

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

Attn: Allen Gilliam Water Div NPDES Pretreatment

(1) IDENTIFYING INFORMATION

A. LEGAL NAME & MAILING ADDRESS: Baxter Healthcare Corporation 1900 N. Hwy. 201 Mountain Home, AR 72653	B. FACILITY & LOCATION ADDRESS: Baxter Healthcare Corporation 1900 N. Hwy. 201 Mountain Home, AR 72653
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C. FACILITY CONTACT: Carolyn Walker, Env. Representative **TELEPHONE NUMBER:** 870-424-5336

(2) REPORTING PERIOD—FISCAL YEAR From Feb. 1 to Jan. 31 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE: February & August	B. PERIOD COVERED BY THIS REPORT: FROM: 02/01/2008 TO: 07/31/2008
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(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

Cleaning, Polishing, Grinding

B. CHANGES: SUMMARIZE ANY CHANGES IN THE REGULATED PROCESS SINCE THE LAST REPORT. ATTACH AN ADDITIONAL SHEET IF THE SPACE BELOW IS INADEQUATE. PROVIDE A NEW SCHEMATIC IF APPROPRIATE.

See 2/09 semi-annual report regarding high Cr, Cu & Zn
AE

NPDES PERMIT FILE
 NPDES # AR002111
 AFIN # _____
 Permit PN _____
 Correspondence
 Technical Backup
 3/27/09 Date Scanned

C. NUMBER OF REGULAR EMPLOYEES AT THIS FACILITY:

1000 Employees

D. {RESERVED}

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Anc)	1,050	1,050	Batch
Regulated (Cyanide)	NA	NA	NA
§403.6(e) Unregulated*	30,260	30,260	Batch/Continuous
§403.6(e) Dilute	NA	NA	NA
Cooling Water	48,443	48,443	Continuous
Sanitary	42,588	42,588	Continuous
Total Flow to POTW	122,344	122,344	*****

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

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM B. COMMENTS ON TREATMENT SYSTEM

CHECK EACH APPLICABLE BLOCK

X	Neutralization
X	Chemical Precipitation and Sedimentation
	Chromium Reduction
	Cyanide Destruction
	Other:
	None

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	<0.004	4.4	2.9	<0.04	2.1	<0.007	2.2	<0.01	NA
Ave. Measured	<0.004	0.72	0.42	<0.04	0.35	<0.007	0.37	<0.01	NA

* PROVIDE THE CONCENTRATION HERE IF NO CERTIFICATION IS PROVIDED IN SECTION 6 BELOW OR MARK N/A IF A CERTIFICATION IS PROVIDED.

Sample Location:	See Attached Sampling Plan (Attachment #1)
Sample Type (Grab or Composite):	Grab (See Sample Plan Attachment #1)
Number of Samples and Frequency Collected:	9 (06/12/2008, 06/24/2008)
40CFR136 Preservation and Analytical Methods Use:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

(6) CERTIFICATION

A. CHECK ONE CYANIDE ANALYSIS ATTACHED EPA REGION VI CYANIDE CERTIFICATION PROVIDED BELOW

Based on my inquiry of the person or persons directly responsible for managing compliance with pretreatment standards, I certify that to the best of my knowledge, cyanide has not been used or generated in our processes which are regulated by the Metal Finishing (40 CFR 433) categorical pretreatment standards since the filing of the last semi-annual compliance report.

(Typed Name)

(Corporate Officer or authorized representative)

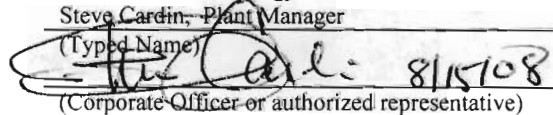
Date of Signature:

B. CHECK ONE §433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED §433.12(a) TTO CERTIFICATION PROVIDED BELOW

Based on my inquiry of the person or persons directly responsible for managing compliance with 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 Pollution Control and Ecology.

Steve Cardin, Plant Manager

(Typed Name)

 8/15/08
(Corporate Officer or authorized representative)

Date of Signature:

CORPORATE ACKNOWLEDGEMENT (Optional)

State of Arkansas
County of Baxter

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 25th day of February, 2002.

Notary Public in and for Baxter
County, Arkansas

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

§6602 [42 U.S.C. 13101 et seq.] 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 reduces 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 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

The sample pulled at the "grinder wastewater" location indicated a problem with the filter unit. The filter unit was examined and it was determined that the filters had not been changed out at the frequency required to ensure adequate filtration of the grinding wastewater. Standard work was updated to include frequency to change filters and employees trained per the standard work.

Attachments included with submission:

- Attachment #1 Needles Sampling Plan
- Attachment #2 Needles Wastewater Flow Schematic
- Attachment #3 Analytical Results

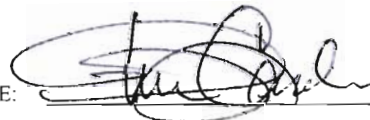
(9) SIGNATORY REQUIREMENTS [40CFR403.12(I)]

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.

Steve Cardin, Plant Manager

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE:



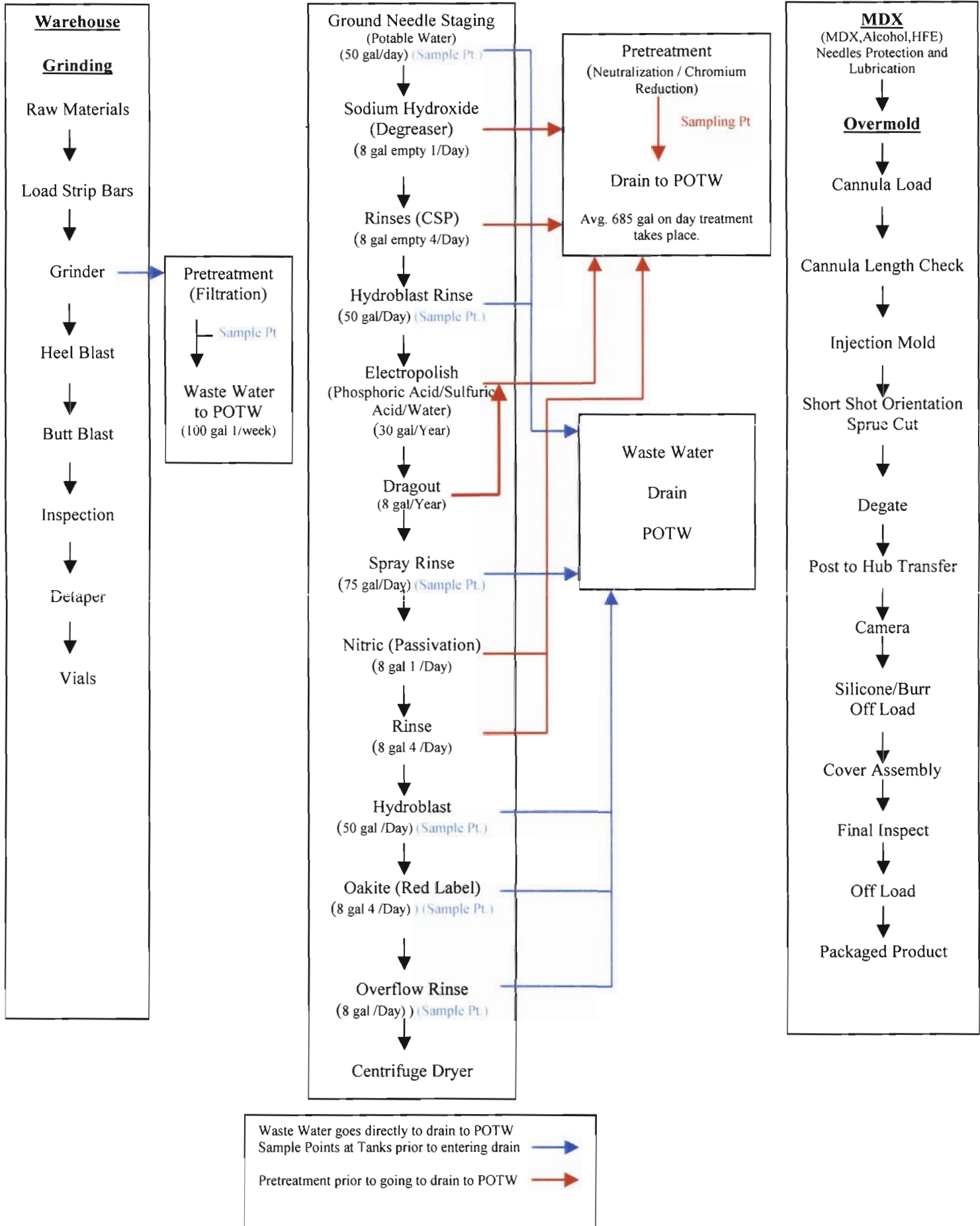
Needles Sampling Plan (40 CFR 433 Subpart A)

In accordance with 40 CFR Part 403.12(e) industrial users with processes regulated by categorical pretreatment standards (40 CFR Part 433, et al) are required to submit semi-annual reports to the ADEQ to demonstrate continued compliance when discharge from the regulated processes enter, can enter, or will enter a Publicly Owned Treatment Works (POTW). Reports are due February and August.

Sampling Plan: Sample once every 6 months. If noncompliance noted sample as needed to demonstrate compliance.

1. Sample will consist of one grab sample from pretreatment holding tank discharge point; holding tank discharge avg. 700 gal. with discharge time of 15 minutes. Pretreatment is performed on the Sodium Hydroxide bath and primary rinse water; Electropolish (Phosphoric Acid/Sulfuric Acid/Water); Nitric Acid bath and primary rinse water.
2. Sample will consist of one grab sample at the end of the batch prior to water entering drain from each separate operation: Ground Needle Staging; Hydroblast Rinse, Spray Rinse, Hydroblast Rinse, Oakite Process; Overflow rinse, filtered grinding waste water.
3. Sample effluent data to be reported semi-annually (February and August).

Needles (40CFR 433 Subpart A)





Baxter Healthcare Corporation
1900 North Highway 201
Mountain Home, AR 72653

ANALYTICAL RESULTS

AIC No. 120333-1
Sample Identification: Pretreatment Tank 6-12-08 / 10:41am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Chromium	EPA 200.7	0.067	0.007	mg/l	S23280	
Copper	EPA 200.7	0.0096	0.006	mg/l	S23280	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23280	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23280	
Nickel	EPA 200.8	0.038	0.01	mg/l	S23280	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Zinc	EPA 200.8	0.011	0.002	mg/l	S23280	

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

Client: <u>Baxter Healthcare Corp</u> Project Reference: <u>Needles Waste water</u> Project Manager: <u>Carolyn Walker</u> Sampled By: <u>M. Zimm</u> AIC No.: <u>1</u> Date/Time Collected: <u>6-12-08</u> Identification: <u>Pretreatment tank</u> Date/Time Collected: <u>10:41 AM</u>		PO No. _____ SAMPLE MATRIX: <u>WATER</u> SOIL _____ COMPOST _____ GRAB _____ CONTAINER TYPE: <u>Plastic</u> PRESERVATIVE: _____		ANALYSES REQUESTED <u>Total Cyanide</u> <u>Zn</u> <u>Pb, Ni, Hg</u> <u>CD, CR, CU</u>		NO OF BOTTLES: <u>2</u> Received on Ice (4°C)? <u>YES</u> Carrier: <u>Vel Ex</u> Remarks: _____		AIC CONTROL NO.: <u>120333</u> AIC PROPOSAL NO.: _____ Field pH calibration on _____ @ _____ Buffer: _____	
Turnaround Time Requested: (Please circle) <u>NORMAL</u> or EXPEDITED IN _____ DAYS Expedited results requested by: _____		H = HCl to pH2 B = NaOH to pH12 V = VOA vials N = Nitric acid pH2		T = Sodium Thiosulfate Z = Zinc acetate		Relinquished Date/Time: <u>6-13-08</u> Relinquished By: <u>M. Zimm</u>		Received Date/Time: <u>6-13-1130</u> Received By: <u>John L. Ly</u>	
Who should AIC contact with questions: <u>Carolyn Walker</u> Phone: <u>870-424-5326</u> Fax: <u>870-424-5220</u> Report Attention to: <u>Carolyn Walker</u> Report Address to: <u>Baxter Healthcare Corp</u> <u>1900 N. Hwy 201</u> <u>5th Fl. Home, AR 72653</u>		Relinquished Date/Time: <u>6-14-08</u> Relinquished By: <u>Blao</u>		Received in Lab Date/Time: <u>6-14-08</u> Received in Lab By: <u>John L. Ly</u>		Comments: _____		Page _____ of _____	

Baxter Healthcare Corporation
1900 North Highway 201
Mountain Home, AR 72653

ANALYTICAL RESULTS

AIC No. 120334-1

Sample Identification: Grinder Waste Water 6-12-08 / 3:00pm

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.7	< 0.004	0.004	mg/l	S23290	
Chromium	EPA 200.7	0.29	0.007	mg/l	S23290	
Copper	EPA 200.7	< 0.006	0.006	mg/l	S23290	
Lead	EPA 200.7	< 0.04	0.04	mg/l	S23290	
Nickel	EPA 200.7	0.12	0.01	mg/l	S23290	
Silver	EPA 200.7	< 0.007	0.007	mg/l	S23290	
Zinc	EPA 200.7	0.086	0.002	mg/l	S23290	

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

PAGE 1 OF 1

Client: <u>Baxter Healthcare Corp</u>		AIC CONTROL NO: <u>120334</u>	
Project Reference: <u>Needles wastewater</u>		AIC PROPOSAL NO:	
Project Manager: <u>Carolyn Walker</u>		Carrier: <u>V, I & K</u>	
Sampled By: <u>W. Seim</u>		Received on Ice (4°C)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
AIC No. <u>1</u>	Sample Identification <u>Grinder waste water</u>	Date/Time Collected <u>6-12-08 3:00 PM</u>	Remarks
PO No.		ANALYSES REQUESTED	
SAMPLE MATRIX		NO OF BOTTLES	
WATER	SOIL	Total (yand)	
GRAB	COMP	Pb, Ni, Hg	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cd, Cr, Cu	
Container Type		P P P P P	
Preservative		N N N N N	
G = Glass		H = HCl to pH2	
NO = none		B = NaOH to pH12	
P = Plastic		T = Sodium Thiosulfate	
S = Sulfuric acid pH2		Z = Zinc acetate	
Turnaround Time Requested: (Please circle) <u>NORMAL</u> or EXPEDITED IN _____ DAYS		Received By: <u>[Signature]</u>	
Expedited results requested by:		Date/Time <u>6-13 1130</u>	
Who should AIC contact with questions: <u>Carolyn Walker</u>		Received in Lab	
Phone: <u>870-424-5336</u> Fax: <u>870-424-5220</u>		By: <u>[Signature]</u>	
Report Attention to: <u>Carolyn Walker</u>		Date/Time <u>6-14-08 0950</u>	
Report Address to: <u>Baxter Healthcare Corp</u> <u>1900 N Hwy 201</u> <u>Mtn. Home, AR 72653</u>		Comments:	

Baxter Healthcare Corporation
1900 North Highway 201
Mountain Home, AR 72653

ANALYTICAL RESULTS

AIC No. 120335-1

Sample Identification: Ground Ndl. Staging 6-12-08 / 10:15am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23280	
Chromium	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Copper	EPA 200.8	0.014	0.006	mg/l	S23280	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23280	
Nickel	EPA 200.8	0.014	0.01	mg/l	S23280	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Zinc	EPA 200.8	0.15	0.002	mg/l	S23280	

AIC No. 120335-2

Sample Identification: Hydro Blast Rinse 1 6-12-08 / 10:21am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.7	< 0.004	0.004	mg/l	S23290	
Chromium	EPA 200.7	0.34	0.007	mg/l	S23290	
Copper	EPA 200.7	0.019	0.006	mg/l	S23290	
Lead	EPA 200.7	< 0.04	0.04	mg/l	S23290	
Nickel	EPA 200.7	0.20	0.01	mg/l	S23290	
Silver	EPA 200.7	< 0.007	0.007	mg/l	S23290	
Zinc	EPA 200.7	0.039	0.002	mg/l	S23290	

AIC No. 120335-3

Sample Identification: Spray Rinse 6-12-08 / 10:44am

Note: Sample container for Total Cyanide was not preserved to pH >12.

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Chromium	EPA 200.7	4.4	0.007	mg/l	S23280	
Copper	EPA 200.7	2.9	0.006	mg/l	S23280	
Nickel	EPA 200.7	2.1	0.01	mg/l	S23280	
Zinc	EPA 200.7	2.2	0.002	mg/l	S23280	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23280	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23280	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23280	

AIC No. 120335-4

Sample Identification: Hydro Blast 2 6-12-08 / 10:30am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23280	
Chromium	EPA 200.8	0.11	0.007	mg/l	S23280	
Copper	EPA 200.8	0.012	0.006	mg/l	S23280	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23280	
Nickel	EPA 200.8	0.058	0.01	mg/l	S23280	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Zinc	EPA 200.8	0.041	0.002	mg/l	S23280	

Baxter Healthcare Corporation
1900 North Highway 201
Mountain Home, AR 72653

ANALYTICAL RESULTS

AIC No. 120335-5

Sample Identification: Oakite Bath 6-12-08 / 10:10am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23289	
Chromium	EPA 200.8	< 0.007	0.007	mg/l	S23289	
Copper	EPA 200.8	< 0.006	0.006	mg/l	S23289	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23289	
Nickel	EPA 200.8	< 0.01	0.01	mg/l	S23289	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23289	
Zinc	EPA 200.8	0.012	0.002	mg/l	S23289	

AIC No. 120335-6

Sample Identification: Overflow Rinse 6-12-08 / 10:35am

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25462	
Cadmium	EPA 200.8	< 0.004	0.004	mg/l	S23280	
Chromium	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Copper	EPA 200.8	< 0.006	0.006	mg/l	S23280	
Lead	EPA 200.8	< 0.04	0.04	mg/l	S23280	
Nickel	EPA 200.8	< 0.01	0.01	mg/l	S23280	
Silver	EPA 200.8	< 0.007	0.007	mg/l	S23280	
Zinc	EPA 200.8	0.013	0.002	mg/l	S23280	

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

Client: <u>Barker HealthCare Corp</u>		AIC CONTROL NO: <u>120335</u>		PAGE <u>1</u> OF <u>1</u>		
Project Reference: <u>Needle Waste Water</u>		AIC PROPOSAL NO:				
Project Manager: <u>Carolyn Walker</u>		Carrier: <u>Ve-X</u>		Received on Ice (4°C)? <u>YES</u> <u>2</u> NO		
Sampled By: <u>M. Lewis</u>		Remarks				
AIC No.	Sample Identification	Date/Time Collected	Container Type	Preservative	NO OF BOTTLES	ANALYSES REQUESTED
1	Ground ndl Stagnant	6-12-08 10:15 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
2	Hydroblast Rinse 1	6-12-08 10:21 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
3	Spray Rinse	6-12-08 10:24 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
4	Hydroblast 2	6-12-08 10:30 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
5	Leak Bath	6-12-08 10:10 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
6	Overflow Rinse	6-12-08 10:35 AM	GRAB	COMPO	2	CD, R, Cu, Pb, Ni, Ag, Total Cyanide
Field pH calibration on _____ @ _____		Buffer:				
G = Glass NO = none		P = Plastic S = Sulfuric acid pH2		V = VOA vials N = Nitric acid pH2		H = HCl to pH2 B = NaOH to pH12
Turnaround Time Requested: (Please circle) <u>NORMAL</u> or EXPEDITED IN _____ DAYS		Expedited results requested by:		Received By: <u>[Signature]</u> Date/Time: <u>11:30-6-18</u>		
Who should AIC contact with questions: <u>Carolyn Walker</u>		Phone: <u>870-424-5336</u> Fax: <u>870-424-5220</u>		Received in Lab By: <u>[Signature]</u> Date/Time: <u>6-17-08 0950</u>		
Report Attention to: <u>Carolyn Walker</u>		Report Address to: <u>Barker HealthCare Corp</u>		Comments:		
		<u>1900 N Hwy 201</u>				
		<u>Little Rock, AR 72653</u>				



Baxter Healthcare Corporation
1900 North Highway 201
Mountain Home, AR 72653

ANALYTICAL RESULTS

AIC No. 120655-1
Sample Identification: Spray Rinse 6-24-08 11:00AM

Analyte	Method	Result	RL	Units	Batch	Qualifier
Total Cyanide	SM4500-CN C,E	< 0.01	0.01	mg/l	W25590	
Cadmium	EPA 200.7	< 0.004	0.004	mg/l	S23356	
Chromium	EPA 200.7	1.3	0.007	mg/l	S23356	
Copper	EPA 200.7	0.83	0.006	mg/l	S23356	
Lead	EPA 200.7	< 0.04	0.04	mg/l	S23356	
Nickel	EPA 200.7	0.59	0.01	mg/l	S23356	
Silver	EPA 200.7	< 0.007	0.007	mg/l	S23356	
Zinc	EPA 200.7	0.66	0.002	mg/l	S23356	

