

Henderson, Katie

From: Gilliam, Allen
Sent: Friday, May 25, 2012 1:43 PM
To: Henderson, Katie
Cc: Fuller, Kim
Subject: AR0046566_Industrial Metal Finishing Plants 1 and 2 (ARP001023 and ARP001924)
Semi Annual Pretreatment Reports_20120525 (AFIN 38-00378 for plant 1)
Attachments: CIU_semi annual report_FORM_433 Facility 1.doc; CIU_semi annual report_FORM_433
Facility2.doc; 846063.pdf

Katie,

Can you please pdf the attachments and attach them to the below e-mail to send as one document to the E-drive?

Thanx,

Allen g

From: bniswonger@indmetalfinishings.com [<mailto:bniswonger@indmetalfinishings.com>]
Sent: Tuesday, April 17, 2012 1:19 PM
To: Gilliam, Allen
Cc: Lester Herring
Subject: semi-annual report

Allen,

Here is the copy of our semi-annual report along with the lab results from American Interplex. Both facilities are included in the attachments. Let me know if you need anything else. Thank you and have a great day!!!

Brian Niswonger

Production Manager

Industrial Metal Finishing, Inc.

Tel#(870)886-7531

Cell#(870)378-1977

Fax#(870)886-9546

email bniswonger@indmetalfinishings.com

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

Industrial Metal Finishing, Inc.
P.O. Box 326
Pocahontas, AR 72455

B. FACILITY & LOCATION ADDRESS

Industrial Metal Finishing, Inc.
329 Frazier Street
Walnut Ridge, AR 72476

C. FACILITY CONTACT: Brian Niswonger TELEPHONE NUMBER: (870)886-7531 e-mail:bniswonger@indmetalfinishings.com

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

A. MONTHS WHICH REPORTS ARE DUE

April & October

B. PERIOD COVERED BY THIS REPORT

FROM: October 2011 TO: April 2012

(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

Black Oxide(ferrous metals)

Zinc Phosphate(ferrous metals)

Chloride Zinc(ferrous metals)

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

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.

C. Number of Regular Employees at this Facility

5

D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Ancillary)	5375	7100	continuous
Regulated (Cyanide)	0	0	
§403.6(e) Unregulated*	0	0	
§403.6(e) Dilute	0	0	
Cooling Water	0	0	
Sanitary	125	200	batch
Total Flow to POTW	5400	7300	*****

*"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	0.005	0.017	0.027	<0.04	<0.01	<0.007	0.15	<0.01	n/a
Ave Measured									

Sample Location Effluent Sampling Point *(schematic drawing)*

Sample Type (Grab or Composite) Composite

Number of Samples and Frequency Collected 4; 2 hrs.

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.

Brian Niswonger
(Typed Name)



Brian Niswonger 4/17/12
(Corporate Officer or authorized representative)

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.

Brian Niswonger



Brian Niswonger

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE

President
OFFICIAL TITLE

DATE SIGNED 4/17/12

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 - Chloride Zinc(ferrous metals)**
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- _____
- _____

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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.

C. Number of Regular Employees at this Facility

3

D. [Reserved]

(4) FLOW MEASUREMENT

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

Process	Average	Maximum	Type of Discharge
Regulated (Core & Ancillary)	2850	3400	continuous
Regulated (Cyanide)	0	0	
§403.6(e) Unregulated*	0	0	
§403.6(e) Dilute	0	0	
Cooling Water	0	0	
Sanitary	75	125	batch
Total Flow to POTW	2925	3525	*****

*"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

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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	0.0088	0.010	0.036	<0.04	<0.01	<0.007	0.34	<0.01	n/a
Ave Measured									

Sample Location Effluent Sampling Point *(schematic drawing)*

Sample Type (Grab or Composite) Composite

Number of Samples and Frequency Collected 4; 2 hrs.

40CFR136 Preservation and Analytical Methods Use: Yes No

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A. [Reserved]

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Brian Niswonger
(Typed Name)



Brian Niswonger 4/17/12
(Corporate Officer or authorized representative)

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 _____.

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Brian Niswonger



Brian Niswonger

NAME OF CORPORATE OFFICER OR AUTHORIZED REPRESENTATIVE

SIGNATURE

President
OFFICIAL TITLE

DATE SIGNED 4/17/12