

**SEMI-ANNUAL PRETREATMENT REPORT  
FOR THE DISCHARGE TO THE CITY OF DUMAS  
WASTEWATER TREATMENT SYSTEM**

For

SAF-Holland, Inc.  
North Plant  
801 South Main Street  
Dumas, Arkansas

**PREPARED BY:**



**Engineering Compliance & Construction, Inc.  
13000 Cantrell Road  
Little Rock, Arkansas 72223  
Telephone: (501) 975-8100**

**July 2021**

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PENNYE L. DERRYBERRY, REM #7776  
ECCI, SENIOR PROJECT MANAGER

REVIEWED BY:



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RODNEY K. BREUER, P.E.  
ECCI, Vice President

# SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40 CFR 433

Use of this form is **not** an ADEQ requirement, but satisfies the reporting requirements in 40 CFR 403.12(e).

Attn: Water Div/NPDES Pretreatment

**(1) IDENTIFYING INFORMATION and NPDES Pretreatment Tracking # ARP00001061**

|   |  |
|---|--|
| <p><b>A. LEGAL NAME &amp; MAILING ADDRESS</b></p> <p>SAF-Holland, Inc. – North Plant<br/>PO Box 157<br/>Dumas, AR 71639</p> | <p><b>B. FACILITY &amp; LOCATION ADDRESS</b></p> <p>SAF-Holland, Inc. – North Plant<br/>1103 North Main Street<br/>Dumas, AR 71639</p> |
|---|--|

**C. FACILITY CONTACT: Roy Fanning**      **TELEPHONE NUMBER: 870-382-2299**      **E-MAIL: Roy.Fanning@safholland.com**

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

|  |  |
|--|--|
| <p><b>A. MONTHS WHICH REPORTS ARE DUE</b></p> <p><u>June</u> &amp; <u>December</u></p> | <p><b>B. PERIOD COVERED BY THIS REPORT</b></p> <p><b>FROM: January 1, 2021 TO: June 30, 2021</b></p> |
|--|--|

**(3) DESCRIPTION OF OPERATION**

|  |  |
|--|--|
| <p><b>A. REGULATED PROCESSES</b></p> <p><b><u>CORE PROCESS(ES)</u></b></p> <p>CHECK EACH APPLICABLE BLOCK</p> <p><input type="checkbox"/> Electroplating<br/> <input type="checkbox"/> Electroless Plating<br/> <input type="checkbox"/> Anodizing<br/> <input checked="" type="checkbox"/> Coating (conversion)<br/> <input type="checkbox"/> Chemical Etching and Milling<br/> <input type="checkbox"/> Printed Circuit Board Manufacture</p> <p><b><u>ANCILLARY PROCESS(ES)*</u></b></p> <p>LIST BELOW EACH PROCESS USED IN THE FACILITY</p> <p><u>cleaning, painting</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><small>*SEE 40CFR433.10(a) FOR THE 40 ANCILLARY OPERATIONS</small></p> | <p><b>B. CHANGES:</b>      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.</p> <p><b>None</b></p> |
|--|--|

**C. Number of Regular Employees at this Facility 136**

**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)  | 445     | 1064    | Continuous         |
| Regulated (Cyanide)     | NA      | NA      | NA                 |
| ' 403.6(e) Unregulated* | 10      | 10      | Continuous         |
| ' 403.6(e) Dilute       |         |         |                    |
| Cooling Water           |         |         |                    |
| Sanitary                | 2720    | 2720    | Continuous         |
| Total Flow to POTW      | 3175    | 3794    | Continuous         |

\*If batch discharged please list the period of time of each batch discharge (300 gallons/day; 500 gallons/week, 2,000 gallons/3 months, etc). Do not normalize over that period for the average flow.  
 \*\*"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

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.

| 40 CFR 433.17<br>Pollutant(mg/l)<br>limits | 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 Avg                                | 0.07     | 1.71    | 2.07   | 0.43     | 2.38    | 0.24     | 1.48   | 0.65    | --   |
| Max Measured                               | < 0.0012 | < 0.012 | 0.0118 | < 0.0150 | < 0.010 | < 0.0200 | 0.0256 | < 0.010 | NA   |
| Avg Measured**                             | < 0.0012 | < 0.012 | 0.0118 | < 0.0150 | < 0.010 | < 0.0200 | 0.0256 | < 0.010 | NA   |

Sample Location sump prior to discharge to the POTW

Sample Type (Grab\* or Composite) Grab (Cyanide), Composite (all other parameters)

\*If Grab, list # of grabs over what period of time: 1 sample for CN

Number of Samples and Frequency Collected: Composite sampler used:

40CFR136 Preservation and Analytical Methods Use:  Yes  No (include complete Chain of Custody)

\*If a TOMP has been submitted and approved by ADEQ place N/A.

\*\*A value here is the average of all samples taken during one (1) calendar month regardless of number of samples taken. If only one (1) sample is taken it must meet the monthly average limitation.

(6) CERTIFICATION (ONLY IF A TOMP HAS BEEN SUBMITTED/APPROVED BY ADEQ)

B. CHECK ONE: 433.11(e) TOXIC ORGANIC ANALYSIS ATTACHED    X 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.

William Cargile, Plant Manager  
(Typed/Printed Name)



WILLIAM L CARGILE  
(Corporate Officer or authorized representative signature)

Date of Signature 7/1/21

(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 including Best or Environmental Management Practices, Source Reduction, Waste Minimization, Lean Manufacturing, Water and/or Energy Conservation:

1. The facility has implemented a Toxic Organic Management Plan (TOMP)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(8) GENERAL COMMENTS

(9) SEMI-ANNUAL/PERIODIC REPORT CERTIFICATION STATEMENT REQUIRED UNDER 40 CFR 403.12(I)

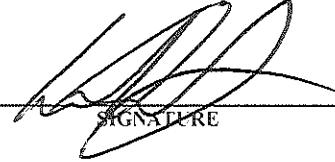
I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information 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.

William Cargile

\_\_\_\_\_  
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Plant Manager

\_\_\_\_\_  
OFFICIAL TITLE



\_\_\_\_\_  
SIGNATURE

7/1/21

\_\_\_\_\_  
DATE SIGNED



8100 National Dr. - Little Rock, AR 72209  
501-455-3233 Fax 501-455-6118

26 May 2021

Penny Bray  
Engineering, Compliance, & Construction, Inc.  
13000 Cantrell Rd.  
Little Rock, AR 72223-1637

Project: SAF-Holland North Plant

Project Number: May 2021

SDG Number: 2105280

Enclosed are the results of analyses for samples received by the laboratory on 18-May-21 15:15. If you have any questions concerning this report, please feel free to contact me.

Sample Receipt Information:

|                           |       |
|---------------------------|-------|
| <u>Custody Seals</u>      | ✓     |
| <u>Containers Correct</u> | ✓     |
| <u>COC/Labels Agree</u>   | ✓     |
| <u>Received On Ice</u>    | ✓     |
| Temperature on Receipt    | 5.0°C |

Sincerely,

A handwritten signature in blue ink that reads "Norma James".

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Norma James  
Technical Director

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26 May 2021



Pennye Bray
Engineering, Compliance, & Construction, Inc.
13000 Cantrell Rd.
Little Rock, AR 72223-1637
Project: SAF-Holland North Plant
Project Number: May 2021
Date Received: 18-May-21 15:15

ANALYTICAL RESULTS

Lab Number: 2105280-01
Sample Name: System Discharge Grab
Date/Time Collected: 5/18/21 13:30
Sample Matrix: Water

Table with 7 columns: Field Analyses, Units, Result, Qualifier(s), Date/Time Analyzed, Batch, Method. Includes pH and Cyanide (total) data.

ANALYTICAL RESULTS

Lab Number: 2105280-02
Sample Name: System Discharge Composite
Date/Time Collected: 5/18/21 13:00
Sample Matrix: Water

Table with 7 columns: Total Metals, Units, Result, Qualifier(s), Date/Time Analyzed, Batch, Method. Lists various metals like Cadmium, Chromium, Copper, Lead, Nickel, Silver, and Zinc.



26 May 2021



Penny Bray
Engineering, Compliance, & Construction, Inc.
13000 Cantrell Rd.
Little Rock, AR 72223-1637
Project: SAF-Holland North Plant
Project Number: May 2021
Date Received: 18-May-21 15:15

QUALITY CONTROL RESULTS

Total Metals -- Batch: B105297 (Water)

Prepared: 20-May-21 12:03 By: SPS -- Analyzed: 21-May-21 09:59 By: SPS

Table with 7 columns: Analyte, BLK, LCS / LCSD, MS / MSD, Dup, RPD, Qualifiers. Rows include Cadmium, Chromium, Copper, Lead, Nickel, Silver, and Zinc.

Field Analyses -- Batch: B105386 (Water)

Prepared: 18-May-21 09:40 By: MH -- Analyzed: 18-May-21 09:40 By: MH

Table with 7 columns: Analyte, BLK, LCS / LCSD, MS / MSD, Dup, RPD, Qualifiers. Row includes pH (Field).

Wet Chemistry -- Batch: B105393 (Water)

Prepared: 25-May-21 09:25 By: JH -- Analyzed: 25-May-21 09:25 By: JH

Table with 7 columns: Analyte, BLK, LCS / LCSD, MS / MSD, Dup, RPD, Qualifiers. Row includes Cyanide (total).

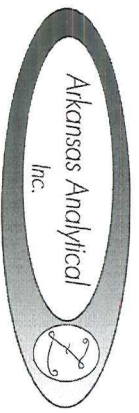
QUALIFIER(S)

\*D: RPD Value Does Not Meet Laboratory Acceptance Criteria

All Analysis performed according to EPA approved methodology when available :
SW 846, Revised December, 1996; EPA 600/4-79-020, Revised March, 1983; Standard Methods.
Instrument calibration and quality control samples performed at or above frequency specified in analytical method.

Handwritten signature of Norma James

Reviewed by: Norma James
Technical Director



8100 National Drive  
 Little Rock, AR 72209  
 PHONE: 501-455-3233  
 FAX: 501-455-6118

# CHAIN OF CUSTODY RECORD

| CLIENT INFORMATION  |                          | BILLING INFORMATION                      |              | Project Description                |                   | Turnaround Time  |                       | Preservation Codes:  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
|---|--------------------------|--|--------------|------------------------------------|-------------------|--|-----------------------|--|-------|--------|-----------|----|--------------|-----------|------|----------|-----|-----|-----|-----|----|--|--|------|------|-----|-----|-----|--|--|
| ECCI  |                          | SAF-Holland, Inc.                        |              | SAF-Holland North Plant            |                   | 1 Day (100%)   |                       | 1. Cool, 6 Degrees Centigrade                              |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 13000 Cantrell Rd.  |                          | P.O. Box 825                             |              |                                    |                   | 2 Day (50%)  |                       | 2. Sulfuric Acid (H <sub>2</sub> SO <sub>4</sub> ), pH < 2 |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| Little Rock, AR 72223   |                          | Dumas, AR 71639                          |              | Reporting Information              |                   | 3 Day (25%)  |                       | 3. Nitric Acid (HNO <sub>3</sub> ), pH < 2                 |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| Attn: Penny Bray  |                          | Attn: Accounts Payable                   |              | Telephone: 501-975-8100            |                   | 5 Day (routine)  |                       | 4. Thiosulfate for Dechlorination                          |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
|   |                          |  |              | Fax: 501-975-6789                  |                   | Preservative Code:   |                       | 5. Hydrochloric Acid (HCl)                                 |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
|   |                          |  |              | Email: PBray@ecccl.com             |                   | Bottle Type:   |                       | 6. Sodium Hydroxide (NaOH), pH > 12                        |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| Sampler(s) Signature: <i>[Signature]</i>  |                          | Sampler(s) Printed: <i>MAHDI HADDADI</i> |              | SAMPLE IDENTIFICATION/ DESCRIPTION |                   | TEST PARAMETERS  |                       | Bottle Type Code   |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| Field Number  | SAMPLE COLLECTION Date/s | Time/s                                   | Grab         | Comp                               | Number of Bottles | Sample Matrix  | System Discharge Grab | System Discharge Composite                                 | Water |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 51721   | 51824                    | 1300-1360                                | X            |                                    | 1                 | Water  |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
|   | 51824                    | 1330                                     |              | X                                  | 1                 | Water  |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| ONSITE MEASUREMENTS by Arkansas Analytical -- DATE: <i>5/18/24</i><br><table border="1"> <thead> <tr> <th>Sample</th> <th>Duplicate</th> <th>QC</th> <th>QC Duplicate</th> <th>pH / Time</th> <th>D.O.</th> <th>Chlorine</th> </tr> </thead> <tbody> <tr> <td>702</td> <td>701</td> <td>703</td> <td>704</td> <td>10</td> <td></td> <td></td> </tr> <tr> <td>1330</td> <td>1332</td> <td>935</td> <td>940</td> <td>930</td> <td></td> <td></td> </tr> </tbody> </table> |                          |  |              |                                    |                   |  |                       |  |       | Sample | Duplicate | QC | QC Duplicate | pH / Time | D.O. | Chlorine | 702 | 701 | 703 | 704 | 10 |  |  | 1330 | 1332 | 935 | 940 | 930 |  |  |
| Sample  | Duplicate                | QC                                       | QC Duplicate | pH / Time                          | D.O.              | Chlorine   |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 702   | 701                      | 703                                      | 704          | 10                                 |                   |  |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 1330  | 1332                     | 935                                      | 940          | 930                                |                   |  |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 1. Relinquished by: (Signature)   |                          | Date/Time                                |              | 2. Received by: (Signature)        |                   | SAMPLE CONDITION UPON RECEIPT IN LAB   |                       | REMARKS / SAMPLE COMMENTS                                  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| <i>[Signature]</i>  |                          | 1515<br>5/18/24                          |              | <i>[Signature]</i>                 |                   | 1. CUSTODY SEALS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>2. CONTAINERS CORRECT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>3. COC/LABELS AGREE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>4. RECEIVED ON ICE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>5. TEMPERATURE ON RECEIPT: <i>5</i> °C<br>6. TEMPERATURE GUN ID: <i>HHT# 4</i> |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| 3. Relinquished by: (Signature)   |                          | Date/Time                                |              | 4. Received by lab: (Signature)    |                   | FOR COMPLETION BY LAB ONLY   |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |
| <i>[Signature]</i>  |                          |  |              | <i>[Signature]</i>                 |                   |  |                       |  |       |        |           |    |              |           |      |          |     |     |     |     |    |  |  |      |      |     |     |     |  |  |