



Georgia-Pacific LLC
Consumer Products

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February 26, 2015

Ms. Loretta Reiber, P.E.
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Subject: NPDES Permit No. AR0001210, AFIN 02-00013
Results of Chemical Addition Trials at the Wastewater Treatment System

Dear Ms. Reiber:

In accordance with your approval letter dated July 31, 2014, here are the required results for the addition of certain chemicals to the wastewater treatment system for the purpose of improving effluent quality as well as potentially reducing odors. As you requested in your approval, we have listed your requirements and included our response below each requirement.

1. **The effluent from Outfall 001 must be sampled for Dissolved Iron and Total Iron a minimum of once per week beginning when the first trial starts and ending when the second trial is over. These results must be submitted to Loretta Reiber, P.E., of the Individual Discharge Permits Section with the results of the trials;**

The monitoring results for dissolved iron and total iron are attached.

2. **Notification of the start of each trial must be submitted to the Department two business days prior to starting**

The use of oxidation technology (hydrogen peroxide plus an organic iron catalyst) to reduce sulfide emissions began on 9/1/2014. We provided notification to you of the start of this trial on 8/21/2014.

3. **The Results of the trials, i.e., did the use of iron salts and chemicals to reduce Hydrogen sulfide produce the expected results or not, must be submitted to the Department**

The addition of the oxidation treatment, consisting of hydrogen peroxide and an organic iron catalyst, upstream of the primary clarifier, has been used to reduce sulfide emissions by oxidizing any free sulfide that may be present in the wastewater. We have continued to monitor hydrogen sulfide at the fence line and we believe the oxidation treatment has aided in the reduction of odor around the wastewater treatment system.

As we continue to optimize the program, we intend to use some combination of the oxidation technology and ferrous chloride addition, which was also trialed successfully during this time. Please

consider this a request to continue its operation. We propose to monitor total iron at Outfall 001 monthly during its continued operation. Please provide us with a written response to our request for continuance.

We sincerely appreciate your time and attention to this request. Please contact me at Sarah.Ross@gapac.com or Rachel Johnson at Rachel.Johnson2@GAPAC.com with questions or comments.

Sincerely,



Sarah M. Ross

Environmental Manager

GP Crossett Paper Operations

Date	Flow	Total Iron Conc. (ug/L)	Total Iron Loading (lb/day)	Dissolved Iron Conc. (ug/L)	Dissolved Iron Loading (lb/day)
8/13/2014	39.0	440	143.1	360	117.1
8/20/2014	35.4	790	233.2	700	206.7
8/26/2014	30.8	660	169.5	600	154.1
9/3/2014	42.3	790	278.7	760	268.1
9/9/2014	49.6	1400	579.1	1100	455.0
9/16/2014	40.7	1600	543.1	1400	475.2
9/23/2014	37.2	2500	775.6	2000	620.5
9/30/2014	37.7	2800	880.4	1900	597.4
10/7/2014	40.2	1300	435.8	950	318.5
10/14/2014	60.7	1000	506.2	850	430.3
10/21/2014	40.3	1300	436.9	960	322.7
10/28/2014	47.3	1100	433.9	930	366.9
11/4/2014	39.5	1700	560.0	1500	494.1
11/11/2014	42.3	2300	811.4	2000	705.6
11/18/2014	45.6	2800	1064.9	1900	722.6
11/25/2014	44.5	2400	890.7	2100	779.4
12/2/2014	43.7	2200	801.8	1800	656.0
12/9/2014	41.4	2500	863.2	1800	621.5
12/16/2014	38.7	2500	806.9	2200	710.1
12/23/2014	40.7	2600	882.5	2400	814.7
12/30/2014	44.5	2200	816.5	1900	705.1
1/6/2015	49.7	2400	994.8	2100	870.4
1/13/2015	44.1	3400	1250.5	2900	1066.6
1/20/2015	45.3	3500	1322.3	2700	1020.1
1/27/2015	37.4	3400	1060.5	2800	873.4
2/3/2015	42.7	2800	997.1	2300	819.1
2/10/2015	38.5	2700	866.9	2300	738.5

00188

00200

02461

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Tracking
Number

8071 3572 5706

1 From
Date 2-27-15

Sender's Name REBECCA BLANKENSHIP Phone 870 567-8812

Company GEORGIA PACIFIC/ENVIRONMENTAL

Address 100 SUPPLY RD

Dept./Floor/Suite/Room

City CROSSETT State AR ZIP 71635
2 Your Internal Billing Reference
3 To
Recipient's Name Loretta Keibler Phone _____

Company AR Dept of Env. Quality

Address 5301 Northshore Drive

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address _____

Use this line for the HOLD location address or for continuation of your shipping address.

City North Little Rock State AR ZIP 72118

0117801075



8071 3572 5706

MUR3

Form ID No. 0215

Recipient's Copy

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For packages over 150 lbs., use the FedEx Express Freight US Airbill.

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- ☐ **FedEx First Overnight**
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
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Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☒ **FedEx Standard Overnight**
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ **FedEx 2Day A.M.**
Second business morning.* Saturday Delivery NOT available.
- ☐ **FedEx 2Day**
Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ **FedEx Express Saver**
Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

- ☒ **FedEx Envelope*** ☐ **FedEx Pak*** ☐ **FedEx Box** ☐ **FedEx Tube** ☐ **Other**

6 Special Handling and Delivery Signature Options

- ☐ **SATURDAY Delivery**
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

- ☐ **No Signature Required**
Package may be left without obtaining a signature for delivery.
- ☐ **Direct Signature**
Someone at recipient's address may sign for delivery. *Fee applies.*
- ☐ **Indirect Signature**
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. *Fee applies.*

Does this shipment contain dangerous goods?

- ☒ **No** ☐ **Yes**
As per attached Shipper's Declaration. ☐ **Yes**
Shipper's Declaration not required.
- ☐ **Dry Ice**
Dry ice, 9 UN 1845 _____ x _____ kg
- ☐ **Cargo Aircraft Only**

7 Payment Bill to:

- ☒ **Sender** ☐ **Recipient** ☐ **Third Party** ☐ **Credit Card** ☐ **Cash/Check**
- Enter FedEx Acct. No. or Credit Card No. below. ☐ Obtain recip. Acct. No.

Total Packages _____

Total Weight _____

Credit Card Auth. _____

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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