

Georgia-Pacific LLC Consumer Products

Crossett Paper Operations 100 Mill Supply Rd. P.O. Box 3333 Crossett, AR 71635 (870) 567-8000 (870) 364-9076 fax *www.gp.com*

May 22, 2015

Arkansas Department of Environmental Quality Permits Branch – Water Division 5301 Northshore Drive North Little Rock, AR 72118-5317

MAILLUID MAILLUID

Attn: Ms. Loretta Reiber, P.E.

Subject: Georgia-Pacific LLC NPDES Permit No. AR0001210 AFIN 02-00013 NPDES Permit Modification

Ms. Reiber:

Georgia-Pacific LLC (GP) is submitting the enclosed NPDES permit modification application as required to modify our NPDES Permit No. AR0001210. The modification consists of utilizing a vendor-supplied oxidative chemical treatment as a wastewater treatment improvement.

We appreciate the efforts of the ADEQ in processing this permit modification. Should you have any questions about these comments, please contact Rachel Johnson at (870) 567-8170.

Sincerely,

(rany Koison

Gary W. Kalser Vice President of Manufacturing Georgia-Pacific LLC

Arkansas Department of Environmental Quality NPDES PERMIT APPLICATION <u>FORM 1</u>

INSTRUCTIONS:

- 1. This form should be **typed or printed in ink**. If insufficient space is available to address any item please continue on an attached sheet of paper.
- 2. Please complete the following Section(s). If a Section is not required, please check the Not Applicable (N/A) box at the top of the Section.

Sections	A	B	C	D	E	F	G	Н	1
POTW	X	X	X	X T					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X		_		X	X
Modification	X	X	X	X	X	*	*	X	X
All Other Applicants	X	X	X	X	x		-		X

^{*} As necessary

- 3. If you need help on SIC or NAICS go to www.osha.gov/oshstats/sicser.html
- 4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to <u>www.adeq.state.ar.us/water</u>. You may also contact :

Department	Information in Regard to	Telephone #
Arkansas Department of Health	Water Supply	501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

Form 2A - Municipal Dischargers
Form 2B - Concentrated Animal Feeding Operations
Form 2C - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
Form 2D - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
Form 2E - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)
Form 2F - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118

Or by email to:

Water.Permit.Application@adeq.state.ar.us

NPDES PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY WATER DIVISION 5301 Northshore Drive North Little Rock, AR 72118-5317 www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

\boxtimes	
\Box	

INITIAL PERMIT APPLICATION FOR <u>NEW</u> FACILITY INITIAL PERMIT APPLICATION FOR <u>EXISTING</u> FACILITY MODIFICATION OF EXISTING PERMIT REISSUANCE (RENEWAL) OF EXISTING PERMIT MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

	Georgia Pacific LLC, Crossett Paper Operations										
	Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.										
2.	Operator Type:	Private 🔀	State 🗌	Federal 🗌	Partnership 🗌	Corporation 🗌	Other 🗌				
	State of Incorpora	tion:			<u></u>						
3.	Facility Name: Geogia Pacific LLC, Crossett Paper Operations										
4.	Is the legal applicant identified in number 1 above, the owner of the facility? Xes No										
5,	NPDES Permit Number (If Applicable): <u>AR0001210</u>										
б.	NPDES General Permit Number (If Applicable): <u>ARG(Not Applicable)</u>										
7.	NPDES General Storm Water Permit Number (If Applicable): <u>ARR00A776</u>										
8.	Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:										
	Permit Name Held by										
	Please see attache	d list									
						·					
9.	Give driving directi	ions to the wastew	ater treatment pl	lant with respect to l	known landmarks:						
	Going west on Hig	ghway 82 from the	e papermill, go a	pproximately I mile	e before turning left o	nto Texas Avenu	e. Go				
	approximately 2 m	niles and turn righ	t. Proceed appro	oximately 1 mile, tu	m right towards the p	rimary clarifier.					
10.	Facility Physical Lo	ocation: (Attach a	map with location	on marked; street, ro	ute no. or other speci	fic identifier)					
	Street: 100 Mi	ill Supply Road									

City: Crossett County: Ashley State: AR Zip: 71635	City:
--	-------

Georgia-Pacific Crossett Complex

e e

Operating Permits

Form 1, Section A, Item 8

Permit Name	<u>Permit Number</u>	Held by
Operating Air Permit	597-AOP-R16	Georgia-Pacific LLC
Hazardous Waste	ARD035466648	Georgia-Pacific LLC
Solid Waste Disposal Facility	270-S3N-R2	Georgia-Pacific LLC
Solid Waste Disposal Facility	292-S3N	Georgia-Pacific LLC
General Stormwater Permit	ARROOA776	Georgia-Pacific LLC
Potable Water (AR DOH)	N0028	Georgia-Pacific LLC
Operating Air Permit	736-AOP-R9	Georgia-Pacific LLC (Plywood/Studmill)
Hazardous Waste	ARD980621262	Georgia-Pacific LLC (Plywood/Studmill)
General Storm Water Permit	ARROOA178	Georgia-Pacific LLC (Plywood/Studmill)
Operating Air Permit	1177-AOP-R12	Georgia-Pacific Chemicals LLC
Hazardous Waste	ARD980621239	Georgia-Pacific Chemicals LLC

11. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Sarah M Ross	Title: Environmental Manager
Street: 100 Mill Supply Road	P.O. Box 3333
City: Crossett State: AR	Zip:71635
E-mail address*: sarah.ross@gapac.com Fax: 870-364	-9076
* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to	the applicant? 🛛 Yes 🗌 No
12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply	<i>y</i>):
Oklahoma 🔲 Missouri 🔲 Tennessee 🗌 Louisiana 🔀 Texa	s 🗌 Mississippi 🗌
13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS co	des for primary processes
2621, 2436, 2821, 2439 SIC 322121, 321212, 325211, 321213 NAICS	
14. Design Flow: <u>100</u> MGD Highest Monthly Average of the last two years F	low: <u>52.1</u> MGD
15. Is Outfall equipped with a diffuser? 🗌 Yes 🛛 No	
16. Responsible Official (as described on the last page of this application):	
Name:Gary W. Kaiser	Title: VP-MFG
Address: 100 Mill Supply Road Ph	none Number: (870) 567-8310
E-mail Address: _gary.kaiser@gapac.com	
City: Crossett State: AR	Zip: 71635
17. Cognizant Official (Duly Authorized Representative of responsible official as des	cribe on the last page of this application):
Name: NA	
	none Number:
E-mail Address:	
City: State:	
18. Name, address and telephone number of active consulting engineer firm (If none,	so state):
Contact Name: None	
Company Name: None	
Address:	Phone Number:
E-mail Address:	
City: State:	
19. Wastewater Operator Information	
Wastewater Operator Name: Rachel Johnson License number	er: 008956
Class of municipal wastewater operator: 1 1 II II II II IV	
Class of industrial wastewater operator: Basic 🗌 Advanced 🔀	

-

÷

۽د

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on front door (Gate) location of the facility):

Lat: _	33	_ °_()8	<u>' 30</u>	÷1	Lor	ng: <u>91</u>	•	_58	`	12	<c< th=""><th>County:</th><th>Ashley</th><th>Nearest Town:</th><th>Crossett</th></c<>	County:	Ashley	Nearest Town:	Crossett
		Locat No. <u>0</u>		e locatio	on of the	end of t	he pipe I	Dischar	ge poir	nt.):						
			ection p				" Lon _i rshall flu		92	•	02		_17	,,		
							utary of N o Coffee							nto Arkansa	s River):	
	Dutfall	No. <u>0</u>	<u>02</u> :												<u> </u>	
	tude: ere is ti		ection p	02 oint?	'0		" Long scharge s				04			"		
							atary of N							nto Arkansa	s River):	
		oring L No. <u>1(</u>		(If the	nonitorii	ng is coi	nducted a	at a loca	ation d	ifferent	than t	he abo	ve Outfal	Il location):		
	<u>33</u> Dutfall		° <u>08</u> 02:		* <u>29</u>		Long:	91	°	5,8	۰ 	28				
	33 Dutfall	No. <u>1</u>	° <u>08</u> 03:		<u> </u>		Long:	_91	o	58						
Lat:	33		° <u>08</u>		* <u>29</u>		Long:				<u>،</u>	_28	٠٠			
4. T	ype of	Treat	nent sys	stem (In	cluded a	ll comp	onents of	ftreatm	ent sys	stem and	d Atta	ch the	process fl	ow diagram):	

Primary treatment by clarifier and settling basins. Equalization by a surge basin. Chemical additions for odor control and nutrients. Biological treatment by an aerated stabilization basin (ASB) and Polishing Pond (Mossy Lake).

î

5. Do you have, or plan to have, AUTOMATIC sampling equipment or CONTINUOUS wastewater flow metering equipment at this facility?

	Current:	Flow Metering Sampling Equipn			Type: <u>Conti</u> Type: <u>Au</u>		_	No	□ No	N/A	□ N/A	
	Planned:	Flow Metering Sampling Equipn			Туре: Туре:			No No		N/A N/A	\boxtimes	
If	YES, please	indicate the present	nt or future	location	n of this equi	pment on the s	sewer so	hematic ar	nd describ	be the equ	ipment b	elow:
<u> </u>	he automati	c sampling equipm	ent and co	ntinuous	flow meteri	ng equipment	are loca	ated at Out	falls 001 :	and SMS	002.	
If	NO, please o	describe the metho	d and locat	tion of fl	ow measurer	nent below:						
6.	Is the prop	bosed or existing fa	-				_	Yes			No	
		NOTE: FEMA o", what measures /WTP, storm water	are (or will	l be) used	d to protect t	he facility? <u>St</u>	orm wat	ter in imme	diate pro	duction a	reas is ro	outed to
7.	Population	n for Municipal and	d Domestic	Sewer S	Systems:							
8,	Backup Po	ower Generation fo	or Treatmei	nt Plants								
	Are there	e any permanent ba	ickup gene	rators?	Yes 🗌	No 🔀						
	-		-	generat	otal Horespo es 70% of al urchased fro	l power requir	ed for r	nill operati	ons and t	reatment	plant nee	ds. The

÷

SECTION C – WASTE S	STORAGE AND DISPOSAL INFORMATION
---------------------	---

1.	Sludge Disposal Method (Check as many as are applicable):
\boxtimes	Landfill
	Landfill Site Name North Landfill ADEQ Solid Waste Permit No. 292-S3N
	Land Application: ADEQ State Permit No
	Septic tank Arkansas Department of Health Permit No.:
	Distribution and Marketing: Facility receiving sludge:
	Name: Address:
	City: State: Zip: Phone:
	Rail: Pipe: Other:
	Subsurface Disposal (Lagooning):
	Location of lagoon How old is the lagoon?
	Surface area of lagoon: Acre Depth: ft Does lagoon have a liner? Yes No
	Incineration: Location of incinerator
	Remains in Treatment Lagoon(s):
	How old is the lagoon(s)? Has sludge depth been measured?
	If Yes, Date measured? Sludge Depth? ft If No, When will it be measured?
	Has sludge ever been removed? Yes No If Yes, When was it removed?
\boxtimes	Other (Provide complete description): Closure material for the former sludge pond.

Ŧ

SECTION D - WATER SUPPLY

i.

.

Water Sources (check as many as are applicable):

\boxtimes	Private Well - Distance from Discharge point: 🗌 Within 5 miles 🛛 Within 50 miles								
\boxtimes	Municipal Water Utility (Specify City): Crossett								
	Distance from Discharge point: 🗌 Within 5 miles 🛛 Within 50 miles								
\boxtimes	Surface Water- Name of Surface Water Source: GP Lake/Saline river								
	Distance from Discharge point: 🔲 🖓 Within 5 miles 🛛 🕅 Within 50 miles								
	Lat: <u>33</u> ° <u>15</u> ' <u>075</u> " Long: <u>92</u> ° <u>02</u> ' <u>554</u> "								
	Other (Specify):								
	Distance from Discharge point: 🔲 🗆 Within 5 miles 👘 Within 50 miles								

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

 Arkansas Code Annotated § 8-4-203 provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – "The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years."

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide <u>financial assurance</u> in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
- B. Obtaining a letter of credit;
- C. Obtaining a surety/performance bond;
- D. Obtaining a trust fund or an escrow account; or
- E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.
- 2. Disclosure Statement:

1

Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

http://www.adeq.state.ar.us/disclosure_stmt.pdf

NOT APPLICABLE (N/A):

SECTION F - INDUSTRIAL ACTIVITY

÷

1. Does an effluent guideline limitation promulgated by EPA (Link to a Listing of the 40 CFR Effluent Limit Guidelines) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES \boxtimes (Answer questions 2 and 3) NO \square

- 2. What Part of 40 CFR? <u>430, 429, 414 and 454</u>
- 3. What Subpart(s)? 430 Subpart B, 429 Subparts C&K, 414 Subparts E&F, and 454 Subpart D
- 4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

The Georgia Pacific Complex consists of a Kraft Pulp and Papermill, which produces tissue paper and paperboard, Plywood and Stud mills, and a Chemical Plant, which manufactures phenol and urea formaldehyde resins and tall oil products. For a more detailed description please see the attachements.

5. Production: (projected for new facilities)

	Las	t 12 Months	Highest Production	n Year of Last 5 Years
Product(s) Manufactured		lbs/day*	lb	s/day*
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation
Off-Machine Paper				365
Production	3,768,000	31	4,642,000	
Unbleached Pulp				
Production	3,100,000	30	3,488,000	365

* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

NOT APPLICABLE (N/A):

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	NA			

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges

i.

(days of week)

(hours of day)

Flow rate: _____ gallons/minute

Percent of total discharge:

at

Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
Pl	Pulp and Paper	14,500,000	26,200,000	Continuous
P2	Pulp, Paper and Recovery	8,300,000	15,600,000	Continuous
P3	Chemical, Plywood, Sawmill, Utilities, and Bleach	15,300,000	42,700,000	Continuous

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

	No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	
		NA				
		atch discharge occurs or will occ	-	ies may estimate.]		
	Nur	nber of batch discharges:	per day Averag	e discharge per batch:	(GPD)	
	Tirr	e of batch discharges (day	at vs of week)	(hours of day)		
	Flor	w rate: gallons/minute	Percent of total	discharge:		
3.	Do you	nave, or plan to have, automatic	sampling equipment or c	ontinuous wastewater fl	ow metering equipment at this facili	ity?
	Current:		Yes Type: <u>Continuou</u> Yes Type: <u>Automat</u>		□ N/A □ No □ N/A □	
	Planned	Flow Metering Sampling Equipment	Yes Type: Yes Type:	No	□ N/A □ □ N/A □	
lf y	es, please	indicate the present or future loo	cation of this equipment of	on the sewer schematic	and describe the equipment below:	
Tł	ne automa	tic sampling equipment and cont	inuous flow metering ea	uipment are located at (Dutfalls 001 and SMS 002.	
		<u> </u>				
4.	Are any	process changes or expansions p	lanned during the next th	ree years that could alte	er wastewater volumes or characteris	stics?
		Yes 🔀 No	(If no, skip Ques	stion 5)		
5.	Briefly o	escribe these changes and their e	effects on the wastewater	volume and characteris	stics:	
			- <u> </u>			

I

NOT APPLICABLE (N/A):

SECTION H - TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a construction permit or for modification of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

See Attachement A for a description of the treatment modifications for adding certain treatment chemicals to enhance treatment

efficiency.

ŝ

- 2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:
 - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
 - b. Specifications and complete design calculations.
 - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
- 3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122:22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

- (1)the authorization is made in writing by the applicant (or person authorized by the applicant);
- the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated (2)facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports. etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official:	Date:
Printed name of Cognizant Official:	
Official title of Cognizant Official:	Telephone Number:

Responsible Official

 \overline{I}^{i}

.

The information contained in this form must be certified by a *responsible official* as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

Partnership, a general partner

Sole proprietorship: the proprietor

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

NH (Initial) "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"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. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official:	Frank Kanoz	Date: 5-22-15
Printed name of Responsible Official:	Gary W. Kaiser	
Official title of Responsible Official:	Vice President of Manufacturing	Telephone Number: (870) 567-8310
Gue I certify th limited lial the secretary	at Georgia-Pacific LLC silily company and is n of State in Arkanso	is a Delaware registered with as.
Page 13	•	Revised September 2014

rage 13

INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

-7

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;
- Phase 1 Consultants, as defined in APC&EC Regulation 32;
- Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);
- Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;
- Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;
- Individual Homeowners seeking coverage under General Permit ARG5500000;
- Wastewater Operator Licenses, as defined in APC&EC Regulation 3;
- Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);
- Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;
- Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;
- Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and
- Asbestos Certification Renewals, as defined in Regulation 21.

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to: ADEQ DISCLOSURE STATEMENT [List Proper Division(s)] 5301 Northshore Drive North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)	
Georgia-Pacific LLC	
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :	
100 Mill Supply Road, P.O. Box 3333	
3. CITY, STATE, AND ZIPCODE:	
Crossett, AR 71635	

4a. Applicant Type:
Individual 🖌 Corporate or Other Entity
4b. Reason for Submission:
Permit License Certification Operational Authority
New Application 🚺 Modification 🔲 Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:
Air 🖌 Water 📄 Hazardous Waste 📄 Regulated Storage Tank 📄 Mining 📄 Solid Waste

5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the
last Disclosure Statement that was filed with ADEQ on May 4, 2015

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;

2. Permit or license revocations or denials issued by any state or federal authority;

3. Actions that have resulted in a finding or a settlement of a violation; and

4. Pending actions.

ī

(Attach additional pages, if necessary.)

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add addition	nal pages, if necessary.)
	TITLE:
CITI, STATE, ZIT:	
NAME	
	TITLE;
9. List all directors of the Applicant. (Add additi	onal pages, if necessary.)
	TITLE:
NAME:	TTTLE:
· · · · · · · · · · · · · · · · · · ·	
N 4 34F.	
10. List all partners of the Applicant. (Add addit	ional pages, if necessary.)
NAME	
NAME:	TITLE;
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE.
STREET:	
· · · · · · · · · · · · · · · · · · ·	
11. List all persons employed by the Applicant in	a supervisory capacity or with authority over operations of the facility subject to this application.
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
	TITLE:
NAME:	
NAME: STREET:	
STREET:	

-

÷

ł

NAME:	TITLE:	<u>_</u>
CITY, STATE, ZIP;		
	TITLE:	
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
13. List all legal entities, in which (he Applicant holds a debt or equity interest of more than five percen	t (5%).
NAME:		

CITY, STATE, ZIP: _____

14

÷

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME:	<u> </u>
STREET:	
CITY, STATE, ZIP:	

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME:	

STREET: ______

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance jurisdiction and who through relationship by bloo the Applicant in a manner which could adversely	or has a history of noncompliance with the environmental k d or marriage or through any other relationship could be r affect the environment.	aws or regulations of this state or any other easonably expected to significantly influence
NAME:		
CITY, STATE, ZIP:		
	TITLE:	
·		

÷

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, <u>Gary Kaiser</u>, 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 fines and imprisonment for knowing violation.

APPLICANT SIGNATURE: <u>Tuy</u>	inor	
TITLE: Vice President, Manufacturing		
DATE: May 22, 2015		

Attachment A Description of Treatment System Modification

The modification to the treatment system consists of using a vendor-supplied system (AOTech process) to supply two chemicals to reduce sulfide emissions by chemical oxidation in the primary clarifier area, in the P2 sewer and at the Chemical Plant. The vendor-supplied system for a single location consists of storage containers (one for each chemical) and associated metering pumps and controls for feeding the chemical into the wastewater stream at each application point. The two chemicals used at GP Paper are 50% hydrogen peroxide and a proprietary, concentrated organic iron catalyst, AOTech CW. The two chemicals used at GP Chemical are 30% hydrogen peroxide and a proprietary diluted organic catalyst, AOTech S. Materials safety data sheets are provided for each of the chemicals.

Hydrogen peroxide reacts quickly within the treatment system and converts sulfide to either sulfate or sulfur with breakdown products of water and oxygen: thus, there are only positive benefits to using peroxide. The amount of organic iron is only used to catalyze the reaction, such that the amount used is fairly small.

The AOTech process is dosed into the P2 sewer based on the average mill flow rate and average dissolved sulfide concentration. The second downstream addition is performed just prior to the bar screen at the clarifier. The AOTech process is dosed at the clarifier based on the average mill flow rate and average dissolved sulfide concentration at the bar screen. Dose rates are set manually by GP or ORIN personnel based on performance as measured by dissolved sulfide concentrations in the clarifier and clarifier effluent. Likewise, at the Chemical plant, the AOTech process is dosed at the oil water separator.

Expected Chemical Usage Rates						
	Average Us	sage, Ibs/day	Maximum Usage, Ibs/day			
Application Point	50% Hydrogen Peroxide	AOTech CW organic iron catalyst (Concentrate)	50% Hydrogen Peroxide	AOTech CW organic iron catalyst (Concentrate)		
Primary Clarifier	10,000 lbs.	218 lbs.	20,000 lbs.	436 lbs.		
P2 Sewer	14,400 lbs.	272 lbs.	30,000 lbs.	567 lbs.		
	30% Hydrogen Peroxide	AOTech S organic iron catalyst (Dilute)	30% Hydrogen Peroxide	AOTech S organic iron catalyst (Dilute)		
Chemical Plant	667 lbs.	132 lbs.	1,335 lbs.	264 lbs.		

The expected usage rates and maximum usage rates at each location:

Table 1 Expected Chemical Usage Rates







(4



MATERIAL SAFETY DATA SHEET

AOTECH CW Product ID: WT2442 Revised: 07-15-2014 Replaces: 10-12-2011

1. PRODUCT AND COMPANY IDENTIFICATION

Product Name: Synonyms: CAS Number: Chemical Family: Formula:

AOTECH CW None PROPRIETARY Catalyst Proprietary Information

ORIN Technologies 405 Investment Court Verona, WI 53593 608-838-6699 EMERGENCY RESPONSE NUMBERS: 8 am - 5 pm CST: 608-838-6699 5 pm - 8 am CST, Nights & Weekends: 262-821-7024 Chemtrec: 800-424-9300

2. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW: WARNING! May be corrosive to the eyes and gastrointestinal tract. May cause skin and respiratory irritation. Avoid breathing dust, mist, or spray. Do not swallow.

Physical State:Liquid.Color:Dark brown.Odor:Slightly acrid odor.

POTENTIAL HEALTH EFFECTS

Routes of Exposure: Eyes. Ingestion. Inhalation. Skin.

Target Organs: None known.

Eye Contact: Causes moderate irritation. May cause: discoloration. irritation. discomfort. tearing. blurred vision. corneal ulceration. conjunctival ulceration.

Skin Contact: No hazard expected under normal use.

Skin Absorption: No data available.

Inhalation: May cause moderate irritation. May irritate: upper respiratory tract. May cause: coughing.

Ingestion: May cause mild irritation. May cause: gastrointestinal irritation. Repeated ingestion may cause: gastrointestinal ulceration.

Medical Conditions Aggravated by Exposure to Product: None known.

Other: None known.

Cancer Information:

This product does not contain 0.1% or more of the known or potential carcinogens listed in NTP, IARC, or OSHA.

Potential Environmental Effects: See Section 12.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Component Proprietary Catalyst

CAS Number TRADE SECRET <u>% by Wt.</u> 100 %

4. FIRST-AID MEASURES

Eye Contact: Immediately flush eyes with plenty of water for at least 15 minutes while holding eyelids open. Tilt head to avoid contaminating unaffected eye. Get immediate medical attention.

Skin Contact: Flush skin with plenty of water while removing contaminated clothing and shoes. Do not reuse clothing or shoes until cleaned. If irritation develops or persists, get medical attention.

AOTECH CW Product ID: WT2442

4

Inhalation: Remove to fresh air. Get medical attention if breathing becomes difficult or respiratory irritation occurs.

Ingestion: If fully conscious, drink a quart of water. DO NOT induce vomiting. CALL A PHYSICIAN IMMEDIATELY. If unconscious or in convulsions, take immediately to a hospital or a physician. NEVER induce vomiting or give anything by mouth to an unconscious victim. If vomiting occurs spontaneously, keep head below hips to prevent aspiration of liquid into the lungs.

5. FIRE FIGHTING MEASURES

Extinguishing Media: Will not burn. Use extinguishing agents appropriate for surrounding fire.

Fire Fighting Methods: Evacuate area of unprotected personnel. Wear protective clothing including NIOSH-Approved self-contained breathing apparatus. Remain upwind of fire to avoid hazardous vapors and decomposition products.

Fire and Explosion Hazards: None known.

Hazardous Combustion Products: None known.

6. ACCIDENTAL RELEASE MEASURES

Spill Clean-Up Procedures: Evacuate unprotected personnel from area. Maintain adequate ventilation. Follow personal protective equipment recommendations found in Section 8. Dike around spilled material. Contain spill, place into drums for proper disposal. Soak up residue with inert absorbent material. Place in non-leaking containers for immediate disposal. Avoid direct discharge to sewers and surface waters. Notify authorities if entry occurs.

7. HANDLING AND STORAGE

Handling: Avoid contact with eyes, skin, and clothing. Use with adequate ventilation. Do not swallow. Avoid breathing vapors, mists, or dust. Do not eat, drink, or smoke in work area. Wash thoroughly after handling.

Storage: No special storage requirements. Store at room temperature. Keep containers tightly closed.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

OSHA Exposure Guidelines: Component No components found.	<u>Limits</u>
ACGIH Exposure Guidelines: Component No components found.	<u>Limits</u>

Note:

* 50 ppm set by manufacturers as dust/mist standard.

Engineering Controls: General room ventilation is required. Avoid creating dust or mist. Maintain adequate ventilation. Do not use in closed or confined spaces.

Eye/Face Protection: Wear safety glasses with side shields while handling this product. Wear additional eye protection such as a face shield when the possibility exists for eye contact with splashing or spraying liquid, or airborne material.

Skin Protection: Prevent contact with this product. Wear gloves and protective clothing depending on condition of use. Protective gloves: Impervious.

Respiratory Protection: Respiratory protection may be required to avoid overexposure when handling this product. If dust or mist is present, wear: NIOSH-Approved respirator for dusts and mists. DO NOT exceed limits established by the respirator manufacturer. All respiratory protection programs must comply with OSHA 29 CFR 1910.134 and ANSI Z88.2 requirements and must be followed whenever workplace conditions require a respirator's use.

AOTECH CW Product ID: WT2442

Other Protective Equipment: Eye-wash station. Safety shower. Rubber apron. Rubber boots. Protective clothing.

General Hygiene Conditions: Wash with soap and water before meal times and at the end of each work shift. Good manufacturing practices require gross amounts of any chemical be removed from skin as soon as practical, especially before eating or smoking.

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State: Liquid. Color: Dark brown. Odor: Slightly acrid odor. Boiling Point (deg. F): 223 Freezing Point (deg. F): N.D. Melting Point (deg. F): N.A. Vapor Pressure (mm Hg): 40 @ 35 Deg. C Vapor Density (air=1): N.D. Solubility in Water: Complete pH: 6.5-8.5 Specific Gravity: 1.30 +/- 0.15 % Volatile (wt%): N.D. Evaporation Rate (nBuAc = 1): N.D. VOC (wt%): N.D. VOC (Ibs/gal): N.D. Viscosity: N.D. Flash Point: N.A. Flash Point Method: N.A. Lower Explosion Limit: N.A. Upper Explosion Limit: N.A. Autoignition Temperature: N.A. Fire Point: N.D.

10. STABILITY AND REACTIVITY

Stability: Stable under normal conditions.

Conditions to Avoid: None known

Incompatible Materials: None known.

Hazardous Decomposition Products: None known.

Possibility of Hazardous Reactions: Hazardous polymerization will not occur under normal conditions.

11. TOXICOLOGICAL INFORMATION						
Component No components found or no data available for product.	<u>Oral LD50</u>	<u>Dermal LD50</u>	Inhalation LC50			
12. ECOLOGICAL INFORMA	TION					
Ecotoxicological Information: Fathead Minnow (Pimephales pr						

Algae (Selenastrum capricornutum) EC50: 732.8 mg/L, EC0: 288.4 mg/L.

Chemical Fate Information: This material is expected to be readily biodegradable.

13. DISPOSAL CONSIDERATIONS

Hazardous Waste Number: N.A.

AOTECH CW

. 3

. .

Product ID: WT2442

Disposal Method: Dispose of in accordance with all local, state and federal regulations. Regulations may vary in different locations. Waste characterizations and compliance with applicable laws are the responsibility solely of the waste generator.

14. TRANSPORTATION INFORMATION

DOT (Department of Transportation):

Proper Shipping Name: Not regulated by the DOT.

15. REGULATORY INFORMATION

TSCA Inventory Status: All components of this product are on the TSCA Inventory or are exempt from TSCA Inventory requirements.

SARA Title III Section 311/312 Category Hazards:								
Immediate (Acute)	Delayed (Chro	nic)	<u>Fire Hazard</u>	Pres	ssure Rele	ase	React	ive
Yes	No		No		No		No	
Regulated Compone <u>Component</u> No components found		<u>CAS</u> Number	<u>CERCLA</u> RQ	<u>SARA</u> <u>EHS</u>	<u>SARA</u> <u>313</u>	U.S. HAP	WI Hap	<u>Prop</u> <u>65</u>

*Prop 65 - May Contain the Following Trace Components No data available.

16. ADDITIONAL INFORMATION

Hazard Rating SystemHealth:2Flammability:0Reactivity:0* = Chronic Health HazardNFPA Rating System

Health:2Flammability:0Reactivity:0Special Hazard:None

MSDS Abbreviations N.A. = Not Applicable N.D. = Not Determined HAP = Hazardous Air Pollutant VOC = Volatile Organic Compound C = Ceiling Limit N.E./Not Estab. = Not Established

MSDS Prepared by: JAK

Reason for Revision: Product name change.

The data in this Material Safety Data Sheet relates to the specific material designated and does not relate to its use in combination with any other material or process. The data contained is believed to be correct. However, since conditions of use are outside our control it should not be taken as warranty or representation for which ORIN Remediation Technologies assumes legal responsibility. This information is provided solely for your consideration, investigation, and verification.











.

.

.

Santa and Same a Santa S. Genta dal Santa da Sec. S.

