

Wilson, Tabatha

From: Torrence, Rufus
Sent: Tuesday, August 06, 2013 9:31 AM
To: mstrozensky@euramax.com
Cc: Wilson, Tabatha
Subject: AFIN 54-00132 ARP001044 Site Visit to Amerimax for Compliance Assurance: Inspection
Attachments: AMX Insp 20130717.doc; AMX Lab Report.doc; AMX EqualLimits Feb 2013 Equal Limits.xls



August 6, 2013

Mr. Mark Strozensky, Plant Manager
Amerimax Coated Products, Inc.
215 Phillips 324 Road
Helena, AR 72342

Re: Site Visit for Compliance Assurance: Inspection
(Tracking Number: ARP001044 AFIN: 54-001312 City of Helena NPDES No.: AR0043389)

Dear Mr. Seiler:

Part of ADEQ responsibility to EPA is to ensure that inspections of industries regulated by categorical pretreatment standards (40 CFR Part 405 – 471) are performed on a periodic basis. These industries are referred to as Categorical Industrial Users (CIUs) if they discharge the regulated wastewater into the local Publicly Owned Treatment Works (POTW). Amerimax has processes (Galvanized Steel and Aluminum Coating operations) in the Helena facility that are regulated by 40 CFR Part 465 and discharges the wastewater from these operations into the City of Helena POTW. Therefore, Amerimax is a CIU. In accordance to 40 CFR 403.12(e), Amerimax must submit periodic reports to the Control Authority (ADEQ or Department) and in accordance with 40 CFR 403.8(f)(2)(v) be inspected by the Control Authority at least bi-annually. The Department appreciates Amerimax taking the time on Wednesday (July 17, 2013) to show the ADEQ Engineer/Inspector (Rufus Torrence) the facility in Helena.

The inspection consisted of a pre-inspection meeting, observing the coil coating line in operation and wastewater sampling. During the meeting the Inspector discussed proper procedures for calculating Amerimax

allowable effluent limits. The Inspector asked to review Amerimax production records. The Interim Plant Manager (Mark Strozensky) apologized for not being able to find the records since he had just recently arrived. The Inspector informed Amerimax that all records must be kept a minimum of three (3) years in accordance with 40 CFR 403.12(o)(2). The Inspector inquired about the procedure to document production records (square footage of coated coils). The Plant Manager replied that Amerimax used three independent procedures: (1) Weight coils coming in at truck scale (2) Weight coated coils plus scrap at take-up reel and (3) Weight coated leaving plant at truck scale. Knowing the density and dimensions of the coils, the operators convert the weight into square footage.

The Department has developed an Excel workbook which will calculate Amerimax limits based on total production (square footage of coil coated) and total volume (in gallons) of wastewater discharged to the POTW. The workbook is attached. The Amerimax Helena plant has only one line which coats both galvanized steel and aluminum. The workbook math model is based on two independent plants (one plant which coats only steel and one plant which coats only aluminum). Therefore, Amerimax must take two samples during each six month reporting period. One sample must be taken when the line is coating steel and the second sample must be taken when the line is coating aluminum. The plant receives aluminum/steel coils that are about 13,000 feet long by 4 feet wide by 3/16" thick. The line can coat one or both sides. Electric motors drive mechanical rolls which pull the coils from the reel and force the metal coil through several operations (alkaline cleaning, painting/coating, heat drying, etc.) which ends with a take-up reel. At the time of the site visit, Amerimax was coating aluminum. The Inspector took a grab sample of the wastewater in the weir tank. The attached ADEQ analysis shows that Amerimax is compliant with Aluminum limits in February 2013 semi-annual report (Chromium Allowable Limit: 0.259 & none detected; Copper Allowable Limit: N/A mg/l & none detected; Zinc Allowable Limit: 0.720 mg/l & 0.0436 mg/l detected). Amerimax should continue to treat the wastewater before releasing it to the POTW.

The Department appreciates Amerimax's continued efforts in periodic reporting.


If you have any questions or concerns, please contact the Department at (501) 682-0626 or torrence@adeq.state.ar.us.

Sincerely,



Rufus Torrence,
ADEQ Engineer/Inspector

Attachments: Amerimax Equal Limits Excel Workbook
ADEQ Lab Analysis
Inspection Report for July 17, 2013 Site Visit for Compliance Assurance

Pretreatment Industrial Inspection Facility Information	
Facility Name: Amerimax Coated Products, Inc.	Site Address: 215 Philips 324 Road Helena, AR 72342
Signatory Authority (Name & Title): Mark Strozensky, Plant Manager	
Phone: 678-896-8817	Mailing Address (if different):
Fax: (870) 572-5594	Same
Address: Same	Corporate Owner Name and address (if applicable):
	Euramax International, Inc
Phone: Same	5445 Triangle Pwy/Suite 350 / Norcross, Georgia 30092
Fax:	Phone: (770) 449-7066
Contact Person (Name & Title):	Fax: (770) 449-7354
Mark Strozensky, Plant Manager	Corporate CEO: Mitch Lewis
e-mail: mstrozensky@euramax.com	e-mail: mlewis@euramax.com
Facility Permit # ARP001044	Last Inspection Date: July 20, 2011
POTW (City) IU discharges to: Helena WWTP	POTW's NPDES # AR0043389
Industrial Classification: <input checked="" type="checkbox"/> Categorical <input type="checkbox"/> Significant	AFIN 54-00132
If Categorical, list which CFR #(s) the facility is subject to: 40 CFR 465 Coil Coating; Subparts B & C	
Table of Contents	
I. Summary of Inspection	Page of
A. Inspection Objectives	
B. Inspection Analysis	
II. Pre-Inspection Meeting	Page of
A. General Information	
B. Facility Permits	
C. Additional Comments	
III. Attachments "Yes" indicates item exists at the facility and attachments will be included "No" indicates item does not exist at the facility and attachments aren't necessary	
A. Industrial Processes	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page of
B. Pollution Prevention Activities	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page of
C. Pretreatment System	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page of
D. Chemical Storage	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page of
E. Spill/Slug Control Plan	yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Page of
F. Self-Monitoring	yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Page of
Comments : Amerimax must normalize the flows to get correct pounds per day of metals discharged to the POTW. The Department provided Amerimax with guidance and discussed the flow normalization and allowable limits calculation procedures during the pre-inspection meeting.	
Inspector's Name (Print): Rufus Torrence	Signature: 
IU Rep's Name (Print) Mark Strozensky	Signature: (Not Required)
Date and Time Inspection Ended: July 17, 2013 @ 1:00 pm	

I. Summary of Inspection			
A. Inspection and Objective (Complete Before Inspection)			
<input type="checkbox"/> Permit Renewal	<input checked="" type="checkbox"/> Bi-Annual	<input type="checkbox"/> Spill/Slug	<input type="checkbox"/> Unscheduled
<input type="checkbox"/> New Construction	<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
Inspection Objective(s)			
Compliance Assurance			
Checklist of items to be reviewed and/or visually inspected:			
<input checked="" type="checkbox"/> Pre-inspection Meeting	<input type="checkbox"/> Permit Conditions	<input type="checkbox"/> Safety Concerns	
<input checked="" type="checkbox"/> Process Inspection	<input checked="" type="checkbox"/> Pretreatment Process	<input type="checkbox"/> TOMP	
<input checked="" type="checkbox"/> Chemical Storage	<input checked="" type="checkbox"/> Discharge point(s)	<input type="checkbox"/> Spills/Slug Control Plan	
<input type="checkbox"/> Records Review	<input type="checkbox"/> RCRA information	<input type="checkbox"/> Process/Flow/Pretreatment Schematics	
<input type="checkbox"/> IU sampling procedures	<input type="checkbox"/> Flow/pH Meter(s)	<input type="checkbox"/> Calibration Records	
<input type="checkbox"/> MSDS Inventory List	<input type="checkbox"/> New MSDS	<input type="checkbox"/>	
Comments:			
B. Inspection Analysis			
Were there any deficiencies/violations identified and noted during the inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Provide a brief narrative of deficiencies/violations or other concerns in the following areas:			
Records Review			
Process Area(s)			
Pretreatment System			
Self Monitoring Procedures			
Diversion/Sewer Meters			
Spill/Slug Control Plan			
Sampling Point			
Chemical Storage			

II. Pre-Inspection Meeting			
A. General Information			
Date and Time Inspection Started: 07-17-13 @ 11:50 pm		SIC code(s): 3479	
IU Reps/Titles		Control Authority Reps/Titles	
Mark Strozensky, Interim Plant Manager Brian Fowler, Assistant Plant Manager Eddie Little, Wet Section Operator		Rufus Torrence, ADEQ Engineer	
End product(s): Coated Aluminum & Galvanized Coils		Approx. # of units produced: 200 million Square Feet per Year	
Days of Operation: Monday thru Friday		Days of Production (if different): (Same)	
Hours of Operation: 24 hours per day (two shifts)		Hours of Production (if different):	
Shift 1, hrs.: 7 am to 7 pm	Shift 2, hrs.: 7 pm to 7 am	Shift 3 (Not Applicable)	
# of Employees: 42	Peak Mos.: May thru September	"Off" Mos.: Nov & Dec	
Are there any scheduled plant shutdowns? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, when? 2 weeks at Christmas			
Are there designated plant clean-up days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> If yes, when?			
Is the facility currently in compliance with all pretreatment reporting requirements and limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Are there any Special Entry Procedures for the Discharge/Sample point locations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If Yes, explain:			
Are there any Safety Concerns or Identified Hazards that the inspector should be aware of: <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No			
If Yes, explain: Stationery and mobile equipment operating			
Has there been any changes since the last inspection regarding the following items:			
Plant/flow/process layout? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain copy of updated schematic for facility file.			
Processes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Water Treatment Equipment Added (R/O and Demin)			
Production Levels? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, explain: Slow Down in the Economy			
Raw materials? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain:			
Flow rates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain			
Are regulated and non-regulated wastestreams combined? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
Prior to Pretreatment System? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
If Yes, was the CWF used to calculate limits? yes <input type="checkbox"/> no <input type="checkbox"/>			
Prior to connection to the POTW sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
At connection to sanitary sewer? yes <input type="checkbox"/> no <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			
Production and flows verified for Production-Based Standards? yes <input checked="" type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/>			
What is the current avg. production rate and process flow? (See note 2 below under Additional Comments).			
Is the prod. rate or flow substantially different (+/- 20%) from those used in calculating limits? N/A <input checked="" type="checkbox"/>			
No Indirect Discharge permit issued; Amerimax must comply with published standards.			

Attachment A: Industrial Process(es)			
List process(es) generating wastewater. Note if it's categorical (federally regulated w/pretreatment limits) or not			
1. Aluminum Coil Coating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Galvanized Coil Coating	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Yes <input type="checkbox"/> No <input type="checkbox"/>	6.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were processes visually inspected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Brief description of process(es):			
Coils are unwound, cleaned with caustic detergent and rinsed with water. The coils are then coated on one or both sides. After the coating has cured, the coils are rewound.			
General observations of facility's indoor housekeeping: Good			
General observations of area outside facility's building: Good			
Check all sources of wastewater being discharged into the City's collection system. Indicate avg. gal/day, measured (M) or estimated (E). If batch (B) discharged, list frequency and volume (1000 gal/month, e.g.).			
<input checked="" type="checkbox"/> Process Rinse Overflows _____	<input type="checkbox"/> Equip. Cleanup *****	<input checked="" type="checkbox"/> Floor Cleanup _____	<input checked="" type="checkbox"/> Spent Bath Solutions _____
<input type="checkbox"/> Product Cleaning *****	<input type="checkbox"/> Forklifts Maint./Wash *****	<input type="checkbox"/> Tank Dragout *****	<input type="checkbox"/> Air Pollution Devices *****
<input checked="" type="checkbox"/> Boiler Blowdown	<input type="checkbox"/> Spent Rinse Tanks *****	<input type="checkbox"/> Equipment Coolants *****	<input type="checkbox"/> Non-Contact Cooling Water *****
<input type="checkbox"/> Stormwater *****	<input type="checkbox"/> *****	<input type="checkbox"/> *****	<input type="checkbox"/> *****
List Major Raw Materials and Chemicals used:			
Aluminum coils, galvanized steel coils, caustic, phosphate solution, various paints and solvents.			
Check Waste Stream Pollutants of Concern from Process(es)			
<input type="checkbox"/> BOD	<input checked="" type="checkbox"/> CN ⁻	<input checked="" type="checkbox"/> Metals (List) Chromium, Copper and Zinc	<input type="checkbox"/> Solvents (List)
<input type="checkbox"/> TSS	<input type="checkbox"/> Cl ₂		
<input type="checkbox"/> O&G	<input type="checkbox"/> S ⁻		
<input type="checkbox"/> pH	<input type="checkbox"/>		
Are there floor drains in the Process area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes list number and the location of all floor drains:			
No wastewater can enter the POTW through floor drains; all wastewater in floor troughs are pumped to			

the treatment system.

Attachment B: Pollution Prevention (P2) / Recycling Activities

Does the facility have a written P2 Plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does this facility practice P2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Environmental Management System in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ISO Certified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Written Standard Operating Procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Preventative Maintenance Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (hydraulic systems, valves, pumps, etc)	
Explain:	
Water Reuse: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain: Demin and Rinse used as make-up water	
Cost Accounting to Track Savings: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Inventory Control / "Green Purchasing": Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (lean manufacturing/"env. friendly purchasing", etc)	
Explain:	
Employee Training: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Spent Solvent Reclamation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Recycle Paper, Aluminum, Boxes, and Pallets? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Explain:	
Recycle Waste Oil, Solvents, and Lubricants? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Explain:	
Other Activities	
P2 Equipment/Practices in use:	
<input type="checkbox"/> Overflow Alarms	<input type="checkbox"/> Aqueous Cleaning Solutions
<input checked="" type="checkbox"/> Fog Spray Rinsing	<input checked="" type="checkbox"/> Countercurrent Rinsing
<input type="checkbox"/> Dragout Collection Trays	<input type="checkbox"/> Seal-Less Pumps
<input type="checkbox"/> Air Jets to Blow Parts Dry	<input checked="" type="checkbox"/> Secondary Containment of Process Solutions
<input type="checkbox"/> Aqueous Paint Stripping Solutions	<input type="checkbox"/> Bead Blasting to Remove Paint
<input type="checkbox"/> Water Soluble Cutting Fluids	<input checked="" type="checkbox"/> Recycle Overspray
<input checked="" type="checkbox"/> In-Process Recycle (Ion Exchange, Reverse Osmosis)	<input checked="" type="checkbox"/> Conductivity Meters

Dead Rinse Tanks

Bath / Rinse Filtration

Attachment C: Pretreatment System

Are wastestreams segregated before pretreatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Are they pretreated prior to discharge to the sanitary sewer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was the pretreatment system visually inspected during this visit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Check which of the following are utilized for pretreatment prior to discharge to sanitary sewer:			
<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> Membrane Tech.	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Biological Treatment
<input type="checkbox"/> Centrifugation	<input checked="" type="checkbox"/> Flow Equalization	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Chlorinating
<input checked="" type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Oil/Water Separation	<input checked="" type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Grit Removal
<input checked="" type="checkbox"/> Sludge Filter Press	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Screen	<input type="checkbox"/> Solvent Separation
<input checked="" type="checkbox"/> pH Adjustment	<input type="checkbox"/> Sand Trap	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Silver Recovery
<input checked="" type="checkbox"/> Belt/Disk Oil Skimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Brief Description of Pretreatment System (leaks, cleanliness, equipment not in working order):			
System appears to be properly maintained			
Does the description match the schematic currently on file? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
System Operator(s) Name:			
Eddie Little, Wet Section Operator			
Does discharge permit require licensed operator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Is the System Operator(s) licensed by the State of Arkansas (per Reg. # 3)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
List Name(s) and License classification:			
Not applicable			
Is training provided to the Pretreatment System Operator(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If Yes, list type and frequency:			
Is the discharge from the Pretreatment System? <input type="checkbox"/> Batch <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Combination			
If any discharges are batch type or combination, describe the following:			
Volume of each batch: _____ gallons per _____			
Describe process from which batch originated (spent bath, e.g.): Coil Coating			
Approximate duration of batch discharge:			
Meter Type	Calibration Procedure and Frequency	Comments (Totalizer Reading)	
22 1/2° V-Notch	Factory Representative	Instantaneous and totalized flow capability with electronic data acquisition and recording ("Thumb Drive")	
Wier w/ ISCO Flow Monitor	Once per Year		

Attachment D: Chemical Storage Area(s)

Does the facility have a designated chemical storage area(s)? Yes No

Was this area(s) visually inspected? Yes No N/A

Describe Chemical Storage Area(s)	Are there floor drains in this area?	If yes, where does this drain lead to?
1. Paint Warehouse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
2. Waste Storage Room	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
3. Hazardous Waste Storage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pretreatment <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Storm Sewer

Does the Chemical Storage Area(s) contain any of the following?

<input checked="" type="checkbox"/> Dikes, Berms for Containment	<input type="checkbox"/> Plugs for Floor Drains
<input type="checkbox"/> Secondary Tanks for Holding	<input type="checkbox"/> Premix (low) Concentrations
<input type="checkbox"/> Alarms	<input type="checkbox"/> Chain restraints, limited access
<input checked="" type="checkbox"/> Spills Control Kits for Cleanup	<input type="checkbox"/> Notification Procedures
<input type="checkbox"/> Chemical desegregation within Storage Area	<input type="checkbox"/> Other

Chemical Inventory List (MSDS) on file? Yes No N/A

Were any new MSDS reviewed during the Inspection? Yes No N/A

If yes, list below:

Chemical storage comments:

¹Floor in this area is below the main floor and sloped to a center holding pit. The pit can only be emptied by pumping.

Chemical handling procedures (totes, dolly, buckets, hardline, etc):

Totes are hauled to sites in the plant by using forklifts.

Attachment E: Spill/Slug Control Plan	
Does the facility have a Spill/Slug control plan?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no ¹
If yes are the following: 403.8(f)(2)(v)(A-D) requirements in place?	
Is the spill/slug control plan <2 years old?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(A) Describes discharge practices including non routine batch (slug) discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(B) Describes storage and handling of chemicals	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(C) Procedures for immediate notification to POTW of slug discharges	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
(D) 1. Describes measures for controlling toxic/hazardous pollutants	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
2. Describes procedures and equipment for emergency response	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
3. Describes follow-up to limit damage suffered by POTW or environment	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
4. Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
5. Are worker personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> N/A
If no:	
Does the facility have Spill/Slug Notification Procedures posted?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is it posted in areas where chemicals are used and stored?	<input type="checkbox"/> yes <input type="checkbox"/> no
If Yes how many?	
Are appropriate personnel provided training in the event of a spill or slug discharge?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have there been any non-routine, episodic discharges or chemical spills in the past year?	<input type="checkbox"/> yes <input type="checkbox"/> no
(Briefly Describe, Include Dates)	
Was the City notified of these occurrences? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> N/A	
Visual Inspection of Discharge Lines/Points	
Provide description of manhole condition and flow channel of the following where applicable:	
Sampling / Monitoring Point	
Total Flow Monitoring Point	
Upstream Manhole	
Point of Connection:	

¹This facility has a spill plan for floor and outdoor surface spills only; no plant spills can accidentally enter the POTW. The floor plan is mainly to prevent the spills from leaving the plant and reaching the outside surface.

Attachment F: Self-Monitoring & if CFR 433, TTO/TOMP Requirements

Have Operator (or person collecting the sample) to describe how composite and grab samples are collected and preserved. Record descriptions. Include name of individual and title.

Samples are collected at the weir box prior to the location where the wastewater is discharged to the POTW. Plant staff takes the lab samples.

Where is the sample point located?

<input type="checkbox"/> End of Process	<input checked="" type="checkbox"/> Pretreatment Effluent	<input type="checkbox"/> Total Flow
<input type="checkbox"/> Combined Flow	<input type="checkbox"/> Metered Flow	<input type="checkbox"/> Flow Actuator
<input type="checkbox"/> Private Manhole	<input type="checkbox"/> Utility Manhole	<input type="checkbox"/> Advance Notice Required
<input type="checkbox"/> Safety Hazards Identified	<input type="checkbox"/>	<input type="checkbox"/>

Is the Sample Collection Site Adequate? Yes No N/A

Does the facility rep. request a split sample on this sampling/inspection? Yes No

Does the facility perform self-monitoring tests in-house? Yes No N/A

If no, record the name and address of Contract Lab:

American Interplex Cor.

Automatic Sampler or Manual **Batch WW Treatment implies Grab samples are acceptable.**

IU Self-Monitoring Results reviewed: Yes No N/A

Is the Contract Lab certified by ADEQ for test parameters? Yes No N/A

Dates and Times of Sample Analysis Recorded? Yes No N/A

Correct Methods Used for Test Analysis (Refer To 40CFR Part 136) Yes No N/A

EPA recommended holding times being met (Refer to 40CFR Part 136) Yes No N/A

Chain of Custody Records for Self-Monitoring Samples Reviewed Yes No N/A

Were correct Sample Types Collected Yes No N/A

Dates and times of Sample Collection Recorded? Yes No N/A

Were Samples preserved correctly (refer to 40CFR Part 136) Yes No N/A

Were Self Monitoring records on file for past 3 years? Yes No N/A

List the parameters the facility monitors and the frequency:

<input type="checkbox"/> Cd(t)	<input type="checkbox"/> Cu(t) 2 per year	<input type="checkbox"/> Cr(t) 2 per year	<input type="checkbox"/> Ni(t)	<input type="checkbox"/> Pb(t)
<input type="checkbox"/> Ag(t)	<input type="checkbox"/> Zn(t) 2 per year	<input type="checkbox"/> pH	<input type="checkbox"/> CN(t) 2 per year	<input type="checkbox"/> CN(a-c)
<input type="checkbox"/> TTO-Vol	<input type="checkbox"/> TTO-B/N	<input type="checkbox"/> TTO-A.E.	<input type="checkbox"/> TTO-Pest	<input type="checkbox"/> Cr(hex)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Toxic Organic Management Plan (TOMP) for Metal Finishers under CFR 433

How does the IU report TTO? Analysis Certification Statement

Does the facility have a Toxic Organic Management Plan? Yes No N/A

If yes, Does the plan show how toxic organics are used, stored, and disposed? Yes No N/A

List the date of the last revision to the TOMP:

Is the TOMP being followed as written? Yes No N/A (If no, provide explanation in comments.)

If no, is there evidence that a TOMP is needed? Yes No N/A (If yes, provide description of evidence in comments.)

Comments:



5301 Northshore Drive
North Little Rock, AR 72118
Telephone: 501-682-0744

Client Report For: American Coated Products CSI 2013 2550
Attention:
Client Address:

,

Report Date: August 02, 2013
LAB ID: AR13JUL18-01
Comment:

Approved By: _____

Date: August 02, 2013

Client: CSI	Client Sample ID: AMX
Lab ID: 2013-2550	Collection Date: 7/17/2013 12:44:00 PM
	Matrix: Water

Analyses

<i>Total Metals by EPA 200.8</i>	<i>EPA 200.8</i>	<i>Batch: 13080103 Run: 1</i>			
	<u>Result</u>	<u>Reporting Limit</u>	<u>MDL</u>	<u>Qual</u>	<u>Unit</u>
Aluminum	38.4	20	20		ug/L
Antimony	<10	10	5		ug/L
Arsenic	<1	1	0.5		ug/L
Barium	<10	10	2.0		ug/L
Beryllium	<0.5	0.5	0.1		ug/L
Boron	39.0	25	5.0		ug/L
Cadmium	<1	1	0.3		ug/L
Calcium	0.564	0.04	0.04		mg/L
Chromium	<1	1	0.3		ug/L
Cobalt	<1	1	0.5		ug/L
Copper	<1	1	0.5		ug/L
Iron	148	20	10.0		ug/L
Lead	<1	1	0.1		ug/L
Magnesium	1.30	0.1	0.1		mg/L
Manganese	82.5	1	0.2		ug/L
Nickel	52.0	2.5	0.5		ug/L
Potassium	6.63	1	0.05		mg/L
Selenium	<2	2	0.5		ug/L
Silver	<5	5	1.0		ug/L
Sodium	44.9	0.04	0.02		mg/L
Thallium	<2.5	2.5	0.05		ug/L
Vanadium	<2.5	2.5	1.0		ug/L
Zinc	43.6	3	2.0		ug/L
Dilution Factor	1				
Analyzed By	Robert Graddy				
Analysis Date/Time	Jul 25 2013 4:15PM				
Prep By					
Prep Date/Time					

Analytical Quality Control Results Report

Batch: 13080103	ICP Metals - water (total)
AMX	LIMS ID: 2013-2550

ICP Metals - water (Total) DUP

Run: 1

<i>Parameter</i>	<i>Result</i>	<i>DL</i>	<i>RL</i>	<i>Accuracy Control</i>	<i>Precision Control</i>
Aluminum	38.0 ug/L	20	20		
Aluminum (RPD)	1.0 %				0 - 20
Antimony (RPD)	0 %				0 - 20
Antimony	<10 ug/L	5	10		
Arsenic	<1 ug/L	0.5	1		
Arsenic (RPD)	200 %				0 - 20
Barium (RPD)	0.9 %				0 - 20
Barium	<10 ug/L	2	10		
Beryllium	<0.5 ug/L	0.1	0.5		
Beryllium (RPD)	0 %				0 - 20
Boron (RPD)	0 %				0 - 20
Boron	39 ug/L	5	25		
Cadmium	<1 ug/L	0.3	1		
Cadmium (RPD)	2.2 %				0 - 20
Calcium (RPD)	1.4 %				0 - 20
Calcium	0.572 mg/L	0.04	0.04		
Chromium	<1 ug/L	0.3	1		
Chromium (RPD)	7.9 %				0 - 20
Cobalt (RPD)	1.6 %				0 - 20
Cobalt	<1 ug/L	0.5	1		
Copper	<1 ug/L	0.5	1		
Copper (RPD)	5.1 %				0 - 20
Iron (RPD)	0.3 %				0 - 20
Iron	148 ug/L	10	20		
Lead	<1 ug/L	0.1	1		
Lead (RPD)	2.5 %				0 - 20
Magnesium (RPD)	0.2 %				0 - 20
Magnesium	1.29 mg/L	0.1	0.1		
Manganese	83 ug/L	0.2	1		
Manganese (RPD)	0.4 %				0 - 20
Nickel (RPD)	0.2 %				0 - 20

Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118

Laboratory Contact: Jeff Ruehr
 Ruehr@adeq.state.ar.us
 501-682-0955

Nickel	52 ug/L	0.5	2.5	
Potassium (RPD)	1.5 %			0 - 20
Potassium	6.53 mg/L	0.05	1	
Selenium	<2 ug/L	0.5	2	
Selenium (RPD)	0 %			0 - 20
Silver (RPD)	0 %			0 - 20
Silver	<5 ug/L	1	5	
Sodium	44.7 mg/L	0.02	0.04	
Sodium (RPD)	0.4 %			0 - 20
Thallium (RPD)	2.4 %			0 - 20
Thallium	<2.5 ug/L	0.05	2.5	
Vanadium	<2.5 ug/L	1	2.5	
Vanadium (RPD)	10.4 %			0 - 20
Zinc (RPD)	0 %			0 - 20
Zinc	43.6 ug/L	2	3	
Dilution Factor	1			
Analyzed By	Robert Graddy			
Analysis Date/Time	Jul 25 2013 4:21PM			

AMERIMAX EQUAL LIMITS HELENA, Arkansas

This spreadsheet determines "Equal" limits for the Amerimax facility in Helena based on two regulated process, 40CFR465.25 Galvanized Basis Material and 40CFR465.35 Aluminum Basis Material. The plant has only one production line which runs either steel or aluminum.

The math model for the Amerimax facility is equivalent to "two independent plants" (one plant which runs only aluminum and the other which runs only galv steel). Therefore, Amerimax must take two samples, one sample when the line is running aluminum and the second sample when the line is running galvanized steel. Take a "representative sample" at the weir for each "plant" during the six month period.

Note that the days of production are not relevant to the calculations in this spreadsheet since Amerimax is instructed to enter "totals" (production square footage and volume in gallons of wastewater) for the six month period. Also note that the model simulates two huge treatment tanks; one tank collects all the wastewater from the "alum plant" and the other tank collects all the wastewater from the "galv plant".

40CFR465.25 Galvanized Steel
40CFR465.35 Aluminum
40CFR465.25 Discharge Volume
40CFR465.35 Discharge Volume

10155790 Enter total square footage of steel for the six month period
71773058 Enter total square footage of aluminum for the six month period
53569.35271 Enter total volume of wastewater in gallons discharged from "steel plant"
489266.0502 Enter total volume of wastewater in gallons discharged from "alum plant"

Parameter	Galv Max Limit (mg/l)	Galv Ave Limit (mg/l)	Alum Max Limit (mg/l)	Alum Ave Limit (mg/l)
<i>Chromium</i>	<i>Not Applicable</i>	0.242	<i>Not Applicable</i>	0.259
<i>Copper</i>	<i>Not Applicable</i>	0.978	<i>Not Applicable</i>	<i>Not Applicable</i>
<i>Cyanide</i>	<i>Not Applicable</i>	0.130	<i>Not Applicable</i>	0.137
<i>Zinc</i>	<i>Not Applicable</i>	0.698	<i>Not Applicable</i>	0.720