



SEPARATOR



34-00101



WATER NPDES



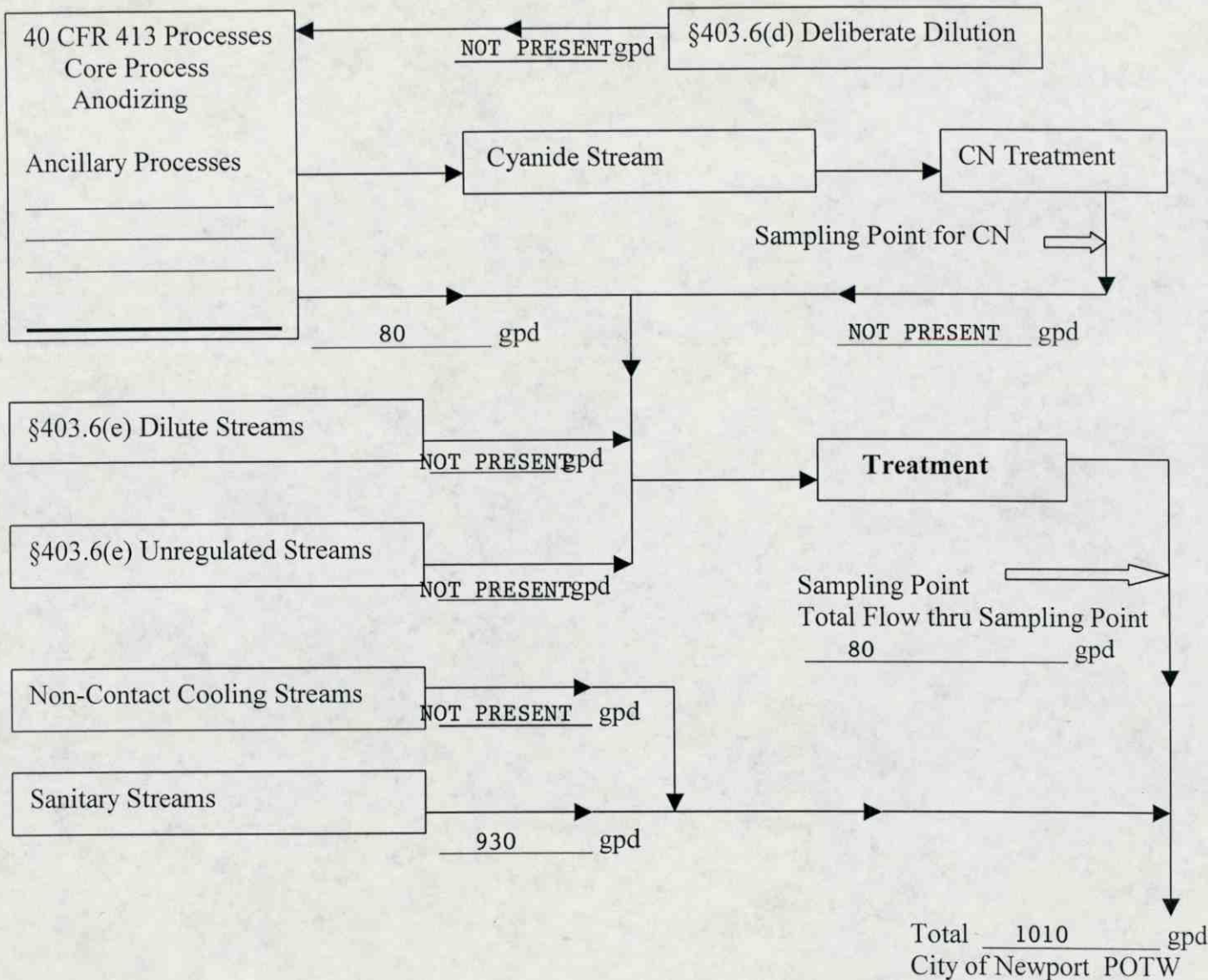
PRETREATMENT



08/31/2005



ARP001054



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]
 Signature of §403.12(b) Professional

8/31/05
 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.

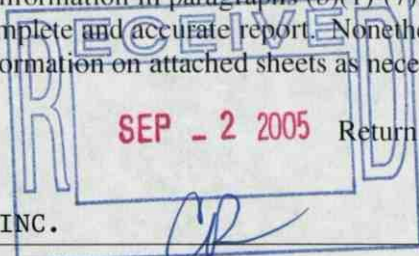
[Signature]
 Plant Manager or the authorized §403.12(l) official

8/31/05
 Date

FIN **BASELINE MONITORING REPORT**
FOR A
40CFR413 CATEGORICAL INDUSTRY

90 Day Compliance Report per §403.12(d)

Instructions: In accordance with 40CFR403.12(b) & (d) Industrial Users subject to categorical Pretreatment Standards are required to submit to ADEQ a report which contains the information in paragraphs (b)(1)-(7). Use of this form is not an EPA requirement. The User is responsible for submitting a complete and accurate report. Nonetheless, the User may complete this form in as much detail as possible. Include additional information on attached sheets as necessary where space is limited.



Return to: Water Div/NPDES Pretreatment

(1) User Identifying Information [§403.12(b)(1)]:

A. Legal Name: TWH ENTERPRISES, INC.
P. O. BOX 250
Mailing Address: NEWPORT, AR 72112-0250

Zip: _____

B. Facility Name: TWH ENTERPRISES, INC.
4010 NORTH OPERATIONS DR.
Location: AIRBASE INDUSTRIAL PARK
NEWPORT, AR 72112

Zip: _____

C. Name of Owners: THURLO W. HALFORD, SR.

D. Name of Operators: CHAD MULLINS & JOHNNY HURST, III

E. Facility Contact (Provide the name, title & phone number of a designated person to contact if additional information is necessary):
JUSTIN HALFORD, ENGINEER 870-523-8956

F. Number of Employees 2 G. Number of Shifts 1

H. Number of Months per Calendar Year which Plant normally operates 12

I. Publicly Owned Treatment Works (POTW) (Provide the name of the sewerage authority, municipality, etc. that receives the wastewater discharges from this facility--If this facility is not connected to a sewerage system describe where wastewater is discharged)
NEWPORT MUNICIPAL WATER CO.

J. Provide the date the facility began regulated discharge to the POTW (sewerage authority, municipality, etc.)
JUNE 2004

Date facility installed/commence construction of 40CFR413 Subpart operation(s) _____

(2) User's Permits [**§403.12(b)(2)**]:

Describe all environmental control permits held by or for the facility

Describe Title of the Permit	Permit No.	Issuing Office	Exp. Date

(3) Description of User Operations [**§403.12(b)(3)**]:

A. List Raw Material/Basis Metals Used:

SULFURIC ACID, PHOSPHORIC ACID, NITRIC ACID, CAUSTIC ACID
NICKEL ACETATE, ORGANIC DYES, ALODINE 2200

B. List Toxic Organics (TTO) & alloy metals and their source (Name of Chemical/Basis Metal):

C. Describe Manufacturing or Service Activities Conducted and the Final Products:

ANODIZE ALUMINUM PARTS
ELECTROPOLISH
ALODINE

D. Summarize each Point Source Category (This form is for only the Metal Finishing Category):

40CFR413
 Source Category

ANODIZING PARTS

Source Category

Source Category

3.D (Con'd) Summarize each Core process [Electroplating, Electroless Plating, Anodizing, Coating (chromating, phosphating & coloring), Chemical Etching & Milling or Printed Circuit Board Manufacture]:

Process Description *	Pretreatment Standard Category	Subpart	SIC Code	Date Process was Installed
ANODIZE	40CFR413	A		2/1982
ALODINE				2/1982
ELECTROPOLISH				2/1982

*Process Description must be exactly as shown in the applicable 40CFR SubPart; for example, 40CFR433 SubPart A lists "Electroplating", "Electroless Plating", "Anodizing", "Coating", "Chemical Etching and Milling" and "Printed Circuit Board Manufacture".

E. Provide on a separate sheet(s):

**** SEE ATTACHMENT #1 ****

- (i) A schematic drawing/chart of manufactured parts flow through each regulated process that generates wastewater--optional for users with only concentration-based standards.
- (ii) A schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system, and sampling locations and flows for each individual wastestream. Show points of discharge to the POTW from regulated processes (blank schematic enclosed).

(4) User Flow Measurement [**§403.12(b)(4)**]:

A. Total Plant Flow in Gallons per Day (gpd):

Average 80 Maximum 1000

B. Individual Process Flows in Gallons per Day¹ (gpd)

80

¹Referring to 40CFR403.6(e)(1) average flows must be for a 30-day period. Batch discharges which are less frequent than monthly should be normalized to a 365-day period.

STREAMS ² include non-contact cooling water, sanitary waste, etc.	Average Flow Rate (gpd)	Max. Flow Rate (gpd)	Type Discharge ³
Regulated Streams			
Unregulated Streams			
NONE			
Dilute Streams			
Non-Contact Cooling Water	N/A		
Sanitary Wastewater	930		INTERMITTENT

² Regulated processes have wastestreams regulated by federal standards.
Unregulated processes have wastestreams (which are not regulated by federal standards) with federally regulated parameters.
Nonregulated processes have unregulated and/or dilute wastestreams.

³ Show type; for example--Continuous, Batch (Monthly, Semi-annually, etc), Intermittent (5 days/week, 25 days/30-day period, etc.)

(5) Measurement of Pollutants in User's Discharge to POTW [§§403.6(a) & 403.12(5)]:

A. (i) Cite Evidence Why each Subpart (40CFR413) is applicable⁴:

ANODIZE
 Subcategory AS CITED PREVIOUSLY

Subcategory _____

Subcategory _____

Subcategory _____

(ii) Provide on a separate sheet a description of all wastewater treatment utilized (show treatment system location in relation to process flows and sampling points on schematic drawing required in Section 3.E above).

B. Analysis of Regulated Flows: The industrial user must perform sampling and analysis of the effluent from all regulated processes which discharge into the POTW (after treatment, if applicable). Provide the analytical data for the regulated processes in the appropriate space below (*pollutants in shade apply to plants discharging more than 10,000 gallons in one calendar day*).

CONCENTRATIONS (mg/l)											
Basis	Pollutant										
	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN-A	CN-T	TTO	TTO
Max Limit	1.2	7.0	4.5	0.6	4.1	1.2	4.2	5.0	1.9	2.13	4.57
Ave Limit	0.7	4.0	2.7	0.4	2.6	0.7	2.6	2.7	1.0	----	----
Max Conc											
Ave Conc											

C. Analysis of Total Plant Flow (Mark each blank "N/A" if not appropriate/applicable)
 In accordance with 40CFR403.6(e) an industrial user may sample and analyze the total plant flow and calculate an alternate concentration limit using the combined wastestream formula if regulated process flows are mixed with other flows prior to treatment and/or sampling. Record the analytical results for all regulated pollutants below. Record the calculated concentration limits as well as the actual measured concentrations.

CONCENTRATIONS (mg/l)										
** SEE ATTACHMENT #2 **										
Basis ⁵ AMAC --- Actual Measured Average Concentration from Lab results	Pollutant									
	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO	
MAC										
AAC										
AMMC										
AMAC										

⁴ §403.6(a)(2)(ii)--Optional for Existing Sources and for New Sources which have requested certification.

⁵ MAC --- Maximum Alternate Concentration as determined by ADEQ
 AAC --- Average Alternate Concentration as determined by ADEQ
 AMMC --- Actual Measured Maximum Concentration from Lab results

D. User Sample Location: BETWEEN FILTER PRESS & POTW

Sample Type (Composite samples are required except where not feasible or where grab samples are specifically required-- refer to 40CFR403.12(b)(5)(iii): GRAB SAMPLING

Number of Samples Taken: 1 Frequency (Daily, Weekly, etc) 6 MOS.

Analytical Methods Used (Must be in accordance with 40CFR136--for example: EPA 608, 625, etc.) IN COMPLIANCE WITH 40CFR136

(6) Certifications [§§403.12(b)(5)(viii) & 403.12(b)(6)]:

40 CFR 403.12(b)(6) Compliance Certification

- A. Are applicable categorical pretreatment standards being met on a consistent basis? YES X NO
B. If no, do you require:
(i) Additional operation and maintenance (O&M) to achieve compliance? YES NO
(ii) New or additional pretreatment facilities to achieve compliance? YES NO

40 CFR 403.12(b)(5)(viii) Representative Certification

I certify, to the best of my knowledge, that the sampling and analysis as shown in Section 5 above is representative of the User's normal work cycles and the expected Discharges to the POTW.

In accordance with 40CFR403.12(b)(5)(viii) & (6) a qualified professional must complete and sign these certifications in the space below.

Name & Title JUSTIN HALFORD, ENGINEER
Qualified Professional (Please Type or Print)

Justin Halford Signature

Date 8/31/05

(7) A. If additional O&M or new or additional pretreatment will be required to meet categorical pretreatment standards on a consistent basis, provide an explanation in an attachment. In accordance with §403.12(b)(7) as of February 15, 1986 all 40CFR433 Metal Finishers were required to be in compliance. New sources must not commence discharge until compliance is possible.

B. Signatory Requirement [40 CFR 403.12(I)]

40 CFR 403.12(I)(3) Authorization to Sign Environmental Reports

I hereby authorize persons filling the position title of ENGINEER, responsible for the overall operation of the ANODIZE facility in NEWPORT, Arkansas, to sign all regular reports required by National Pretreatment Standards--pursuant to ADEQ rules and/or Clean Water Act (CWA) regulations. This written authorization is provided in accordance with 40 CFR 403.12(I) and comparable state regulations.

T. W. HALFORD, JR., VICE PRESIDENT
Corporate official name & title here

J. W. Halford Jr.
Signature

8/31/05
Date

40 CFR 403.6(a)(2)(ii) Certification

I certify under penalty of law that I have personally examined and am familiar with the information in this Baseline Monitoring Report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

T. W. HALFORD, JR., VICE PRESIDENT
Name of Authorized Representative (Please Type or Print)

Vice - Pres.
Official Title (Please Type or Print)

J. W. Halford Jr.
Signature

8/31/05
Date

Torrence, Rufus

From: Torrence, Rufus
Sent: Friday, April 27, 2007 2:47 PM
To: 'Justin Halford (jwh@twhenterprises.com)'
Cc: Bailey, John
Subject: ARP001054 AFIN 34-00101 Site Visit to the TWH Facility in Newport, AR0037044

Attn: Justin Halford, Engr
T W Halford, Plant Mgr

Thank you for taking the time to show me TWH Newport facility on Wednesday (April 24, 2007); TWH receives bar stock (mostly aluminum but some steel and brass). The bar stock is milled to the customer specifications; using the customer's drawing, TWH workers mill the stock to produce the final parts.

If the specs require anodizing (40CFR433 regulated point source), TWH performs the anodizing on-site. In the anodizing building, contact process water is circulated through a deionizing unit. Once every three weeks or so, the process wastewater is treated to remove metals and other "impurities" and released to the local POTW. Since TWH releases the wastewater in batch operation, I took a sample from the main holding tank which contained raw untreated wastewater.

TWH has recently added a third building to the Newport complex; the third building is referred to as the "Sheet Metal Bldg". The Sheet Metal Bldg holds shears, punches and breaks for forming sheet metal; the building also has a 40 CFR 463 Plastic Molding and Forming operation.

The ADEQ lab analysis should be available in two to three weeks; I will forward you a copy by email.

If you have questions or concerns, please feel free to contact my office:

Rufus J. Torrence, Pretreatment Engineer
Arkansas Department of Environmental Quality
Water Division
8001 National Drive
Post Office Box 8913
Little Rock, AR 72219-8913
Phone: (501) 682-0626
FAX: (501) 682-0910
email: torrence@adeq.state.ar.us

Title 40: Protection of Environment
PART 413—ELECTROPLATING POINT SOURCE CATEGORY
General Provisions

[Browse Previous](#) | [Browse Next](#)

§ 413.02 General definitions.

In addition to the definitions set forth in 40 CFR part 401 and the chemical analysis methods set forth in 40 CFR part 136, both of which are incorporated herein by reference, the following definitions apply to this part:

- (a) The term CN,A shall mean cyanide amenable to chlorination as defined by 40 CFR 136.
- (b) The term CN,T shall mean cyanide, total.
- (c) The term Cr,VI shall mean hexavalent chromium.
- (d) The term electroplating process wastewater shall mean process wastewater generated in operations which are subject to regulation under any of subparts A through H of this part.

(e) The term total metal is defined as the sum of the concentration or mass of Copper (Cu), Nickel (Ni), Chromium (Cr) (total) and Zinc (Zn).

(f) The term strong chelating agents is defined as all compounds which, by virtue of their chemical structure and amount present, form soluble metal complexes which are not removed by subsequent metals control techniques such as pH adjustment followed by clarification or filtration.

(g) The term control authority is defined as the POTW if it has an approved pretreatment program; in the absence of such a program, the NPDES State if it has an approved pretreatment program or EPA if the State does not have an approved program.

(h) The term integrated facility is defined as a facility that performs electroplating as only one of several operations necessary for manufacture of a product at a single physical location and has significant quantities of process wastewater from non-electroplating manufacturing operations. In addition, to qualify as an "integrated facility" one or more plant electroplating process wastewater lines must be combined prior to or at the point of treatment (or proposed treatment) with one or more plant sewers carrying process wastewater from non-electroplating manufacturing operations.

(i) the term TTO shall mean total toxic organics, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics: Acenaphthene Acrolein Acrylonitrile Benzene Benzidine Carbon tetrachloride (tetrachloromethane) Chlorobenzene 1,2,4-trichlorobenzene Hexachlorobenzene 1,2-dichloroethane 1,1,1-trichloroethane Hexachloroethane 1,1-dichloroethane 1,1,2-trichloroethane 1,1,2,2-tetrachloroethane Chloroethane Bis (2-chloroethyl) ether 2-chloroethyl vinyl ether (mixed) 2-chloronaphthalene 2,4,6-trichlorophenol Parachlorometacresol Chloroform (trichloromethane) 2-chlorophenol 1,2-dichlorobenzene 1,3-dichlorobenzene 1,4-dichlorobenzene 3,3-dichlorobenzidine 1,1-dichloroethylene 1,2-trans-dichloroethylene 2,4-dichlorophenol 1,2-dichloropropane 1,3-dichloropropylene (1,3-dichloropropene) 2,4-dimethylphenol 2,4-dinitrotoluene 2,6-dinitrotoluene 1,2-diphenylhydrazine Ethylbenzene Fluoranthene 4-chlorophenyl phenyl ether 4-bromophenyl phenyl ether Bis (2-chloroisopropyl) ether Bis (2-chloroethoxy) methane Methylene chloride (dichloromethane) Methyl chloride (chloromethane) Methyl bromide (bromomethane) Bromoform (tribromomethane) Dichlorobromomethane Chlorodibromomethane Hexachlorobutadiene Hexachlorocyclopentadiene Isophorone Naphthalene Nitrobenzene 2-nitrophenol 4-nitrophenol 2,4-dinitrophenol 4,6-dinitro-o-cresol N-nitrosodimethylamine N-nitrosodiphenylamine N-nitrosodi-n-propylamine Pentachlorophenol Phenol Bis (2-ethylhexyl) phthalate Butyl benzyl phthalate Di-n-butyl phthalate Di-n-octyl phthalate Diethyl phthalate Dimethyl phthalate 1,2-benzanthracene

(benzo (a) anthracene)

Benzo (a) pyrene (3,4-benzopyrene)

3,4-Benzofluoranthene

(benzo (b) fluoranthene)

11,12-benzofluoranthene

(benzo (k) fluoranthene)

Chrysene

Acenaphthylene

Anthracene

1,12-benzoperylene

(benzo (ghi) perylene)

Fluorene

Phenanthrene

1,2,5,6-dibenzanthracene

(dibenzo (a, h) anthracene)

Indeno (1,2,3-cd) pyrene)

(2,3-o-phenylene pyrene)

Pyrene

Tetrachloroethylene

Toluene

Trichloroethylene

Vinyl chloride (chloroethylene)

Aldrin

Dieldrin

Chlordane (technical mixture and metabolites)

4,4-DDT

4,4-DDE (p,p-DDX)

4,4-DDD (p,p-TDE)

Alpha-endosulfan

Beta-endosulfan

Endosulfan sulfate

Endrin
Endrin aldehyde
Heptachlor
Heptachlor epoxide
(BHC-hexachlorocyclohexane)
Alpha-BHC
Beta-BHC
Gamma-BHC
Delta-BHC
(PCB-polychlorinated biphenyls)
PCB-1242 (Arochlor 1242)
PCB-1254 (Arochlor 1254)
PCB-1221 (Arochlor 1221)
PCB-1232 (Arochlor 1232)
PCB-1248 (Arochlor 1248)
PCB-1260 (Arochlor 1260)
PCB-1016 (Arochlor 1016)
Toxaphene
2,3,7,8-tetrachlorodibenzo-
p-dioxin (TCDD)

(Secs. 301, 304, 306, 307, 308, and 501 of the Clean Water Act (the Federal Water Pollution Control Act Amendments of 1972, 33 U.S.C. 1251 et. seq., as amended by the Clean Water Act of 1977, Pub. L. 95-217)) [46 FR 9467, Jan. 28, 1981, as amended at 48 FR 32483, July 15, 1983; 48 FR 43681, Sept. 26, 1983; 51 FR

Tracking:

Recipient

'Justin Halford (jwh@twhenterprises.com)'
Bailey, John

Delivery

Delivered: 4/27/2007 2:47 PM

Pretreatment Industrial Inspection

Facility Information

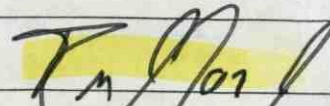
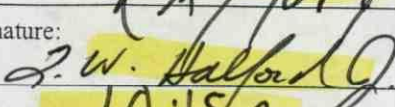
Facility Name: TWH Enterprises, Inc.		Site Address: 4010 N. Operations Dr. Newport, AR 72112	
Signatory Authority (Name & Title):			
Phone: (870) 523-8956		Mailing Address (if different):	
Fax:		(Same)	
Address: Same		Corporate Owner Name and address (if applicable):	
		Privately Owned	
Phone: —			
Fax: —		Phone: N/A	
Contact Person (Name & Title):		Fax: N/A	
Justin Howard, Eng		Corporate CEO: N/A	
e-mail:		e-mail:	
Facility Permit # — or ARP00 1054		Last Inspection Date: 6-23-05	
POTW (City) IU discharges to:		POTW's NPDES #AR00 37044	
Industrial Classification: <input checked="" type="checkbox"/> Categorical		<input type="checkbox"/> Significant AFIN: 34-00101	
If Categorical, list which CFR #(s) the facility is subject to:		40CFR 413	

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A. Inspection Objectives			
B. Inspection Analysis			
II. Pre-Inspection Meeting	Page	of	
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	of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input type="checkbox"/>	Page	of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
E. Spill/Slug Control Plan	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of
F. Self-Monitoring/TOMP	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Page	of

Comments :

TWH consist of two buildings with about 40,000 sqft in each building.

Inspector's Name (Print): Rufus Torrence, Jr	Signature: 
IU Rep's Name (Print): TW Howard	Signature: 
Date and Time Inspection Ended: 4-25-07 @ 10:15 am	

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|---|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual - Bi | <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 type="checkbox"/> Pre-inspection Meeting | <input type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Process Inspection | <input type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Discharge point(s) | <input type="checkbox"/> Spills/Slug Control Plan |
| <input type="checkbox"/> Records Review | <input type="checkbox"/> RCRA information | <input type="checkbox"/> Process/Flow/Pretreatment Schematics |
| <input 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 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

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage



II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 4-25-07 (491W2) SIC code(s): 3471, 3499, 3812	
IU Reps/Titles: T.W. Halford, P.M. Justin Halford, Mech Engr	Control Authority Reps/Titles: Rufus Torrence, PretEng
End product(s): (Job Shop)	Approx. # of units produced: N/A
Days of Operation: Varies	Days of Production (if different): —
Hours of Operation: Varies	Hours of Production (if different): —
Shift 1, hrs.: to Day Only	Shift 2, hrs.: to —
# of Employees: 2	Peak Mos.: —
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?	“Off” Mos.: —
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?	
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If No, explain:	
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, explain:	
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, explain:	
Has there been any changes since the last inspection regarding the following items:	
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.	
Processes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:	
Production Levels? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:	
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:	
Flow rates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:	
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
Prior to Pretreatment System? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/> N/A	
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
At connection to sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
What is the current avg. production rate and process flow?	N/A
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	N/A

B. Facility Permits

Permit Type	Permit No.	Expiration Date
Air		
RCRA	ARDO67681189	(Active)
NPDES SW	ARRO0B261	(voided)
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

Regulated wastewater in Anodizing Bldg only

40CFR463 Plastic Mulching /
Forming operation in the

SHEET METAL BLDG

Attachment A: Industrial Process(es)

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

1. <u>Anodizing</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

Anodizing small machined parts, etc

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 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 type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) <u>Cd, Cu, Cr, Pb</u>	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂	<u>Ni, Ag & Zn</u>	
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<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 type="checkbox"/>	
Does this facility practice P2? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Environmental Management System in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
ISO Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Written Standard Operating Procedures? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Preventative Maintenance Program Yes <input type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)	
Explain:	
Water Reuse: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Cost Accounting to Track Savings: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Inventory Control / "Green Purchasing": Yes <input type="checkbox"/> No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)	
Explain:	
Employee Training: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Spent Solvent Reclamation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input 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 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 checked="" type="checkbox"/> <i>D.I.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

Closed loop system with R.I. treatment

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

System Operator(s) Name:

Justin Halford

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: *1000* gallons per *2 wks*

Describe process from which batch originated (spent bath, e.g.):

Anaerobizing

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
	<i>N/A</i>	

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1.	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Other |

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Chemical storage comments:

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no (2)
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	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	Pre-treatment Effluent (1) (3)
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

- ① Sample taken during 6-23-05 inspection was from recirculating system
- ② No floor drains ⇒ No spill potential
Recirculating system ⇒ No slug potential
- ③ Sample taken today was from raw untreated ww in hatch tank

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.

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 type="checkbox"/>	<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: Ank Testing Lab

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 checked="" type="checkbox"/> Cd(t) 2/yr	<input checked="" type="checkbox"/> Cu(t) 2/yr	<input checked="" type="checkbox"/> Cr(t) 2/yr	<input checked="" type="checkbox"/> Ni(t) 2/yr	<input checked="" type="checkbox"/> Pb(t) 2/yr
<input checked="" type="checkbox"/> Ag(t) 2/yr	<input checked="" type="checkbox"/> Zn(t) 2/yr	<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? 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: NONE



4010 N Operations Dr
Newport AR
72112-8850 US

Notes:

VICINITY MAP;
See Detail MAP

Stay a Spell

RAMADA
WORLDWIDE

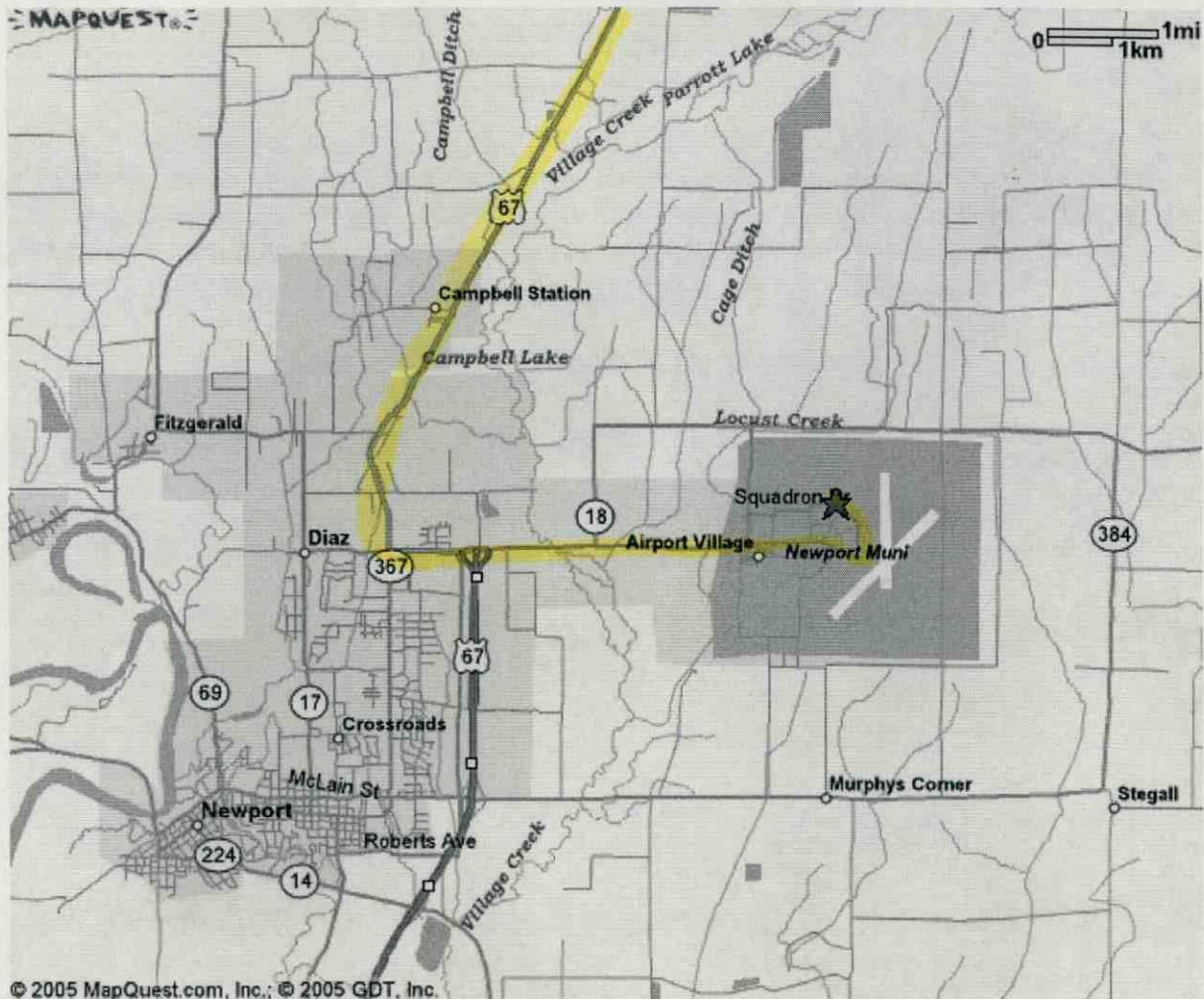
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From Hwy 67 turn left onto Airbase Road at the stop light (ASP HQ).



4010 N Operations Dr
Newport AR
72112-8850 US

Notes:

DETAIL MAP

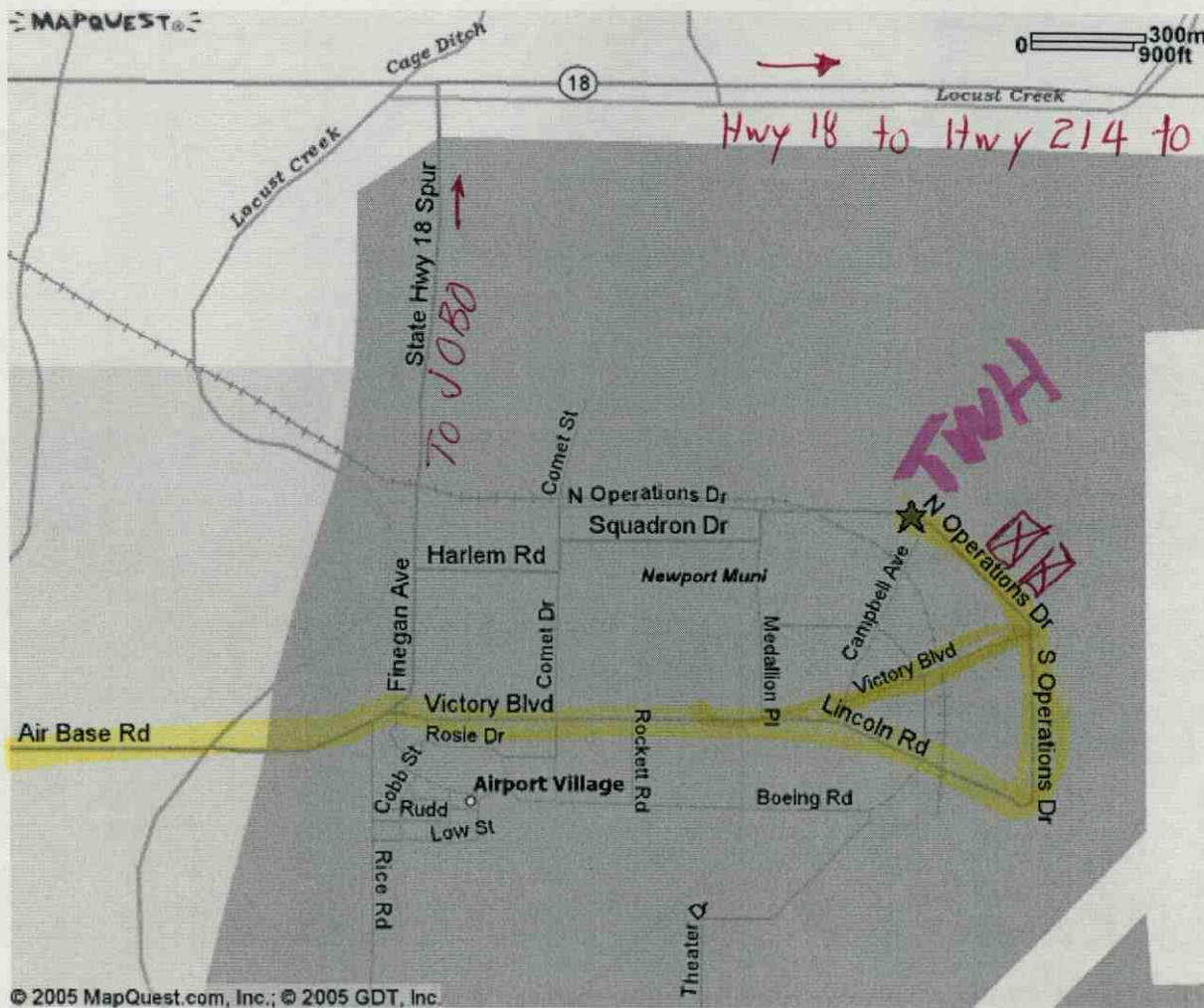
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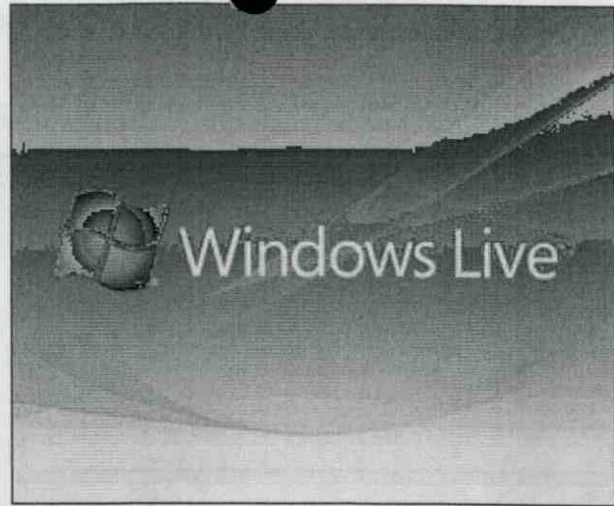
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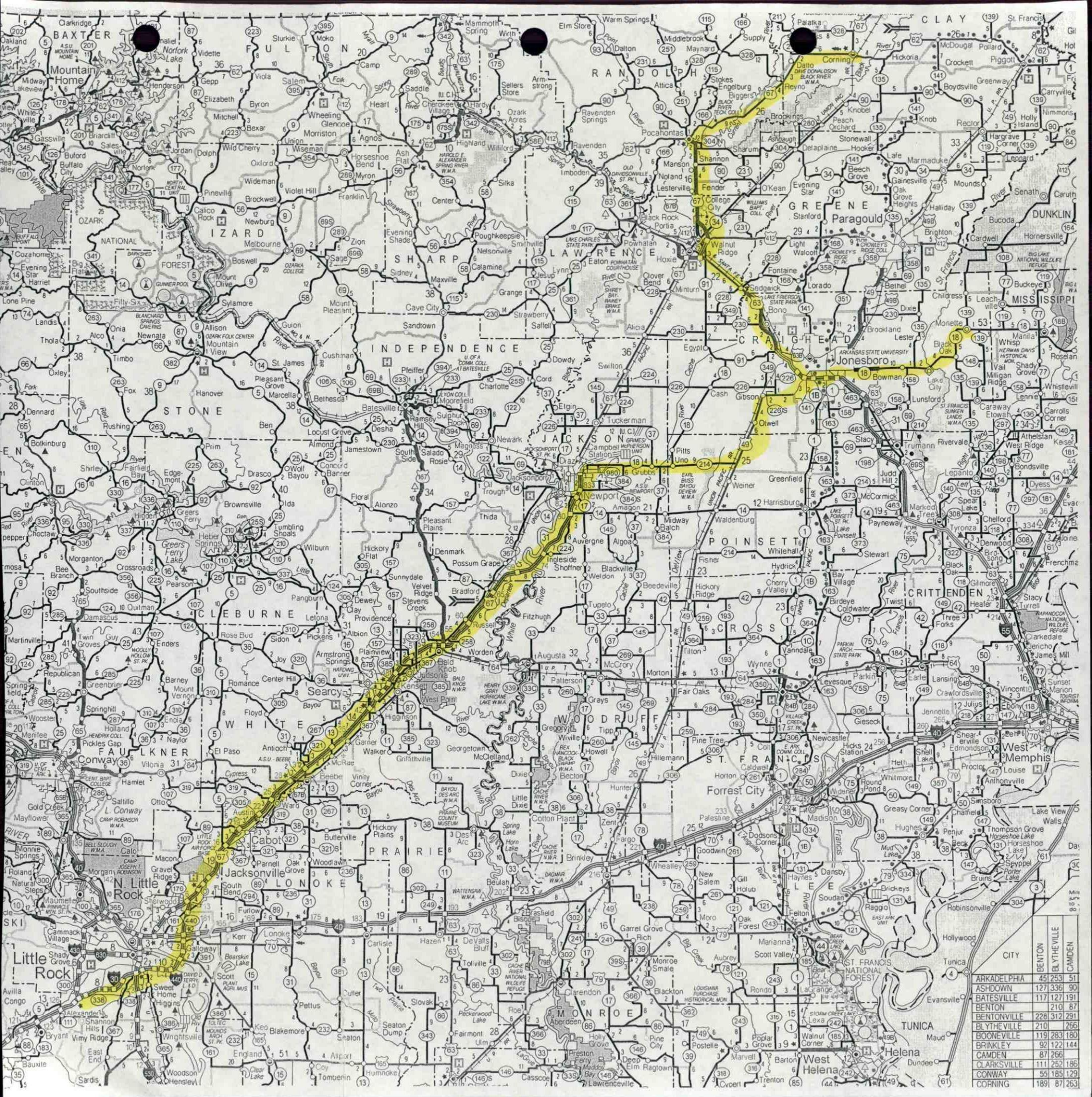
Justin Howard (870) 523-8956



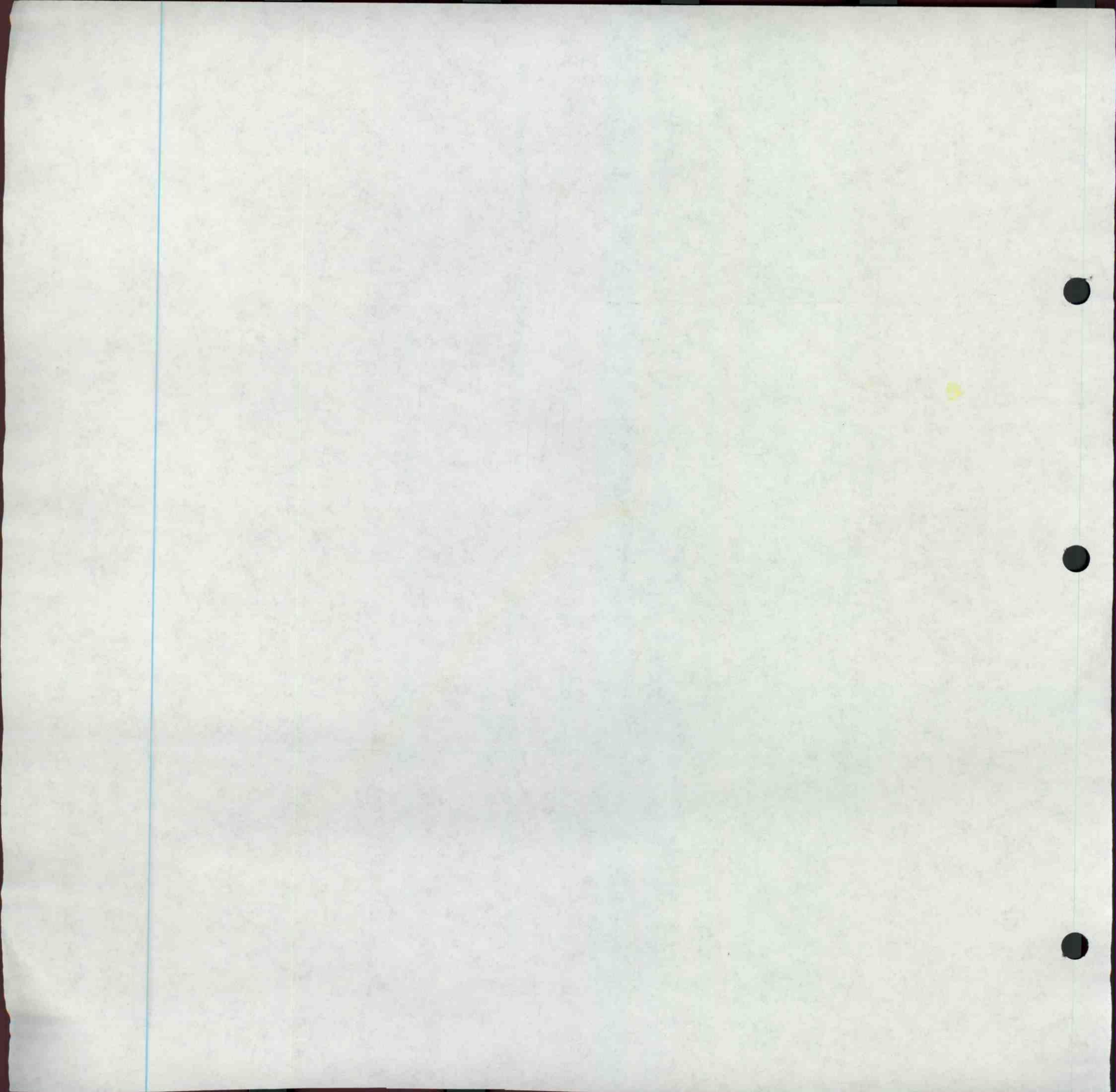
Live Search



① Baymont Inn



CITY	BENTON	BLTYHEVILLE	CAMDEN
ARKADELPHIA	45	253	51
ASHDOWN	127	336	90
BATESVILLE	117	127	191
BENTON		210	87
BENTONVILLE	228	312	291
BLTYHEVILLE	210	266	
BOONEVILLE	119	283	180
BRINKLEY	92	122	144
CAMDEN	87	266	
CLARKSVILLE	111	252	186
CONWAY	55	185	129
CORNING	189	87	263



Pretreatment Industrial Inspection

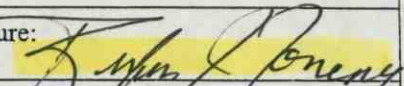
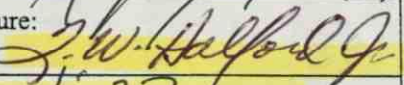
Facility Information

Facility Name: TWH Enterprises, Inc.	Site Address: Newport, AR 72118 4010 N. Operations Dr.
Signatory Authority (Name & Title):	
Phone: (870) 523-8956	Mailing Address (if different):
Fax:	(same)
Address: same	Corporate Owner Name and address (if applicable):
	(Privately Owned)
Phone:	
Fax:	Phone: N/A
Contact Person (Name & Title):	Fax:
Justin Howard, Eng	Corporate CEO: N/A
e-mail:	e-mail: N/A
Facility Permit # N/A or ARP00 1054	Last Inspection Date: N/A
POTW (City) IU discharges to:	POTW's NPDES #AR00 37044
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 433	

Table of Contents

I. Summary of Inspection	Page	of
A. Inspection Objectives		
B. Inspection Analysis		
II. Pre-Inspection Meeting	Page	of
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 type="checkbox"/> no <input type="checkbox"/> Page	of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input type="checkbox"/> Page	of
C. Pretreatment System	yes <input type="checkbox"/> no <input type="checkbox"/> Page	of
D. Chemical Storage	yes <input type="checkbox"/> no <input type="checkbox"/> Page	of
E. Spill/Slug Control Plan	yes <input type="checkbox"/> no <input type="checkbox"/> Page	of
F. Self-Monitoring/TOMP	yes <input type="checkbox"/> no <input type="checkbox"/> Page	of

Comments :

Inspector's Name (Print): Rufus Torrence	Signature: 
IU Rep's Name (Print): TW Howard, Jr.	Signature: 
Date and Time Inspection Ended: 6-23-05 @ 1:27 pm	



I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Annual - <i>BT</i>	<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 type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Safety Concerns
<input type="checkbox"/> Process Inspection	<input type="checkbox"/> Pretreatment Process	<input type="checkbox"/> TOMP
<input type="checkbox"/> Chemical Storage	<input type="checkbox"/> Discharge point(s)	<input type="checkbox"/> Spills/Slug Control Plan
<input type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input type="checkbox"/> Process/Flow/Pretreatment Schematics
<input 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 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

Process Area(s)

Pretreatment System

Self Monitoring Procedures

Diversion/Sewer Meters

Spill/Slug Control Plan

Sampling Point

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 6-23-05 @ 11:30 am		SIC code(s):
IU Reps/Titles: TW Howford, PM Justin Howford, M Engr. Eric Crowl, Eng		Control Authority Reps/Titles: Rufus Torrence, Jr. Pref Engr
End product(s):		Approx. # of units produced:
Days of Operation:		Days of Production (if different):
Hours of Operation:		Hours of Production (if different):
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to
# of Employees:	Peak Mos.:	"Off" Mos.:
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when?		
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when?		
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, explain:		
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, explain:		
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain:		
Has there been any changes since the last inspection regarding the following items:		
Plant/flow/process layout? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, obtain copy of updated schematic for facility file.		
Processes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Production Levels? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Raw materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Flow rates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:		
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input type="checkbox"/>		
Prior to Pretreatment System? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>		
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/>		
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>		
At connection to sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>		
Production and flows verified for Production-Based Standards? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>		
What is the current avg. production rate and process flow?		
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? yes <input type="checkbox"/> no <input type="checkbox"/>		



B. Facility Permits

Permit Type	Permit No.	Expiration Date
Air		
RCRA		
NPDES		
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

① Need Schematic TWH - Diagram

CR Steel Bars

Aluminum Bars

Machine Shop w/ Mills & Lathes

Two Building (one MF Home Shop)

Regulated wastewater from Analytical Bldg only

Attachment A: Industrial Process(es)

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

1. <i>Anodizing</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Yes <input type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were processes visually inspected? Yes No N/A

Brief description of process(es):

ANODIZING

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 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 type="checkbox"/> CN ⁻	<input type="checkbox"/> Metals (List)	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂		
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<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 No

Does this facility practice P2? Yes No

Environmental Management System in place? Yes No

ISO Certified? Yes No

Written Standard Operating Procedures? Yes No

Explain:

Preventative Maintenance Program Yes No (hydraulic systems, valves, pumps, etc)

Explain:

Water Reuse: Yes No

Explain:

Cost Accounting to Track Savings: Yes No

Explain:

Inventory Control / "Green Purchasing": Yes No (lean manufacturing/"env. friendly purchasing", etc)

Explain:

Employee Training: Yes No

Explain:

Spent Solvent Reclamation? Yes No

Explain:

Recycle Paper, Aluminum, Boxes, and Pallets? Yes No

Explain:

Recycle Waste Oil, Solvents, and Lubricants? Yes No

Explain:

Other Activities

P2 Equipment/Practices in use:

- | | |
|---|---|
| <input type="checkbox"/> Overflow Alarms | <input 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 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 checked="" type="checkbox"/> DI	<input type="checkbox"/>	<input type="checkbox"/>

Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):

New System

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

System Operator(s) Name:

Justin Halford

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:

X

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)
		<i>New</i>

New

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1.	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Other |

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Chemical storage comments:

No designated area yet, to be installed

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	<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 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	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	DYRT EFF ①
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

① Sample taken 6-23-05 from recirculating system

② No Flow Drains

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.

① GWH sample

Where is the sample point located?

<input type="checkbox"/> End of Process	<input checked="" 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 type="checkbox"/>	<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:

AVIC Testing Lab
Starcy

Automatic Sampler or Manual

IU Self-Monitoring Results reviewed:

Is the Contract Lab certified by ADEQ for test parameters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dates and Times of Sample Analysis Recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Correct Methods Used for Test Analysis (Refer To 40CFR Part 136)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EPA recommended holding times being met (Refer to 40CFR Part 136)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Chain of Custody Records for Self-Monitoring Samples Reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Were correct Sample Types Collected	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dates and times of Sample Collection Recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Were Samples preserved correctly (refer to 40CFR Part 136)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Were Self Monitoring records on file for past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

List the parameters the facility monitors and the frequency:

<input type="checkbox"/> Cd(t)	<input type="checkbox"/> Cu(t)	<input type="checkbox"/> Cr(t)	<input type="checkbox"/> Ni(t)	<input type="checkbox"/> Pb(t)
<input type="checkbox"/> Ag(t)	<input 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? 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:

① Sample taken today is raw wastewater.

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR413

Use of this form is not an EPA/ADEQ requirement

Return to: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

**TWH Enterprises, Inc.
P.O. Box 250
Newport, AR 72112**

B. FACILITY & LOCATION ADDRESS

**TWH Enterprises, Inc.
4010 N. Operations Dr.
Newport, AR 72112**

C. FACILITY CONTACT: **Justin Halford**

TELEPHONE NUMBER: **870-523-8956**

(2) REPORTING PERIOD--FISCAL YEAR From Mar 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

April & October

B. PERIOD COVERED BY THIS REPORT

FROM: **4/1/06** TO: **10/31/06**

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

Subparts

CHECK EACH APPLICABLE BLOCK

- A - Electroplating Common Metals
- B - Electroplating Precious Metals
- C - [Reserved]
- D - Anodizing
- E - Coating
- F - Chemical Etching and Milling
- G - Electroless Plating
- H - Printed Circuit Board Manufacture

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.

- None

Oct 2006 SAR
Filed date 2006 11 06

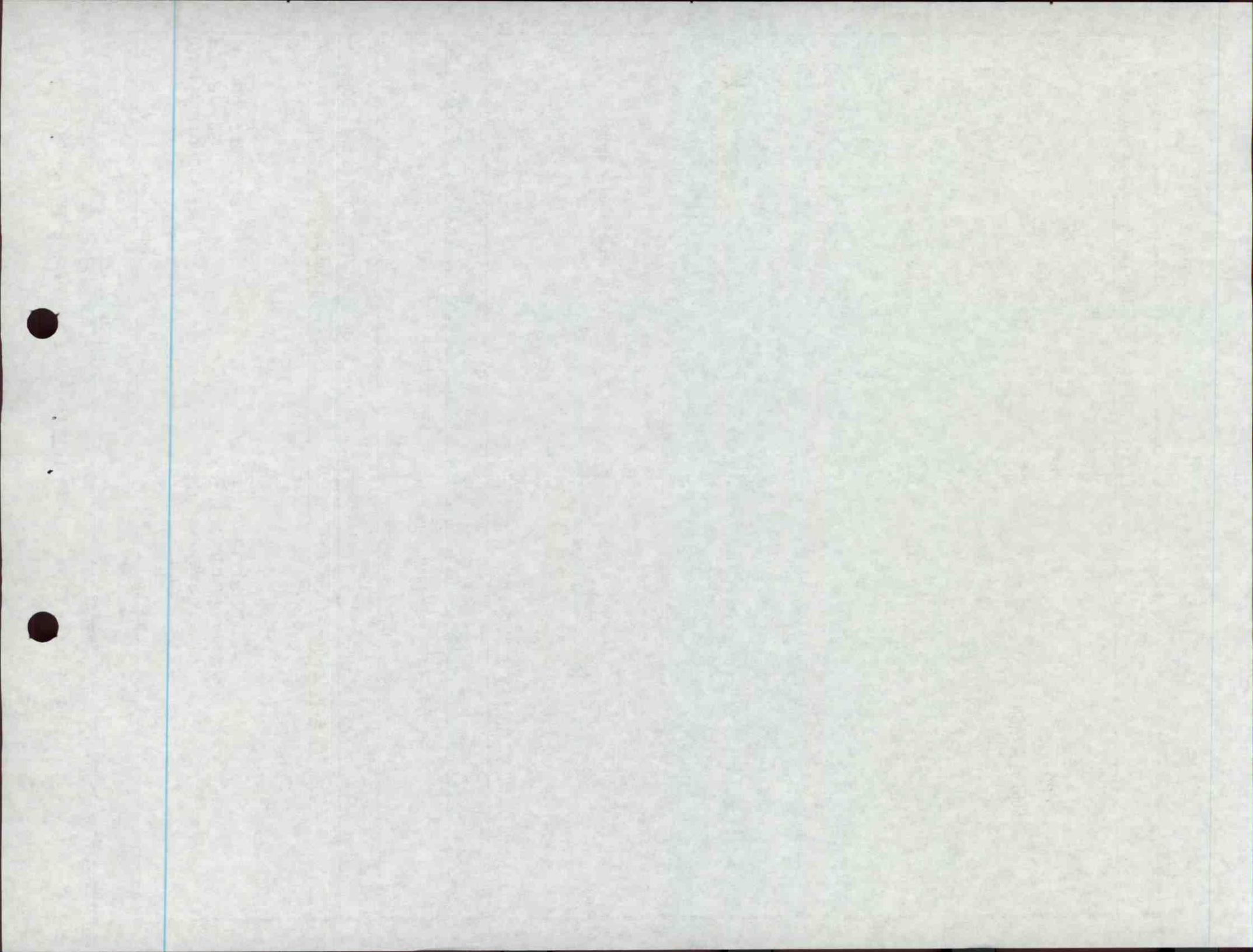
NOV - 6 2006

sw

C. Number of Regular Employees at this Facility: 2

[Reserved]

ARP 001054



2724 RT



TWH ENTERPRISES, INC.

Phone: (870) 523-8956
Fax: (870) 523-9466
E Mail: twh@twhenterprises.com
www. twhenterprises.com

P.O. Box 250
4010 North Operations Drive
Airbase Industrial Park
Newport, Arkansas 72112

October 26, 2006

Mr. Rufus J. Torrence, Pretreatment Engineer
ADEQ – Water Division
8001 National Drive
Little Rock, AR 72219

RE: Semi-Annual Report

Dear Mr. Torrence:

Enclosed please find our above referenced report pursuant to the reporting requirements for industrial users as regulated by 40CFR413. Please note:

THERE ARE NONE OF THE 110 TOXIC ORGANICS PRESENT IN THE TWH FACILITY.

If you should have any questions or require additional information, please feel free to call me. Thank you.

Sincerely,

Justin Halford, Engineer

NPDES PERMIT FILE

NPDES # _____

AFIN # _____

✓ Permit PN _____

✓ Correspondence _____

✓ Technical Backup _____

11/06/06 Date Scanned

NOV - 6 2006
sw

(4) FLOW MEASUREMENT (CON'D)

B. INDIVIDUAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY

Process	Type of Discharge	Date: 4/1/06	Date: 9/22/06
Regulated (Total)	Batch ①	Bi-Monthly @ 1000 gallons each	
Regulated (Cyanide)			
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary	Intermittent ②	Average 930 gallons per month	
Total Flow to POTW	*****		

*"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
- Complexation Destruction
- Cyanide Destruction
- Other DI Unit
- None

B. COMMENTS ON TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS ON THE EFFLUENT FROM ALL REGULATED PROCESSES (AFTER TREATMENT, IF APPLICABLE). THE USER MUST SAMPLE THE EFFLUENT ON THE SAME DAY WHEN THE FLOW IS MEASURED. THE DATE BELOW MUST MATCH THE DATE IN SECTION 4.B ABOVE. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant (mg/l)	Cd	Cr	Cu	Pb	Ni	Zn	Tot Metals ¹	CN,T ²	CN,A ²	TTO ³	
Max for 1 day	1.2	7.0	4.5	0.6	4.1	4.2	10.5	1.9	5.0	4.57	2.13
Monthly Ave	0.7	4.0	2.7	0.4	2.6	2.6	6.8	1.0	2.7		
Date: 4/18/06	<.005	0.220	0.070	<.050	0.090	<.005	0.385	0.01	---	N/A	
Date:											

Parameters in shaded blocks apply when the Regulated Process Flow in Section 4.B above exceeds 10,000 gal per calendar day.

¹Per 40CFR413.02(e) Tot Metals include Cr, Cu, Ni & Zn only.

²ADEQ present policy for cyanide monitoring for §413 CIUs is identical to §433 CIUs.

³Provide TTO total from lab report here or provided certification in Section 6.B below.

Sample Location Between Filter Press & POTW

Sample Type (Grab or Composite) Grab Sampling

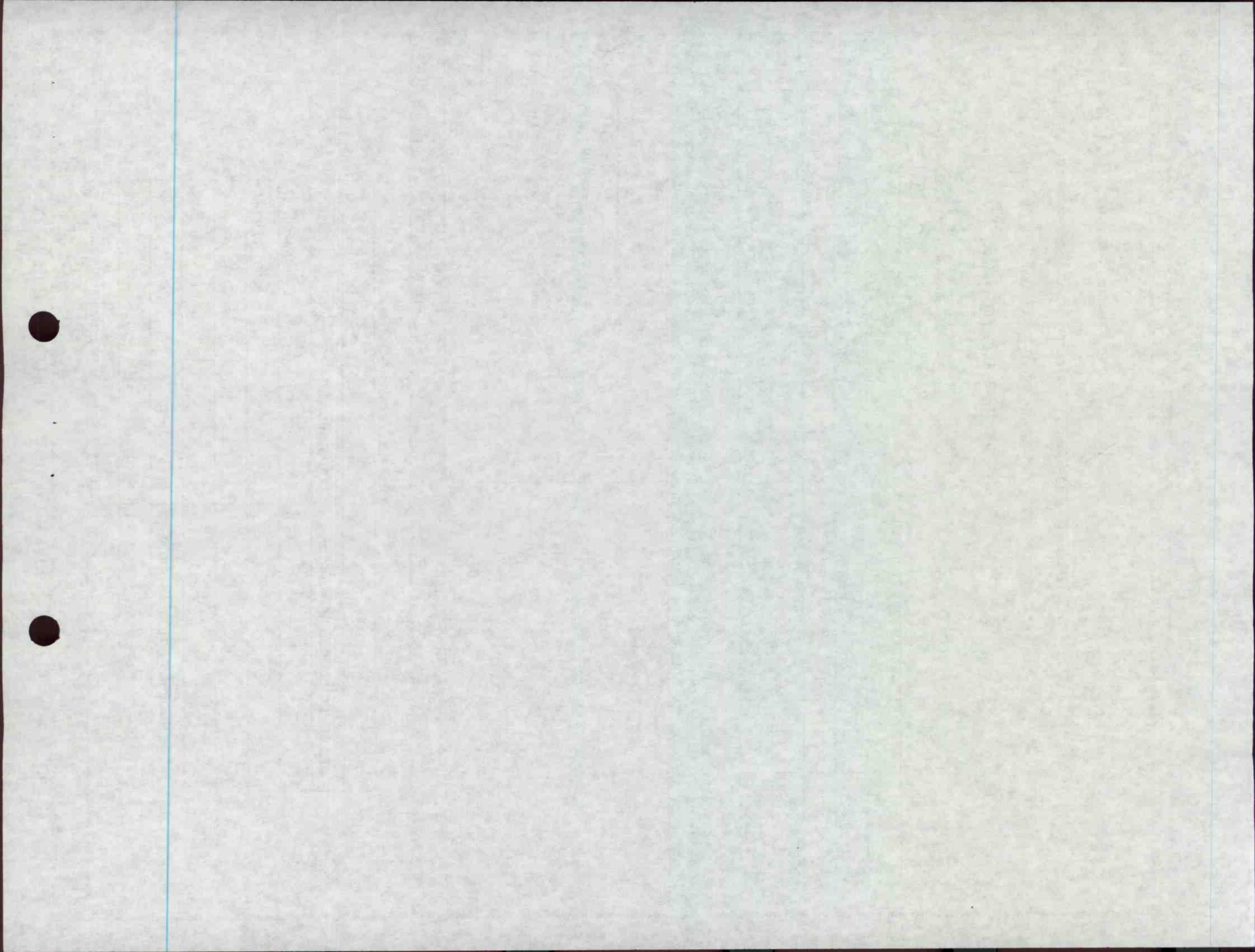
Number of Samples and Frequency Collected 1 sample every 6 months

40CFR136 Preservation and Analytical Methods Use: Yes No



(6) CERTIFICATION

① 2000/30 = 67 gpd ② 930/30 = 31 gpd



A. Cyanide Certification pending legislature

[Reserved]

B. CHECK ONE: REQUIRED TOXIC ORGANIC ANALYSIS ATTACHED TTO CERTIFICATION PROVIDED BELOW

N/A

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 Pollution Control and Ecology.

(Typed Name)

(Owner or authorized representative)

Date of Signature _____

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

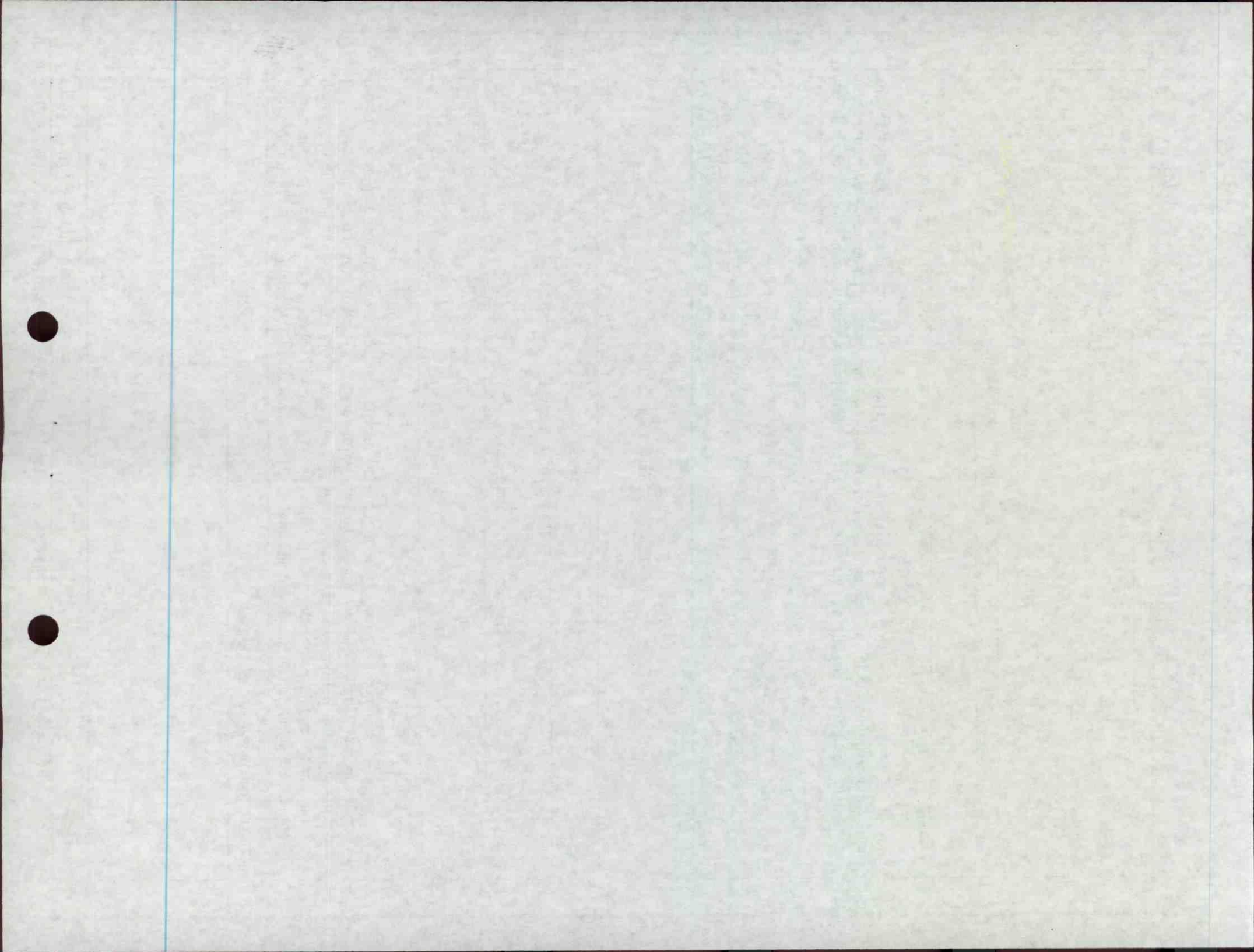
Before me, the undersigned authority, on this day personally appeared _____ of _____,

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 _____



§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:

- No new 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 semi-annual compliance report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

T.W. Halford Jr.

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Vice President

OFFICIAL TITLE

T.W. Halford Jr.
SIGNATURE

OK
10/26/06
DATE SIGNED

There are none of the 110 toxic organics present in the TWH facility.

Per Rufus Torrence – Email dated: 1/27/06

“IF NO TOXIC ORGANICS ARE FOUND ON THE MSDS SHEET, TWH WILL NOT HAVE TO SUBMIT A TOMP OR TEST FOR TOXIC ORGANICS FOR PRETREATMENT REPORTING.”

Rufus Torrence forwarded me a copy of the:

“40CFR122 APP D / CHEMICAL ABSTRACT SYSTEM - PPS-CAS.wpc - TABLE II”

After review of the TWH facility MSDS sheets, I concluded that NONE of the CAS numbers in Abstract System Table II matched the TWH facility MSDS CAS numbers.

Per Justin Halford- 1/30/06

Per Rufus Torrence – Email dated: 1/30/06

“Since you do not have any of the 110 toxic organics in your plant, you may simply submit a letter (instead of a TOMP) which states that none of the toxic organics are present in the TWH facility.”

This is the letter stating that none of the 110 toxic organics are present in the TWH facility.

ARKANSAS TESTING LABORATORIES

PO. BOX 481 • 204 E. LINCOLN
SEARCY, ARKANSAS 72145
501-268-6431
FAX 501-268-9314



- NPDES Wastewater Monitoring
- Water and Wastewater Analysis
- Concrete, Soil and Aggregate Testing
- ACI Certified ID# 977520
- CTPP Certified ID# 1405
- Industrial and Construction Quality Control

FOR: **TWH ENTERPRISES, INC**
SUBJECT: **HOLDING TANK ANALYSIS**
COLLECTION DATE: **September 22, 2006**
COLLECTION TIME: **8:45 AM**

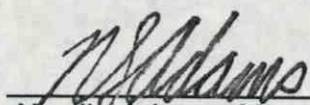
Parameter	Analysis		Results	Unit	Analyst	% Spike	Relative %	REF
	Date	Time						
pH	Apr 18	1:15 PM	8.39	S.U.	BET	NA	0.13	1
CYANIDE	Sep 23	10:00 AM	< 0.01	mg/l	BET	98.8	0.00	2
CADMIUM	Oct 11	2:00 PM	< 0.005	mg/l	BET	98.3	0.00	3
CHROMIUM	Oct 11	2:15 PM	0.22	mg/l	BET	94.5	5.46	3
COPPER	Oct 11	2:30 PM	0.07	mg/l	BET	97.8	0.00	3
LEAD	Oct 11	2:45 PM	< 0.05	mg/l	BET	100.8	4.83	3
NICKEL	Oct 11	3:00 PM	0.09	mg/l	BET	99.2	4.93	3
SILVER	Oct 11	3:15 PM	< 0.01	mg/l	BET	96.8	0.00	3
ZINC	Oct 11	3:30 PM	< 0.005	mg/l	BET	98.5	1.02	3

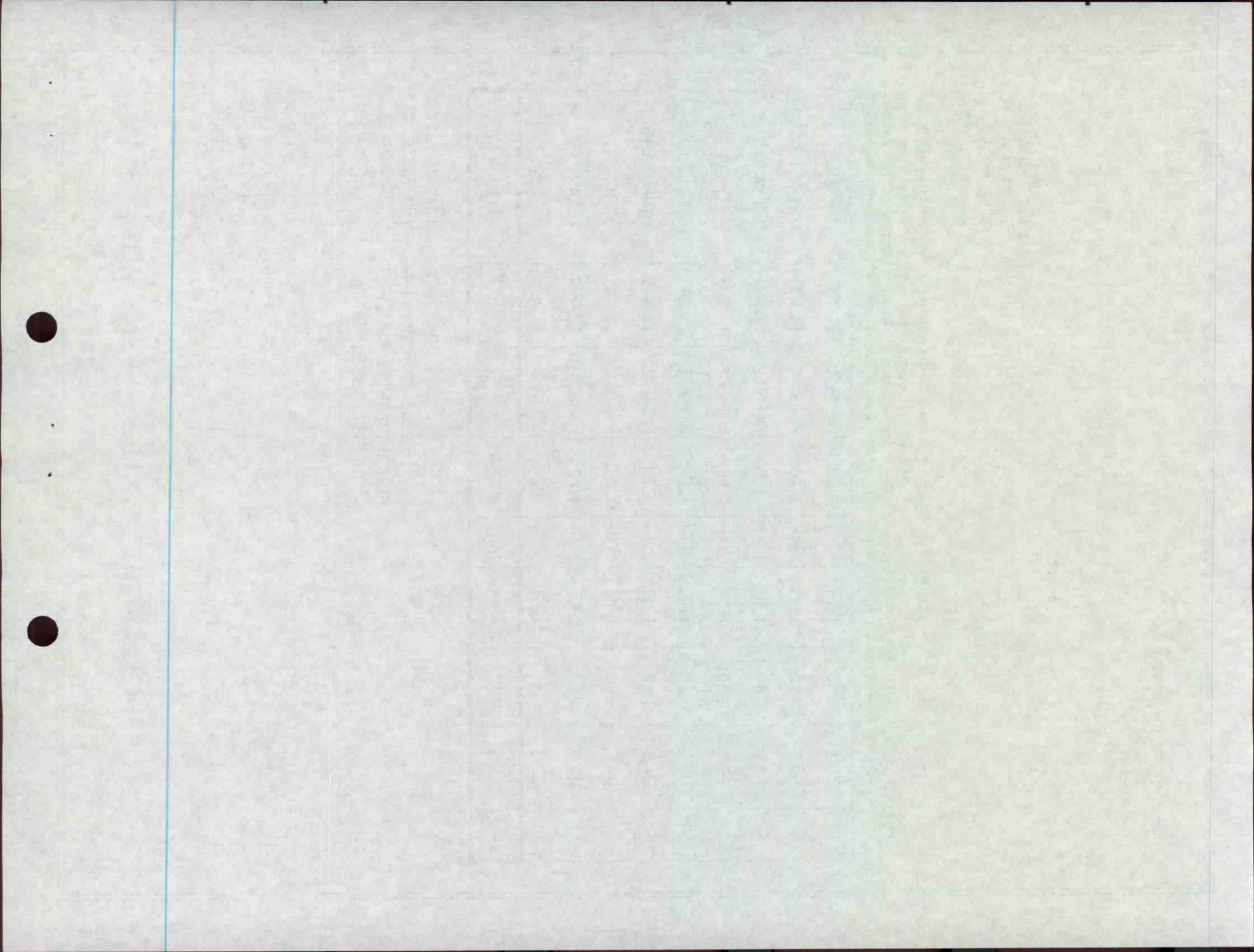
Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked or calibrated daily: pH meter, balance, incubators, water baths, drying oven and sterilizing apparatus. Ammonia Nitrogen and Oil & Grease Analysis include duplication and spike studies at a rate of at least 10%.

Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂: Oil & Grease, Ammonia, COD

References:

1. SM 18th Ed. 4500-HB
2. SM 18th Ed. 4500CN-E
3. SM 18th Ed. 3111B


Neville Adams, Manager



Arkansas Testing Laboratories

P.O. Box 481
 Searcy, AR 72145
 501-268-6431
 Fax 501-268-9314

- NPDES Wastewater Monitoring
- Water and Wastewater Analysis
- Concrete, Asphalt and Aggregate Testing
- Geotechnical Testing
- Industrial and Construction Quality Control

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

CLIENT: T W H Ind. Newport Ar

SAMPLE ID EFF INF CLAR POND BACKWASH	SAMPLE MATRIX W=H2O S=SLUDGE D=SOIL C=WELL	SAMPLED BY: <u>BST Temple</u>						PARAMETERS										
		DATE	TIME	FLOW	GRAB	FECAL			CALIBRATION			PRESERVATIVES						
						DISH #	START TIME	MLS	pH / DO #	Cl ₂	DO	ICE	H ₂ SO ₄	NaOH	HA			
EFF	W	<u>9-22-06</u>	<u>8:45</u>		<u>X</u>		<u>x</u>	<u>x</u>	<u>x</u>	<u>x 8.39</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>

= number of bottles Q, L, H = Quart, Liter, Half Gallon P, G = Plastic, Glass

Relinquished by:	Date/Time	Received by:	Date/Time
Relinquished by:	Date/Time	Received by:	Date/Time
		<u>BST Temple</u>	<u>9-22-06 3:10</u>

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR413

Use of this form is not an EPA/ADEQ requirement

Return to: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

TWH Enterprises, Inc.
P.O. Box 250
Newport, AR 72112

B. FACILITY & LOCATION ADDRESS

TWH Enterprises, Inc.
4010 N. Operations Dr.
Newport, AR 72112

C. FACILITY CONTACT: **Justin Halford**

TELEPHONE NUMBER: **870-523-8956**

(2) REPORTING PERIOD--FISCAL YEAR From Mar 1 to Feb 28/29 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

April & October

B. PERIOD COVERED BY THIS REPORT

FROM: **10/1/05** TO: **3/31/06**

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

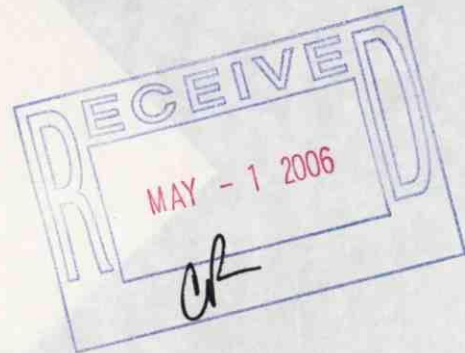
Subparts

CHECK EACH APPLICABLE BLOCK

- A - Electroplating Common Metals
- B - Electroplating Precious Metals
- C - [Reserved]
- D - Anodizing
- E - Coating
- F - Chemical Etching and Milling
- G - Electroless Plating
- H - Printed Circuit Board Manufacture

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.

- None



Apr 2006 SAR

Filed date 2006 05 05

C. Number of Regular Employees at this Facility: 2

[Reserved]

AR P001054

Adobe copy emailed 4-27-06 FM

(870) 523-8956

Called Vonda; she said Justin
called in sick but she thinks
he sent the report in to ADEG.
She will check and call back.

11-1-06
9:00 am

Vonda said report will be "overnight"
to ADEG.
11:05 am
11-2-06

(4) FLOW MEASUREMENT (CON'D)

B. INDIVIDUAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY

Process	Type of Discharge	Date: 10/1/06	Date: 4/18/06
Regulated (Total)	Batch 67^①	Bi-Monthly @ 1000 gallons each	
Regulated (Cyanide)			
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary	Intermittent 31	Average 930 gallons per month	
Total Flow to POTW	*****		

*"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
- Complexation Destruction
- Cyanide Destruction
- Other DI Unit
- None

B. COMMENTS ON TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS ON THE EFFLUENT FROM ALL REGULATED PROCESSES (AFTER TREATMENT, IF APPLICABLE). THE USER MUST SAMPLE THE EFFLUENT ON THE SAME DAY WHEN THE FLOW IS MEASURED. THE DATE BELOW MUST MATCH THE DATE IN SECTION 4.B ABOVE. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

Pollutant (mg/l)	Cd	Cr	Cu	Pb	Ni	Zn	Tot Metals ¹	CN,T ²	CN,A ²	TTO ³	
Max for 1 day	1.2	7.0	4.5	0.6	4.1	4.2	10.5	1.9	5.0	4.57	2.13
Monthly Ave	0.7	4.0	2.7	0.4	2.6	2.6	6.8	1.0	2.7		
Date: 4/18/06	<.005	0.270	0.040	<.050	0.050	0.016	0.376	0.01	---	N/A	
Date:											

Parameters in shaded blocks apply when the Regulated Process Flow in Section 4.B above exceeds 10,000 gal per calendar day.

¹Per 40CFR413.02(e) Tot Metals include Cr, Cu, Ni & Zn only.

²ADEQ present policy for cyanide monitoring for §413 CIUs is identical to §433 CIUs.

³Provide TTO total from lab report here or provided certification in Section 6.B below.

Sample Location Between Filter Press & POTW

Sample Type (Grab or Composite) Grab Sampling

Number of Samples and Frequency Collected 1 sample every 6 months

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

① 2000/30 = 67 gpd 930/30 = 31 gpd

A. Cyanide Certification pending legislature

[Reserved]

B. CHECK ONE: REQUIRED TOXIC ORGANIC ANALYSIS ATTACHED TTO CERTIFICATION PROVIDED BELOW

N/A

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 Pollution Control and Ecology.

(Typed Name)

(Owner or authorized representative)

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 _____

§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:

- No new 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 semi-annual compliance report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

T.W. Halford Jr.

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

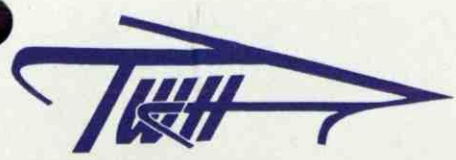

SIGNATURE

Vice President

OFFICIAL TITLE


4/26/06
DATE SIGNED

RT



TWH ENTERPRISES, INC.

Phone: (870) 523-8956
Fax: (870) 523-9466
E Mail: twh@twhenterprises.com
www. twhenterprises.com

P.O. Box 250
4010 North Operations Drive
Airbase Industrial Park
Newport, Arkansas 72112

April 26, 2006

Mr. Rufus J. Torrence, Pretreatment Engineer
ADEQ - Water Division
8001 National Drive
Little Rock, AR 72219

RE: Semi-Annual Report

Dear Mr. Torrence:

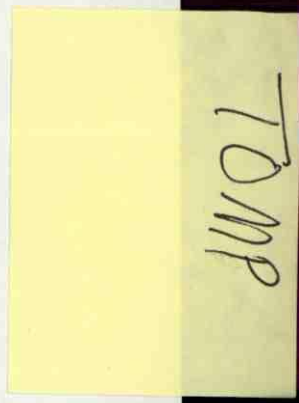
Enclosed please find our above referenced report pursuant to the reporting requirements for industrial users as regulated by 40CFR413. Please note:

THERE ARE NONE OF THE 110 TOXIC ORGANICS PRESENT IN THE TWH FACILITY.

If you should have any questions or require additional information, please feel free to call me. Thank you.

Sincerely,

Justin Halford, Engineer



There are none of the 110 toxic organics present in the TWH facility.

Per Rufus Torrence – Email dated: 1/27/06

“IF NO TOXIC ORGANICS ARE FOUND ON THE MSDS SHEET, TWH WILL NOT HAVE TO SUBMIT A TOMP OR TEST FOR TOXIC ORGANICS FOR PRETREATMENT REPORTING.”

Rufus Torrence forwarded me a copy of the:

“40CFR122 APP D / CHEMICAL ABSTRACT SYSTEM - PPS-CAS.wpc - TABLE II”

After review of the TWH facility MSDS sheets, I concluded that NONE of the CAS numbers in Abstract System Table II matched the TWH facility MSDS CAS numbers.

Per Justin Halford- 1/30/06

Per Rufus Torrence – Email dated: 1/30/06

“Since you do not have any of the 110 toxic organics in your plant, you may simply submit a letter (instead of a TOMP) which states that none of the toxic organics are present in the TWH facility.”

This is the letter stating that none of the 110 toxic organics are present in the TWH facility.

Arkansas Testing Laboratories
Post Office Box 481
Searcy, AR 72145

ANALYTICAL RESULTS

AIC No. 92271-1

Sample Identification: Sample #1 7-21-05 4:10pm

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Recoverable Phenolics	EPA 420.1	< 0.005	0.005	mg/l	W14354	
Chromium, Hexavalent	SM 3500-Cr B	0.19	0.007	mg/l	W14404	H
Mercury	EPA 245.2	< 0.0002	0.0002	mg/l	S16373	
Base/Neutral and Acid Compounds By EPA 625						
Acenaphthene		< 1.9	1.9	ug/l	B3588	
Acenaphthylene		< 3.5	3.5	ug/l	B3588	
Anthracene		< 1.9	1.9	ug/l	B3588	
Benzdine		< 44	44	ug/l	B3588	
Benzo(a)anthracene		< 7.8	7.8	ug/l	B3588	
Benzo(a)pyrene		< 2.5	2.5	ug/l	B3588	
Benzo(g,h,i)perylene		< 4.1	4.1	ug/l	B3588	
Benzo(k)fluoranthene		< 2.5	2.5	ug/l	B3588	
3,4-Benzofluoranthene		< 4.8	4.8	ug/l	B3588	
Bis(2-chloroethoxy)methane		< 5.3	5.3	ug/l	B3588	
Bis(2-chloroethyl)ether		< 5.7	5.7	ug/l	B3588	
Bis(2-chloroisopropyl)ether		< 5.7	5.7	ug/l	B3588	
Bis(2-ethylhexyl)phthalate		< 2.5	2.5	ug/l	B3588	
4-Bromophenyl phenyl ether		< 1.9	1.9	ug/l	B3588	
Butylbenzyl phthalate		< 2.5	2.5	ug/l	B3588	
2-Chloronaphthalene		< 1.9	1.9	ug/l	B3588	
2-Chlorophenol		< 3.3	3.3	ug/l	B3588	
4-Chlorophenyl phenyl ether		< 4.2	4.2	ug/l	B3588	
Chrysene		< 2.5	2.5	ug/l	B3588	
Di-n-butyl phthalate		< 2.5	2.5	ug/l	B3588	
Di-n-octyl phthalate		< 2.5	2.5	ug/l	B3588	
Dibenzo(a,h)anthracene		< 2.5	2.5	ug/l	B3588	
1,2-Dichlorobenzene		< 1.9	1.9	ug/l	B3588	
1,3-Dichlorobenzene		< 1.9	1.9	ug/l	B3588	
1,4-Dichlorobenzene		< 4.4	4.4	ug/l	B3588	
3,3'-Dichlorobenzidine		< 17	17	ug/l	B3588	
2,4-Dichlorophenol		< 2.7	2.7	ug/l	B3588	
Diethyl phthalate		< 1.9	1.9	ug/l	B3588	
Dimethyl phthalate		< 1.6	1.6	ug/l	B3588	
2,4-Dimethylphenol		< 2.7	2.7	ug/l	B3588	
4,6-Dinitro-o-cresol		< 24	24	ug/l	B3588	
2,4-Dinitrophenol		< 42	42	ug/l	B3588	
2,4-Dinitrotoluene		< 5.7	5.7	ug/l	B3588	
2,6-Dinitrotoluene		< 1.9	1.9	ug/l	B3588	
1,2-Diphenylhydrazine		< 11	11	ug/l	B3588	
Fluoranthene		< 2.2	2.2	ug/l	B3588	
Fluorene		< 1.9	1.9	ug/l	B3588	
Hexachlorobenzene		< 1.9	1.9	ug/l	B3588	
Hexachlorobutadiene		< 0.9	0.9	ug/l	B3588	
Hexachlorocyclopentadiene		< 5	5	ug/l	B3588	
Hexachloroethane		< 1.6	1.6	ug/l	B3588	
Indeno(1,2,3-cd)pyrene		< 3.7	3.7	ug/l	B3588	
Isophorone		< 2.2	2.2	ug/l	B3588	
n-Nitrosodi-n-propylamine		< 0.84	0.84	ug/l	B3588	
n-Nitrosodimethylamine		17	0.96	ug/l	B3588	

Arkansas Testing Laboratories
Post Office Box 481
Searcy, AR 72145

ANALYTICAL RESULTS

AIC No. 92271-1 (Continued)

Sample Identification: Sample #1 7-21-05 4:10pm

Analyte	Method	Result	RL	Units	Batch	Qualifier
Base/Neutral and Acid Compounds By EPA 625 (Continued)						
n-Nitrosodiphenylamine		< 1.9	1.9	ug/l	B3588	R
Naphthalene		< 1.6	1.6	ug/l	B3588	
Nitrobenzene		< 1.9	1.9	ug/l	B3588	
2-Nitrophenol		< 3.6	3.6	ug/l	B3588	
4-Nitrophenol		< 2.4	2.4	ug/l	B3588	
p-Chloro-m-cresol		< 3	3	ug/l	B3588	
Pentachlorophenol		< 3.6	3.6	ug/l	B3588	
Phenanthrene		< 5.4	5.4	ug/l	B3588	
Phenol		< 1.5	1.5	ug/l	B3588	
Pyrene		< 1.9	1.9	ug/l	B3588	
2,3,7,8-TCDD		< 1	1	ug/l	B3588	
1,2,4-Trichlorobenzene		< 1.9	1.9	ug/l	B3588	
2,4,6-Trichlorophenol		< 2.7	2.7	ug/l	B3588	
Surrogate Recovery						
2-Fluorobiphenyl		69.6	-	%	B3588	
2-Fluorophenol		20.2	-	%	B3588	Q
Nitrobenzene-D5		65.0	-	%	B3588	
Phenol-D5		3.62	-	%	B3588	Q
Terphenyl-D14		70.7	-	%	B3588	
2,4,6-Tribromophenol		35.5	-	%	B3588	
Volatile Organic Compounds By EPA 624						
Acrolein		< 50	50	ug/l	V5343	
Acrylonitrile		< 50	50	ug/l	V5343	
Benzene		< 4.4	4.4	ug/l	V5343	
Bromoform		< 4.7	4.7	ug/l	V5343	
Carbon tetrachloride		< 2.8	2.8	ug/l	V5343	
Chlorobenzene		< 6	6	ug/l	V5343	
Chlorodibromomethane		< 3.1	3.1	ug/l	V5343	
Chloroethane		< 8.7	8.7	ug/l	V5343	
2-Chloroethylvinyl ether		< 5.1	5.1	ug/l	V5343	
Chloroform		< 1.6	1.6	ug/l	V5343	
Dichlorobromomethane		< 2.2	2.2	ug/l	V5343	
1,1-Dichloroethane		< 4.7	4.7	ug/l	V5343	
1,2-Dichloroethane		< 2.8	2.8	ug/l	V5343	
1,1-Dichloroethylene		< 2.8	2.8	ug/l	V5343	
trans-1,2-Dichloroethylene		< 1.6	1.6	ug/l	V5343	
1,2-Dichloropropane		< 6	6	ug/l	V5343	
cis-1,3-Dichloropropylene		< 5	5	ug/l	V5343	
trans-1,3-Dichloropropylene		< 1.3	1.3	ug/l	V5343	
Ethylbenzene		< 7.2	7.2	ug/l	V5343	
Methyl bromide(Bromomethane)		< 8.9	8.9	ug/l	V5343	
Methyl chloride(Chloromethane)		< 7.8	7.8	ug/l	V5343	
Methylene chloride		< 10	10	ug/l	V5343	
1,1,2,2-Tetrachloroethane		< 6.9	6.9	ug/l	V5343	
Tetrachloroethylene		< 4.1	4.1	ug/l	V5343	
Toluene		< 6	6	ug/l	V5343	
1,1,1-Trichloroethane		< 3.8	3.8	ug/l	V5343	
1,1,2-Trichloroethane		< 5	5	ug/l	V5343	

Arkansas Testing Laboratories
Post Office Box 481
Searcy, AR 72145

ANALYTICAL RESULTS

AIC No. 92271-1 (Continued)

Sample Identification: Sample #1 7-21-05 4:10pm

Analyte	Method	Result	RL	Units	Batch	Qualifier
Volatile Organic Compounds By EPA 624 (Continued)						
Trichloroethylene		< 1.9	1.9	ug/l	V5343	
Vinyl chloride		< 6.4	6.4	ug/l	V5343	
Surrogate Recovery						
Bromofluorobenzene		103	-	%	V5343	
Dibromofluoromethane		93.7	-	%	V5343	
Toluene-D8		106	-	%	V5343	
Organochlorine Pesticides and PCBs By EPA 3510C, 8141A						
Chlorpyrifos		< 0.07	0.07	ug/l	G5515	
Surrogate Recovery						
Triphenyl phosphate		79.1	-	%	G5515	
Organochlorine Pesticides and PCBs By EPA 608						
Aldrin		< 0.004	0.004	ug/l	G5518	
alpha-BHC		< 0.003	0.003	ug/l	G5518	
alpha-Endosulfan		< 0.014	0.014	ug/l	G5518	
beta-BHC		< 0.006	0.006	ug/l	G5518	
beta-Endosulfan		< 0.004	0.004	ug/l	G5518	
Chlordane		< 0.014	0.014	ug/l	G5518	
4,4'-DDD		< 0.011	0.011	ug/l	G5518	
4,4'-DDE		< 0.004	0.004	ug/l	G5518	
4,4'-DDT		< 0.012	0.012	ug/l	G5518	
delta-BHC		< 0.009	0.009	ug/l	G5518	
Dieldrin		< 0.002	0.002	ug/l	G5518	
Endosulfan sulfate		< 0.066	0.066	ug/l	G5518	
Endrin		< 0.006	0.006	ug/l	G5518	
Endrin aldehyde		< 0.023	0.023	ug/l	G5518	
gamma-BHC (Lindane)		< 0.004	0.004	ug/l	G5518	
Heptachlor		< 0.003	0.003	ug/l	G5518	
Heptachlor epoxide		< 0.083	0.083	ug/l	G5518	
PCB 1016		< 0.07	0.07	ug/l	G5518	
PCB 1221		< 0.2	0.2	ug/l	G5518	
PCB 1232		< 0.05	0.05	ug/l	G5518	
PCB 1242		< 0.06	0.06	ug/l	G5518	
PCB 1248		< 0.07	0.07	ug/l	G5518	
PCB 1254		< 0.2	0.2	ug/l	G5518	
PCB 1260		< 0.06	0.06	ug/l	G5518	
Toxaphene		< 0.24	0.24	ug/l	G5518	
Surrogate Recovery						
Decachlorobiphenyl		78.9	-	%	G5518	
Tetrachloro-m-xylene		73.6	-	%	G5518	
Total Recoverable:						
Antimony	EPA 200.8	< 0.03	0.03	mg/l	S16359	
Arsenic	EPA 200.8	< 0.001	0.001	mg/l	S16359	
Beryllium	EPA 200.8	< 0.0003	0.0003	mg/l	S16359	
Cadmium	EPA 200.8	< 0.0001	0.0001	mg/l	S16359	
Chromium	EPA 200.8	0.70	0.007	mg/l	S16359	
Copper	EPA 200.8	0.043	0.006	mg/l	S16359	
Lead	EPA 200.8	0.0057	0.001	mg/l	S16359	
Nickel	EPA 200.8	0.024	0.01	mg/l	S16359	

Arkansas Testing Laboratories
Post Office Box 481
Searcy, AR 72145

ANALYTICAL RESULTS

AIC No. 92271-1 (Continued)

Sample Identification: Sample #1 7-21-05 4:10pm

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Batch</u>	<u>Qualifier</u>
Total Recoverable:						
Selenium	EPA 200.8	0.0071	0.002	mg/l	S16359	
Silver	EPA 200.8	< 0.0002	0.0002	mg/l	S16359	
Thallium	EPA 200.8	< 0.001	0.001	mg/l	S16359	
Zinc	EPA 200.8	0.010	0.002	mg/l	S16359	

INDUSTRIAL USER BASELINE MONITORING REPORT

CSN: Permit No.
 Media: Air, Water, Solid, Hazardous
 Sort: Permit, Compliance, Legal, Misc.

Instructions: Please complete this form in as much detail as possible. Include additional information on attached sheets as necessary. Refer to the supplemental instructions and return this report to the address shown in the instructions.

COMPANY INFORMATION

A. Legal Name: Waterloo Industries Inc. B. Facility Name: Waterloo Industries Inc.
 Mailing Address: P.O. Box 1048 Location: Carter Lane
Pocahontas
AR Zip 72455 AR Zip 72455
 C. Name of Owner(s) Beatrice Companies Inc. D. Name of Operators Judy Vanderver (Lic. No. 7132)
John Marrone (Lic. No. 1731)
 E. Facility Contact (provide the name, title and phone number of a designated person to contact if additional information is necessary.):
William Britt, Plant Engineer 501/892-4586
 F. Number of Employees 350 avg., 500 max. G. Number of Shifts 3 H. Number of Months in Operation 12
 I. Provide the name of the publicly owned treatment works (sewerage authority, municipality, etc.) that receives the wastewater discharges from this facility (If this facility is not connected to a sewerage system describe where wastewater is discharged.)
City of Pocahontas

NATURE OF OPERATION

A. List Raw Materials Used: (1) Commercial grade cold roll steel, (2) Paint, (3) Purchased components, (4) Package material
 B. List Chemicals Used: See attached MSDS sheets *Product sheets submitted are typical - Complete listing + MSDS sheets are available upon request - Complete listing between 150-200 Pages.*
 C. Describe Manufacturing or Service Activities Conducted and the Final Products: Fabricated metal tool boxes, socket trays and workbenches
 D. Summarize Each Regulated Process: *CSN: Media: Air, Water, Solid, Hazardous Sort: Permit, Compliance, Legal, Misc.*

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Process Description	Production Rate	Pretreatment Standard Category	Subpart	SD Code
Cleaning - Painting -	Dependent	Metal finishing	None	Not established by EPA
Electrostatic Painting -	on			
Paint Stripping -	sales			
Electropainting				

3. WASTEWATER FLOW

Incoming meter to treatment plant (Production Day)

A. Total Plant Flow in Gallons Per Day (gpd) (1985) Average 39,888 Maximum 48,506 Av. thru treatment 26,107 gpd
 Treatment may design 72,000 gpd
 B. Individual Process Flows in Gallons Per Day (gpd) Estimated

Regulated Process	Average Flow Rate (gpd)	Maximum Flow Rate (gpd)	Type of Discharge (Batch, continuous, none)
Cleaning	<u>19,000</u>	<u>36,000</u>	<u>Cont./Batch</u>
Cleaning <i>phosphate</i>	<u>9,000</u>	<u>22,000</u>	<u>Cont./Batch</u>
Painting	<u>1,000</u>	<u>4,000</u>	<u>Batch</u>
Electrostatic Painting	<u>-0-</u>	<u>-0-</u>	<u>None</u>
Electropainting	<u>3,000</u>	<u>3,000</u>	<u>Batch</u>
Paint Stripping	<u>1,100</u>	<u>1,500</u>	<u>Batch</u>
Paint Stripping	<u>1,100</u>	<u>1,500</u>	<u>Batch</u>

ARPO00027