



Pretreatment Tools and Checklists

Steve Caspers | May 16, 2023

Purpose



- Provide States, Cities, industries with tools to make our jobs easier
- No internet in old days, made our own forms
- Doubt we even know what other states have done in our own region, let alone in the nation.

Background

- Graduated from Kansas State University in Environmental Engineering
- Worked for large Environmental consulting firm
- Started with State of Kansas in 1982, Bureau of Water, Industrial Programs Section – 0.5 FTE



Facts about Kansas

- We will have largest Battery Manufacturer in nation making electric car batteries
- Semi-conductor Plants popping up everywhere
- Middle of US – have 14 applicable ELG
- We are not a delegated State but act like one



Things I have Learned

- Regulation interpretations vary
- Everyone is very busy
- Training and Education Pay off
- Explain SNC – 95% compliance



Some Checklists

- Audit and PCI – 22 pages
- Spill Control Plan
- New Coordinator List
- Industrial File Review
- Closure Plan



Pretreatment Tools and Checklists



PRETREATMENT Audit/Pretreatment Compliance Inspection (PCI) Form

POTW Pretreatment Program

PCI Date(s): _____, 2023

FY 2023

POTW: Address:	CITY OF	Date of last PCI/Audit:
		NPDES Permit No. (RIDE):
Contact: Title: Phone: Fax:	PRETREATMENT COORDINATOR	State Permit No.: Expiration Date:

Participants/Titles

POTW: _____, Pretreatment Coordinator	Inspector: _____, Pretreatment Specialist
Period covered by this PCI/Audit: 01-00-2000 thru 01-00-2000	

(RIDE) = Required ICIS Data Elements

Pretreatment Tools and Checklists



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT

Spill/Slug Control Plan Checklist

INDUSTRY NAME: _____

FEDERAL REQUIREMENT: 40 CFR, Part 403.8(f)(2)(vi), revised on July 24, 1990, General Pretreatment Regulations

MINIMUM REQUIREMENTS NEEDED IN A PLAN:

- Does the plan list the individuals that are responsible for implementing the plan?
- Does the plan give a description of wastewater discharge practices, including non-routine "batch" discharges?
- Does the plan contain the names, titles and phone numbers of persons responsible for implementing the spill plan?
- Does the plan inventory the types and amounts of all stored chemicals, liquids and raw materials on-site, including those in above/below ground tanks?
- Does the plan give procedures and phone numbers for immediately notifying the POTW (City WWTP) of slug discharges, including any discharge that would violate a prohibition under 40 CFR 403.5(b), with procedures for follow-up, including written notification within five days?
- Does the plan explain procedures in place to prevent adverse impact from accidental spills to the sanitary sewer including:
 - Are chemical/liquid storage tanks/areas maintained and inspected routinely?
 - Are there procedures for handling and transferring of liquids/solids, including loading and unloading of these materials, at the facility?
 - Are spill controls in place to prevent liquids and accidental spills from leaving the plant site and going down the drain?
 - Is worker training on spill response procedures available, utilized and documented?
 - Do liquid storage tanks have secondary containment?
 - Are stored liquids protected from moving equipment, including fork lifts?
 - Are there measures for properly containing and managing organics, such as solvents, on-site?
 - Is spill response equipment, such as extra pumps and empty tanks, readily available for emergency response in case of an accidental discharge or spill?

Note: It is recommended the plan be dated and reference the Federal standard (40 CFR Part 403.8(f)(2) (vi). A schematic of the plant layout, including water and sewer lines should be included in the spill plan. Note: cities with approved pretreatment programs must evaluate the need for a spill plan or the need to update the spill plan at an industrial facility, when the industry is inspected.

Comments:

DATE PLAN REVIEWED:

Plan Reviewed by:

Updated: 2018

Pretreatment Tools and Checklists

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
Bureau of Water

Checklist of items needing to be completed by City Pretreatment Program Coordinators

Below is a list of **minimum** actions a City must take, to avoid being in Significant Non-Compliance (SNC), with Pretreatment regulations, once a City has an approved Pretreatment Program.

1. An *Annual Report* must be submitted to Region VII EPA. This reports summarizes the compliance status of all SIU's, during the time period of January 1 - December 31, of each year. EPA provides the form to complete. The report is due **by March 31**, following the twelve month report period.
2. A *Semi-annual report* must be submitted to KDHE. This report summarizes the compliance status of all SIU's, during the time period of January 1- June 30, of each year. KDHE provides the form to complete. This report is normally due **by August 31**, following the six month report period.
3. All Significant Industrial Users (SIU's) must have an active Pretreatment Permit, issued by the City. No permit shall be allowed to expire, for longer than 180 days.
4. All SIU's must be **sampled** by the City, at least *once* per calendar year.
5. At least 80% of all SIU's must be **inspected** by the City, *once* per calendar year. Inspections must be documented and industry files should be reviewed to make sure they are complete and well organized.
6. Within 30 days of knowing of a violation, the City must send any SIU found to be in non-compliance with permit requirements, a **Notice of Violation (NOV)** letter, or other appropriate action, outlined in the City's Enforcement Response Plan (ERP).
7. Any SIU found to be in SNC, must be placed on an enforceable **compliance schedule**, as outlined in the City's ERP, if not in compliance within 90 days. This compliance schedule can be placed in either an Administrative Order or permit, issued by the City.
8. The City must **publish the names** of any SIU's found to be in SNC, *once* during a calendar year. Normally, the names are published in January, following the previous calendar year.
9. The City must keep files on-site for all SIU's a minimum of 3 years.
10. The City must submit any substantial program changes to KDHE and EPA for review and approval. Examples of substantial program changes include modifications to the Sewer Use Ordinance, ERP, local limits, significant changes to the monitoring program or permits, confidentially procedures and organizational changes.

Pretreatment Tools and Checklists

Industry Name: _____

Date: _____

Pretreatment Program File Content Checklist

Below is a list of *minimum* items that should be contained in industrial files, in case a facility is audited or inspected by KDHE or EPA staff. Facilities are required to keep information in on-site files, a minimum of 3 years. In the blank, write a yes, no or not applicable.

Recommended Historical Documents (which may be older than three years):

_____ A completed **Baseline Monitoring Report (BMR)** or permit application containing the same information and a completed **90-day Compliance report**. Note: The 90-day report looks similar to the BMR, except laboratory data is usually included in the 90-day report.

_____ A completed **Industrial (General) Survey questionnaire**, which includes a schematic of the water and wastewater system. If a facility is subject to the Metal Finishing standard, the **Metal Finishing Questionnaire** should also be in the files, if the forms were completed.

Current Documents that are required:

_____ Paper copies of faxes, letters and e-mails relating to the pretreatment permit, regulatory interpretations or **general correspondence**.

_____ A completed **permit application** and active **pretreatment permit**.

_____ Self - **monitoring (180 day) reports** for the past three years. Copies of the laboratory results from a KDHE certified laboratory shall be in the files for all compliance samples collected by the industry. (Note: A TTO certification statement should also be included in the 180 day report, if applicable the industry is subject to the Metal Finishing standard.)

_____ Documentation that pH data is analyzed by a KDHE certified laboratory or a **certificate** from KDHE's Laboratory Improvement (785-296-6198 or 785-291-3162) showing the facility is certified for pH, as a field laboratory, if required.

_____ A written Sampling Plan (procedure), if one was required by the City or KDHE.

_____ A copy of the most recent **Solvent Management Plan (SMP)** and one set of sampling results for the Total Toxic Organics (TTO) parameter, if the facility is subject to the Metal Finishing Standard.

_____ Copies of any **inspection reports** completed by the City, KDHE or EPA documenting any inspections during the past three years.

_____ **MSDS sheets** for chemicals used in the regulated process that is being permitted, that was needed to make a categorical determination, if applicable.

_____ If applicable, A schematic of any **treatment systems** on-site, used to comply with permit limitations showing the designated sampling location(s). (Outfall)

_____ A copy of the **SNC policy criteria** used to evaluate monitoring data and classifies the compliance status. (Note: A copy of your facility's compliance history can also be requested.)

_____ A copy of the latest **Spill Control Plan** that complies with 40 CFR, Part 403.8(f)(2)(vi), if the City or KDHE decided a plan was needed.

Inspector: _____ Industry Contact: _____

Pretreatment Tools and Checklists

**KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT**

**Pretreatment Program
Example Closure Plan Checklist**

Industry Name: _____

City: _____

Closure Plan should address the following questions/information, at a minimum:

Check below, if in plan:

- When (provide date) will or has all regulated process operations (subject to federal pretreatment standards) be/been discontinued? _____ (if not applicable, answer "NA")
- Will the facility be "sold" to a new owner or will the building be "abandoned"? _____
- If the facility is sold to a new owner, what will the building be used for and who will be the new owner? _____
- Will existing pretreatment system be de-activated and if so, when (provide date)? _____
- Will existing sanitary sewer lines be de-activated and if so, how and when (also provide date)? _____
- Indicate the amount and type of "unused chemicals/solvents" on-site that will be shipped off-site for reuse or treatment/disposal? (Please list each chemical on the attached sheet)
- Indicate the amount and type of "liquid wastes" that will be shipped off-site and indicate how the waste will they be disposed of /treated? (Please indicate disposal method for each waste needing disposal on the attached sheet.)
- Has KDHE's Bureau of Waste Management been contacted to determine the proper disposal of all "Solid/Hazardous wastes" ?
- Has the Closure Plan been reviewed and certified that it is complete by an "authorized representative" of the facility?
- Has the Control Authority (City) that issued the permit to this facility been notified, so permits can be revoked?

* Note: All discharges, including dumping process tanks, must meet permit limits at all times. "Slug" discharges are not allowed without city approval.

Comments:

Questionnaires/Templates

- Categorical Determinations
- Example Sampling Plans
- BMR/90-day reports
- Example Fact Sheets



Pretreatment Tools and Checklists

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

PHARMACEUTICAL MANUFACTURING QUESTIONNAIRE (Part 439)

A. Applicability

This questionnaire pertains to those facilities which engage in the manufacture of pharmaceutical products. Please refer to definitions of terms, included in this questionnaire, when answering the following questions.

B. General Information

1. Facility Name: _____
2. Primary Contact: _____
3. Phone Number/Cell Number: _____
4. Mailing Address: _____
5. Facility Location (if different): _____
6. City: _____ State: _____ Zip _____
7. E-Mail Address: _____
8. Number of Employees: _____

C. Products Manufactured

1. Describe the raw materials used by your facility when manufacturing products for sale, in a typical working day.
2. Describe principal product(s) manufactured by your company. List the appropriate Standard Industrial Classification (SIC) code for each product manufactured (if known).
3. Do you believe you are subject to any of the EPA industrial categories with pretreatment standards, such as the Pharmaceutical Manufacturing Standard, Part 439?
____ If no, please state reason.
____ If yes, specify the subpart applicable to your facility.
____ Not certain
4. When (provide date) when you began or will begin manufacturing pharmaceutical products? _____

Example Sampling Procedure

Industry Name, Date

Procedure for collecting grab sample for oil and grease and semi-volatiles, for permit compliance

1. Open the cooler from the KDHE certified laboratory (Example Pace Analytical) carefully.
2. Inside of the cooler from the laboratory there are 2 bottles in a plastic bag.

Note: the ice is required for transporting the cyanide sample to meet preservation requirements.
3. Clean and dry the plastic measuring cup or other approved sample collection container. – Note that glass is always preferred as a collection vessel and metal containers are NEVER allowed.
4. Remove 1 bottle used to analyze heavy metals and remove lid without touching inside of lid or bottle (do not set lid or bottle down). Make sure bottle has a small amount of preservative in the bottom, added by the laboratory.
5. Using the plastic measuring cup dip, collect samples from final holding tank that will be discharged to the city sewer, fill bottle and replace lid and tighten. Pour samples in sample bottle provided by the laboratory and make sure sample is poured in bottle, so preservative in bottles are not lost. Also make sure holding tank that is being discharged is well mixed. Note: Make sure samples are “representative” of the actual discharge to sewer and that samples are collected at the location, using the sampling method, described in your pretreatment permit.
6. Repeat procedure in #5 with the second bottle used to analyze cyanide and place both bottles in the plastic bag and zip closed.
7. Place bottles in the center of the cooler, fill zip lock bags with ice and pack them around the samples, replace lid to cooler.
8. Add the date and time of sample collection to the chain of custody form provided by the laboratory and sign the relinquished by line at the bottom of the form. Keep the copy for your records. See the original chain of custody in the plastic zip lock provided and place inside cooler.
9. Seal the cooler with tape and ship to certified laboratory within 24 hours.
10. Clean and dry plastic measuring cup and seal the bag it goes in and return.

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For Rubber Processing Industries

_____, KANSAS
BASELINE MONITORING REPORT (BMR)
(40-CFR 403.12(b))

NOTE: Answer any blanks with an "N.A." if the question is "not applicable".

1. COMPANY NAME: _____ 2. Date: _____
3. MAILING ADDRESS: _____
4. FACILITY ADDRESS: _____
5. NAME OF PERSON TO CONTACT: _____
6. ENVIRONMENTAL PERMITS (EPA, KDHE, OR CITY)

<u>Type of Permit</u>	<u>Control Authority</u>	<u>Expiration Date</u>	<u>Permit Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
e.g. <u>Hazardous Waste</u>	<u>State of Kansas</u>	_____	_____

7. LIST ANY EPA CATEGORICAL STANDARD(S) APPLICABLE TO YOUR INDUSTRY*

<u>Category Name</u>	<u>Part No.</u>	<u>SIC Code(s)</u>
<u>Rubber Processing</u>	<u>428</u>	_____
_____	_____	_____

*Refer to "SUMMARY OF DATES FOR INDUSTRIAL CATEGORIES WITH PRETREATMENT STDS", attached to this form, to determine which of the 23 standards apply to your facility.

8. BRIEFLY DESCRIBE ANY PRODUCTS MANUFACTURED BY YOUR FACILITY INCLUDING A DESCRIPTION OF YOUR OPERATIONS, RATE OF PRODUCTION, ETC.*

*Production rates should be an average and should be quantities (lbs. units, feet, etc.) per time (day, year, etc.).

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PRETREATMENT PERMIT FACT SHEET

Permit Writer:
Date Permit Drafted:
Facility Name:
Facility Address:

Permit No.:
County:
City:
State/Zip:

Proposed Changes to Permit

The proposed action consists of modifying the above referenced Pretreatment permit. The primary change to the permit is _____.

Certification Statement

The requirements of this permit are pursuant to the U.S. Environmental Protection Agency (EPA=s) General Pretreatment Regulations, 40 CFR, Part 403 and the City's technically based local limits.

Receiving POTW:

This facility discharges to the City of Topeka Oakland Wastewater Treatment Plant, via the city wastewater collection system.

Facility Description

This facility manufactures snack foods of various kinds.

Monitoring Reports

The facility has completed a permit application, as required.

Proposed Limitations and Justification

Outfall 001:

The major source of wastewater from this facility is from cleanup of equipment used to manufacture food products. Various detergents and cleaners are used to sanitize the equipment after production occurs. The permit will require that grab samples collected at the designated location, which would be located at a point following any on-site treatment processes.

Wastewater discharges from this facility must comply with *40 CFR, Part 403*. Since the authority that operates the city sanitary sewer system does have an approved Pretreatment program, the City of Topeka is the Control Authority. In addition, since categorical standards do not apply to this facility, local limits are being applied to the total discharge for all pollutants of concern.

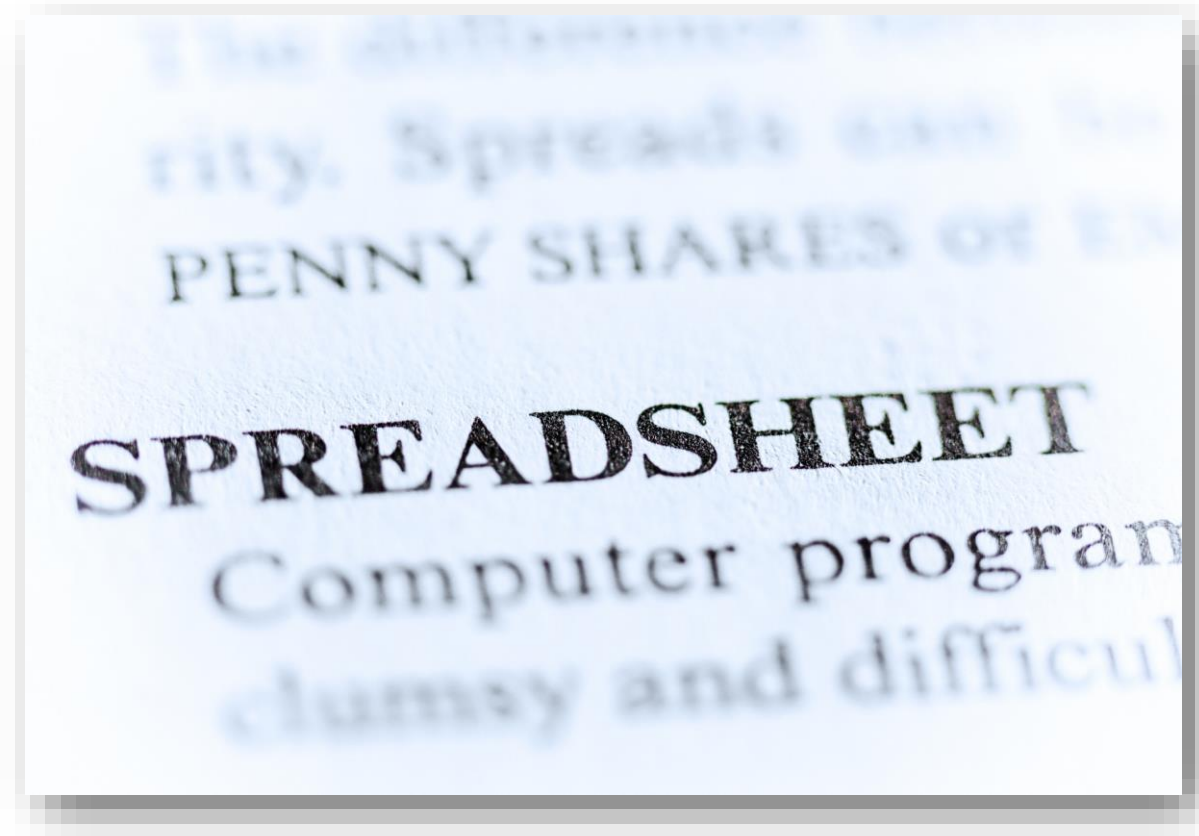
Pollutants of Concern

BOD and TSS

The permittee will be required to monitor for Biological Oxygen Demand (BOD) and Total Suspended Solids (TSS), since this facility is expected to discharge wastes with concentrations of BOD and TSS that are higher than domestic levels. However, since the city WWTP has the capacity to handle the additional loading for these compatible pollutants, a limit will not be required and the permittee will only be surcharged. This facility will need to monitor for these two pollutants on a *quarterly* basis.

Spreadsheets

- Local Limits Calculator
- Sewer Use Ordinance Review
- SIU Information
- SIU Compliance Summary
- Semi-annual Report



Pretreatment Tools and Checklists

LOCAL LIMITS CALCULATOR

City: **Anytown** NPDES #: _____
 State: **KS** Non SIU Flow, MGD: **0.999** Flow To Digstr, MGD: **1.000**
 TOTAL Flow, MGD: **1.000** Sludge from Digstr, MGD: **0.1000**
 Plant: 7Q10, MGD: **1.00** Sludge from Digstr, %Solids: **1.00**
 Data: Stream Hardness, mg/l: **100** Site Use, Years: **1**
 Sludge Quality Level: **Ceiling** Site Size, Acres: **10**

NPDES Limit	Removal Efficiencies		Domestic Level	KS WQS	Reserve Factor	Avg. Infl mg/l	AS Inhibition	Digestion Inhibition	
	Primary	Plant							
Ag	NA	20%	75%	0.005	0.0041	0%	0.0000	0.3	13
As	NA	NA	45%	0.003	0.1500	0%	0.0000	0.1	1.6
Cd*	NA	15%	67%	0.003	0.0025	0%	0.0000	1.0	20
CN	NA	27%	69%	0.041	0.0050	0%	0.0000	0.1	4.0
Cr*	NA	27%	82%	0.050	0.0862	0%	0.0000	1.0	110
Cu*	NA	22%	86%	0.061	0.0093	0%	0.0000	1.0	40
Hg	NA	10%	60%	0.0003	0.00005	0%	0.0000	0.1	NA
Mo	NA	NA	50%	0.003	NA	0%	0.0000	NA	NA
Ni*	NA	14%	42%	0.021	0.0522	0%	0.0000	1.0	10
Pb*	NA	57%	61%	0.049	0.0032	0%	0.0000	0.1	340
Se	NA	NA	50%	0.001	0.0050	0%	0.0000	NA	NA
Zn*	NA	27%	79%	0.175	0.1198	0%	0.0000	1.0	400

*HARDNESS DEPENDENT

Conventional Pollutants/Nutrients

	DW Design		Domestic Sources lbs/day	Expansion Factory	Avg. Infl mg/L	Domestic Sources Estimator		
	Daily avg lbs/day	Peak lbs/day				Pop: 10 persons	lbs/cap/day	lbs/day
BOD	20	NA	2	0%	10	BOD	0.17	2
TSS	20	NA	2	0%	10	TSS	0.2	2
NH3	1	NA	0	0%	1	NH3	0.0198	0

NOTE: all values mg/l unless noted

Pretreatment Tools and Checklists

A	B	C	D	E	F
Sewer Use Ordinance Review	403 Regulation	Model SUO	POTW Ordinance #	Change Needed?	Comments/Notes
A. Definitions [403.3 & 403.8(f)(2)]					
1. Act, Clean Water Act	403.3(b)	§ 1.4.A			
2. Best Management Practices or BMPs	403.3(c)	§ 1.4.C			
3. Categorical Pretreatment Standard or Categorical Standard	403.3(d)	§ 1.4.E			
4. Indirect Discharge or Discharge	403.3(f)	§ 1.4.Ma			
5. Industrial User (or equivalent)	403.3(j)	§ 1.4.LL			
6. Interference	403.3(k)	§ 1.4.O			
7. National Pretreatment Standard, Pretreatment Standard, or Standard	403.3(i)	§ 1.4.BB			
8. New Source	403.3(m)	§ 1.4.T			
9. Pass Through	403.3(p)	§ 1.4.V			
10. Pretreatment Requirement	403.3(l)	§ 1.4.AA			
11. Publicly Owned Treatment Works or POTW	403.3(q)	§ 1.4.DD			
12. Significant Industrial User	403.3(v)	§ 1.4.GG			
13. <small>(NOTE: § 1.4.GG(b) is an optional demerit/grading provision for non-significant categorical industrial user classification.)</small>		§ 1.4.GG(b)			
14. Significant Noncompliance	403.8(f)(2)(viii)	§ 9			
15. Slug Load or Slug Discharge	403.8(f)(2)(v)	§ 1.4.HH			
16. Other definitions based on terms used in the POTW SUO					
B. National Pretreatment Standards - Prohibited Discharges					
1. General Prohibitions					
a. Interference	403.5(a)	§ 2.1.A			
b. Pass Through	403.5(a)	§ 2.1.A			
2. Specific Prohibitions [403.5(b)]					
a. Fire/Explosion Hazard (60 °C or 140 °F flashpoint)	403.5(b)(1)	§ 2.1.B(1)			
b. pH/Corrosion	403.5(b)(2)	§ 2.1.B(2)			
c. Solid or Viscous/Obstruction	403.5(b)(3)	§ 2.1.B(3)			
d. Flow Rate/Concentration (BCD, etc.)	403.5(b)(4)	§ 2.1.B(4)			
e. Heat: exceeds 40 °C (104 °F)	403.5(b)(5)	§ 2.1.B(5)			
f. Petroleum/Nonbiodegradable Cutting/Mineral Oils	403.5(b)(6)	§ 2.1.B(6)			
g. Toxic Gases/Vapor/Fumes	403.5(b)(7)	§ 2.1.B(7)			

Pretreatment Tools and Checklists

Significant Industrial Users

Anytown, KS
2018

Industry Name	Cat Stnd	Regulated Process	THPT?	Treatment Type	Regulated Flow, 1000 gpd	Batch?	Total Flow, 1000 gpd	CWF?	Compliance Status for the Six Month Period Ending:				Last Inspection CY2018
									Ending:				
									Jun 2017	Dec 2017	Jun 2018	Dec 2018	
Chemstar	NA	Starch Mfr	Y	Settling	26.5		35	NA	C	C	C	C	11/20/2018
Ferroc Inc.	433	PdPhos	N		4.5		7	N	C	C	C	C	10/22/2018
Wingra	439	Pharm	N		138		193	N	C	C	C	C	11/16/2018
Ind. Chrome Specialties 1	433	Hrd CPl	Y	Equip/PosPats	0		0.6	N	C	C	C	C	11/29/2018
Ind. Chrome Specialties 2	433	Hrd CPl	Y	Equip	0		0.5	N	How	I-R	C	C	11/29/2018
Precision Industries 1	433	Hrd CPl	Y	Equip/PosPats	0		2.3	N	C	C	C	C	11/18/2018
Precision Industries 2	433	Hrd CPl	Y	Equip/PosPats	0		0	N	C	C	C	C	11/18/2018
Specialty Technology	433	Hrd CPl	N		0.06		0.45	N	C	C	C	C	11/7/2018

C = Total compliance
I = Infrequent non-compliance
R = Reporting violations (late report, deficient report)

Pretreatment Tools and Checklists

COMPLIANCE SUMMARY - 2011 - 2022

Anytown, Kansas

FACILITY NAME	1ST HALF 2023	2ND HALF 2022	1ST HALF 2022	2ND HALF 2021	1ST HALF 2021	2ND HALF 2020
Anytown				C	C	C

FACILITY NAME	1ST HALF 2020	2ND HALF 2019	1ST HALF 2019	2ND HALF 2018	1ST HALF 2018	2ND HALF 2017
Anytown	C	C	C	C	C	C

FACILITY NAME	1ST HALF 2017	2ND HALF 2016	1ST HALF 2016	2ND HALF 2015	1ST HALF 2015	2ND HALF 2014
Anytown	C	I - R	C	C	C	C

FACILITY NAME	1ST HALF 2014	2ND HALF 2013	1ST HALF 2013	2ND HALF 2012	1ST HALF 2012	2ND HALF 2011
Anytown	C	C	SNC - Ni	C	C	NEW

C = complete compliance
I = Infrequent Non-compliance
SNC = Significant Non-Compliance
R = Reporting violations

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PRETREATMENT MONITORING REPORT FORM
 KDHE - Division of Environment
 Bureau of Water - Industrial Programs Section
 1000 S.W. Jackson, Suite 420
 Topeka, Kansas 66612-1367
 (785) 296-5551

DO NOT USE THIS BLOCK SPACE

DUE DATE: _____

DATE RECEIVED: _____

IS INDUSTRY IN SIGNIFICANT NON COMPLIANCE? YES NO

IS COMPLIANCE SCHEDULE BEING MET? YES NO NA

AGENCY USE ONLY

PLANT NAME _____

MAILING ADDRESS, CITY, ZIP _____

PERMIT NO. _____

MONTH/YEAR: January

OUTFALL NO.: 001

CERTIFIED LABORATORY AND CERTIFICATION NO. _____

NOTE: Use this monitoring report form when submitting monitoring data to KDHE.

DATE	SAMPLE TYPE	FLOW IN GPD	pH min.	pH max.	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l
	G or C8	Monitor	5	10										
1														
2														
3														
4														
5														
6														
7														
8														
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25														
26														
27														
28														
29														
30														
31														
Monthly Average														

*SAMPLE TYPE
 G = Grab
 C-8 = 8 hr. composite

F = Flow composite
 GPD = Gallons Per Day

Pretreatment Tools and Checklists

ALUMINUM FORMING: EXTRUSION SUBCATEGORY
40 CFR 467.35 & 467.36

Process	MILLION LBS OF:	
A. Core	0	Aluminum Extruded
B. Extrusion Press Leakage	0	Aluminum Extruded
C. Direct Chill Contact Cooling H2O	0	Aluminum Cast
D. Press HeatTreat Cntct Cooling H2O	0	Aluminum Quenched
E. Solution HeatTreat Cntct Cool H2O	0	Aluminum Quenched
F. Cleaning or Etching Bath	0	Aluminum Cleaned or Etched
No. of independent Baths:	3	
G. Cleaning or Etching Rinse	0	Aluminum Cleaned or Etched
No. of independent Rinses:	3	
H. Cleaning/Etching Scrubber Liquor	0	Aluminum Cleaned or Etched

MASS LIMITS

EXISTING SOURCE (PSES)			NEW SOURCE (PSNS)		
LIMITS: Pounds per day			LIMITS: Pounds per day		
	Daily ma:	Monthly Avg		Daily ma:	Monthly Avg
Chromiur	0.000	0.000	Chromiur	0.000	0.000
Cyanide	0.000	0.000	Cyanide	0.000	0.000
Zinc	0.000	0.000	Zinc	0.000	0.000
TTO	0.000	#N/A	TTO	0.000	#N/A
O&G	0.000	0.000	O&G	0.000	0.000

UNIFORM CONCENTRATION LIMITS

Flow at sampling location: 100 gpd

EXISTING SOURCE (PSES)			NEW SOURCE (PSNS)		
LIMITS: mg/l			LIMITS: mg/l		
	Daily ma:	Monthly Avg		Daily ma:	Monthly Avg
Chromiur	0.000	0.000	Chromiur	0.000	0.000
Cyanide	0.000	0.000	Cyanide	0.000	0.000
Zinc	0.000	0.000	Zinc	0.000	0.000
TTO	0.000	#N/A	TTO	0.000	#N/A
O&G	0.000	0.000	O&G	0.000	0.000

PSES Allowances for Individual Operations (lbs/day)

Pretreatment Tools and Checklists

- Have Developed several policies
- Significant Program Modifications
- Local limits Sampling policy
- Handling radionuclides
- Many others

Top 10 List

Thank you



Need more Information?
Steve.Caspers@ks.gov