

Loethen, Katie

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

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



ARKANSAS
ENERGY & ENVIRONMENT

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS

Bad Boy Inc
102 Industrial Dr.
Batesville AR 72501

AR 0020702 002#

B. FACILITY & LOCATION ADDRESS

same as address

C. FACILITY CONTACT:

Randel Davis

TELEPHONE NUMBER:

8706120350

e-mail:

randel.davis@bedkeymowers.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: December TO: June

(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 214 apt. 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

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

C. Number of Regular Employees at this Facility

692

D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Ancillary)	8000	14000	
Regulated (Cyanide)			
' 403.6(e) Unregulated*			
' 403.6(e) Dilute			
Cooling Water			
Sanitary	16000	18000	
Total Flow to POTW	24000	32000	*****

*"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 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	<0.02	<0.02	<0.02	<0.02	<0.02	<0.02	0.022	<0.01	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

(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:

(8) GENERAL COMMENTS

(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 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.

Randal Davis
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Randal Davis
SIGNATURE

Plant Supervisor
OFFICIAL TITLE

6-22-2020
DATE SIGNED

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102 Industrial Dr.
Batesville AR 72501

AR0020702

COI #

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TELEPHONE NUMBER:

8706120350

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 Printed Circuit Board Manufacture

ANCILLARY PROCESS(ES)*

LIST BELOW EACH PROCESS USED IN THE FACILITY

Stages 2+4 are noise

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

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

C. Number of Regular Employees at this Facility

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Max Measured	LO.02	LO.02	LO.02	LO.02	LO.02	LO.02	LO.020	LO.01	BDL
Ave Measured									

Sample Location Sump pit at end of process

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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.

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Ronald Davis
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Ronald Davis
SIGNATURE

Plant Supervisor
OFFICIAL TITLE

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DATE SIGNED