

Allen

SEMI-ANNUAL REPORT FOR USERS REGULATED BY THE ALUMINUM FORMING CATEGORY

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

(1) IDENTIFYING INFORMATION																												
A. LEGAL NAME & MAILING ADDRESS SAPA Extrusions, Inc. Magnolia Operations P.O. Box 40 Magnolia, AR 71754	B. FACILITY & LOCATION ADDRESS for PLANT #2 SAPA Extrusions, Inc. Alumax Drive off Green Street Magnolia, AR 71753 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> RECEIVED JAN 27 2010 By _____ </div>																											
C. FACILITY CONTACT: Gerry Eddy TELEPHONE NUMBER: (870) 235-2692 FAX NUMBER: (870) 235-2609 EMAIL ADDRESS: gerry.eddy@sapagroup.com																												
(2) REPORTING PERIOD--FISCAL YEAR from September 1 to August 31 (Both Semi-Annual Reports to cover Fiscal Year)																												
A. MONTHS WHICH REPORTS ARE DUE JANUARY & JULY	B. PERIOD COVERED BY THIS REPORT FROM: July 1, 2009 TO: December 31, 2009																											
(3) DESCRIPTION OF OPERATION																												
A. REGULATED PROCESSES per 40 CFR Part 467 Subpart C--Extrusion §467.35 Pretreatment standards for existing sources <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">PROCESS</th> <th style="text-align: center;">PROD'N RATE(S)* Total Off-lbs for Six Months</th> <th style="text-align: center;">PROD'N DAYS* Number of Operating Days</th> </tr> </thead> <tbody> <tr><td>Core</td><td style="text-align: center;">3,010,786</td><td style="text-align: center;">130</td></tr> <tr><td>Extrus Press Leak</td><td style="text-align: center;">3,010,786</td><td style="text-align: center;">130</td></tr> <tr><td>Direct Chill CCW</td><td style="text-align: center;">N/P</td><td style="text-align: center;">N/P</td></tr> <tr><td>Pres Heat Trt CCW</td><td style="text-align: center;">632,265</td><td style="text-align: center;">130</td></tr> <tr><td>Sol Heat Trt CCW</td><td style="text-align: center;">N/P</td><td style="text-align: center;">N/P</td></tr> <tr><td>Clean/Etch Bath</td><td style="text-align: center;">9,181,399</td><td style="text-align: center;">130</td></tr> <tr><td>Clean/Etch Rinse</td><td style="text-align: center;">9,181,399</td><td style="text-align: center;">130</td></tr> <tr><td>Clean/Etch Sebr Liq</td><td style="text-align: center;">1,357,850</td><td style="text-align: center;">130</td></tr> </tbody> </table> <p>* Show Rate & Days--If process is not present, show "Not Present" or "N/P".</p>	PROCESS	PROD'N RATE(S)* Total Off-lbs for Six Months	PROD'N DAYS* Number of Operating Days	Core	3,010,786	130	Extrus Press Leak	3,010,786	130	Direct Chill CCW	N/P	N/P	Pres Heat Trt CCW	632,265	130	Sol Heat Trt CCW	N/P	N/P	Clean/Etch Bath	9,181,399	130	Clean/Etch Rinse	9,181,399	130	Clean/Etch Sebr Liq	1,357,850	130	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. <div style="font-size: 2em; font-family: cursive;"> ARP000004 63-00487 </div>
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C. Number of Regular Employees at this Facility: <u>153</u>	Reserved]																											

SEMI-ANNUAL REPORT CON'D FACILITY NAME SAPA Extrusions, Inc.

(4) FLOW MEASUREMENT (CON'D)

B. INDIVIDUAL PROCESS FLOWS DISCHARGED TO POTW IN GALLONS PER DAY (gpd)

Operation	Ave Tot Flow ¹	Max Tot Flow ²	Type of Discharge	No. Disc Days
Core-Extrusion	500	1000	Continuous	124
Ext Press Leakage	100	300	Continuous	124
Pres Heat Trt CCW	4,300	11,500	Batch	124
Clean or Etch Bath	1,400	3,600	Batch	124
Clean or Etch Rinse	30,676	84,600	Continuous	124
Clean/Etch Scbr Liq	14,000	14,000	Continuous	124
Total Regulated	50976	115,000	Continuous	124
§403.6(e) Unregulated ³	3,500	4,000	Batch	20
§403.6(e) Dilute	500	1,000	Batch	30
Cooling Water	0	0	*****	*****
Sanitary	5,000	7,000	Continuous	184
Total Flow to the POTW	59,976	143,000	*****	*****

¹"Ave Tot Flow" is the average of "total gallons discharged in a 24-hour day" during the reporting period. Note that "Ave Tot Flow" times "No. Disc Days" must equal the actual total gallons discharged to the POTW for this six month period.

²"Max Tot Flow" is the maximum "total gallons discharged in a 24-hour day" during the reporting period.

³"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 Equalization
- None

B. COMMENTS ON TREATMENT SYSTEM

C. THE INDUSTRIAL USER MUST PERFORM SAMPLING AND ANALYSIS ON 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	Cd	Cr	Cu	Pb	Ni	Zn	O&G	CN*	TTO*
Daily Max (mg/l)		0.33				1.11	37.04	0.23	0.52
Monthly (mg/l)		0.13				0.44	18.52	0.09	-----
AMMC (mg/l)		<0.007				0.024	<2.0	<0.01	<0.05
AMAC (mg/l)		<0.007				0.006	<2.0	<0.01	-----

*PROVIDE THE CONCENTRATION HERE IF NO CERTIFICATION IS PROVIDED IN SECTION 6 BELOW OR MARK N/A IF A CERTIFICATION IS PROVIDED. MAKE ANY CHANGES IN PARAMETER HEADING TO SUBMIT THOSE REQUIRED.

Sample Location Outfall 001

Sample Type (Grab or Composite) 24 hr composite for metals and grab for CN and Oil & Grease

Number of Samples and Frequency Collected Collected 25 samples collected at 1/wk and 1 sample for TTO

40CFR136 Preservation and Analytical Methods Use: Yes No

SEMI-ANNUAL REPORT CON'D FACILITY NAME **SAPA Extrusions, Inc.**

(6) CERTIFICATION

A. CHECK ONE: CYANIDE ANALYSIS ATTACHED CYANIDE CERTIFICATION PROVIDED BELOW (July SAR Only)

In accordance with §467.03(a), 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 and will not be used or generated in our processes which are regulated by the Aluminum Forming (40 CFR 467.35) categorical pretreatment standards since analyzing the first wastewater sample in January, February or March of this calendar year; and that the results of the first analysis contained less than 0.07 mg/l cyanide.

(Typed Name)

(Corporate Officer or authorized representative)

Date of Signature _____

B. CHECK ONE: REQUIRED TOXIC ORGANIC ANAL ATT'D O & G ANAL ATTACHED

In accordance with §467.03(b), as an alternative monitoring procedure for pretreatment, the POTW user may measure and limit oil and grease to the levels shown in Section 5.C in lieu of measuring and regulating total toxic organics (TTO).

CORPORATE ACKNOWLEDGEMENT (Optional)

STATE OF ARKANSAS)
COUNTY OF _____)

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 _____ day of _____, 199__.

Notary Public in and for _____
County, Arkansas

My commission expires _____.

SEMI-ANNUAL REPORT CON'D FACILITY NAME SAPA Extrusions, Inc.

§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 semi-annual compliance report and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the report, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Doug McCrary
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE


SIGNATURE

Plant Manager
OFFICIAL TITLE

1/22/2010
DATE SIGNED