

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 # <u>ARP00001061</u> | |
| A. LEGAL NAME & MAILING ADDRESS SAF-Holland, Inc. – North Plant PO Box 157 Dumas, AR 71639 | B. FACILITY & LOCATION ADDRESS SAF-Holland, Inc. – North Plant 1103 North Main Street Dumas, AR 71639 |
| C. FACILITY CONTACT: <u>Leroy Deans</u> TELEPHONE NUMBER: <u>870-382-5265</u> E-MAIL: <u>Leroy.Deans@safholland.com</u> | |
| (2) REPORTING PERIOD--FISCAL YEAR From <u>Jan</u> to <u>Dec</u> (Both Semi-Annual Reports must cover Fiscal Year) | |
| A. MONTHS WHICH REPORTS ARE DUE <p align="center"><u>June</u> & <u>December</u></p> | B. PERIOD COVERED BY THIS REPORT FROM: <u>July 1, 2021</u> TO: <u>December 31, 2021</u> |
| (3) DESCRIPTION OF OPERATION | |
| A. REGULATED PROCESSES <u>CORE PROCESS(ES)</u> CHECK EACH APPLICABLE BLOCK <input type="checkbox"/> Electroplating <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Anodizing <input checked="" type="checkbox"/> Coating (conversion) <input type="checkbox"/> Chemical Etching and Milling <input type="checkbox"/> Printed Circuit Board Manufacture <u>ANCILLARY PROCESS(ES)</u> LIST BELOW EACH PROCESS USED IN THE FACILITY <u>cleaning, painting</u> _____ _____ _____ _____ <small>SEE 40CFR433.10(a) FOR THE 40 ANCILLARY OPERATIONS</small> | 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. <p align="center">None</p> |
| C. Number of Regular Employees at this Facility <u>136</u> | 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) | 1123 | 2905 | Continuous |
| Regulated (Cyanide) | NA | NA | NA |
| '403.6(e) Unregulated' | 10 | 10 | Continuous |
| '403.6(e) Dilute | 0 | 0 | |
| Cooling Water | 0 | 0 | |
| Sanitary | 2720 | 2720 | Continuous |
| Total Flow to POTW | 3853 | 5635 | 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 Pollutant(mg/l) 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 | 0.0215 | < 0.0150 | < 0.010 | < 0.0200 | 0.313 | < 0.010 | NA |
| Avg Measured** | < 0.0012 | < 0.012 | 0.0215 | < 0.0150 | < 0.010 | < 0.0200 | 0.313 | < 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: X 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 PROVIDED

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.

Wade Tubbs, Plant Manager
(Typed/Printed Name)

Wade Tubbs
(Corporate Officer or authorized representative signature)

Date of Signature 1/5/2022

(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(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.

Wade Tubbs

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE



SIGNATURE

Plant Manager