                  _____ June _____ &amp; _____ December _____</p>	<p>B. PERIOD COVERED BY THIS REPORT                  FROM: <u>JULY</u> TO: <u>DECEMBER</u></p>
<b>(3) DESCRIPTION OF OPERATION</b>	
<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 checked="" type="checkbox"/> Anodizing  <input checked="" 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 BY THE FACILITY</p> <p><u>CR ANODIZING</u> _____  <u>CHEMICAL CONVERSION COATING</u> _____  <u>PENETRANT TESTING</u> _____  <u>PAINTING</u> _____                  _____                  _____</p>	<p>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.</p> <p style="text-align: center; font-size: 1.2em;">2011</p> <p style="font-size: 1.5em; text-align: center;">December 2011 SAR                  Filedate 20120111                  Non-Pret City Tracking Updated</p>
*SEE 40CFR431.10(a) FOR 40 DIFFERENT OPERATIONS	
<p>C. Number of Regular Employees at this Facility  <u>46</u></p>	<p>D. [Reserved]</p>

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Dilute)	260 gal.	300 gal.	DI RINSE WATER
Regulated (Cyanide)			
'403.6(e) Unregulated'			
'403.6(e) Dilute			
Cooling Water			
Sanitary	200 gal.	200 gal.	
Total Flow to POTW	460 gal.	500 gal.	*****

"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

Cr<sup>+6</sup> Reduction via WWIX 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		2.77	3.38	0.69	3.98	0.43	2.61	1.20	2.13
Monthly Ave		1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured	<.004	.26	.018	.0017	<.01	<.007	.10	<.01	-
Ave Measured									

Sample Location POTW OUTFALLS #1 & #2

Sample Type (Grab or Composite) Composite

Number of Samples and Frequency Collected 8 @ - every 3 hours.

40CFR136 Preservation and Analytical Methods Use:  Yes  No

(6) CERTIFICATION

[Reserved]

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.

DENVER EZELL  
(Typed Name)

[Signature]  
(Corporate Officer or authorized representative)

Date of Signature 1-9-12

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 \_\_\_\_\_.

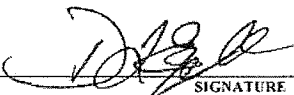
The User may list any new or ongoing Pollution Prevention practices:

**(8) GENERAL COMMENTS**

**(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.

DENVER L. EZZEL  
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

  
SIGNATURE

CHEMICAL MANAGER  
OFFICIAL TITLE

1-9-12  
DATE SIGNED