



ARKANSAS

ENERGY & ENVIRONMENT

August 16, 2021

Paritosh Bhole, Plant Manager
Emerson Professional Tools
90 HWY 62 West 412
Ash Flat, AR 72513

Larry Fowler, Mayor
City of Ash Flat
P.O. Box 280
Ash Flat, AR 72513

RE: Emerson Professional Tools MFG LLC – Categorical Industrial User to City of Ash Flat
NPDES Permit Number AR0041742, AFIN 68-00039
City of Ash Flat

Dear Mr. Bhole:

The Division of Environmental Quality (DEQ) has reviewed your email from August 10, 2021. Attached was a revised Industrial User Waste Survey for Nonresidential Establishments (IU survey) for Emerson professional Tools MFG LLC (the proposed facility).

It is our understanding that the estimates in Section C of the IU survey for the proposed facility was based on a similar facility in Louisville, Kentucky, and samples were taken when the facility was doing a process maintenance and cleaning. It is also our understanding the Louisville facility data was not representative of the normal processes from the facility. The process wastewater flow rate data used to complete the IU survey was based on maximum output of two discharge pumps operating continuously from the Ash Flat facility. The design of this operation at Ash Flat has since been changed to operate with only one discharge pump with peak usage of 1,880 gallons per day. In addition, copper concentrations from the Louisville facility ranged from 0.022 - 0.044 mg/l.

Based on the revised IU survey, the proposed facility would not be a significant industrial user (SIU) as the estimated process wastestream is not greater than the 5 percent threshold used to determine if an industry is a SIU and the suspected concentrations will not exceed the water quality criteria of the receiving stream. However, the facility is a categorical industrial user (CIU) for industrial category for metal finishing as stated in your email. Therefore, the facility is subject to 40 C.F.R. § 433.17 – Pretreatment Standards for New Sources.

In accordance with APC&EC Rule 6.204(B), DEQ implements pretreatment standards through permit by rule and requires the attached Semi-Annual Report for Industrial Users Regulated by 40 C.F.R. Part 433 to be submitted semi-annually. Enclosed is a copy of the semi-annual report and a link to a copy of the form from our website. The facility has been assigned NPDES Pretreatment Tracking # ARP001062. The facility shall notify DEQ and the City of Ash Flat

ARKANSAS DEPARTMENT OF ENERGY AND ENVIRONMENT

within 60 days of the installation of the treatment system associated with the facility. The first semi-annual report is due one month after commencement of first discharge.

If there are any questions, please contact Kai Imamura at 501-682-0045 or by email at Kai.Imamura@adeq.state.ar.us.

Sincerely,

A handwritten signature in black ink that reads "Bryan Leamons". The signature is written in a cursive, flowing style.

Bryan Leamons, P.E.
Senior Operations Manager
Office of Water Quality, Division of Environmental Quality
5301 Northshore Drive, North Little Rock, AR, 72118

Enclosures

cc: Electronic File (AR0041742)
Richard Healey, Office of Water Quality Enforcement Branch
Myrl Lawrence, Office of Water Quality Enforcement Branch
Tracy Breckenridge, Wastewater Superintendent, City of Ash Flat (tracy@mail.ashflat-ar.org)
James Bennett, Division Facilities Manager, Emerson (James.A.Bennett@emerson.com)

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40 CFR 433

Use of this form is not an ADEQ requirement, but satisfies the reporting requirements in 40 CFR 403.12(e).

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION and NPDES Pretreatment Tracking # ARP00

| | |
|---|--|
| <p style="text-align: center;">A. LEGAL NAME & MAILING ADDRESS</p> | <p style="text-align: center;">B. FACILITY & LOCATION ADDRESS</p> |
|---|--|

C. FACILITY CONTACT: _____ **TELEPHONE NUMBER:** _____ **e-mail:** _____

(2) REPORTING PERIOD--FISCAL YEAR From _____ to _____ (Both Semi-Annual Reports must cover Fiscal Year)

| | |
|--|---|
| <p style="text-align: center;">A. MONTHS WHICH REPORTS ARE DUE</p> <p style="text-align: center;">_____ & _____</p> | <p style="text-align: center;">B. PERIOD COVERED BY THIS REPORT</p> <p style="text-align: center;">FROM: _____ TO: _____</p> |
|--|---|

(3) DESCRIPTION OF OPERATION

| | |
|---|---|
| <p>A. REGULATED PROCESSES</p> <p><u>CORE PROCESS(ES)</u></p> <p>CHECK EACH APPLICABLE BLOCK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electroplating <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input type="checkbox"/> Coating (conversion) <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture <p><u>ANCILLARY PROCESS(ES)*</u></p> <p>LIST BELOW EACH PROCESS USED IN THE FACILITY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*SEE 40CFR433.10(a) FOR THE 40 ANCILLARY OPERATIONS</small></p> | <p>B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.</p> |
|---|---|

| | |
|---|-----------------------------|
| <p>C. Number of Regular Employees at this Facility _____</p> | <p>D. [Reserved]</p> |
|---|-----------------------------|

(4) FLOW MEASUREMENT

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

| Process | Average | Maximum | Type of Discharge* |
|---------------------------|---------|---------|--------------------|
| Regulated (Core & | | | |
| Regulated (Cyanide) | | | |
| ●403.6(e) Unregulated* | | | |
| ●403.6(e) Dilute | | | |
| Cooling Water | | | |
| Sanitary | | | |
| Total Flow to POTW | | | |

*If batch discharged please list the period of time of each batch discharge (300 gallons/day; 500 gallons/week, 2,000 gallons/3 months, etc). Do not normalize over that period for the average flow.
 "Unregulated" has a precise legal meaning; see 40CFR403.6(e).

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

- Neutralization
- Chemical Precipitation and Sedimentation
- Chromium Reduction
- Cyanide Destruction
- Other _____
- None

B. COMMENTS ON TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES-- CORE & ANCILLARY--(AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT PERIOD IN THE SPACE PROVIDED BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

| 40 CFR 433.17 Pollutant(mg/l) limits | Cd | Cr | Cu | Pb | Ni | Ag | Zn | CN | TTO* |
|--|------|------|------|------|------|------|------|------|------|
| Max for 1 day | 0.11 | 2.77 | 3.38 | 0.69 | 3.98 | 0.43 | 2.61 | 1.20 | 2.13 |
| Monthly Avg | 0.07 | 1.71 | 2.07 | 0.43 | 2.38 | 0.24 | 1.48 | 0.65 | -- |
| Max Measured | | | | | | | | | * |
| Avg Measured** | | | | | | | | | * |

Sample Location _____

Sample Type (Grab* or Composite) _____

*If Grab, list # of grabs over what period of time

Number of Samples and Frequency Collected _____

40CFR136 Preservation and Analytical Methods Use: ■ Yes ■ No (include complete Chain of Custody)

*If a TOMP has been submitted and approved by ADEQ place N/A.

**A value here is the average of all samples taken during one (1) calendar month regardless of number of samples taken. If only one (1) sample is taken it must meet the monthly average limitation.

(6) CERTIFICATION (ONLY IF A TOMP HAS BEEN SUBMITTED/APPROVED BY ADEQ)

B. CHECK ONE: 433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED 433.12(a) TTO CERTIFICATION

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing of the last semi-annual compliance report. I further certify that this facility is implementing the toxic organic management plan submitted to Arkansas Department of Environmental Quality.

(Typed/Printed Name)

(Corporate Officer or authorized representative signature)

Date of Signature _____

(7) POLLUTION PREVENTION ACT OF 1990 [42 U.S.C. 13101 et seq.]

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 including Best or Environmental Management Practices, Source Reduction, Waste Minimization, Lean Manufacturing, Water and/or Energy Conservaton:

1. _____
2. _____
3. _____
4. _____
5. _____

(8) GENERAL COMMENTS

(9) SEMI-ANNUAL/PERIODIC REPORT CERTIFICATION STATEMENT REQUIRED UNDER 40 CFR 403.12(I)

I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE SIGNED