

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR442

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

(1) IDENTIFYING INFORMATION	
A. LEGAL NAME & MAILING ADDRESS PJS Tank Wash Sherman Brothers Trucking PO Box 706 Hamburg OR 97446	B. FACILITY & LOCATION ADDRESS PJS Tank Wash 2201 Hwy 82 west Cassett Ar 71635
C. FACILITY CONTACT: TELEPHONE NUMBER: 870-862-5477	
(2) REPORTING PERIOD--FISCAL YEAR From April 1 st to March 31 st (Both Semi-Annual Reports must cover Fiscal Year)	
A. MONTHS WHICH REPORTS ARE DUE	B. PERIOD COVERED BY THIS REPORT FROM: 7/12 TO: 10/12
(3) DESCRIPTION OF OPERATION	
A. REGULATED PROCESSES Subparts CHECK EACH APPLICABLE BLOCK <input checked="" type="checkbox"/> Tank Trucks/Chemical & Petroleum Cargo <input type="checkbox"/> Rail Tank Cars/Chemical & Petroleum Cargo <input type="checkbox"/> Barges & Ocean/Sea Tankers/Chem & Petro Cargo <input type="checkbox"/> Tanks/Food Grade Cargos	
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.	
C. Number of Regular Employees at this Facility _____	D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated		0	0
\$403.6(e) Unregulated*			
\$403.6(e) Dilute			
Cooling Water			
Sanitary			
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 *n/a*
- None

B. COMMENTS ON TREATMENT SYSTEM

PIS did not discharge any water

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.

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

Sample Location _____

Sample Type (Grab or Composite) _____

Number of Samples and Frequency Collected _____

40CFR136 Preservation and Analytical Methods Use: Yes No

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 and considerations therein expressed, in the capacity therein stated and as the act and deed of said corporation.

Given under my hand and seal of office on this _____ day of _____, 200____.

Notary Public in and for _____
County, Arkansas

My commission expires _____

40CFR442 SEMI-ANNUAL REPORT COND FACILITY NAME:

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

§602 [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; 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:

(8) GENERAL COMMENTS

(9) SIGNATORY REQUIREMENTS [40CFR403.12(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

Greg Howard

OFFICIAL TITLE

General Manager

SIGNATURE

Greg Howard

DATE SIGNED

11/15/2012