

## Loethen, Katie

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**From:** Loethen, Katie  
**Sent:** Tuesday, June 29, 2021 9:20 AM  
**To:** 'randel.davis@badboymowers.com'  
**Subject:** FW: AR0020702\_Bad Boys ARP001027 outfalls 1 and 2 2018, 2019, 2020 semi annual pretreatment reports\_20210629

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**From:** Loethen, Katie  
**Sent:** Tuesday, June 29, 2021 9:18 AM  
**To:** 'randal.davis@badboymowers.com'  
**Cc:** McWilliams, Carrie; Jain, Anmol; Sears, Jessica; 'wwsuper@cityofbatesville.com'  
**Subject:** AR0020702\_Bad Boys ARP001027 outfalls 1 and 2 2018, 2019, 2020 semi annual pretreatment reports\_20210629

Randel,

Bad Boy Inc's 2018, 2019, and 2020 semi-annual Pretreatment reports (two outfalls) were electronically received, reviewed, and deemed complete and compliant with the reporting requirements in 40 CFR 403.12(e) and more specifically in compliance with the Metal Finishing Pretreatment standards in 40 CFR 433.17.

No further action is deemed necessary at this time.

Thank you,

Katie Loethen | Wastewater Engineering Intern  
Division of Environmental Quality | Office of Water Quality  
Permits Branch  
5301 Northshore Drive | North Little Rock, AR 72118  
t: 501.683.3001 | e: [Katie.loethen@adeq.state.ar.us](mailto:Katie.loethen@adeq.state.ar.us)



**ARKANSAS**  
ENERGY & ENVIRONMENT

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

Use of this form is not an EPA/ADEQ requirement.

Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

AR0020702  
 Bad Boy Inc.  
 102 Industrial Dr.  
 Batesville AR 72501

B. FACILITY & LOCATION ADDRESS

Same as mailing address

C. FACILITY CONTACT:

Randell Davis

TELEPHONE NUMBER:

870 612 0358

e-mail:

Randell.davis@badboyinc.com

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

A. MONTHS WHICH REPORTS ARE DUE

June & December

B. PERIOD COVERED BY THIS REPORT

FROM: June TO: December

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

- Electroplating
- Electroless Plating
- Anodizing
- Coating
- Chemical Etching and Milling
- Printed Circuit Board Manufacture

ANCILLARY PROCESS(ES)\*

LIST BELOW EACH PROCESS USED IN THE FACILITY

Stages 2 & 4 are rinse  
 stages in a five stage  
 cleaning process

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.

N/A

C. Number of Regular Employees at this Facility

700

D. [Reserved]

**(4) FLOW MEASUREMENT**

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Regulated (Cyanide)	8000	14000	
'403.6(e) Unregulated*			
'403.6(e) Dilute			
Cooling Water			
Sanitary	15500	18000	
<b>Total Flow to POTW</b>	<b>23500</b>	<b>32000</b>	*****

\*"Unregulated" has a precise legal meaning; see 40CFR403.6(e).

**(5) MEASUREMENT OF POLLUTANTS**

**A. TYPE OF TREATMENT SYSTEM**

CHECK EACH APPLICABLE BLOCK

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

**B. COMMENTS ON TREATMENT SYSTEM**

Stages 1,3,5 captured and picked up by Wasted Services INC

**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)	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO*
Max for 1 day	0.11	2.77	3.38	0.69	3.98	0.43	2.61	1.20	2.13
Monthly Ave	0.07	1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured	.0064	.02	.019	.005	.025	<.01	.022	<.01	BOL
Ave Measured									

Sample Location sump pit at end of process

Sample Type (Grab or Composite) Grab

Number of Samples and Frequency Collected 1

40CFR136 Preservation and Analytical Methods Use:  Yes  No

**(6) CERTIFICATION**

A. [Reserved]

[Reserved]

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

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

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Corporate Officer or authorized representative)

\_\_\_\_\_  
Date of Signature

**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 \_\_\_\_\_.

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

*\* 6602 [42 U.S.C. 13101] Findings and Policy para (b) Policy.--The Congress hereby declares it to be the national policy of the United States that pollution should be prevented or reduced at the source whenever feasible; pollution that cannot be prevented should be recycled in an environmentally safe manner, whenever feasible; pollution that cannot be prevented or recycled should be treated in an environmentally safe manner whenever feasible; and disposal or other release into the environment should be employed only as a last resort and should be conducted in an environmentally safe manner.*

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

N/A

**(8) GENERAL COMMENTS**

**(9) SIGNATORY REQUIREMENTS [40CFR403.12(f)]**

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.

Randel Davis  
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Randel Davis  
SIGNATURE

Paint Supervisor  
OFFICIAL TITLE

12-20-18  
DATE SIGNED

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 102 Industrial Dr  
 Batesville AR 72509  
 002#

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Same as mailing address

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**TELEPHONE NUMBER:**

**e-mail:**

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**CORE PROCESS(ES)**

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- Coating
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**ANCILLARY PROCESS(ES)\***

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stages 2 & 4 are rinse  
 stages in a five stage  
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**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.

N/A

\*SEE 40CFR433.10(a) FOR 40 DIFFERENT OPERATIONS

**C. Number of Regular Employees at this Facility**

500

**D. [Reserved]**

**(4) FLOW MEASUREMENT**

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

Process	Average	Maximum	Type of Discharge
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Monthly Ave	0.07	1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured	4.004	5.102	10.26	4.05	10.43	4.101	10.24	4.101	BDL
Ave Measured									

Sample Location Sump Pitt at End of Process

Sample Type (Grab or Composite) Grab

Number of Samples and Frequency Collected 1

40CFR136 Preservation and Analytical Methods Use:  Yes  No

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A. [Reserved]

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\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Corporate Officer or authorized representative)

Date of Signature \_\_\_\_\_

**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 \_\_\_\_\_.



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Randel Davis  
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Randel Davis  
SIGNATURE

Plant supervisor  
OFFICIAL TITLE

12-20-15  
DATE SIGNED