

ADEQ

ARKANSAS
Department of Environmental Quality

November 30, 2009

Greg Cothren
Environmental, Safety and Health Coordinator
Saint Jean Industries, Inc.
424 Industrial Park Road
Heber Springs, AR 72543

Re: Saint Jean Industries (Tracking #ARP001050, AFIN #1200058) Pretreatment Compliance Assurance Visit in Heber Springs (NPDES #AR0022381)

Dear Mr. Cothren,

On 11/3/09, a compliance assurance visit (CAV) was conducted by ADEQ Pretreatment personnel at your facility. This to satisfy requirements of the memorandum of agreement with EPA Region VI in our State's Pretreatment Program implementation procedures to "Randomly sample and analyze the effluent from industrial users and to conduct surveillance activities in order to identify, independent of information supplied by industrial users occasional and continuing noncompliance with pretreatment standards" per 40 CFR 403.8(f)(2)(v).

This office wishes to extend its appreciation to you and your staff for the transparent exchange of information and dialogue during the visit. Your willingness to "open the books" and share process knowledge compliments the true spirit of environmental partnerships.

Saint Jean is compliant with the Aluminum Forming standards in 40 CFR 467.46 and the National Pretreatment Regulations in 40 CFR 403. Attachments A-1 and A-2 confirm concentrations analyzed from samples taken during the site visit are well within the 40 CFR 467.46 limitations.

Find attached supporting documentation: the "Pretreatment Industrial Inspection" and ADEQ's Certificate of Analysis for all metals and oil and grease analyzed by our lab (Attachments A-1 and A-2).

If there are further questions or comments, please feel free to contact this office at (501) 682-0625 or electronically at gilliam@adeq.state.ar.us.

Sincerely,



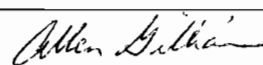
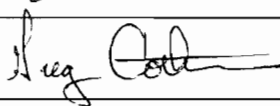
Allen R. Gilliam
ADEQ State Pretreatment Coordinator

cc: Pretreatment File
Don Knight, City Wastewater General Manager, 1108 West Front Street, Heber Springs, 72543

Attachments

Pretreatment Industrial Inspection

Facility Information

Facility Name: Saint Jean Industries, Inc.		Site Address: 424 Industrial Park Road Heber Springs 72543	
Signatory Authority (Name & Title): Yves Mayet – Plant Manager			
Phone: 501.362.9532		Mailing Address (if different):	
Fax: 501.362.9590			
Address: 424 Industrial Park Road Heber Springs 72543		Corporate Owner Name and address (if applicable):	
Contact Person (Name & Title): Greg Cothren – Env./Safety and Health Coordinator		Phone:	
Phone: 501.362.9590		Fax:	
Fax:		Corporate CEO:	
e-mail: greg.cothren@st-ji.com		e-mail:	
Facility Tracking #ARP001050; AFIN #1200058		Last Inspection Date: 3/22/06	
POTW (City) IU discharges to: Heber Springs (NPDES #AR0022381)			
Industrial Classification:		<input checked="" type="checkbox"/> Categorical <input type="checkbox"/> Significant	
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 467.46 (new source)			
Table of Contents			
I. Summary of Inspection		Page 2 of 10	
A. Inspection Objectives			
B. Inspection Analysis			
II. Pre-Inspection Meeting		Page 3, 4 of 10	
A. General Information			
B. Facility Permits			
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 5, 6 of 10	
B. Pollution Prevention Activities		yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page 7 of 10	
C. Pretreatment System (not applicable)		yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Page of	
D. Chemical Storage		yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page 8 of 10	
E. Spill/Spug Control Plan		yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page 9 of 10	
F. Self-Monitoring/TOMP (not applicable)		yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page 10 of 10	
Comments :			
Inspector’s Name (Print): Allen Gilliam		Signature: 	
IU Rep’s Name (Print) <u>Greg Cothren</u>		Signature: 	
Date and Time Inspection Ended: 11/3/09 @ 2:30 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): Verify compliance with sampling, records review and facility walk-through.

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

<input checked="" type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Safety Concerns
<input checked="" type="checkbox"/> Process Inspection	<input 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 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 checked="" type="checkbox"/> MSDS Inventory List	<input type="checkbox"/> New MSDS	<input type="checkbox"/>

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: Chain of Custody procedures could be improved.

Process Area(s): Adequate, no comment.

Pretreatment System: N/A

Self Monitoring Procedures: Under current piping situation, their quench tank appears to be the most adequate point to obtain representative samples. Manually and awkward, sampling can carefully be conducted.

Spill/Slug Control Plan: Adequate, no comment.

Sampling Point: See above.

Chemical Storage: Adequate, no comment.

P2 Equipment/Best Management Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input checked="" type="checkbox"/> Aqueous Cleaning Solutions
<input checked="" type="checkbox"/> Recycling of contact as well as non-contact cooling water	<input type="checkbox"/> Countercurrent Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input 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 (Pretreatment not necessary to meet Categorical Standards)

Are wastestreams segregated before pretreatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Are they pretreated prior to discharge to the sanitary sewer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was the pretreatment system visually inspected during this visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer: None			
<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 checked="" 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): N/A

Does the description match the schematic currently on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
System Operator(s) Name:			
Does discharge permit require licensed operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Is the System Operator(s) licensed by the State of Arkansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
List Name(s) and License classification:	N/A		
Is training provided to the Pretreatment System Operator(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

If Yes, list type and frequency:
 Is the discharge from the Pretreatment System? Batch Continuous Combination N/A

If any discharges are batch type or combination, describe the following:

Volume of batch(es): ~890 gpd via numerous intermittent dumps from the cooling tower throughout the day.

Describe process from which batch(es) originated (spent bath, e.g.): Solution Heat Treatment "quench" tank after being re-circulated through a cooling tower for a period of time. Batch discharges from quench tank is through the contact cooling water system's numerous blow downs throughout the day.

Approximate duration of batch discharges: depends on the system's ("Chem Aqua") sensors.

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
Kent/ABB C-700 Positive Displacement	Not determined	

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was this area(s) visually inspected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Various drums and containers in small quantities are located near work stations.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
Does the Chemical Storage Area(s) contain any of the following?		
<input type="checkbox"/> Dikes, Berms for Containment	<input type="checkbox"/> Plugs for Floor Drains	
<input type="checkbox"/> Secondary Tanks for Holding	<input type="checkbox"/> Premix (low) Concentrations	
<input type="checkbox"/> Alarms	<input type="checkbox"/> Chain restraints, limited access	
<input type="checkbox"/> Spills Control Kits for Cleanup	<input type="checkbox"/> Notification Procedures	
<input type="checkbox"/> Chemical desegregation within Storage Area	<input checked="" type="checkbox"/> Barrels rest on grated self-containment containers	
Chemical Inventory List (MSDS) on file? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Were any new MSDS reviewed during the Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
<p>If yes, list below: Facility rep sent the three (3) types of chemicals used in the recycled quench water system. There's a biocide, corrosion inhibitor and stabilizer.</p> <p>Facility rep indicated their MSDS notebooks needed and will be "cleaned up" and updated. The rep did have a condensed two-page and laminated list of chemical brands used.</p>		
<p>Chemical storage comments: This inspector could foresee no chemical spills reaching the outside of the building, they were in such small quantities. ~40 to 50 barrels and totes are stored in a caged in area with a sign out sheet for employees taking to sign taking chems/volumes out.</p>		
<p>Chemical handling procedures (totes, dolly, buckets, hardline, etc):</p> <p>Typically, employees fill buckets from which chemicals are hand pumped at their various work stations. "Bulk" chemicals in barrels are brought in to caged area by specially equipped fork lifts with "jaws" that wrap around barrels for transport to storage area.</p>		

Attachment E: Spill/Slug Control Plan (Slug Potential determined to be non-existent)	
Does the facility have a Spill/Slug control plan? Slug discharge potential improbable.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no
Is it posted in areas where chemicals are used and stored?	<input checked="" 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no
Has there been any non-routine, episodic discharges or chemical spills in the past year?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of sampling point condition and flow channel of the following where applicable:	
Sampling / Monitoring Point: As previously mentioned, the sampling point is the quench tank just next to heat treatment oven. For lack of a more convenient point, this could be deemed adequate.	
Total Flow Monitoring Point: Batch (blow-down) flows are metered in a building with the manifolds recirculating (separately) contact and non-contact cooling waters.	
Point of Connection: N/A	

Attachment F: Self-Monitoring

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. Sampling point is the quench tank after heat treatment. Employee has to bend over grating, wearing heat resistant glove to physically dip sample container(s) into quench tank. There's only a small space to reach over into the quench tank to take these samples. Other than being awkward, sampling is adequate.

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"/> At left-hand side of quench tank, opposite the return from cooling tower nozzle.	

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, Little Rock

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed: The last chain of custody found in files sample dated 4/11/08 was incomplete. There was no one Kenny Sanders relinquished the sample to (4/11) before the lab received it on 4/15. Container type and preservatives were not noted. 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: Semi-annually for all.

<input type="checkbox"/> Cd(t)	<input type="checkbox"/> Cu(t)	<input checked="" type="checkbox"/> Cr(t)	<input type="checkbox"/> Ni(t)	<input 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 checked="" type="checkbox"/> O&G alternative for TTOs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-2978

Sample ID: Quench Tank 1 - St. Jean Ind.

Sample Collect Date: 11/3/2009

Sample X
Type:

Report Date: 11/12/2009

<u>Test Group</u>	<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
ICP/MS-T						
	Aluminum	1540	µg/L	11/9/2009	20	20.0
	Antimony	< 10.0	µg/L	11/9/2009	5	10.0
	Arsenic	< 1.00	µg/L	11/9/2009	0.5	1.00
	Barium	14.6	µg/L	11/9/2009	2	10.0
	Beryllium	< 0.50	µg/L	11/9/2009	0.1	0.50
	Boron	29.5	µg/L	11/9/2009	5	25.0
	Cadmium	< 1.00	µg/L	11/9/2009	0.3	1.00
	Calcium	6.17	mg/L	11/9/2009	0.04	0.040
	Chromium	4.83	µg/L	11/9/2009	0.3	1.00
	Cobalt	< 1.00	µg/L	11/9/2009	0.5	1.00
	Copper	20.6	µg/L	11/9/2009	0.5	1.00
	Iron	1260	µg/L	11/9/2009	10	20.0
	Lead	2.03	µg/L	11/9/2009	0.1	1.00
	Magnesium	10.4	mg/L	11/9/2009	0.1	0.10
	Manganese	32.3	µg/L	11/9/2009	0.2	1.00
	Nickel	< 2.50	µg/L	11/9/2009	0.5	2.50
	Potassium	43.2	mg/L	11/9/2009	0.05	0.100
	Selenium	< 2.00	µg/L	11/9/2009	0.5	2.00
	Silicon Dioxide	5.54	mg/L	11/9/2009	0.02	0.20
	Silver	< 5.00	µg/L	11/9/2009	1	5.00
	Sodium	27.7	mg/L	11/9/2009	0.02	0.040
	Thallium	< 2.50	µg/L	11/9/2009	0.5	2.50
	Vanadium	< 2.50	µg/L	11/9/2009	1	2.50
	Zinc	274	µg/L	11/9/2009	2	3.00
Oil & Grease						
	Oil and Grease	< 1.4	mg/L	11/10/2009	1.4	1.4

Arkansas Department of Environmental Quality

5301 Northshore Drive
North Little Rock, AR 72118

- CERTIFICATE OF ANALYSIS -

Our Lab#: 2009-2979

Sample ID: Quench Tank 2 & 3 - St. Jean Ind.

Sample Collect Date: 11/3/2009

Sample X
Type:

Report Date: 11/12/2009

<u>Test Group</u>	<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Analysis Date</u>	<u>MDL</u>	<u>RDL</u>
ICP/MS-T						
	Aluminum	1660	µg/L	11/9/2009	20	20.0
	Antimony	< 10.0	µg/L	11/9/2009	5	10.0
	Arsenic	< 1.00	µg/L	11/9/2009	0.5	1.00
	Barium	15.2	µg/L	11/9/2009	2	10.0
	Beryllium	< 0.50	µg/L	11/9/2009	0.1	0.50
	Boron	30.8	µg/L	11/9/2009	5	25.0
	Cadmium	< 1.00	µg/L	11/9/2009	0.3	1.00
	Calcium	6.40	mg/L	11/9/2009	0.04	0.040
	Chromium	4.63	µg/L	11/9/2009	0.3	1.00
	Cobalt	< 1.00	µg/L	11/9/2009	0.5	1.00
	Copper	20.8	µg/L	11/9/2009	0.5	1.00
	Iron	1290	µg/L	11/9/2009	10	20.0
	Lead	2.10	µg/L	11/9/2009	0.1	1.00
	Magnesium	10.8	mg/L	11/9/2009	0.1	0.10
	Manganese	33.2	µg/L	11/9/2009	0.2	1.00
	Nickel	2.54	µg/L	11/9/2009	0.5	2.50
	Potassium	45.1	mg/L	11/9/2009	0.05	0.100
	Selenium	< 2.00	µg/L	11/9/2009	0.5	2.00
	Silicon Dioxide	5.71	mg/L	11/9/2009	0.02	0.20
	Silver	< 5.00	µg/L	11/9/2009	1	5.00
	Sodium	28.8	mg/L	11/9/2009	0.02	0.040
	Thallium	< 2.50	µg/L	11/9/2009	0.5	2.50
	Vanadium	< 2.50	µg/L	11/9/2009	1	2.50
	Zinc	265	µg/L	11/9/2009	2	3.00
Oil & Grease						
	Oil and Grease	< 1.4	mg/L	11/10/2009	1.4	1.4