



SEPARATOR



02-00086



WATER NPDES



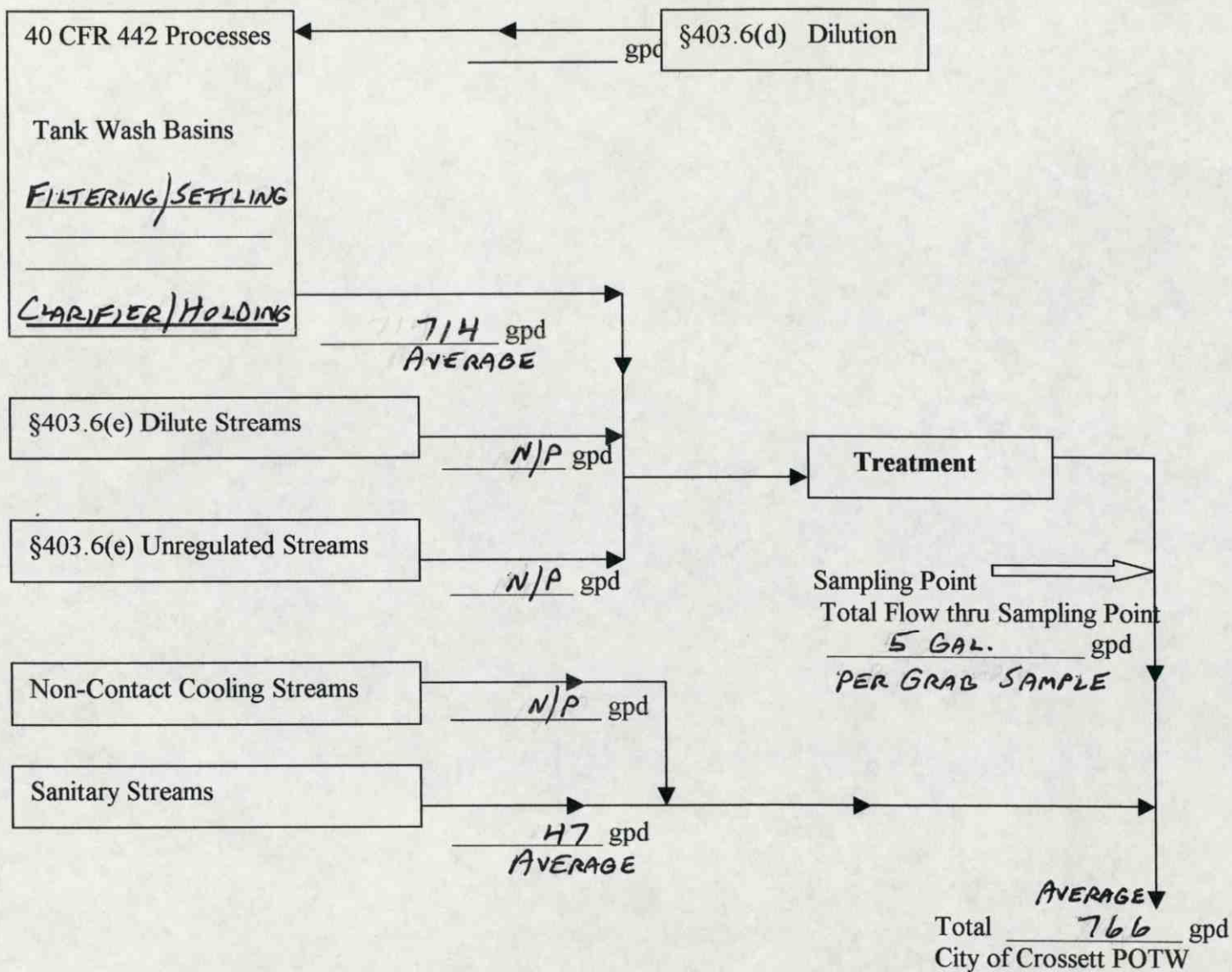
PRETREATMENT



07/20/2004



ARP001053



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.

Mike Andrew
Signature of §403.12(b) Professional

7-20-2004
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.

Mike Andrew
Owner or the authorized §403.12(l) official

7-20-2004
Date

ADEQ

AR KANSAS
Department of Environmental Quality

POST OFFICE BOX 8913
LITTLE ROCK, ARKANSAS 72219-8913

CERTIFIED MAIL, RETURN RECEIPT REQUESTED (70020860000768230702)

July 22, 2003

Jimmy D. Lee, Owner
PJ's Tank Wash
% Lee's Trucking, Inc
P O Box 1552
El Dorado, AR 71731-1552

Attention: Phillip Hastings

Re: State Pretreatment Reporting Requirements¹

Dear Mr. Hastings:

In reference to PJ'S Tank Wash, Inc [PJS] Baseline Monitoring Report (BMR) dated 7-18-03, ADEQ has reviewed the BMR; based on this information the department has determined that PJS wastewater may be regulated by federal and state laws [40CFR442].

Industrial users with processes regulated by categorical pretreatment standards [40CFR442, et al] whose discharge enters, can enter or will enter a POTW (local municipal sewer system) must submit 40CFR403.12 reports to the Control Authority [ADEQ].

Please note that PJS must not commence discharging from the regulated processes until the facility is capable of meeting pretreatment standards within 90 days on a consistent basis; refer to §403.6(b) for more details. ✓

PJS must submit the next report to ADEQ before October 31, 2003. ✓

The purpose of this letter is to supply additional information on reporting requirements to comply with §§403.12 & 442.15 of Arkansas Act 472 of 1949. The department appreciates PJS past efforts and to aid PJS's future efforts, ADEQ offers the following:

¹In accordance with §4.a.11 (Incorporation of Federal Regulations) of Regulation No. 6 of the Arkansas Water and Air Pollution Control Act (Act 472 of 1949, as amended; Ark. Code Ann. 8-4-101 et. seq.), the State of Arkansas has adopted "line for line and word for word....Parts 400 through 471 inclusive (Subchapter N)"; log on to the internet for a current copy of these regulations [<http://www.epa.gov/docs/epacfr40/chapt-1.info/subch-N>].

CATEGORICAL DETERMINATION [§403.6(a)]

1. PJS may request certification from ADEQ on whether their processes fall within a particular subcategory. PJS processes appear to be regulated by §442.15.
 - a. APPLICABILITY---In 40CFR442.10 find *"This subpart applies to discharges resulting from cleaning of tank trucks and intermodal tank containers which have been used to transport chemical or petroleum cargos."* In 40CFR442.15 find *"any existing source subject to this subpart that introduces pollutants into a publicly owned treatment works must achieve"* the pretreatment standards in this letter (para 6.b below). In 40CFR403.3(k)(1) find *"The term 'New Source' means...construction...commenced after the publication of proposed Pretreatment Standards"*. The 40CFR442 proposal was published on June 25, 1998.
 - b. EVIDENCE---The PJ'S Crossett facility cleans tank trucks which have been used to transport chemical or petroleum cargos; PJ'S installed the process on February 27, 1996 and, hence, is an "existing source"; and the wastewater (containing pollutants) will be introduced into the Crossett POTW; therefore, in accordance with 40CFR442 [Subpart A--Tank Trucks and Intermodal Tank Containers Transporting Chemical and Petroleum Cargos], the PJ'S Crossett facility falls under §442.15 *Pretreatment standards for existing sources (PSES)*.
2. In accordance with §403.6(a)(4)(i)&(iv), this letter serves as the written determination that the wastewater to be discharged from the PJ'S facility in Crossett, Arkansas will fall under the 40CFR442 pretreatment standards. A copy of this letter/determination has been mailed to the POTW (% Steve White).
3. In accordance with §403.6(a)(4)(ii), a copy of the application has been forwarded to U S EPA Region VI Water Management Division Director (% Lee Bohme) in Dallas, TX; the Director may modify ADEQ decision.
4. In accordance with §403.6(a)(5), PJ'S may contest this determination within 30 days following the date of receipt of this letter. If PJ'S does not contest the determination, PJ'S must comply with 40CFR403.12 (national and state pretreatment reporting requirements).
5. Pending a "No Contest" decision PJ'S must submit the 90 day compliance report by October 31, 2003.

If PJ'S has (or installs) other processes subject to National/State categorical pretreatment standards in the Crossett, Ark facility and wastewater from these processes enters or can enter the POTW, then PJ'S may have to submit additional reports to the Control Authority [ADEQ] in accordance with 40CFR403.12.

BMR REQUIREMENTS [§403.12(b) & (d)]

In accordance with §403.12(d) within ninety (90) days after commencing regulated discharge PJS was required to submit a "final" BMR (90 day compliance report). PJS must satisfy the following requirements by submitting a BMR (blank enclosed-this form is available electronically by contacting torrence@adeq.state.ar.us).

In accordance with §403.12(b) PJS was required to submit a Baseline Monitoring Report (BMR) to ADEQ before March 12, 2001. Within ninety (90) days after compliance with §442.15 PJS was required to submit a "final" BMR (90 day compliance report). PJS may satisfy the following requirements by submitting a BMR (blank enclosed):

1. Section 2: Indicate all permits held by PJS (Include ADEQ and City permits) [Optional for Final BMR].
2. Section 3.B: [Reserved]
3. Section 3.C: Please describe activities associated with each applicable sub-part. [Optional for Final BMR].
4. Section 3.D: 40 CFR 401.471 describes over fifty point sources; PJS has already confirmed one point source, 40CFR442.
5. Section 4.B: List all regulated and unregulated streams². Presently, PJS appears to have one point source, TEC. If there are no unregulated streams, mark "NONE" in the appropriate space.

²Regulated 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.

Dilute wastestreams include non-contact cooling water, sanitary waste, augmented process water, etc.

6. Section 5.B:

- a. Please record the results in the new BMR as provided by the lab³. Zero concentrations are not acceptable; list the detection limit if the parameter tested below the detection limit.
- b. PJS must test for Cu (Max limit: 0.84 mg/l), Hg (Max limit: 0.0031 mg/l) and O&G/SGT-HEM (Max limit: 26 mg/); the required lab method for O&G is Method 1664 SGT-HEM.
- c. PJS must comply with the general and specific limits in §403.5 (wastewater may not have: a flashpoint >140° F; pH <5.0; heat causing POTW influent to exceed 104° F; et.al.)
- d. The sampling location is critical; if PJS has any doubts about the correct location, please contact ADEQ⁴.

7. Section 5.C:

- a. If all of PJS regulated processes have (batch or continuous) discharges with no nonregulated wastewater involved before sampling, mark each blank "N/A" (Not Applicable). If not, indicate that PJS is sampling the combined flow from the plant; in this case the Combined Wastestream Formula/Flow-Weighted Average⁵ is required.
- b. §403.6(d) prohibits dilution "as a partial or complete substitute for adequate treatment to achieve compliance with a Pretreatment Standard"; "no Industrial User shall ever increase the use of process water, or in any other way attempt to dilute a discharge".

8. Please complete Section 5.B and 5.C for each sampling location unless the samples are combined proportionally to flow⁶.

³An adequate analytical quality control program, including the analysis of sufficient standards, spikes, and duplicate samples to insure the accuracy of all required analytical results shall be maintained by the user or designated commercial laboratory. At a minimum, spikes and duplicate samples are to be analyzed on 10% of the samples. Only reports from laboratory certified by ADEQ will be accepted without verification of QC/QA; if any industry or business has doubts, please contact Joe Semberski at (501) 682-0938.

⁴The User has the final responsibility for sampling at the correct location.

⁵If no unregulated wastestreams are present a flow weighted average may be used.

⁶All sample locations must be regulated by 40CFR442 only; if not contact ADEQ for more information.

9. Section 6: The BMR must be certified.
 - a. The analyses submitted must be sufficient to verify the certification.
 - b. Please satisfy the requirements above and submit the applicable certifications with the proper signature.
 - c. This section must be signed by a qualified professional which resides in the State of Arkansas.
 - d. Please note that PJS must not commence discharging from the regulated processes until the facility is capable of meeting pretreatment standards within 90 days on a consistent basis; refer to §403.6(b) for more details.
10. Section 7.B must be signed by Jimmy D. Lee, Owner; refer to §403.12(1) for restrictions (An authorization section is provided if needed).
11. All analyses must have the following:
 - a. Chain of custody forms must be submitted with the BMR which indicates the time, date and place of sampling. The forms must also indicate the type of samples (composite or grab) and kind of preservation employed; preservation techniques must conform with §136. Please attach these forms to the new BMR. C-of-C forms do not have to be submitted with subsequent semi-annual reports but §403.12(o)(2) requires PJS to keep these forms and other pertinent information at least three years.
 - b. The lab analyses must show that §136 methods were employed.
 - c. Referring to Section 6 in the BMR form, PJS must, in accordance with §403.12(b)(5)(viii), certify "that such sampling and analysis is representative of normal work cycles and expected pollutant Discharges to the POTW".

PJS must submit the entire BMR with the required attachments.

If PJS elects to use the new BMR as the semi-annual report which is due in October 2003, the required information must be submitted to ADEQ NPDES Pretreatment before November 30, 2003. Nevertheless, the BMR is due before October 31, 2003.

SEMI-ANNUAL REPORTS [§403.12(e)]

PJS is required to submit semi-annual reports which are due in **April** and **October** of every year to demonstrate continued compliance with pretreatment standards per §442.15.

1. PJS must sample for Copper, Mercury and O&G for every semi-annual report submitted to ADEQ; please be sure methods are indicated on lab reports.
2. Pursuant to §403.12(e)(1) in each semi-annual report PJS must "include a record of measured or estimated average and maximum daily flows for the reporting period for the Discharge reported in" the "final" BMR (Section 4).
3. The first semi-annual report is due by October 31, 2003. PJS may submit the new BMR with all the required analyses (Cu, Hg & O&G) and attachments (as shown in the BMR REQUIREMENTS above) in lieu of the first semi-annual report.
4. Enclosed is a completed example of a semi-annual report. PJS may request a copy of this form electronically by contacting torrence@adeq.state.ar.us (Rufus Torrence). Use of this form is not an EPA requirement; nevertheless, all relevant information must be submitted.

RCRA REQUIREMENT [§261 & §403.12 (p)]

As part of ADEQ responsibilities in implementing the National Pretreatment Regulations, NPDES Pretreatment is required to notify all Categorical Industries of their obligations under Subtitle C and D of Resource Conservation & Recovery Act of 1976 and the Arkansas Hazardous Waste Management Code. These regulations apply not only to waste that is discharged but also to waste that is hauled or stored. ADEQ (Hazardous Waste) may require reporting. For more information contact Michael Bates [(501) 682-0831] at the address above.

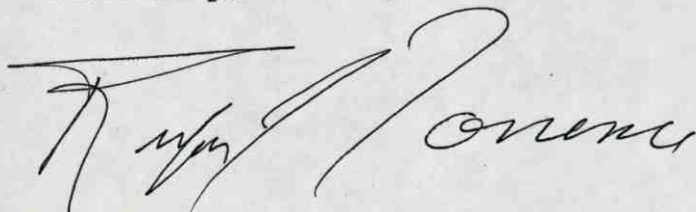
In accordance with §403.12(p) PJS "shall notify the POTW [Crossett Water Department], the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the POTW of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR part 261."

To satisfy part (PJS may discharge hazardous waste which is not regulated by §442) of the requirement of §403.12(p)(1) for notifying the POTW and to implement the intent of §403.12(b) & (e), please send a copy of the BMR (with analyses) and each semi-annual report (and other correspondence to NPDES Pretreatment) to Steve White, Director Crossett Water Department.

The information above is in accordance with ADEQ policy; PJS has the final responsibility under the law for submitting a complete report. The elements showed above include but are not necessarily all the requirements for a complete report.

If PJS or an authorized representative has questions or needs more information, please contact ADEQ NPDES Pretreatment at 682-0626.

Sincerely,



Rufus J. Torrence
ADEQ NPDES Pretreatment Engineer

Enclosures: (1) BMR_FORM_442.wpd (Rev 07-22-2003)
(2) CIU_SAR_FORM_442.wpd (Rev 07-22-2003)
(3) Example Semi-Annual Report

cc: Lee Bohme, US EPA Region VI Pret Coor (Via e-mail)

Steve White, Director
Crossett Wastewater
P O Box 560
Crossett, AR 71635

FINAL BASELINE MONITORING REPORT
FOR A
40CFR442 CATEGORICAL INDUSTRY

90 Day Compliance Report per §403.12(d)

RECEIVED
SEP 03 2003
RECEIVED

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: PJs Tank Wash Inc.
Mailing Address: PO Box 1393
Crossett, AR 71635 Zip: 71635

B. Facility Name: PJs Tank Wash Inc.
Location: 2201 Hwy 82 West
Crossett, AR 71635 Zip: 71635

C. Name of Owners: Jimmy D. Lee Patgy R. Lee

D. Name of Operators: Nicole Stanley

E. Facility Contact (Provide the name, title & phone number of a designated person to contact if additional information is necessary):
Chris Dewes, Ast. Terminal Manager Lee's Trucking

F. Number of Employees 5 G. Number of Shifts 1

H. Number of Months per Calendar Year which Plant normally operates: 11.5

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)
City of Crossett Municipal Sewer System

J. Provide the date the facility began regulated discharge to the POTW (sewerage authority, municipality, etc.)
Feb 27, 1996

Date facility installed/commenced construction of 40CFR442 operation: Feb 27, 1996

AR P001053

DATE: _____

1. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below. The information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

2. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

3. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

4. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

5.

6.

7. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

8. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

9. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

10. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

11. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

12. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

13. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

14. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

15. The following information was obtained from the records of the Department of Health and Human Services, Michigan Department of Health and Human Services, Lansing, Michigan, on the date indicated below.

(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
N/a			

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

A. List Raw Material Used:

~~Caustic~~ Caustic, Caustic Based soap, Citrus Based Soap, Mild detergents, + Meradic

B. (Reserved):

C. Describe activities associated with the applicable sub-part: 40.CFR 442 subpart d
 Cleaning Cargo Tanks that transport Chemicals & Petroleum Cargos.

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

Source Category _____

Source Category _____

Source Category _____

1. (a) $\frac{1}{2}$ (b) $\frac{1}{4}$ (c) $\frac{1}{8}$ (d) $\frac{1}{16}$

2. (a) $\frac{1}{2}$ (b) $\frac{1}{4}$ (c) $\frac{1}{8}$ (d) $\frac{1}{16}$

Genotype	Frequency	Relative fitness	Mean fitness
AA	$\frac{1}{4}$	1	$\frac{1}{4}$
Aa	$\frac{1}{2}$	1	$\frac{1}{2}$
aA	$\frac{1}{4}$	1	$\frac{1}{4}$
aa	0	0	0
Total	1	1	1

3. (a) $\frac{1}{2}$ (b) $\frac{1}{4}$ (c) $\frac{1}{8}$ (d) $\frac{1}{16}$

Genotype	Frequency	Relative fitness	Mean fitness
AA	$\frac{1}{4}$	1	$\frac{1}{4}$
Aa	$\frac{1}{2}$	1	$\frac{1}{2}$
aA	$\frac{1}{4}$	1	$\frac{1}{4}$
aa	0	0	0
Total	1	1	1

4. (a) $\frac{1}{2}$ (b) $\frac{1}{4}$ (c) $\frac{1}{8}$ (d) $\frac{1}{16}$

Genotype	Frequency	Relative fitness	Mean fitness
AA	$\frac{1}{4}$	1	$\frac{1}{4}$
Aa	$\frac{1}{2}$	1	$\frac{1}{2}$
aA	$\frac{1}{4}$	1	$\frac{1}{4}$
aa	0	0	0
Total	1	1	1

5. (a) $\frac{1}{2}$ (b) $\frac{1}{4}$ (c) $\frac{1}{8}$ (d) $\frac{1}{16}$

Genotype	Frequency	Relative fitness	Mean fitness
AA	$\frac{1}{4}$	1	$\frac{1}{4}$
Aa	$\frac{1}{2}$	1	$\frac{1}{2}$
aA	$\frac{1}{4}$	1	$\frac{1}{4}$
aa	0	0	0
Total	1	1	1

3.D (Con'd) Summarize each applicable point source:

Process Description*	Pretreatment Standard Category	Subpart	SIC Code	Date Process was Installed
<i>washing water</i>	40CFR442	<i>A</i>	7699	2-27-96

*Process Description must be exactly as shown in the applicable 40CFR SubPart; for example, "Tank Trucks w/Chem & Petro Cargo".

*Cleaning interior of cargo tanks that transport
~~tank truck~~ ~~chem & Petro cargo~~*

E.

[Reserved]

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

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

Average 3000 Maximum 11,520
~~11,000~~

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

STREAMS ²	Average Flow Rate (gpd)	Max. Flow Rate (gpd)	Type Discharge ³
Regulated Streams	3,000	11,520	Batch
Unregulated Streams	n/a		
Dilute Streams	n/a		
Non-Contact Cooling Water	n/a		
Sanitary Wastewater	n/a		

¹ Referring 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.

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.
Dilute wastestreams include non-contact cooling water, sanitary waste, etc.

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

Statement of Expenses for 1934 (Contd.)

1934

1934

Statement of Expenses for 1934 (Contd.)

Description of Expenses	Actual	Budget	Variance
General Administration	100.00	100.00	0.00
Printing and Stationery	50.00	50.00	0.00
Travel	20.00	20.00	0.00
Telephone	10.00	10.00	0.00
Postage	5.00	5.00	0.00
Repairs and Maintenance	15.00	15.00	0.00
Miscellaneous	10.00	10.00	0.00
Total	210.00	210.00	0.00

This statement was prepared from the records of the Department of Commerce for the year ending December 31, 1934.

Approved: [Signature] Secretary of Commerce

Witness: [Signature] Assistant Secretary of Commerce

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

A. (i) Cite Evidence each Subpart (40CFR442) is applicable⁴:

Sub-Part A Cleaning of Cargo Tanks that transport Chemical & Petroleum cargos.

Sub-Part n/a

Sub-Part n/a

(ii) Provide on a separate sheet a description of all wastewater treatment utilized

Romi Com 1000 filter see attached

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.

CONCENTRATIONS (mg/l)							
Basis	Pollutant						
<u>Max Daily</u>	<u>0.84</u> Cu	<u>0.0031</u> Hg	<u>26</u> O&G				
Maximum	0.012	0.0002	<5.0				
Average	0.012	0.0002	<5.0				

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)							
Basis ⁵	Pollutant						
	Cu	Hg	O&G				
MAC							

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
 AMAC — Actual Measured Average Concentration from Lab results

APPROXIMATELY 25% OF THE TOTAL NUMBER OF THE SUBJECTS IN THIS STUDY WERE MALE.

1970-71

1970-71

1970-71

These data are presented in the following table.

It is noted that the majority of the subjects in this study were male. The majority of the subjects in this study were male.

Table 1

Subject	Sex	Age	Height	Weight	Waist	Hip	Shoulder	Arm	Hand	Foot	Hand	Foot
1	M	25	175	70	34	42	48	35	25	25	25	25
2	F	22	165	55	30	38	44	32	22	22	22	22
3	M	28	185	85	38	48	55	40	30	30	30	30
4	F	20	155	45	28	35	41	29	20	20	20	20
5	M	30	195	95	42	52	60	45	35	35	35	35
6	F	18	145	40	26	32	38	27	18	18	18	18
7	M	27	180	80	36	45	52	38	28	28	28	28
8	F	23	160	50	30	38	44	32	22	22	22	22
9	M	32	200	100	45	55	65	50	40	40	40	40
10	F	19	150	42	27	34	40	29	20	20	20	20
11	M	29	188	88	40	50	58	42	32	32	32	32
12	F	21	158	48	29	36	42	31	21	21	21	21
13	M	31	192	92	43	53	62	47	37	37	37	37
14	F	17	142	38	25	31	37	28	19	19	19	19
15	M	26	178	78	35	44	51	39	29	29	29	29
16	F	24	162	52	31	39	45	33	23	23	23	23
17	M	33	205	105	47	57	68	52	42	42	42	42
18	F	16	138	35	24	30	36	27	18	18	18	18
19	M	28	182	82	37	46	54	41	31	31	31	31
20	F	22	155	45	28	35	41	30	21	21	21	21

The data presented in the above table are the result of measurements taken on the subjects during the study. The measurements were taken at the beginning and end of the study.

Subject	Sex	Age	Height	Weight	Waist	Hip	Shoulder	Arm	Hand	Foot	Hand	Foot
1	M	25	175	70	34	42	48	35	25	25	25	25
2	F	22	165	55	30	38	44	32	22	22	22	22
3	M	28	185	85	38	48	55	40	30	30	30	30
4	F	20	155	45	28	35	41	29	20	20	20	20
5	M	30	195	95	42	52	60	45	35	35	35	35
6	F	18	145	40	26	32	38	27	18	18	18	18
7	M	27	180	80	36	45	52	38	28	28	28	28
8	F	23	160	50	30	38	44	32	22	22	22	22
9	M	32	200	100	45	55	65	50	40	40	40	40
10	F	19	150	42	27	34	40	29	20	20	20	20
11	M	29	188	88	40	50	58	42	32	32	32	32
12	F	21	158	48	29	36	42	31	21	21	21	21
13	M	31	192	92	43	53	62	47	37	37	37	37
14	F	17	142	38	25	31	37	28	19	19	19	19
15	M	26	178	78	35	44	51	39	29	29	29	29
16	F	24	162	52	31	39	45	33	23	23	23	23
17	M	33	205	105	47	57	68	52	42	42	42	42
18	F	16	138	35	24	30	36	27	18	18	18	18
19	M	28	182	82	37	46	54	41	31	31	31	31
20	F	22	155	45	28	35	41	30	21	21	21	21

The data presented in the above table are the result of measurements taken on the subjects during the study. The measurements were taken at the beginning and end of the study.

The data presented in the above table are the result of measurements taken on the subjects during the study. The measurements were taken at the beginning and end of the study.

D. User Sample Location: Pit Cock @ Bottom of Storage Tank

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

Number of Samples Taken: 1 Frequency (Daily, Weekly, etc) When Batch is ready

Analytical Methods Used (Must be in accordance with 40CFR136--for example: EPA 608, 625, etc.) See attached test Results look @ Letter

(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 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 DAVID RICHARDSON ASSISTANT MANAGER UTILITY
Qualified Professional (Please Type or Print)

Signature David Richardson

Date 8-21-03

(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 September 13, 2003 all 40CFR442 TEC industries were required to be in compliance. New sources must not commence discharge until compliance is possible.

DATE: 12/15/2011

TIME: 10:30 AM

OFFICE: SAC, SACRAMENTO

TO: SAC, SACRAMENTO (157-1000) FROM: SAC, SACRAMENTO (157-1000)

SUBJECT: [REDACTED]

RE: [REDACTED]

ON 12/15/2011, [REDACTED]

AT [REDACTED]

BY [REDACTED]

AND [REDACTED]

FOR [REDACTED]

IN [REDACTED]

AND [REDACTED]

TO [REDACTED]

BY [REDACTED]

AT [REDACTED]

FOR [REDACTED]

IN [REDACTED]

BY [REDACTED]

AND [REDACTED]

TO [REDACTED]

BY [REDACTED]

FOR [REDACTED]

IN [REDACTED]

BY [REDACTED]

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

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

I hereby authorize persons filling the position title of General Manager, responsible for the overall operation of the Tank Wash facility in Crossett, 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(l) and comparable state regulations.

Jimmy D. Lee

Jimmy D. Lee, Owner and President

Jimmy D. Lee
Signature

7-19-04

Date



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

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

I hereby authorize persons filling the position title of Gen Manager, responsible for the overall operation of the Tank Wash facility in CADDETT, 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(l) and comparable state regulations.

Phillip Hastings Gen M
Corporate official name & title here
Phillip Hastings
Signature
8-21-03
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.

Chris Deews
Name of Authorized Representative (Please Type or Print)
Contolero
Official Title (Please Type or Print)
Chris Deew
Signature
8-22-03
Date

Torrence, Rufus

From: Torrence, Rufus
Sent: Thursday, June 08, 2006 8:59 AM
To: 'dgwin@leestrucking.com'
Cc: 'paul gibat'; Bailey, John
Subject: ARP001053 PJ's Tanks Wash in Crossett, AR: Compliance Assurance Site Visit

Attn: Tracy Gray, Mgr at PJ's Tank Wash in Crossett, AR

Thank you for taking the time to show me around your facility yesterday (June 7, 2006).

PJ's Tank Wash is regulated by 40CFR442 Transportation Equipment Cleaning Point Source Category [Subpart A--Tank Trucks and Intermodal Tank Containers Transporting Chemical and Petroleum Cargos]. PJ's is a wholly owned facility of Lee's Trucking located in El Dorado, AR.

PJ's cleans tankers for Lee's Trucking; the tanker hauls Oils, Acids, Resins, etc. The primary customer is Georgia Pacific located nearby on Hwy 82 West in Crossett. Wastewater is collected in troughs and pumped to four 2000 gallon storage tanks. Then the water is pumped into a 3000 gallon tank for treatment; aluminum sulfate is added to drop the metals out. The pH is adjusted using caustic and the City is summoned. The manhole is locked; the city must accept each batch before the city official unlocks the cover to the manhole so wastewater can be dumped into the collection system.

The City of Crossett owns the collection system but does not own the WWTP; the WWTP is owned by Georgia Pacific.

Mr. Gray inquired about securing a wastewater license; the ADEQ contacts are

Suzanne Stair
Executive Secretary
E-mail: suzanne.stair@adeq.state.ar.us
(501) 682-0823
Fax: (501) 682-0910

Janet Gay
Coordinator
E-mail: gay@adeq.state.ar.us
(501) 682-0998
Fax: (501) 682-0910

Let me know if PJ's has questions or concerns; I will expect your next pretreatment report in October by 10-31-2006.

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

Tracking:	Recipient	Delivery
	'dgwin@leestrucking.com'	
	'paul gibat'	
	Bailey, John	Delivered: 6/8/2006 9:00 AM

Pretreatment Industrial Inspection

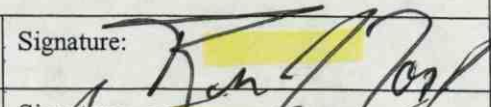
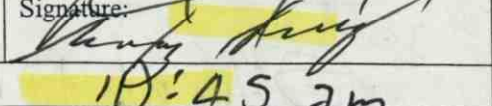
Facility Information

Facility Name:	Site Address:
PJ's Tank Wash	2201 Hwy 82 - West 71635
Signatory Authority (Name & Title):	Jimmy D. Lee, Owner
Phone: (870) 862-5477	Mailing Address (if different):
Fax: (870) 863-6963	P.O. Box 1552 El Dorado, AR 71731
Address: (same)	Corporate Owner Name and address (if applicable):
	N/A
Phone: (same)	
Fax: " "	Phone: X
Contact Person (Name & Title):	Fax: X
	Corporate CEO: X
e-mail:	e-mail: X
Facility Permit # X or ARP00	Last Inspection Date: 6-15-04
POTW (City) IU discharges to: Crossett WW Coll Sys	POTW's NPDES #AR00 N/A
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 442	

Table of Contents

I. Summary of Inspection	Page	of
A. Inspection Objectives		
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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 checked="" type="checkbox"/>	Page of
B. Pollution Prevention Activities	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
C. Pretreatment System	yes <input type="checkbox"/> no <input checked="" 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 type="checkbox"/> no <input checked="" type="checkbox"/>	Page of
F. Self-Monitoring/TOMP	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	Page of

Comments: PJ's is a truck wash facility with no industrial processes.

Inspector's Name (Print): Rufus Torrence	Signature: 
IU Rep's Name (Print): Tracy Gray	Signature: 
Date and Time Inspection Ended: 6-7-06 @	10:45 am

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|-------------------------------------------|-------------------------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual - B ₁ | <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)

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

- | | | |
|------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Pre-inspection Meeting | <input type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Process Inspection | <input type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input type="checkbox"/> Chemical Storage | <input checked="" 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

Sampled Raw Untreated Wastewater

Chemical Storage

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: 6-7-06 @ 10:00 am		SIC code(s): 7699
IU Reps/Titles Tracy Gray, Mgr		Control Authority Reps/Titles Rufus Torrence, Eng
End product(s): N/A		Approx. # of units produced: N/A
Days of Operation: Sun thru Sat		Days of Production (if different): N/A
Hours of Operation: 6am to 11 pm		Hours of Production (if different): N/A
Shift 1, hrs.: to	Shift 2, hrs.: to	Shift 3, hrs.: to
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
# of Employees: 9	Peak Mos.: Summer	"Off" Mos.: Winter
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?		
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 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 checked="" 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 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?	20,000 gal per Month	
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits?	yes <input type="checkbox"/>	no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

B. Facility Permits		
Permit Type	Permit No.	Expiration Date
Air		
RCRA		
NPDES		
Other RST	02001646	N/A
C. Additional Comments		
(Note which section or attachment comments are regarding)		
① Pretreatment System & surge tanks surrounded by berm.		
② Plant on 5 acre site		
③ Lee's Trucking hauls		
(a) oils		
(b) Acids		
(c) resins		
④ Georgia Pacific main customer		

Attachment A: Industrial Process(es)

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

1.	Yes <input 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):

General observations of facility's indoor housekeeping:

--

General observations of area outside facility's building:

--

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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

4 - 2000 gallon surge tanks pumped to
 1 - 3000 gallon batch treatment tank (Aluminum sulfate drops pH to 4 and caustic raises to pH 7.)

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

System Operator(s) Name:

Tracy Gray

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:

N/A

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: 3000 gallons per month

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

Approximate duration of batch discharge:

Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)
 	 	

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. Caustic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Aluminum Sulfate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3. Soap	<input type="checkbox"/> Yes <input checked="" 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:

Berm around storage area to prevent surface spills

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

Dollies

Attachment E: Spill/Slug Control Plan

Does the facility have a Spill/Slug control plan?	①	<input type="checkbox"/> yes	<input type="checkbox"/> no	N/A
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				
Total Flow Monitoring Point				
Upstream Manhole				
Point of Connection:				

① Small area w/ no process; plan not applicable.

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.

3 valves on treatment at different levels - three locations combined for one sample.
 Where is the sample point located? ON Treatment Tanks

<input type="checkbox"/> End of Process	<input type="checkbox"/> Pretreatment Effluent	<input type="checkbox"/> Total Flow
<input type="checkbox"/> Combined Flow	<input type="checkbox"/> Metered Flow	<input type="checkbox"/> Flow Actuator
<input type="checkbox"/> Private Manhole	<input type="checkbox"/> Utility Manhole	<input type="checkbox"/> Advance Notice Required
<input type="checkbox"/> Safety Hazards Identified	<input checked="" type="checkbox"/> Batch Tanks	<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:

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 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

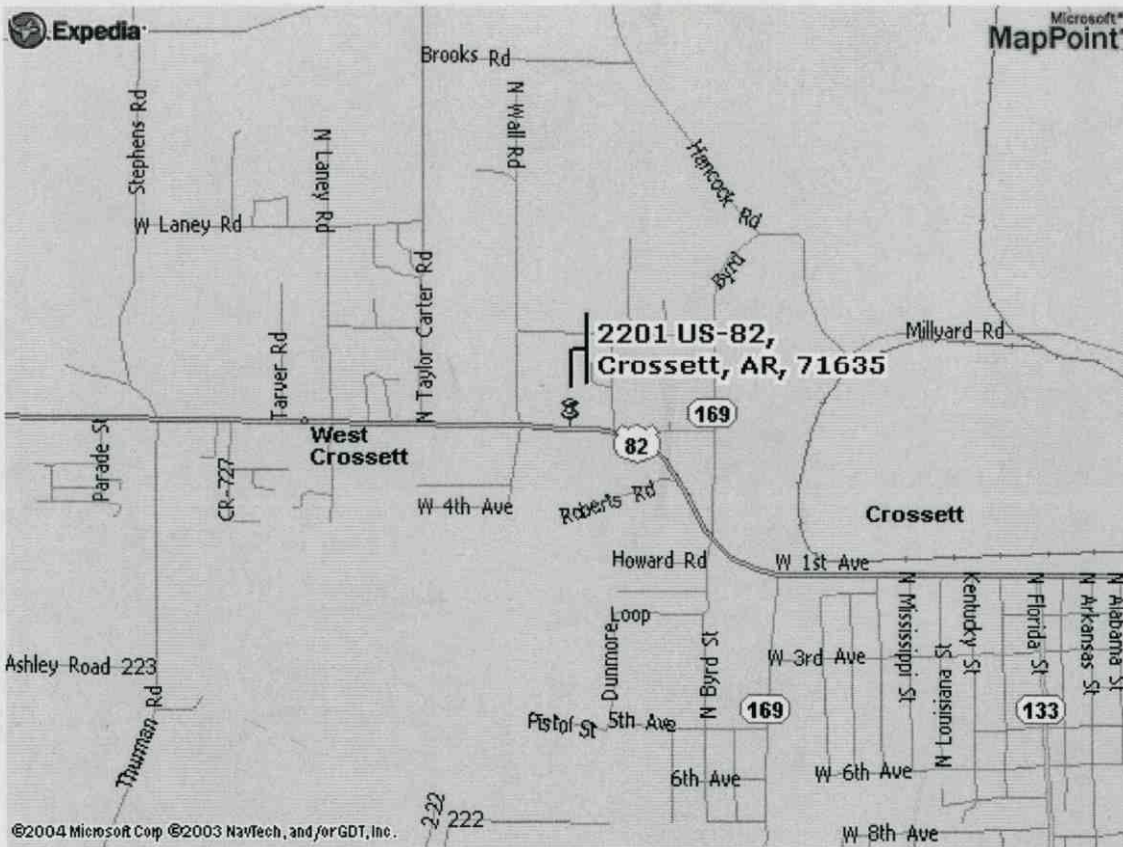
If yes, Does the plan show how toxic organics are used, stored, and disposed? Yes No N/A

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:



1-870-862-5477

Paul Gibat

Tracey Gray, PJ's Mgr

1-888-870-7020

Pretreatment Industrial Inspection

Facility Information

Facility Name: PJ's Tank Wash	Site Address: 2201 Hwy 82 - West 71635
Signatory Authority (Name & Title): Jimmy D. Lee, Owner	Mailing Address (if different):
Phone: (870) 862-5477	P.O. Box 1552 El Dorado, AR 71731
Fax: (870) 863-6963	Corporate Owner Name and address (if applicable):
Address: (same)	N/A
Phone: (same)	
Fax: '' ''	Phone: X
Contact Person (Name & Title):	Fax: X
Phillip Hastings, Gen Mgr.	Corporate CEO: X
e-mail: phastings@leestructuring.com	e-mail: X
Facility Permit # X or ARPOO N/A	Last Inspection Date:
POTW (City) IU discharges to: Crossett Wastewater	POTW's NPDES #AR00 N/A
Industrial Classification: <input checked="" type="checkbox"/> Categorical	<input type="checkbox"/> Significant

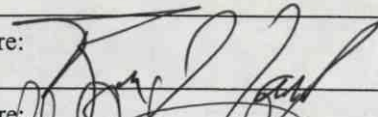
If Categorical, list which CFR #(s) the facility is subject to:

Table of Contents

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

Comments :

Inspector's Name (Print): **Kevin Torrence**

Signature: 

IU Rep's Name (Print): **Phillip Hastings**

Signature: 

Date and Time Inspection Ended:

6-15-04

I. Summary of Inspection

A. Inspection and Objective (Complete Before Inspection)

- | | | | |
|-------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permit Renewal | <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Spill/Slug | <input type="checkbox"/> Unscheduled |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Noncompliance | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint |

Inspection Objective(s)

Compliance Assurance

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

- | | | |
|------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Pre-inspection Meeting | <input type="checkbox"/> Permit Conditions | <input type="checkbox"/> Safety Concerns |
| <input type="checkbox"/> Process Inspection | <input type="checkbox"/> Pretreatment Process | <input type="checkbox"/> TOMP |
| <input type="checkbox"/> Chemical Storage | <input checked="" 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 checked="" 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 ^① see comment

Provide a brief narrative of deficiencies/violations or other concerns in the following areas:

Records Review

N/A

Process Area(s)

N/A

Pretreatment System

Self Monitoring Procedures

N/D

Diversion/Sewer Meters

N/D

Spill/Slug Control Plan

Sampling Point

Appropriate Sampling Location

Chemical Storage

N/A

II. Pre-Inspection Meeting

A. General Information

Date and Time Inspection Started: <u>6-15-04 9:55 am</u>		SIC code(s):	
IU Reps/Titles <u>Mike Andrews, Mgr</u>		Control Authority Reps/Titles <u>Rufus Torrence, Prod Eng</u> <u>John Lamb, Inspector</u>	
End product(s): <u>N/A</u>		Approx. # of units produced: <u>N/A</u>	
Days of Operation: <u>Sun thru Sat</u>		Days of Production (if different): <u>N/A</u>	
Hours of Operation: <u>6am to 11pm</u>		Hours of Production (if different): <u>N/A</u>	
Shift 1, hrs.: to <u>X</u>	Shift 2, hrs.: to <u>X</u>	Shift 3, hrs.: to <u>X</u>	
# of Employees: <u>7</u>	Peak Mos.: <u>Summer</u>	"Off" Mos.: <u>Winter</u>	
Are there any scheduled plant shutdowns? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?			
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? <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? <u>15,000 to 30,000 gpd/month</u>			
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	N/A	
RCRA		
NPDES		
Other		

C. Additional Comments

(Note which section or attachment comments are regarding)

① O&G is high; the ultrafiltration system was off-line but will be cleaned and upgraded.

Not sampling WW for Cu & Hg at this time.

RT

3603

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR442

Use of this form is not an EPA/ADEQ requirement. Air/Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

P.J'S TANK WASH INC
P.O. BOX 1393
CROSSETT AR 71635

B. FACILITY & LOCATION ADDRESS

P.J'S TANK WASH INC
2001 Hwy 82 WEST
CROSSETT AR 71635

C. FACILITY CONTACT: PAUL GIBAT

TELEPHONE NUMBER: 870-862-5477

(2) REPORTING PERIOD--FISCAL YEAR From April 1st to March 31st (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

APRIL & OCTOBER

B. PERIOD COVERED BY THIS REPORT

FROM: OCT 2006 TO: MAY 2007

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

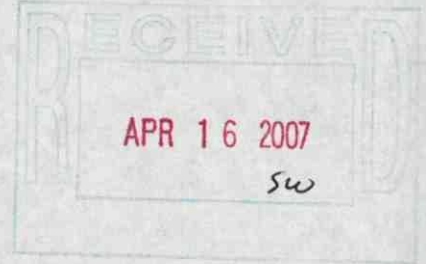
Subparts

CHECK EACH APPLICABLE BLOCK

- Tank Trucks/Chemical & Petroleum Cargo
- Rail Tank Cars/Chemical & Petroleum Cargo
- Barges & Ocean/Sea Tankers/Chem & Petro Cargo
- Tanks/Food Grade Cargos

Comments:

B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. IF THE SPACE BELOW IS INADEQUATE, PROVIDE A NEW SCHEMATIC IF APPROPRIATE.



Apr 2007 SAR
File date 20070420

NPDES PERMIT FILE

NPDES # _____

AFIN # 02-00086

Permit PN _____

Correspondence

Technical Backup

4-16-07

Date Scanned

ARP 001053

C. Number of Regular Employees at this Facility 12

D. [Reserved]

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

11111 1st St
PO Box 1542
Bakersfield, CA 93312

B. FACILITY & LOCATION ADDRESS

11111 1st St
PO Box 1542
Bakersfield, CA 93312

C. TELEPHONE CONTACT

Telephone Number

(2) REPORTING PERIOD - FISCAL YEAR FROM April 1 to March 31 (each semi-annual report must cover a fiscal year)

A. MONTHS WHICH REPORTS ARE DUE

April & October

B. PERIOD COVERED BY THIS REPORT

FROM 04/01/07 TO 03/31/08

(3) DESCRIPTION OF OPERATION

A. REGULATED PRODUCTS

Subunits

Product which will be used

Tank Trucks/Chemical & Petroleum Cargo

Rail Tank Cars/Chemical & Petroleum Cargo

Barges & Ocean/Sea Tankers/Chem & Petro Cargo

Tanks/Food Grade Cargos

Comments

Blank lines for comments.

C. Number of Regular Employees at this Facility

D. [Reserved]

APR 18 2007

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated	714 ^①	20,000 p month	WATER
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary	53	81	
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
- DAF
- Filtration
- 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--(APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT I BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

"SEE ATTACHED REPORT"

Pollutant(mg/l)	Cu	Hg	O&G					
Max for 1 day	0.84	0.0031	26					
Max Measured	0.0068	0.0002	< 5					

Sample Location CLARIFIER-HOLDING TANK

Sample Type (Grab or Composite) GRAB

Number of Samples and Frequency Collected PER BATCH-MONTHLY

40CFR136 Preservation and Analytical Methods Use: Yes No

① See Sect 8 - General Comments

(6) CERTIFICATION

A. [Reserved]

[Reserved]

B. [Reserved]

[Reserved]

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 a 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 _____.

(a) CERTIFICATION

A. (Person)

(Person)

B. (Person)

(Person)

CORPORATE GOVERNANCE

STATE OF ALABAMA

COUNTY OF

I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to give such information.

Witness my hand and seal of office this _____ day of _____, 20__.

County Clerk

My commission expires _____

40CFR442 SEMI-ANNUAL REPORT MON'D FACILITY NAME:

(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 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 in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

(8) GENERAL COMMENTS

① ALL WASTEWATER TANKS ARE CLEANED EVERY 6 MONTHS.
CLEANED IN APRIL 2007

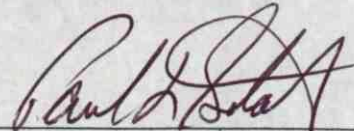
② NO CONTINUOUS DISCHARGE FLOW - DISCHARGE APPROXIMATELY EVERY 28 DAYS
 $24000 / 28 = 714 \text{ gpd}$

(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 document and all attachments were supervised in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. For persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PAUL L. GIBAT

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE



SIGNATURE

OPERATIONS MANAGER

OFFICIAL TITLE

4-4-07

DATE SIGNED



March 19, 2007
Control No. 108018
Page 3 of 6

PJ's Tank Wash, Inc.
2201 Highway 82 West
Crossett, AR 71635

ANALYTICAL RESULTS

AIC No. 108018-1

Sample Identification: PJSWF 03 3-12-07 10:00am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Recoverable Phenolics	EPA 420.1	0.032	0.005	mg/l	W20137	
pH	SM 4500-H+ B	7.6	-	Units	W20119	
BOD 5-day	SM 5210 B	25	2	mg/l	W20123	
Copper	EPA 200.8	0.0068	0.006	mg/l	S20010	
Mercury	EPA 245.2	< 0.0002	0.0002	mg/l	S20008	
Oil and Grease	EPA 1664A	< 5	5	mg/l	B4470	

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR442

2665

RT

Use of this form is not an EPA/ADEQ requirement. Air/Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

PJ'S TANKWASH INC
P.O. BOX 1393
CROSSETT AR 71635

B. FACILITY & LOCATION ADDRESS

PJ'S TANK WASH INC.
2201 Hwy 82 WEST
CROSSETT AR. 71635

C. FACILITY CONTACT:

PAUL GIBAT

TELEPHONE NUMBER:

870-862-5477

(2) REPORTING PERIOD--FISCAL YEAR From April 1st to March 31st (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

OCTOBER & APRIL

B. PERIOD COVERED BY THIS REPORT

FROM: MAY 2006 TO: OCTOBER 2006

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

Subparts

CHECK EACH APPLICABLE BLOCK

- Tank Trucks/Chemical & Petroleum Cargo
- Rail Tank Cars/Chemical & Petroleum Cargo
- Barges & Ocean/Sea Tankers/Chem & Petro Cargo
- Tanks/Food Grade Cargos

Comments:

B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESSES SINCE THE LAST REPORT. IF THE SPACE BELOW IS INADEQUATE, PROVIDE A NEW SCHEMATIC IF APPROPRIATE

2

NPDES PERMIT FILE

NPDES # _____

AFIN # _____

Permit PN _____

Correspondence

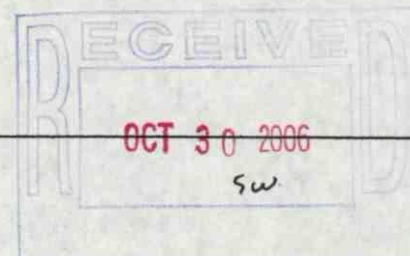
Technical Backup

10 31 06 SW Date Scanned

C. Number of Regular Employees at this Facility

11

D. [Reserved]



ARPOO 1053

1. Name of Resident Employer or Institution

2. (Address)

OCT 20 1964

3. Comments

1. Type of food served

2. Name of person preparing food

3. Name of institution or organization

4. Name of person in charge

5. Name of person in charge

6. Purpose

7. Date of food service

8. Method of preparation

9. Name of person in charge

10. Name of institution or organization

11. Name of person in charge

12. Name of person in charge

13. Name of institution or organization

14. Name of person in charge

15. Name of institution or organization

SEMI-ANNUAL REPORT FOR INDUSTRIAL FOODS REGULATION BY 40115443

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated	714 ^①	20,000 Per month	WATER
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary	49	79	WATER
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
- DAF
- Filtration
- 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--(APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM; TABULATE ALL THE ANALYTICAL DATA COLLECTED DURING THE REPORT BELOW. ZERO CONCENTRATIONS ARE NOT ACCEPTABLE; LIST THE DETECTION LIMIT IF CONCENTRATION WAS BELOW DETECTION LIMIT.

SEE ATTACHED RESULT

Pollutant(mg/l)	Cu	Hg	O&G						
Max for 1 day	0.84	0.0031	26						
Max Measured	0.2	0.0002	7.5						

Sample Location CLARIFIER - HOLDING TANK

Sample Type (Grab or Composite) GRAB.

Number of Samples and Frequency Collected PER BATCH (1 MONTHLY)

40CFR136 Preservation and Analytical Methods Use: Yes No

① See Sect 8 - General Comments

100 BRL 100 P. Acquisition and Analytical Methods (Jan. 1978) No

Location of Sample and Frequency Collected 100 BRL 100 P. 100 BRL 100 P.

Sample Date (Year or Collection) 1978

Sample Location 100 BRL 100 P.

Major Element	Ca	Mg	Cr						
Iron (ppm)	0.24	0.0031	50						
Calcium (ppm)	0.6	0.0003	0.0003						

100 BRL 100 P. 100 BRL 100 P.

REMARKS: Amino acids, alkaloids, alkaloids, flavonoids, terpenes, polyphenols, glycosides, steroids, nucleosides, nucleotides, vitamins, minerals, pigments, and other compounds were analyzed. The results are given in the table. The sample is a leaf extract of 100 BRL 100 P. and the analysis was performed by 100 BRL 100 P. on 100 BRL 100 P.

Other
Label
Preparation
Date
Chemical identification and designation
of the compound
Date of receipt
Date of analysis
Name of the analyst
Name of the laboratory

ANALYTICAL REQUIREMENT OF BOTTLE LABELS

Identification: the above is from 100 BRL 100 P.

Label Part to Be Analyzed	Sample	Amount	Place of Origin
General	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>
Country of Origin	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>
Manufacturer's Name	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>
Date of Production	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>
Reference	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>
Source	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>	<u>100 BRL 100 P.</u>

Label: 100 BRL 100 P.

(6) CERTIFICATION

A. [Reserved]

[Reserved]

B. [Reserved]

[Reserved]

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 a 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 _____.

REGISTRATION

1. Name of registrant

[Name]

2. Address

[Address]

3. STATE OF INCORPORATION

4. Date of incorporation

5. Description of business and the nature of the services to be rendered by the registrant

6. Estimated gross income

7. To

8. For

9. Name of agent

10. Address of agent

11. Date of filing

(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 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 in an environmentally safe manner.

The User may list any new or ongoing Pollution Prevention practices:

(8) GENERAL COMMENTS

① ALL WASTE WATER TANKS ARE CLEANED EVERY 6 MONTHS
TANKS LAST CLEANED 10-2006

② NO CONTINUOUS DISCHARGE FLOW - DISCHARGE APPROX. EVERY 28 DAYS.

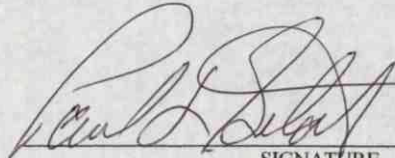
$20,000 / 28 = 714 \text{ gpd}$

(9) SIGNATORY REQUIREMENTS [40CFR403.12(l)]

I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were supervised in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I 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, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

PAUL L. GIBAT

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE



SIGNATURE

OPERATIONS MANAGER

OFFICIAL TITLE

10-23-06

DATE SIGNED

The user may list any new or existing Pollution Prevention practices.

(B) GENERAL COMMENTS:

Handwritten notes in the general comments section, including the words "GENERAL COMMENTS" and "WATERBURY SEMI-ANNUAL REPORT".

(C) SIGNATURE OF EMPLOYEE (FOUR-DIGIT)

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 in accordance with a system designed to ensure that truthful personnel papers/gather and evaluate the information submitted. I am aware of 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 additional penalties for submitting false information including the possibility of fines and imprisonment.

NAME OF PERSONNEL OFFICER AUTHORIZED TO SIGN REPORT

DATE OF REPORT

Handwritten signature of the personnel officer.

Handwritten date of the report.

REPORT DATE

REPORT DATE



October 11, 2006
Control No. 103884
Page 3 of 6

PJ's Tank Wash, Inc.
2201 Highway 82 West
Crossett, AR 71635

ANALYTICAL RESULTS

AIC No. 103884-1

Sample Identification: PJSWF10 10-4-06 10:30am

Analyte	Method	Result	RL	Units	Batch	Qualifier
pH	EPA 150.1	6.8	-	Units	W18466	
BOD 5-day	EPA 405.1	330	2	mg/l	W18451	
Total Recoverable Phenolics	EPA 420.1	0.073	0.005	mg/l	W18492	
COD	HACH 8000	1600	10	mg/l	W18475	
Copper	EPA 200.8	0.12	0.006	mg/l	S18991	
Mercury	EPA 245.2	< 0.0002	0.0002	mg/l	S18995	
Oil and Grease	EPA 1664	7.5	5	mg/l	B4222	



October 11, 2006
Control No. 103884
Page 5 of 6

PJ's Tank Wash, Inc.
2201 Highway 82 West
Crossett, AR 71635

LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	% Recovery	% Recovery Limits	RPD	RPD Limit	Batch	Qualifier
pH	-	101	98-102	-	-	W18466	
BOD 5-day	200 mg/l	88.6/90.6	84.5-115	2.23	20	W18451	
Total Recoverable Phenolics	0.1 mg/l	93.0	85-115	-	-	W18492	
COD	100 mg/l	98.7/101	85-115	2.30	10	W18475	
Copper	0.05 mg/l	99.3	85-115	-	20	S18991	
Mercury	0.0025 mg/l	98.8	85-115	-	20	S18995	
Oil and Grease	40 mg/l	85.2/84.0	79-114	1.48	18	B4222	

MATRIX SPIKE SAMPLE RESULTS

Analyte	Spike Amount	% Recovery	% Recovery Limits	RPD	RPD Limit	Batch	Qualifier
Total Recoverable Phenolics	0.1 mg/l	95.0	80-120	-	-	W18492	
COD	100 mg/l	93.0/93.0	80-120	0.00	10	W18475	
Copper	0.05 mg/l	91.8/99.1	75-125	7.61	20	S18991	
Mercury	0.0025 mg/l	81.2/81.2	70-130	0.00	20	S18995	

LABORATORY BLANK RESULTS

Analyte	Method	Result	Units	RL	QC Sample	Qualifier
BOD 5-day	EPA 405.1	< 2	mg/l	2	W18451-1	
Total Recoverable Phenolics	EPA 420.1	< 0.005	mg/l	0.005	W18492-1	
COD	HACH 8000	< 10	mg/l	10	W18475-1	
Copper	EPA 200.8	< 0.006	mg/l	0.006	S18991-1	
Mercury	EPA 245.2	< 0.0002	mg/l	0.0002	S18995-1	
Oil and Grease	EPA 1664	< 5	mg/l	5	B4222-1	



PJ's Tank Wash, Inc.
2201 Highway 82 West
Crossett, AR 71635

October 11, 2006
Control No. 103884
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QUALITY CONTROL PREPARATION REPORT

LABORATORY CONTROL SAMPLES

Analyte	Date/Time Prepared By		Date/Time Analyzed By		Dilution	QC	Qualifier
						Sample	
pH	-	-	05OCT06 1900	93	-	W18466-1	-
BOD 5-day	05OCT06 0910	258	05OCT06 0952	258	-	W18451-2	-
BOD 5-day	05OCT06 0910	258	05OCT06 0953	258	-	W18451-3	-
Total Recoverable Phenolics	-	-	09OCT06 1339	261	-	W18492-2	-
COD	-	-	06OCT06 1154	258	-	W18475-2	-
COD	-	-	06OCT06 1154	258	-	W18475-3	-
Metals	05OCT06 1154	117	05OCT06 1802	117	-	S18991-2	-
Mercury	06OCT06 0831	256	10OCT06 1218	256	-	S18995-2	-
Oil and Grease	-	-	09OCT06 1721	194	-	B4222-2	-
Oil and Grease	-	-	09OCT06 1721	194	-	B4222-3	-

MATRIX SPIKE SAMPLES

Analyte	Date/Time Prepared By		Date/Time Analyzed By		Dilution	QC	Qualifier
						Sample	
Total Recoverable Phenolics	-	-	09OCT06 1339	261	-	W18492-3	-
COD	-	-	06OCT06 1154	258	-	W18475-4	-
COD	-	-	06OCT06 1154	258	-	W18475-5	-
Metals	05OCT06 1154	117	05OCT06 1809	117	-	S18991-3	-
Metals	05OCT06 1154	117	05OCT06 1816	117	-	S18991-4	-
Mercury	06OCT06 0831	256	10OCT06 1222	256	-	S18995-3	-
Mercury	06OCT06 0831	256	10OCT06 1226	256	-	S18995-4	-

LABORATORY BLANKS

Analyte	Date/Time Prepared By		Date/Time Analyzed By		Dilution	QC	Qualifier
						Sample	
BOD 5-day	05OCT06 0910	258	05OCT06 0949	258	-	W18451-1	-
Total Recoverable Phenolics	-	-	09OCT06 1339	261	-	W18492-1	-
COD	-	-	06OCT06 1154	258	-	W18475-1	-
Metals	05OCT06 1153	117	05OCT06 1756	117	-	S18991-1	-
Mercury	06OCT06 0831	256	10OCT06 1207	256	-	S18995-1	-
Oil and Grease	-	-	09OCT06 1721	194	-	B4222-1	-

