

Wilson, Tabatha

From: Gilliam, Allen
Sent: Friday, December 13, 2013 10:40 AM
To: Boyd Jennifer; aimee.branscum@st-ji.com; sales@st-ji.com
Cc: Fuller, Kim; Wilson, Tabatha; heber springs
Subject: AR0022381_Saint Jeans ARP001050 Nov 2013 semi-annual Pretreatment report and ADEQ reply_20131213
Attachments: WasteWaterCert5.1.2013thru11.30.2013.pdf; Pret. Change in Signatory Authorization Form Dec 2013.doc; Pret. Permit Transfer Form Dec 2013.doc

Jennifer,

Your November 2013 no-discharge of regulated wastewater (during the 6 month period from May 1 through November 30, 2013) certification was received on December 12, 2013 and deemed adequate. The Pretreatment standards regulating your process wastewater is covered under 40 CFR 467.46 (Aluminum Forming) however.

Future correspondence regarding Saint Jean, its regulated processes and wastewater generated will be directed at Ms. Aimee Branscum as requested.

Please find attached a signatory authority change to be submitted back to this office within 30 working days. The last signatory authority designated in Saint Jean's file is Robert Bracy dated 11/1/01 and signed by Vernon Pate.

The company's name has also changed since then from Superior Industries. A change of ownership for is attached also if this is the case. It should be submitted with the signatory authority form. Thank you for getting these forms into the appropriate corporate hands for completion and submittal for updating your files.

It was good talking to you this morning.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

ec: Donald Knight, Heber Springs Wastewater General Manager

E/NPDES/NPDES/Pretreatment/Reports

From: Boyd Jennifer [<mailto:jennifer.boyd@st-ji.com>]
Sent: Thursday, December 12, 2013 3:30 PM
To: Gilliam, Allen
Cc: Branscum Aimee
Subject: St Jean Industries Water Certification ARP001023 Heber Springs AR0022381

Mr. Gilliam,

I wanted to notify you that we have sent our semi-annual certification of no release letter in the mail. You should be receiving it soon. I have included a copy attached to this email.

Should you have any questions please feel free to contact me via this email or on my cell (501)887-6304. If it is after the first of the year, please contact Aimee Branscum. Her information is included below.

Aimee Branscum
424 Industrial Park Road
Heber Springs, AR 72543
(501)362-9540
(501)691-9948
aimee.branscum@st-ji.com

Thank you

Have a wonderful Holiday Season.

Jennifer A Boyd
Jennifer BOYD
EHS Coordinator

Saint Jean Industries Inc
Innovative Solutions
424 Industrial Park Road
USA - AR - 72543 Heber Springs
Tel :+1 501 362 9572

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SAINT JEAN INDUSTRIES



Saint Jean Industries, Inc
424 Industrial Park Road
Heber Springs, AR 72543
Telephone: 501-362-9540
Fax: 501-362-9539

12/4/13

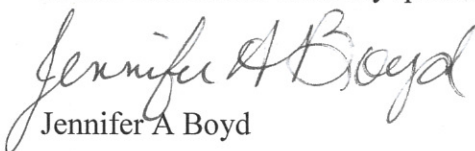
To: Allen Gilliam-ADEQ Pretreatment Coordinator

The Saint Jean Industry Facility in Heber Springs AR, has not discharged any regulated wastewater (CFR Title 40, Volume 27) for the period of May 1, 2013 through November 30, 2013.

I certify under penalty of law that I have personally examined the facility's waste water program, in consultation with the facility Maintenance Department Leader, and understand that all wastewater associated with our processes are contained in a closed-loop cooling system with "0" discharge.

I believe that this information is true, accurate and complete. I am aware that there are significant penalties for submitting information, including possibility of fine and imprisonment.

Please contact me with any questions/concerns.


Jennifer A Boyd

Environmental, Health and safety Coordinator

**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

Pretreatment Permit
and/or Tracking
Number: _____

Facility Name: _____

- Type of Change: New Cognizant Official (or duly authorized representative) (sections 1 and 2)
(check one) New Responsible Official (complete section 2 only)
 Both (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) [See 40 CFR 403.12(l)(3)]; the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following **individual** as the cognizant official, (duly authorized representative), for signing the Pretreatment required reports, etc., including Periodic Monitoring Reports required by the Federal Pretreatment Regulations, and other information requested by the Director:

Signature of the Cognizant Official (Duly Authorized Representative)

Name (First Name, MI, Last Name) Typed or Printed

Mailing Address

City, State, and Zip

Title

()

Phone

()

Cell

Email Address: _____

By signature below, the responsible official certifies that the above named **individual** is qualified to act as the duly authorized representative under the provisions of 40 CFR 402.12(l)(3).

2. **RESPONSIBLE OFFICIAL** {**Note:** For a *Corporation*: it is the responsible corporate officer. For a Partnership or Sole Proprietorship: a general partner or proprietor. [see 40 CFR 403.12(l)(1) or (2)]}

Signature of the Responsible Official

Date

Name (First Name, MI, Last Name) Typed or Printed

Mailing Address

City, State, and Zip

Title

()

A/C

Phone

Fax

Email Address: _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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.

Will the Responsible Official also be the person signing submittals? Yes No

PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM

Please select one of the following options:

A. Permittee/Indirect Discharger (legal Name) change

B. Facility name change

C. Responsible official name change

A B C A & B A & C B & C A & B & C

PERMIT/INDIRECT DISCHARGER TRACKING NUMBER: _____

I. CURRENT PERMITTEE/INDIRECT DISCHARGER INFORMATION

Permittee/Indirect Discharger (legal name): _____

Facility Name: _____

Responsible Official Name (see Section IV below): _____

Is the permittee/indirect discharger identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: _____

II. NEW PERMITTEE/FACILITY INFORMATION

Permittee/Indirect Discharger (legal name): _____

Facility Name (if different from above): _____

Is the permittee/indirect discharger identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: _____

Responsible Official Name (see Section IV below): _____

Official Title of Responsible Officer: _____

E-mail: _____

Owner Type:

Permittee/Indirect Discharger Physical Address: _____

STATE PARTNERSHIP

Permittee/Indirect Discharger City: _____

FEDERAL CORPORATION

Permittee/Indirect Discharger State: _____ Zip: _____

SOLE PROPRIETORSHIP

Permittee/Indirect Discharger Telephone No.: _____

Is the new Permittee/Indirect Discharger registered with the Arkansas Secretary of State? Yes No

If yes, please provide the full name of corporation if different than the legal permittee name listed above. _____

Facility Mailing Address: _____ Facility City: _____

_____ Facility State: _____ Zip: _____

Facility Contact Person Name: _____ Contact Person Title: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Invoice Contact Person: _____ City: _____

PRETREATMENT PERMIT/INDIRECT DISCHARGER (PRETREATMENT TRACKING #) TRANSFER FORM

Invoice Mailing Address: _____ State: _____ Zip: _____

Invoice Mailing Address: _____ Telephone: _____

Cognizant Official Name*: _____ Cognizant Official Title: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

* Duly Authorized Representative as outlined in 40 CFR 403.12(l)(3)

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete this Section (III.) only if the permit/Pretreatment Tracking # has a new owner or a new ownership.

Please specify the closing date for this transaction: _____

Current Permittee/Indirect Discharger (Seller): _____

Signature of Responsible Corporate Officer: _____
Title of Responsible Corporate Officer: _____
Printed Name of Responsible Corporate Officer: _____
Date: _____

New Permittee/Indirect Discharger (Buyer): _____

Signature of Responsible Corporate Officer: _____
Title of Responsible Corporate Officer: _____
Printed Name of Responsible Corporate Officer: _____
Date: _____

IV. CERTIFICATION OF NEW PERMITTEE/INDIRECT DISCHARGER

“I certify that the cognizant official designated in this Permittee/Indirect Discharger Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 403.12(l)(3). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law that 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 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.”

In addition, I certify that there will be no operational changes that warrant a permit/indirect discharger Pretreatment standards modification.

Typed or Printed Name: _____ Title: _____
Signature: _____ Date: _____