

(1) IDENTIFYING INFORMATION	
A. LEGAL NAME & MAILING ADDRESS PJS Tank Wash Inc Stearns Bros Trucking P.O. Box 706 Morrisburg, VA 27446	B. FACILITY & LOCATION ADDRESS PJS Tank Wash 2901 Hwy 83 West Crossett AR 71635
C. FACILITY CONTACT	TEL PHONE 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 WITH REPORTS ARE DUE April & _____	B. PERIOD COVERED BY THIS REPORT FROM 5-1-12 TO 10-1-12
(3) DESCRIPTION OF OPERATION	
A. REGULATED ACTIVITIES Subpart CHECK EACH APPLICABLE BOX <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 Comments: _____ _____ _____ _____ _____	B. CHANGES. SUBMIT THIS AND CHANGES IN THE REGULATED ACTIVITIES SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THIS SPACE BELOW IS INADEQUATE. INCLUDE A NEW SCHEMATIC IF APPROPRIATE. ARP001053 AR0001210 02-00086 Filedate 20120502
C. Number of Regular Employees at this Facility _____	D. [Reserved]

Rec'd by email on 5-2-2012

(4) FLOW MEASUREMENT

INDUSTRIAL & OTHER PROCESS FLOWS DISCHARGED TO POTW (GAL PER DAY)

Process	Average	Maximum	Type of Discharge
Regulated		20,000	WATER
\$403.6(c) Unregulated			
\$403.6(c) Dilute			
Cooling Water			
Sanitary	75	65	
Total Flow to POTW			*****

*Unregulated" has a pending legal proceeding. (see 402.70407 (b)(1))

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

CHECK EACH APPLICABLE CHECK

- Neutralization
- Chemical Precipitation and Sedimentation
- DAF
- Filtration
- Other
- None

B. CONFINEMENTS/TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS OF THE EFFLUENT FROM ALL REGULATED PROCESSES (CORE & UNCLASSIFIED) (AFTER TREATMENT, IF APPLICABLE). ATTACH THE LAB ANALYSIS WHICH SHOWS A MAXIMUM TO EXCEED 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)	Cd	Hg	OGG *				
Max. for 1 day	0.84	0.0051	26				
Max Measured	0.051	0.0002	1700				

Sample Location: Chemical Recovery Tank

Sample Type (Grab or Composite): Grab

Number of Samples and Frequency Collected: 1 Batch per month

201 F8.136 Preservation and Analytical Methods Use: Yes No

* Facility is not discharging wastewater at this time. This wastewater with high O&G (1700 mg/l) was hauled off site to a TSD in Monroe La. PJ's is cleaning and upgrading treatment system and plans to commence discharging to POTW again.

(6) CERTIFICATION

A. [Redacted]

[Redacted]

B. [Redacted]

[Redacted]

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, 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 _____

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

40 CFR 131.101 [40 CFR 131.101] and 40 CFR 131.102 [40 CFR 131.102] require that the information submitted to EPA to demonstrate compliance with the PPA must be accurate and complete. The information submitted to EPA must be true, accurate, and complete. The information submitted to EPA must be true, accurate, and complete. The information submitted to EPA must be true, accurate, and complete.

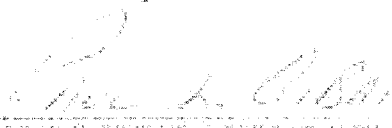
The Facility list any new or ongoing Pollution Prevention practices:


(8) GENERAL COMMENTS

On Waste Water Tanks C, D, and E, Six months


(9) SIGNATORY REQUIREMENTS [40 CFR 131.121]

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


MANAGER


OFFICIAL TITLE


DATE SIGNED



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Control No. 155789
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Team Transport, Inc.
Post Office Box 1393
Crossett, AR 71635

ANALYTICAL RESULTS

AIC No. 155789-1

Sample Identification: PJSWF 3/5 Sam

Analyte	Result	RL	Units	Qualifier
Total Recoverable Phenolics EPA 430.1	3.8	0.2	mg/l	D
	Prep: 12-Mar-2012 0645 by 302	Analyzed: 13-Mar-2012 1115 by 302	Batch: W59188	Dr: 25
pH SM 4500-H+ B	7.6		Units	H
	Analyzed: 06-Mar-2012 1459 by 93		Batch: W59140	
BOD 5-day SM 5210 B	2200	500	mg/l	D
	Prep: 07-Mar-2012 0758 by 271	Analyzed: 12-Mar-2012 1057 by 271	Batch: W59143	Dr: 490
Copper EPA 200.7	0.051	0.006	mg/l	
	Prep: 08-Mar-2012 1110 by 295	Analyzed: 07-Mar-2012 1543 by 297	Batch: 531957	
Mercury EPA 245.2	< 0.0002	0.0002	mg/l	
	Prep: 06-Mar-2012 1149 by 295	Analyzed: 07-Mar-2012 1601 by 297	Batch: 531962	
Oil and Grease EPA 1664A	1700	5	mg/l	
	Prep: 07-Mar-2012 1452 by 290	Analyzed: 09-Mar-2012 0853 by 290	Batch: 57488	