

## Henderson, Katie

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**From:** Gilliam, Allen  
**Sent:** Tuesday, January 04, 2011 10:24 AM  
**To:** Robinson, Kelly; 'Colleen Tuggle'; Leon Ryan  
**Cc:** Garner, Cindy; Fuller, Kim; Henderson, Katie; Shafii, Mo  
**Subject:** Southern Aluminum (ARP001059) January 2010 Report (Magnolia AR0043613) [Response Required]



Sothern Aluminum CIU\_SAR\_433FOR  
BMR FORM.doc ... M.doc (107 KB)

Colleen,

Your total toxic organics (TTO) and metal scan was received 1/25/10. This is a deficient report and only part of what was required to be submitted by 11/29/09 via certified correspondence dated 11/13/09 from Cindy Garner, ADEQ's Water Division enforcement branch manager. Both the attached reports were hard copied you in her correspondence.

Submit the attached Baseline Monitoring Report (BMR) per 40 CFR 403.12(b) within thirty (30) calendar days. I've taken the liberty to fill in just a few items including your federal metal finishing limitations per 40 CFR 433.17. They're located in Section 5.B. Please call with any questions.

The attached categorical industrial user semi-annual report due dates will depend on Southern Aluminum's cooperation in submitting the first required BMR.

Your wastewater analysis showed violations of the Cadmium (at 0.207 mg/l) and Zinc (at 3.37 mg/l) daily maximum and monthly average metal finishing limits.

Per 40 CFR 403.12(g)(2) If sampling performed by [Southern Aluminum] indicates a violation, [Southern Aluminum] shall notify [ADEQ] within 24 hours of becoming aware of the violation. [Southern Aluminum] shall also repeat the sampling and analysis and submit the results of the repeat analysis to [ADEQ] within 30 days after becoming aware of the violation.

Please include the results of this repeat analysis with your completed BMR.

Southern Aluminum remains in significant non-compliance status. Initial correspondence from ADEQ to Southern Aluminum outlining compliance steps began 2/18/09 which included the attached reports required by 40 CFR 403.12(b), (e) and (g).

As has been previously offered, if there are questions or comments, feel free to contact this office.

Sincerely,

Allen Gilliam  
ADEQ State Pretreatment Coordinator  
501.682.0625

Cc: Katie Henderson/E-drive/Pretreatment Reports

## BASELINE MONITORING REPORT

**Instructions:** In accordance with 40CFR403.12(b) Industrial Users subject to categorical Pretreatment Standards are required to submit to ADEQ a report which contains the information in paragraphs (b)(1)-(7). The User is responsible for submitting a complete and accurate report. The User must complete this form in as much detail as possible. Include additional information on attached sheets as necessary where space is limited.

**(1) User Identifying Information [§403.12(b)(1)]:**

A. Legal Name: Southern Aluminum

Mailing Address: P. O. Box 884  
Magnolia, AR

Zip: 71754

B. Facility Name: Southern Aluminum

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

C. Name of Owners: \_\_\_\_\_  
\_\_\_\_\_

D. Name of Operators: \_\_\_\_\_  
\_\_\_\_\_

E. Facility Contact (Provide the name, title & phone number of a designated person to contact if additional information is necessary)  
: \_\_\_\_\_  
\_\_\_\_\_

F. Number of Employees \_\_\_\_\_ G. Number of Shifts \_\_\_\_\_

H. Number of Months per Calendar Year which Plant normally operates \_\_\_\_\_

I. Publicly Owned Treatment Works (POTW) (Provide the name of the sewerage authority, municipality, etc. that receives the wastewater discharges from this facility--If this facility has other wastewater not connected to a sewerage system describe where that wastewater is discharged)  
Magnolia, AR

J. Provide the date the facility began regulated discharge to the POTW (sewerage authority, municipality, etc.)  
\_\_\_\_\_

Date facility installed/commenced construction of the categorical operation(s) \_\_\_\_\_

(2) User's Permits [§403.12(b)(2)]:

Describe all environmental control permits held by or for the facility:

Describe Title of the Permit	Permit No.	Issuing Office	Exp. Date

(3) Description of User Operations [§403.12(b)(3)] (and attach first page of all chemicals' MSDS sheets):

A. List Raw Material/Basis Metals Used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. List Toxic Organics (TTO) & alloy metals and their source (Name of Chemical/Basis Metal, not trade name):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Describe Manufacturing or Service Activities Conducted and the Final Products: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Summarize each Point Source Category Process generating wastewater:

Phosphatizing \_\_\_\_\_  
Source Category \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize each Core process (Electroplating, Electroless Plating, Anodizing, Coating, chromating, phosphating, coloring, Aluminum Die Casting, etc):

Process Description *	Pretreatment Standard Category	Subpart	SIC Code	Date Process was Installed
Phosphatizing (conversion coating)	40 CFR 433.17			

\*Process Description must be exactly as shown in the applicable 40 CFR; for example, 40CFR 433 lists "Electroplating", "Electroless Plating", "Anodizing", "Coating", "Chemical Etching and Milling" and "Printed Circuit Board Manufacture".

E. Provide on separate sheets:

- (i) A schematic drawing/chart of manufactured parts flow through each regulated process that generates wastewater.
- (ii) A schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system, and sampling locations and flows for each individual wastestream. Show points of discharge to the POTW from regulated processes (blank schematic enclosed).

(4) User Flow Measurement [§403.12(b)(4)]:

A. Total Plant Flow in Gallons per Day (gpd):

Average \_\_\_\_\_ Maximum \_\_\_\_\_

B. Individual Process Flows in Gallons per Day <sup>1</sup> (gpd) <u>Dilute</u> wastestreams include non-contact cooling water, sanitary waste, etc.	Average Flow Rate (gpd)	Max. Flow Rate (gpd)	Type Discharge <sup>2</sup>
Regulated Streams			
Phosphatizing bath			
Phosphatizing rinses			
Unregulated Streams			
Dilute Streams			
Non-Contact Cooling Water			
Sanitary Wastewater			
Boiler Blowdown			

<sup>1</sup>Referring to 40CFR403.6(e)(1) average flows must be for a 30-day period. Batch discharges which are less frequent than monthly should be noted.

<sup>2</sup>Show type; for example--Continuous, Batch (Monthly, Semi-annually, etc), Intermittent (5 days/week, 25 days/30-day period, etc.)

(5) Measurement of Pollutants in User's Discharge to POTW [§ 403.12(b)(5)]:

A. (i) Cite Evidence why the process wastewater is subject to the category

Core Process Phosphatizing (conversion coating) Aluminum prior to powder coating

Core Process \_\_\_\_\_

Core Process \_\_\_\_\_

(ii) Provide on a separate sheet a description of all wastewater treatment utilized (show treatment system location in relation to process flows and sampling points on schematic drawing required in Section 3.E above).

B. Analysis of Regulated Flows: The industrial user must perform sampling and analysis of the effluent from all regulated processes which discharge into the POTW (after treatment, if applicable). Provide the analytical data for the regulated processes in the appropriate space below.

CONCENTRATION (mg/l)									
Basis	Pollutant								
	Cd	Cr	Cu	Pb	Ni	Ag	Zn	CN	TTO
CFR 433.17 daily max limit	0.11	2.77	3.38	0.69	3.98	0.43	2.61	1.20	2.13
CFR 433.17 monthly avg. limit	0.07	1.71	2.07	0.43	2.38	0.24	1.48	0.65	-----
Maximum reported									
Average reported*									

\* If more than one sample/analysis is conducted per month

D. User Sample Location: \_\_\_\_\_

Sample Type (Composite samples are required except where not feasible or where grab samples are specifically required--refer to 40 CFR 403.12(b)(5)(iii): \_\_\_\_\_

Number of Samples Taken: \_\_\_\_\_ Frequency (Daily, Weekly, etc) \_\_\_\_\_

Analytical Methods Used (Must be in accordance with 40CFR136--for example: EPA 608, 625, etc.) \_\_\_\_\_

(6) Certifications [§403.12(b)(5)(viii) & 403.12(b)(6)]:

**40 CFR 403.12(b)(6) Compliance Certification**

A. Are applicable categorical pretreatment standards being met on a consistent basis? YES \_\_\_ NO \_\_\_

B. If no, do you require:

(i) Additional operation and maintenance (O&M) to achieve compliance? YES \_\_\_ NO \_\_\_

(ii) New or additional pretreatment facilities to achieve compliance? YES \_\_\_ NO \_\_\_

**40 CFR 403.12(b)(5)(viii) Representative Certification**

I certify, to the best of my knowledge, that the sampling and analysis as shown in Section 5 above is representative of the User's normal work cycles and the expected Discharges to the POTW.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with 40CFR403.12(b)(5)(viii) & (6) a qualified professional must complete and sign these certifications in the space below.

Name & Title \_\_\_\_\_  
Qualified Professional (Please Type or Print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

(7) A. If additional O&M or new or additional pretreatment will be required to meet categorical pretreatment standards on a consistent basis, provide an explanation in an attachment. New sources must not commence discharge until compliance is possible.

B. Signatory Requirement [40 CFR 403.12(l)]

**40 CFR 403.12(l)(3) Authorization to Sign Environmental Reports**

I hereby authorize persons filling the position title of \_\_\_\_\_, responsible for the overall operation of the \_\_\_\_\_ facility in \_\_\_\_\_, Arkansas, to sign all regular reports required by National Pretreatment Standards--pursuant to ADEQ rules and/or Clean Water Act (CWA) regulations. This written authorization is provided in accordance with 40 CFR 403.12(l) and comparable state regulations.

\_\_\_\_\_  
*Corporate official name & title here*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**40 CFR 403.6(a)(2)(ii) Certification**

I certify under penalty of law that I have personally examined and am familiar with the information in this Baseline Monitoring 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.

\_\_\_\_\_  
*Name of Authorized Representative (Please Type or Print)*

\_\_\_\_\_  
*Official Title (Please Type or Print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# SEMI-ANNUAL REPORT FOR INDUSTRIAL USERS REGULATED BY 40CFR433

Use of this form is not an EPA/ADEQ requirement.

Attn: Water Div/NPDES Pretreatment

**(1) IDENTIFYING INFORMATION**

**A. LEGAL NAME & MAILING ADDRESS**

**B. FACILITY & LOCATION ADDRESS**

**C. FACILITY CONTACT:**

**TELEPHONE NUMBER:**

**e-mail:**

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

**A. MONTHS WHICH REPORTS ARE DUE**

**B. PERIOD COVERED BY THIS REPORT**

\_\_\_\_\_ & \_\_\_\_\_

**FROM: TO:**

**(3) DESCRIPTION OF OPERATION**

**A. REGULATED PROCESSES**

**CORE PROCESS(ES)**

CHECK EACH APPLICABLE BLOCK

- Electroplating
- Electroless Plating
- Anodizing
- Coating
- Chemical Etching and Milling
- Printed Circuit Board Manufacture

**ANCILLARY PROCESS(ES)\***

LIST BELOW EACH PROCESS USED IN THE FACILITY

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**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.

\*SEE 40CFR433.10(a) FOR 40 DIFFERENT OPERATIONS

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

\_\_\_\_\_

**D. [Reserved]**

**(4) FLOW MEASUREMENT**

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

Process	Average	Maximum	Type of Discharge
Regulated (Core &			
Regulated (Cyanide)			
§403.6(e) Unregulated*			
§403.6(e) Dilute			
Cooling Water			
Sanitary			
Total Flow to POTW			*****

\*"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.

Pollutant(mg/l)	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 Ave	0.07	1.71	2.07	0.43	2.38	0.24	1.48	0.65	--
Max Measured									
Ave Measured									

Sample Location \_\_\_\_\_

Sample Type (Grab or Composite) \_\_\_\_\_

Number of Samples and Frequency Collected \_\_\_\_\_

40CFR136 Preservation and Analytical Methods Use:  Yes  No

**(6) CERTIFICATION**

A. [Reserved]

[Reserved]

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

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Corporate Officer or authorized representative)

Date of Signature \_\_\_\_\_

**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 \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County, Arkansas

My commission expires \_\_\_\_\_.

**(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:

**(8) GENERAL COMMENTS**

**(9) SIGNATORY REQUIREMENTS [40CFR403.12(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.

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

\_\_\_\_\_  
SIGNATURE

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

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