TRINITY RIVER AUTHORITY
PRETREATMENT SEMI-ANNUAL REPORT
June 1, 2021 through November 30, 2021

INDUSTRY PERMIT NO.: C14 -006 SIC CODE: 2844

PROCESS Pharmaceutical Manufacturing, Subpart D
Soap and Detergent Manufacturing, Subpart P
Manufacture of Liquid Detergents (40CFR 417.166)

SECTION A - GENERAL INFORMATION

Industry Name: Beauty Manufacturing Solutions Corp.

Street Address: 1250 South Freeport Parkway, Coppell, TX75019

Phone: 972-241-9665

Industry Representative: Jun Wang

Authorized Signatory: Peter Song

Number of Employees: 360

Name on Water Bill: Beauty Manufacturing Solutions Corp.

Monthly water use figures per account, as shown on water bills for period 5/27/2021 through 11/30/21 :

Account #	Date		Consumption (gal)
3800	5/27/2021	6/28/2021	147400
3800	6/28/2021	7/28/2021	266,400
3800	7/28/2021	8/27/2021	336,600
3800	8/27/2021	9/27/2021	529200
3800	9/27/2021	10/27/2021	283,600
3800	10/27/2021	11/27/2021	140,800

Account #	Date		Consumption (gal)
3810	5/27/2021	6/28/2021	193,400
3810	6/28/2021	7/28/2021	201,900
3810	7/28/2021	8/27/2021	192,200
3810	8/27/2021	9/27/2021	162,300
3810	9/27/2021	10/27/2021	220,000
3810	10/27/2021	11/27/2021	177,400

3820	5/27/2021	6/29/2021	630,500
3820	6/29/2021	7/29/2021	472,700
3820	7/29/2021	8/27/2021	464,000
3820	8/27/2021	9/29/2021	546,200
3820	9/29/2021	10/29/2021	546,200
3820	10/29/2021	11/30/2021	524,300

3830	5/27/2021	6/29/2021	817,700
3830	6/29/2021	7/29/2021	757,300
3830	7/29/2021	8/27/2021	799,700
3830	8/27/2021	9/29/2021	941,600
3830	9/29/2021	10/29/2021	995,000
3830	10/29/2021	11/30/2021	964,500

List water usage on premises (list by account(s)):

Account #		Type	Average Water Usage (gal/day)*	Estimated (E) or Measured (M)
NA	a.	Contact cooling water	-	-
NA	b.	Non-contact cooling water	-	-
3820	c.	Boiler feed	2	E
3820+3830	d.	Process	8,694	E
3810	e.	Sanitary	6,796	M
-	f.	Air pollution Control	-	-
3830	g.	Contained in product	5,695	M
3820+3830	h.	Plant and equipment wash-down	45,961	M
3800	i.	Irrigation and lawn watering	10,105	M
	j.	Other		
		TOTAL OF a-j	77,253	

* Base calculations on actual number of work days in report period not on total calendar days.

SECTION B - WASTEWATER DISCHARGES

Provide the following information on discharge flow rate for this six month reporting period:

1. a. Hours of Industrial Process Discharge (e.g., 9 a.m. to 5 p.m. or closed):

   M 5AM-12AM T 5AM-12AM W 5AM-12AM Th 5AM-12AM F 5AM-12AM

   SAT 5AM-6PM SUN 5am-6pm

   b. Peak hourly flow rate (gal/hour) 5208

   c. Maximum daily flow rate (gal/day) 86,092

   d. Annual daily average (gal/day) 56,601

2. If batch discharge occurs or will occur, indicate:

   a. If batch discharges occur, give the number of occurrences:

   1. Daily: 1/every 4 days
   2. Weekly:
   3. Monthly:

b. Average discharge per batch:

1. 1,000 (gal/day)
2. _____ (gal/day)
3. _____ (gal/day)

c. Time of batch discharges:

1. Every 4 days for 25 minutes
2. _____
3. _____

d. Flow rate:

1. 40 gal/minute
2. _____ gal/minute
3. _____ gal/minute

3. Are any process changes or expansions planned during the next six months that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

☒ Yes ☐ No

Have any process changes occurred during the previous six months that have significantly altered wastewater volumes or characteristics?

☒ Yes ☐ No

4. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

Production lines are increased which caused increase of wastewater volume. Wastewater treatment plant is in the process of evaluating a new bigger DAF system.

5. Are any materials or water reclamation systems in use or planned?

☐ Yes ☒ No

FOR QUESTIONS 6 & 7, IF A TOTAL TOXIC ORGANIC MANAGEMENT PLAN (TOMP) AND A SLUG CONTROL PLAN (SCP) HAVE ALREADY BEEN SUBMITTED, PLEASE DO NOT SUBMIT THEM AGAIN. HOWEVER, IF ANY CHANGES HAVE OCCURRED TO THESE DOCUMENTS IN THE PAST (6) SIX MONTHS, PLEASE SUBMIT THOSE CHANGES.

6. For Industrial Users subject to TTO Requirements **ONLY**: NA

a. If Categorical, does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

☐ Yes ☐ No **NA**

b. Has a TOMP been developed? **NA**

☐ Yes, (Please attach a copy, if not previously submitted) ☐ No

TOMP CERTIFICATION STATEMENT
(Only for Metal Finishing Facilities that have submitted a TOMP Plan)

"Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation (or 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 discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to the permitting (or control) authority."

_____ _____
Signature Date

7. Do you have a SCP to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

☒ Yes - [Please enclose a copy, if not previously submitted.]
☐ No

8. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

NA

SECTION C - PERMITTEE COMPLIANCE MONITORING REPORT

1. The Permittee is required to include all analyses on the permittee's discharge conducted in accordance with 40 CFR Part 136. This includes all analyses conducted by the permittee, whether or not analyses are required by the permit.

   Use the attached form (attachment #1), Discharge Monitoring Report, for recording your data. If you have not performed any self monitoring which is reportable please state as such:

   ☐ Reportable self-monitoring has been performed

   ☒ Reportable self-monitoring has not been performed

2. The following certified statement is an affirmation of the permittees commitment to maintaining compliance with pretreatment standards at all times.

   CERTIFIED STATEMENT

   Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

   Yes ☒ No ☐

   If No:

   What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

   Additional operation and maintenance required to ensure compliance is as follows:

   NA

SECTION D - AUTHORIZED SIGNATURES
(Please make sure the authorized signatory authority for your facility signs this report)

Authorized Representative Statement:

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.

Peter Song	CEO	
Name	Title	
Signature	12/29/21 Date	972-241-9665 Phone

Attachment # 1

DISCHARGE MONITORING REPORT

The Permittee is required to include all analyses on the Permittee's discharge conducted in accordance with 40 CFR Part 136. This includes all analyses conducted by the Permittee during this reporting period, whether or not analyses are required by the Permit.

In order for the data to be reportable the chain of custody, quality control report, and actual lab analysis (or copies of) must be attached for each separate set of data. (Make additional copies if needed)

	DATE (S)						
PARAMETER							
NA							
ALL UNITS IN MG/L							

* Indicates violation of a Daily Maximum limit
** Indicates violation of an Monthly Average limit