ATTACHMENT A PRETREATMENT PROGRAM STATUS REPORT UPDATED SIGNIFICANT INDUSTRIAL USERS LIST

Industrial User Name	SIC/NAICS Code	40 CFR XXX or N/A	Control Document		New User	Times Inspected	Times Sampled	Compliance Status (N/A, C, NC, or SNC) Reports				Permit Limits (denote parameter
		OI N/A	Y/N	/N Last Action	BMR			90-day Compliance	Semi Annual	Self Monitoring	<pre>violated & number of times)</pre>	
REGAL BEILOT	335312 332813	433 464.16	Y	3/16/12	N	1	0	N/A	N/A	С	N/A	
OMNIUM LLC	32532 2879	455	Y	4/10/15	N	1	0	N/A	N/A	С	N/A	
PRIMETAILS	332813 333319	433	Y	1/1/14	N	1	0	N/A	N/A	N/A	N/A	
PRECOAT METALS	332812	465	Y	1/1/14	N	1	0	N/A	N/A	N/A	N/A	

Include NAICS code(s)
3rd column - include the CFR # only if the Category has Pretreatment Standards (numeric or narrative)
Please footnote N/A reason

ATTACHMENT B

SIGNIFICANT NON-COMPLIANT (SNC) INDUSTRIES - ENFORCEMENT ACTIONS TAKEN

Industrial User Name	Nature of Violation		Number of Action Taken					Penalties	Compliance Schedule		Current	Comments
	Reports	Limits	N.O.V.	A.O.	Civil	Criminal	Other	Collected	Date Issued	Date Due	Status	Comments

ATTACHMENT C

PRETREATMENT PERFORMANCE SUMMARY (PPS)

NOTE: ALL QUESTIONS REFER TO THE INDUSTRIAL PRETREATMENT PROGRAM <u>AS APPROVED</u> BY ADEQ. THE PERMITTEE SHOULD NOT ANSWER THE QUESTIONS BASED ON CHANGES MADE TO THE APPROVED PROGRAM WITHOUT DEPARTMENT AUTHORIZATION.

I. General Information

Control Authority Name ______BLYTHEVILLE WASTEWATER DEPARTMENT ____

Address ____4834 N.C.R. 639 / PO BOX 1784_____

City BLYTHEVILLE State/Zip ____ARKANSAS 72315_____

Contact Person _____GARY CARR_____ Position PRETREATMENT COORDINATOR_

Contact Telephone (870)763-4961 NPDES Permit Nos. AR0022560, ARR0022578, ARR0022586

 Reporting Period _____AUGUST 2017______
 JULY 2018______

(Beginning Month, day and Year) (Ending Month, day and Year)

Total Number of Categorical IUs _____4___

Total Number of Significant Noncategorical IUs _____1___

Total Number of Non-Significant (yet permitted) IUs _____0____

II. Significant Industrial User Compliance

			INDUSTRIAL USERS NonCategorical
1)	No. of SIUs Submitting BMRs/Total No. Required	0/0	N/A*
2)	No. of SIUs Submitting 90-Day Compliance Reports / No. Required	. 0/0	N/A*
3)	No. of SIUs Submitting Semiannual Reports / Total No. Required	0/2	0/0
4)	No. of SIUs Meeting Compliance Schedule / Total No. Required to Meet Schedule	0/0	0/0
5)	No. of SIUs in Significant Noncompliance / Total No. of SIUs	0/4	0/0
6)	Rate (%) of Significant Noncompliance for al SIUs (categorical and noncategorical)		/ 4

III. Compliance Monitoring Program

		SIGNIFICANT Categorical	INDUSTRIAL USERS NonCategorical
1)	No. of Control Documents Issued / Total No. Required		0 / 0
2)	No. of Non-sampling Inspections Conducted / Total No. Required		1 / 0
3)	No. of Sampling Visits Conducted / Total No Required		/
4)	No. of Facilities Inspected (nonsampling) / Total No. Required		1
5)	No. of Facilities Sampled / Total No. Required	0 / 4	/

IV. Enforcement Actions

		<u>SIGNIFICANT I</u> Categorical	NDUSTRIAL USERS NonCategorical
1)	No. of Compliance Schedules Issued/No. of Schedules Required	0 / 0	0 / 0
2)	No. of Notices of Violations Issued to SIUs	0	0
3)	No. of Administrative Orders Issued to SIUs	0	0
4)	No. of Civil Suits Filed	0	0
5)	No. of Criminal Suits Filed	0	0
6)	No. of Significant Violators (attach newspaper publication)	0	0
7)	Amount of Penalties (not surcharges) Collected (total dollars/IUs assessed)	0 / 0	0 / 0
8)	Other Actions (sewer bans, etc.)	0	0

The following certification must be signed in order for this form to be considered complete:

I certify that the information contained herein is complete and accurate to the best of my knowledge.

Authorized Representative

Date _____