

SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433/403.6(e)

Use of this form is not an EPA/ADEQ requirement. Attn: Water Div/NPDES Pretreatment

(1) IDENTIFYING INFORMATION	
<p>A. LEGAL NAME & MAILING ADDRESS</p> <p>Mac-Lean ESNA 611 Country Club Road Pocahontas, AR 72455</p>	<p>B. FACILITY & LOCATION ADDRESS</p> <p>Mac-Lean ESNA 611 Country Club Road Pocahontas, AR 72455</p>
<p>C. FACILITY CONTACT: Jeff Orrick TELEPHONE NUMBER: 870-892-5201 ext. 248</p>	
(2) REPORTING PERIOD--FISCAL YEAR From 2009 to 2009 (Both Semi-Annual Reports must cover Fiscal Year)	
<p>A. MONTHS WHICH REPORTS ARE DUE</p> <p>June & December</p>	<p>B. PERIOD COVERED BY THIS REPORT</p> <p>FROM: January 2009 TO: June 2009</p>
(3) DESCRIPTION OF OPERATION	
<p>A. REGULATED PROCESSES</p> <p><u>CORE PROCESS(ES)</u></p> <p>CHECK EACH APPLICABLE BLOCK</p> <p><input type="checkbox"/> Electroplating</p> <p><input type="checkbox"/> Electroless Plating</p> <p><input type="checkbox"/> Anodizing</p> <p><input checked="" type="checkbox"/> Coating</p> <p><input type="checkbox"/> Chemical Etching and Milling</p> <p><input type="checkbox"/> Printed Circuit Board Manufacture</p> <p><u>ANCILLARY PROCESS(ES)*</u></p> <p>LIST BELOW EACH PROCESS USED IN THE FACILITY</p> <p>Rust Removal</p> <p>Passive Rinse Tank</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>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> <p>NONE</p> <p>NPDES PERMIT FILE NPDES # <u>AR P0010408</u> AFIN # _____ _____ Permit PN _____ Correspondence _____ Technical Backup <u>6/9/09</u> Date Scanned</p> <p><i>Complete a compliance 6/9/09 sent to the</i></p>
<p>c. Number of regular employees at this facility: 98</p>	

(4) FLOW MEASUREMENT

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

Process	Average Flow	Maximum Flow	Type of Discharge
Regulated (Total)	2,986	9,234	Continuous
Regulated (Cyanide)	-0-	-0-	n/a
§403.6(e) Unregulated*	-0-	-0-	n/a
§403.6(e) Dilute	5	5	Continuous
Cooling Water	2,100	2,400	Continuous
Sanitary	6,300	7,600	Continuous
Total Flow to POTW	11,391	19,239	*****

*"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 Mechanical Aeration System
- None

B. COMMENTS ON TREATMENT SYSTEM

Mechanical aeration system followed by clarifier.

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*
MAC	0.390	1.565	1.910	0.390	2.249	0.243	1.475	0.678	1.204
AAC	0.147	0.966	1.170	0.243	1.345	0.136	0.836	0.367	***
AMMC	<0.004	0.010	0.10	<0.04	0.058	<0.007	0.049	<0.01	TOMP
AMAC	<0.004	0.010	0.10	<0.04	0.058	<0.007	0.049	<0.01	TOMP

MAC <=> Max Alternate Conc AAC <=> Ave Alternate Conc AMMC <=> Actual Measured Max Conc AMAC <=> Actual Measured Ave Conc
See 40CFR403.6(e) for details on Alternate Concentrations

Sample Location: Pre treatment system effluent

Sample Type (Grab or Composite) grab/composite

Number of Samples and Frequency Collected one-semi annually

40CFR136 Preservation and Analytical Methods Use: Yes No

(6) CERTIFICATION

A. [Reserved]

[Reserved]

B. CHECK ONE: x §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 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.

CLIFF HUFSTEDLER

(Typed Name)

Cliff Hufstедler
(Corporate Officer or authorized representative)

Date of Signature 6-4-09

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS
COUNTY OF Randolph

Before me, the undersigned authority, on this day personally appeared CLIFF HUFSTEDLER of Mac-Lean ESNA

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 5th day of June, 2009

Notary Public in and for Randolph
County, Arkansas

My commission expires 5-3-2011

Cathy Sue Poe, Notary Public
Randolph County, Arkansas
My Commission Expires 5/3/2011
Cathy Sue Poe

40CFR433 SEMI-ANNUAL REPORT CON'D FACILITY NAME: Mac-Lean ESNA

§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)]

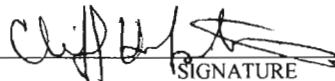
I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information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

Cliff Hufstедler

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

Plant Manager

OFFICIAL TITLE



SIGNATURE

6-4-09

DATE SIGNED