

From: [Gilliam, Allen](#)
To: [Colleen Tuggle \(ctuggle@southernaluminum.com\)](mailto:ctuggle@southernaluminum.com)
Cc: [Burrow, Kealey](#); [Peltier, Hannah](#); [magnolia russell thomas](#); [Bernie K. Finch](#)
Subject: AR0043613_Southern Aluminum ARP001059 June 2015 Semi Annual Pretreatment Report_20150624
Date: Wednesday, June 24, 2015 2:30:08 PM
Attachments: [Southern Aluminum June 2015 Pretreatment Report.PDF](#)
[Pret. Change in Signatory Authorization Form Dec 2013.doc](#)

Colleen,

Southern Aluminum's June 2015 semi-annual Pretreatment report was received on 6/22/15, reviewed, deemed complete and compliant with the reporting requirements in 40 CFR 403.12(e) and more specifically compliant with the Metal Finishing standards in 40 CFR 433.17.

It has been noted Ms. Allison Schultz, Chief Operating Officer of Southern Aluminum signed this report. Has Southern Aluminum changed its signatory authority from Leon Ryan? If so, please submit the appropriate form (attached) designating this change.

Thank you for your timely report.

Sincerely,

Allen Gilliam
ADEQ State Pretreatment Coordinator
501.682.0625

ec: Russell Thomas, Magnolia Wastewater Manager
Bernie Finch, Finch Environmental, Consultant to Southern Aluminum

E/NPDES/NPDES/Pretreatment/Reports

Finch Environmental, PLC

9 Heritage Park Circle
North Little Rock, Arkansas 72116-8528

*Municipal and Industrial
NPDES Storm Water
Pollution Prevention Plans
Control Plans
Environmental Permitting
Reporting Hazardous Waste
Pretreatment*

6/12/2015

Mr. Allen Gilliam
Pretreatment Coordinator
ADEQ
5301 Northshore Drive
North Little Rock, AR 72118

Re: Southern Aluminum, Pretreatment Tracking Number ARP001059

Dear Mr. Gilliam,

Please accept the following document and supporting attachments for the referenced facility located in Magnolia, Arkansas.

In this submittal you will find the following items:

1. Semi-Annual Report for Industrial Users Regulated by 40 CFR 433; and
2. The results of a sample of the regulated waste streams analyzed for Metals and Cyanide during the period beginning 01/01/2015 and ending 06/30/2015;

Analytical results of the sample taken on 06/02/2015 indicated no excursions of the daily maximum or monthly average pretreatment standards for new sources (PSNS) for metals and Cyanide.

Additionally, pH was analyzed and found to be 6.8 s.u. Southern Aluminum continues to analyze pH each time a batch discharge occurs from any regulated source and log this value.

As required by regulations the City of Magnolia is being provided a copy of this communication and supporting documentation.

Please accept this information and contact me with questions.

Thank you.

Sincerely,



Bernie K. Finch
Finch Environmental, PLC

Attachments

Cc Colleen Tuggle, Southern Aluminum (w/attachments)
Russell Thomas, City of Magnolia (w/attachments)

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

Southern Aluminum
P.O. Box 884
Magnolia, AR 71754

B. FACILITY & LOCATION ADDRESS

Southern Aluminum
5 Highway 82 West
Magnolia, AR 71753

C. FACILITY CONTACT: Colleen Tuggle

TELEPHONE NUMBER: 870.234.8660

e-mail: tuggle@southernaluminum.com

(2) REPORTING PERIOD--FISCAL YEAR 2014 (Both Semi-Annual Reports must cover Fiscal Year)

A. MONTHS WHICH REPORTS ARE DUE

July and January for each semi-annual reporting period.

B. PERIODS COVERED BY THIS REPORT

FROM: January 1, 2015 **TO:** June 30, 2015

(3) DESCRIPTION OF OPERATION

A. REGULATED PROCESSES

CORE PROCESS(ES)

CHECK EACH APPLICABLE BLOCK

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

ANCILLARY PROCESS(ES)*

LIST BELOW EACH PROCESS USED IN THE FACILITY

- Coating _____
- Cleaning _____
- _____
- _____
- _____

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.

None .

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

C. Number of Regular Employees at this Facility 135
135

D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of
Regulated (Core & Ancillary)	See note below	See note below	2882
Regulated (Cyanide)	0	0	N/A
' 403.6(e) Unregulated*	0	0	N/A
' 403.6(e) Dilute	0	0	N/A
Cooling Water**	0	0	N/A
Sanitary**	0	0	N/A
Total Flow to POTW	See note below	See note below	2882

**"Unregulated" has a precise legal meaning; see 40CFR403.6(e).

**Indicate if these Streams commingle with Regulated Streams BEFORE treatment

(5) MEASUREMENT OF POLLUTANTS

A. TYPE OF TREATMENT SYSTEM

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	0.010	0.016	0.0005	0.005	0.018	0.003	0.877	0.0100	N/A
Ave Measured	0.010	0.016	0.0005	0.005	0.018	0.003	0.877	0.0100	--

Sample Location Flow-weighted composite samples taken of wash tank and rinse tank contributions commingled prior to discharge to municipal collection system. Dip tank did not discharge during the period 01-01-2015 through 06-30-2015.

Sample Type (Grab or Composite) Grab

Number of Samples and Frequency One (1) sample collected 06-02-2015

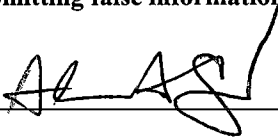
40 CFR 136 Preservation and Analytical Methods Use: Yes No

Indicate Combined Wastestream Factor if Dilution Streams Exist w/Regulated Streams N/A

(6) CERTIFICATION

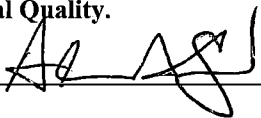
A. Required under 40 CFR 403.12(g)

I certify under penalty of law that 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.

Allison Schultz 
 (Typed Name)
Chief Operating Officer
 (Corporate Officer or authorized representative)

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.

Allison Schultz 
 (Typed Name)
Chief Operating Officer
 (Corporate Officer or authorized representative)

Date of Signature 06-18-15

Intentionally left blank

**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: None

(8) GENERAL COMMENTS

Flow (Discharge)

Southern Aluminum batch discharges to the City of Magnolia POTW in the following manner:

Rinse Tank (Capacity: 832 gallons)

Wash Tank (Capacity: 2050 gallons)

Dip Tank (Capacity: 1000 gallons)*

* Dip Tank did not discharge during the period beginning 01-01-2015 and ending 06-01-2015

(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.

Allison Schultz
NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE


SIGNATURE

Chief Operating Officer
OFFICIAL TITLE

06-18-15
DATE SIGNED

Environmental Services Company, Inc.

Corporate Office
13715 West Markham
Little Rock, AR 72211
Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
1107 Century Avenue
Springdale, AR 72762
Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1506010235
Customer Name : SOUTHERN ALUMINUM CO., INC.
Customer Number : 2754
Report Date : 06/12/15

Sample Date : 06/02/15
Sample Time : 1329
Sample Type : GRAB WATER
Sample From :

Collected By: JF, CT
Delivery By : FEDEX
Work Order :
Purchase Order :

Laboratory Analysis

<u>Analysis</u>						<u>Quality Assurance</u>			
<u>Date</u>	<u>Time</u>	<u>By</u>	<u>Parameter</u>	<u>Result</u>	<u>Notes</u>	<u>Quantity</u>	<u>Method</u>	<u>Precision</u>	<u>Accuracy</u>
								<u>% RPD</u>	<u>% Recovery</u>
06/08	1230	NTR	Cyanide Total (as CN)	< 0.0100 mg/L			SM 1999 4500-CN E	2.71	97.3 *
06/02	1329	JF	pH	6.8 S.U.			SM 2000 4500-H+B		
06/05	1114	RAH	Chromium	16.00 ug/L			EPA 200.8	0.60	102.2 *
06/05	1114	RAH	Nickel	18.00 ug/L			EPA 200.8	2.24	104.3 *
06/05	1114	RAH	Copper	< 0.50 ug/L			EPA 200.8	0.92	104.2 *
06/05	1114	RAH	Zinc	877.00 ug/L			EPA 200.8	0.63	97.3 *
06/05	1114	RAH	Silver	3.00 ug/L			EPA 200.8	0.55	100.6 *
06/05	1114	RAH	Cadmium	10.00 ug/L			EPA 200.8	1.24	109.8 *
06/05	1114	RAH	Lead	5.00 ug/L			EPA 200.8	2.11	103.1 *

* QA data shown is from a different sample or standard on the same date.

All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature

[Handwritten Signature]
Environmental Services Co., Inc.

Environmental Services Company, Inc.
 Corporate Office
 13715 West Markham P.O. Box 55146
 Little Rock, AR 72211 Little Rock, AR 72215
 website: www.esclabs.com



Environmental Services Company, Inc.
 Northwest Branch
 1107 Century
 Springdale, AR 72764

Phone: 501-221-2565 Fax: 501-221-1341

CHAIN OF CUSTODY

Phone 479-750-1170 Fax: 479-750-1172

Client Information				Project Information				Requested Parameters						
Company Name:		Southern Aluminum Co., Inc.		Permit/Project #:				Cyanide(9) Metals (See Comments)						
Address:		#5 Hwy 82 West Magnolia, AR 71753		Purchase Order #:										
Telephone:		800-221-0408		Work Order #:										
Fax:		870-234-4665		Sampler Name(s):		Jeff Farrar Colleen Tuggle								
Contact:		Ms. Colleen Tuggle		and Signature(s):		[Signatures]								
ESC Client Number:		2754												
Sample Identification		Sample Collection				Sample Containers								
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#					
	1506010235		1:29pm	Grab	Water	Plastic	1 Liter	NaOH+Ascorbic	1	X				
			1:29pm	Grab	Water	Plastic	8 oz	HNO3 to pH <2*	1		X			
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used?	Intact?			
[Signature] Colleen Tuggle		6-2-15	1:29pm	[Signature] JIV FENEX				Turnaround:		Regular	Special			
[Signature] JEFF FARRAR		6-2-15	1:29	Received for Lab By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes	No			
				[Signature] Christina Brown		6-3-15	1000			X				
Comments:		Cd(48.PS), Cr(24.PS), Cu(29.PS), Pb(82.PS), Ni(28.PS), Ag(47.PS), Zn(30.PS)		Analyst:		pH: 6.8		Time:		1:29pm				
				Reading:				Units:						
* Per 40 CFR 136.3 Table II Note 19, samples preserved in laboratory.				Fecal Start:				This Document is Page		of				

Directions

**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

Pretreatment Permit
and/or Tracking
Number: _____

Facility Name: _____

- Type of Change: New Cognizant Official (or duly authorized representative) (sections 1 and 2)
(check one) New Responsible Official (complete section 2 only)
 Both (sections 1 and 2)

NEW COGNIZANT OFFICIAL (or *Duly Authorized Representative*) [See 40 CFR 403.12(l)(3)]; the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility **or** activity responsibility, having overall responsibility for environmental matters for the facility **or** having responsibility for environmental matters pertaining to wastewater discharged to the City and pretreatment.

The ranking official hereby designates the following ***individual*** as the cognizant official, (duly authorized representative), for signing the Pretreatment required reports, etc., including Periodic Monitoring Reports required by the Federal Pretreatment Regulations, and other information requested by the Director:

Signature of the Cognizant Official (Duly Authorized Representative)

Name (First Name, MI, Last Name) Typed or Printed

Mailing Address

City, State, and Zip

()

()

Title

Phone

Cell

Email Address: _____

By signature below, the responsible official certifies that the above named ***individual*** is qualified to act as the duly authorized representative under the provisions of 40 CFR 402.12(l)(3).

1. **RESPONSIBLE OFFICIAL** {**Note:** For a *Corporation*: it is the responsible corporate officer. For a Partnership or Sole Proprietorship: a general partner or proprietor. [see 40 CFR 403.12(l)(1) or (2)]}

Signature of the Responsible Official

Date

Name (First Name, MI, Last Name) Typed or Printed

Mailing Address

City, State, and Zip

()

Title

A/C

Phone

Fax

Email Address: _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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.

Will the Responsible Official also be the person signing submittals? Yes No

**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**
