



*Georgia-Pacific Crossett LLC  
Consumer Products*

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

October 4, 2019

Robert Blanz  
Chief Technical Director – Water Division  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Reference: Georgia-Pacific Consumer Operations LLC  
NPDES Permit # **AR0001210**  
AFIN 02-00013

Dear Mr. Blanz:

Please find attached an amended Form 1, Sections A, B, C, F, G and I, the first 4 pages of EPA Form 2C and process flow diagram for Georgia-Pacific Consumer Operations LLC to reflect GP's plans to permanently shutdown the bleached board machines, woodyard, pulp mill, and solid fuel boilers. Comments from our August 20, 2019, meeting with you and your staff have been incorporated into the revised version of these documents.

For the foreseeable future, GP intends to maintain the same overall wastewater treatment system footprint, solids management strategy, and unit processes. As we discussed and reflected in the updated application forms, the volume and composition of the wastewater discharged from the facility for treatment will be different in the future. Therefore, the treatment unit operations will need to be adjusted to match the new loading (e.g. number of active sludge presses, aerators, nutrient usage, etc.). As discussed we expect that pH control upgrades may be required.

The shutdown and decommissioning process will take place over a period of several months. The process will begin with orderly shutdowns of the paper machines and pulping related equipment later this year. Following the initial shutdown, the decommissioning process will include emptying numerous tanks and vessels. GP is continuing to refine its decommissioning plans, therefore the exact timing is subject to change.

Given the uncertain timing, a phased permit with two distinct phases may be an appropriate permit structure. As discussed with you and your staff, GP's Port Hudson, LA mill recently experienced a similar transition and Louisiana DEQ prepared a two phase permit. For this permit, a similar event based transition could be structured as follows:

Phase I: Beginning on the effective date and lasting through when the treatment system stabilizes following the decommissioning of the paper and pulp mill assets.

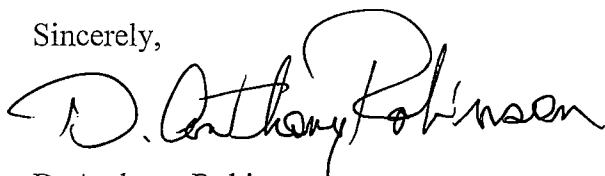
Phase II: Beginning when the treatment system stabilizes following the decommissioning of the board mill and pulp mill assets and lasting through the expiration date.

As you know, GP's wastewater treatment system (WWTS) is large and has a long retention time (> 10 days) that will increase as the overall system flow decreases.

Given these circumstances, a phased permit with two distinct phases, as outlined above, incorporating an evaluation of its WWTS monitoring data (flow, BOD, TSS, and D.O.) to confirm treatment system stabilization following the equipment decommissioning would be appropriate.

If you have any questions or need additional information, please feel free to contact me at (870) 415-1862, or by email at [anthony.robinson1@gapac.com](mailto:anthony.robinson1@gapac.com).

Sincerely,

A handwritten signature in black ink that reads "D. Anthony Robinson". The signature is fluid and cursive, with the first name "D." being small and the last name "Robinson" being larger and more prominent.

D. Anthony Robinson  
Environmental Manager  
Crossett Paper Operations

NPDES PERMIT APPLICATION  
**FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF WATER QUALITY  
5301 Northshore Drive  
North Little Rock, AR 72118-5317  
[www.adeq.state.ar.us/water](http://www.adeq.state.ar.us/water)

**PURPOSE OF THIS APPLICATION**

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY  
☐ INITIAL PERMIT APPLICATION FOR EXISTING 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 (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):

Georgia-Pacific Consumer Operations LLC

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 Incorporation: LLC in Delaware

3. Facility Name: Georgia-Pacific Consumer Operations LLC, Crossett Paper Operations

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR0001210

6. NPDES General Permit Number (If Applicable): ARG(Not Applicable)

7. NPDES General Storm Water Permit Number (If Applicable): ARR00A776

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

Permit Number

Held by

Please see attached list

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

Going west on Highway 82 from the papermill, go approximately 1 mile before turning left onto Texas Avenue. Go  
approximately 2 miles and turn right. Proceed approximately 1 mile, turn right towards the primary clarifier.

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: 100 Mill Supply Road

City: Crossett

County: Ashley

State: AR

Zip: 71635

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

Name: D. Anthony Robinson Title: Environmental Manager  
Street: 100 Mill Supply Road P.O. Box 3333  
City: Crossett State: AR Zip: 71635  
E-mail address\*: anthony.robinson1@gapac.com Fax: \_\_\_\_\_

\* 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):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☒ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

2621, 2821,  
2861, 2899, 2869 SIC Facility Activity under this SIC or NAICS:  
322121, 325211,  
325191, 325194,  
325199 NAICS \_\_\_\_\_

14. Design Flow: 100 MGD Highest Monthly Average of the last two years Flow: 61.8<sup>1</sup> MGD

15. Is the outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: Michael L. Hohnadel Title: VP-MFG  
Address: 100 Mill Supply Road Phone Number: (870) 567-8310  
E-mail Address: michael.hohnadel@gapac.com  
City: Crossett State: AR Zip: 71635

17. Cognizant Official (Duly Authorized Representative of responsible official as described on the last page of this application):

Name: NA Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Company Name: None  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

19. Wastewater Operator Information

Wastewater Operator Name: Rachel Johnson License number: 008956  
Class of industrial wastewater operator: Basic ☐ Advanced ☒

<sup>1</sup> This flow is based on actual historical data and not on projected values.



## SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 33 ° 08 ' 30 " Long: 91 ° 58 ' 12 " County: Ashley Nearest Town: Crossett

2. Outfall Location (The location of the end of the pipe discharge point.):

**Outfall No. 001:**

Latitude: 33 ° 06 ' 45 " Longitude: 92 ° 02 ' 17 "

Description of outfall location: Downstream of the Aerated Stabilization Basin

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Into the upper reaches of Mossy Lake, thence into Coffee Creek, thence into the Ouachita River

**Outfall No. 002:**

Latitude: 33 ° 02 ' 00 " Longitude: 92 ° 04 ' 24 "

Description of outfall location: Along the south berm of Mossy Lake

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Coffee Creek to the Ouachita River

3. Monitoring Location (If the monitoring is conducted at a location different than the above **Outfall** location):

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

4. Type of Treatment system (Include all components of the treatment system and attach the process flow diagram):

Primary treatment by clarifier. 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).

## 5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Samples are collected by Automatic sampling equipment

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

Flow is measured by a totalizing continuous flow meter.

6. Is the proposed or existing facility located above the 100-year flood level? ☐ Yes ☒ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at [www.fema.gov](http://www.fema.gov).

If "No", what measures are (or will be) used to protect the facility? Storm water in immediate production areas is routed to the WWTP, storm water in outlying areas is routed to separate storm water earthen conveyances in order to protect the WWTP.

7. Population for Municipal and Domestic Sewer Systems: NA

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☐ No ☒

If Yes, how many? \_\_\_\_\_ Total Horsepower (hp)? \_\_\_\_\_

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.

The facility currently generates the majority of all power required mill operations and treatment plant needs with the ability to purchase additional power from Entergy. In the future, power to operate the treatment system will primarily be purchased from Entergy. Due to the size and design of the treatment plant backup power is not necessary for short term power outages. In the event of a power outage, power will be restored as quickly as possible by mill personnel and/or contractors, if necessary. Once power is restored, the WWTP will be restarted immediately.

## SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☒ **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** (Lagoon for which the sole purpose is storing sludge):

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? ☐ Yes ☐ No

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? \_\_\_\_\_

☒ **Other** (Provide complete description):

1. Closure material for the former sludge pond reclamation site
2. Beneficial reuse through application of the sludge and/or dredged ash on agriculture or silviculture lands for soil amendment purposes. The sludge and/or dredged ash may also be marketed or distributed after approval received from ADEQ.

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 ☒ (Answer questions 2 and 3)      NO ☐

2. What Part of 40 CFR? 430, 414 and 454

3. What Subpart(s)? 430 Subpart L, 414 Subparts E,F&H, 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 Papermill, which produces tissue and/or towel, a Chemical Plant, which manufactures phenol and urea formaldehyde resins and a third party owned and operated chemical plant which manufactures tall oil products.

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation
See Attached				

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

**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			

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) <sup>2</sup>	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
P1&P2	Paper Operations	4,500,000	12,000,000	Continuous - estimated
P3	Utilities	1,200,000	5,000,000	Continuous - estimated
P3	GP Chemical Plant	200,000	300,000	Continuous - estimated
P3	Ingevity Chemical Plant	400,000	500,000	Continuous - estimated

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	City of Crossett	300,000	1,000,000	Continuous - estimated

<sup>2</sup> The flows provided throughout this application are order of magnitude estimates. When operation of the remaining equipment is optimized, more precise measurements/estimates can be prepared.



## 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 a duly authorized representative only if:

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

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.

\_\_\_\_ (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.

44 (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: Michael L. Hohnadel Date: 4 OCTOBER 2019

Printed name of Responsible Official: Michael L. Hohnadel

Official title of Responsible Official: Vice President of Manufacturing Telephone Number: (870) 567-8310

Please print or type in the unshaded areas only.

<b>FORM</b> <b>2C</b> NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER <b>EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS</b> <i>Consolidated Permits Program</i>					
<b>I. OUTFALL LOCATION</b>							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	33.00	6.00	45.00	92.00	2.00	17.00	Ouachita River via Outfall 002
SMS 002	33.00	2.00	0.00	92.00	4.00	24.00	Ouachita River
<b>II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES</b>							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW			3. TREATMENT			
	a. OPERATION (list)	b. AVERAGE FLOW (include units)		a. DESCRIPTION		b. LIST CODES FROM TABLE 2C-1	
001 & SMS002	1) Paper Operations*	5.7 MGD		Screening		1T	2C
	- #4,5,6,7&8 Tissue Machines			Chemical oxidation and/or precipitation		2B	
	- Utilities Area			Primary Clarifier		1U	
	- Mill Sanitary			Chemical Conditioning		5E	
	- Landfill Leachate			Equalization			
	2) GP Chemical Plant	0.2 MGD		Periodic pH adjustment		2K	1U
	- Urea&Phenol Formaldehyde Resin			Aerated lagoon with solids settling and dredged		3B	
	- Formaldehyde Production			solids basin		5T	
	3) Ingevity Chemical Plant	0.4 MGD		Sludge dewatering - dewatered sludge, ash,		5R	5Q
	- Tall Oil Fractionation			sand and dredged pond solids are used as fill			
	4) Site Stormwater	1.4 MGD		material in an ADEQ approved sludge pond			
	5) City of Crossett (POTW)	0.3 MGD		closure, disposed in the mill's landfill or			
				used in another ADEQ approved beneficial manner			
	*Flow is a projection to reflect						
	the new operating configuration; the						
	actual average could vary from this						
	projection.						
OFFICIAL USE ONLY (effluent guidelines sub-categories)							



CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION			
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input checked="" type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)			
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input checked="" type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)			
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.			
1. AVERAGE DAILY PRODUCTION			
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	2. AFFECTED OUTFALLS (list outfall numbers)
620*	Machine Dried TPD	1) Paper Operations (40 CFR 430 Subpart L) Tissue/Towel	001 and 002
17	Tons/Day	2) GP Chemical Plant (40 CFR 414 Subparts E, F&H) Spray Dry Resin	
122	Tons/Day	Formaldehyde, 50%	
46	Tons/Day	Urea-Formaldehyde Concentrate	
122	Tons/Day	Phenol Formaldehyde Resin	
70	Tons/Day	Urea Formaldehyde Resin	
249	Tons/Day	Wet Strength Resin	
352	Tons/Day	3) Ingevity Chemical Plant (40 CFR 454 Subpart D) Tall Oil Fractionation	
27	Tons/Day	Rosin Size/Derivatives	
*Paper mill production has been projected based on future footprint.			

IV. IMPROVEMENTS					
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)					
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED
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ARD035466648

CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ YES (identify the test(s) and describe their purposes below)

☐ NO (go to Section VIII)

Chronic and acute toxicity testing is conducted every two months as required by the current NPDES permit #AR0001210.

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

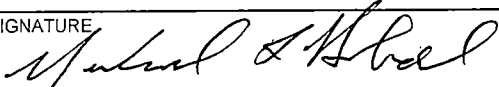
☒ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

**IX. CERTIFICATION**

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.

A. NAME & OFFICIAL TITLE (type or print) Michael L. Hohnadel	B. PHONE NO. (area code & no.) (870) 567-8310
C. SIGNATURE 	D. DATE SIGNED 4 OCTOBER 2019

## Average Daily Production

Operation, Product or Material	Quantity per Day	Unit of Measure
<b>1. Paper Operations</b>		
Tissue/Towel	620 <sup>i</sup>	Machine Dried TPD
<b>2. GP Chemicals</b>		
Spray Dry Resin	17	Tons/Day
Formaldehyde, 50%	122	Tons/Day
Urea-Formaldehyde Concentrate	46	Tons/Day
Phenol Formaldehyde Resin	122	Tons/Day
Urea Formaldehyde Resin	70	Tons/Day
Wet Strength Resin	249	Tons/Day
<b>3. Ingevity Chemical</b>		
Tall Oil Fractionation	352	Tons/Day
Rosin Size/Derivatives	57	Tons/Day

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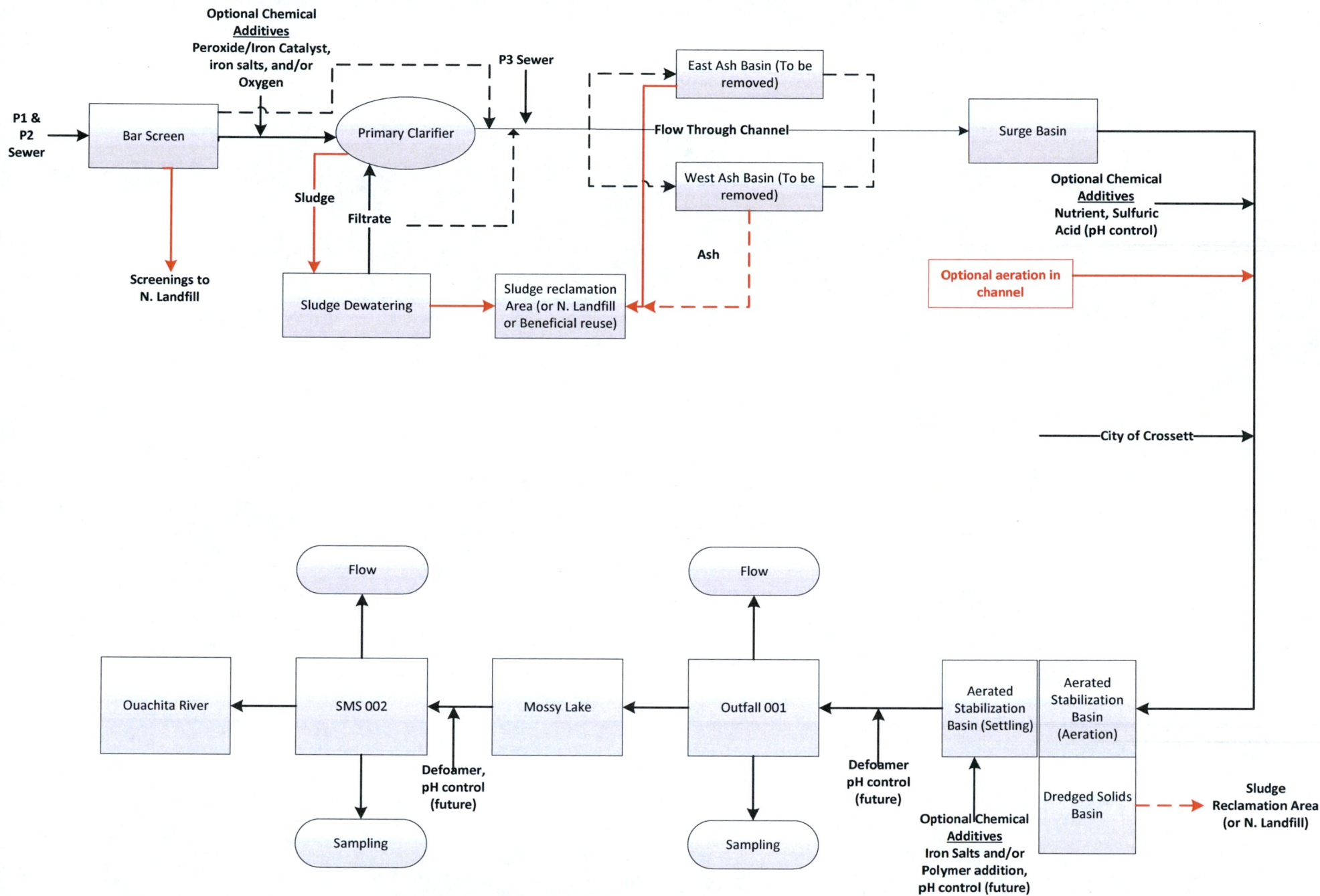
<sup>i</sup> Paper mill production has been projected based on future footprint.

## Georgia-Pacific Crossett Complex

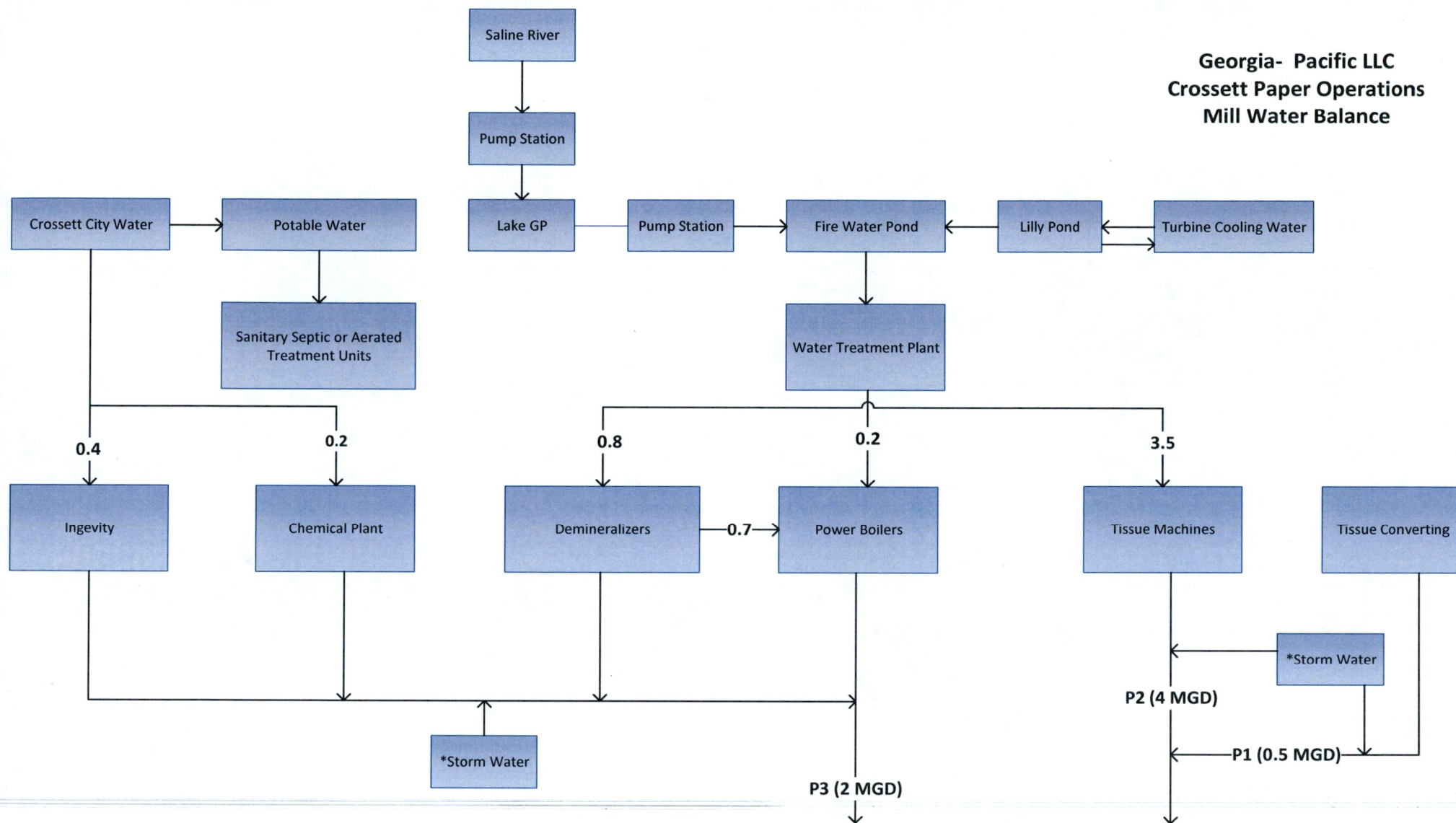
### Operating Permits

#### Form 1, Section A, Item 8

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
Operating Air Permit	597-AOP-R19	Georgia-Pacific Consumer Operations LLC
Hazardous Waste	ARD035466648	Georgia-Pacific Consumer Operations LLC
Solid Waste Disposal Facility	270-S3N-R2	Georgia-Pacific Consumer Operations LLC
Solid Waste Disposal Facility	292-S3N	Georgia-Pacific Consumer Operations LLC
General Stormwater Permit	ARR00A776	Georgia-Pacific Consumer Operations LLC
Stormwater Construction	ARR156061	Georgia-Pacific Consumer Operations LLC
Potable Water (AR DOH)	N0028	Georgia-Pacific Consumer Operations LLC
Operating Air Permit	1177-AOP-R19	Georgia-Pacific Chemicals LLC
Hazardous Waste	ARD980621239	Georgia-Pacific Chemicals LLC
Operating Air Permit	2390-AOP-R0	Ingevity Arkansas LLC
Hazardous Waste	ARR000029413	Ingevity Arkansas LLC



**Georgia- Pacific LLC  
Crossett Paper Operations  
Mill Water Balance**



All numbers are in  
Millions of gallons per  
day (MGD)

\*=Storm water from mill site  
collectively is 1.4 MGD

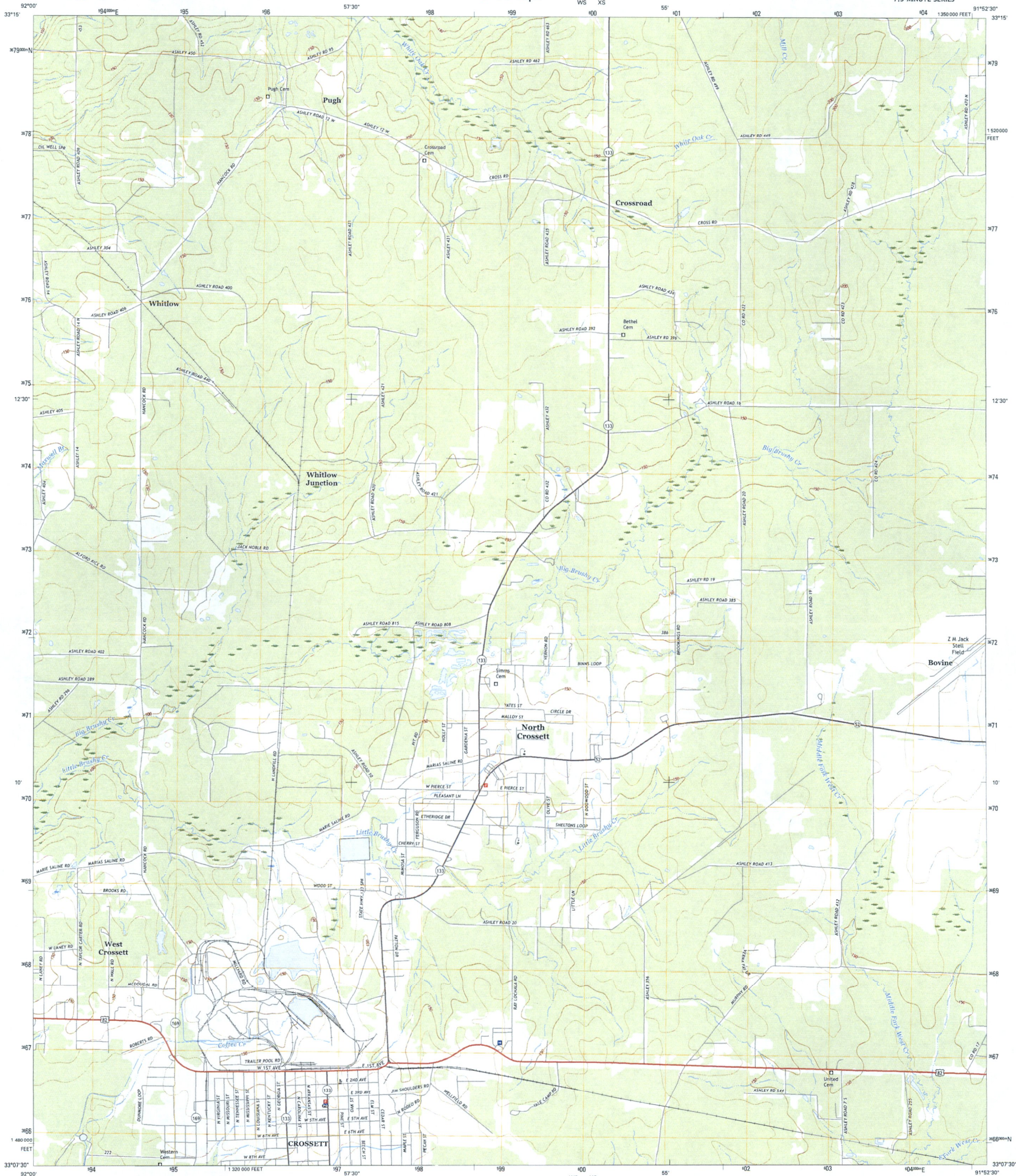




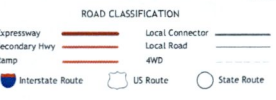
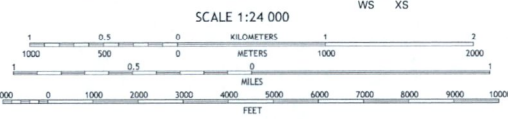
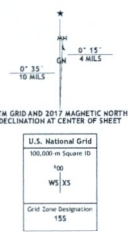
U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



CROSSETT NORTH QUADRANGLE  
ARKANSAS-ASHLEY CO.  
7.5-MINUTE SERIES



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North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1000-meter grid: Universal Transverse Mercator, Zone 15S  
10 000-foot ticks: Arkansas Coordinate System of 1983 (south  
zone)  
This map is not a legal document. Boundaries may be  
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entering private lands.  
Imagery:.....NAIP, December 2015  
Roads:.....U.S. Census Bureau, 2015 - 2016  
Names:.....GNS, 2016  
Hydrography:.....National Hydrography Dataset, 2015  
Contours:.....National Elevation Dataset, 1999  
Boundaries:.....Multiple sources; see metadata file 1972 - 2016  
Public Land Survey System:.....BLM, 2015  
Wetlands:.....FWS National Wetlands Inventory 1977 - 2014



1	2	3
4	5	6
7	8	9

1 Vick  
2 Milo  
3 Fountain Hill  
4 Harris Saline  
5 Hamburg  
6 Fessenden Dam  
7 Crossett South  
8 Berlin

CROSSETT NORTH, AR  
2017



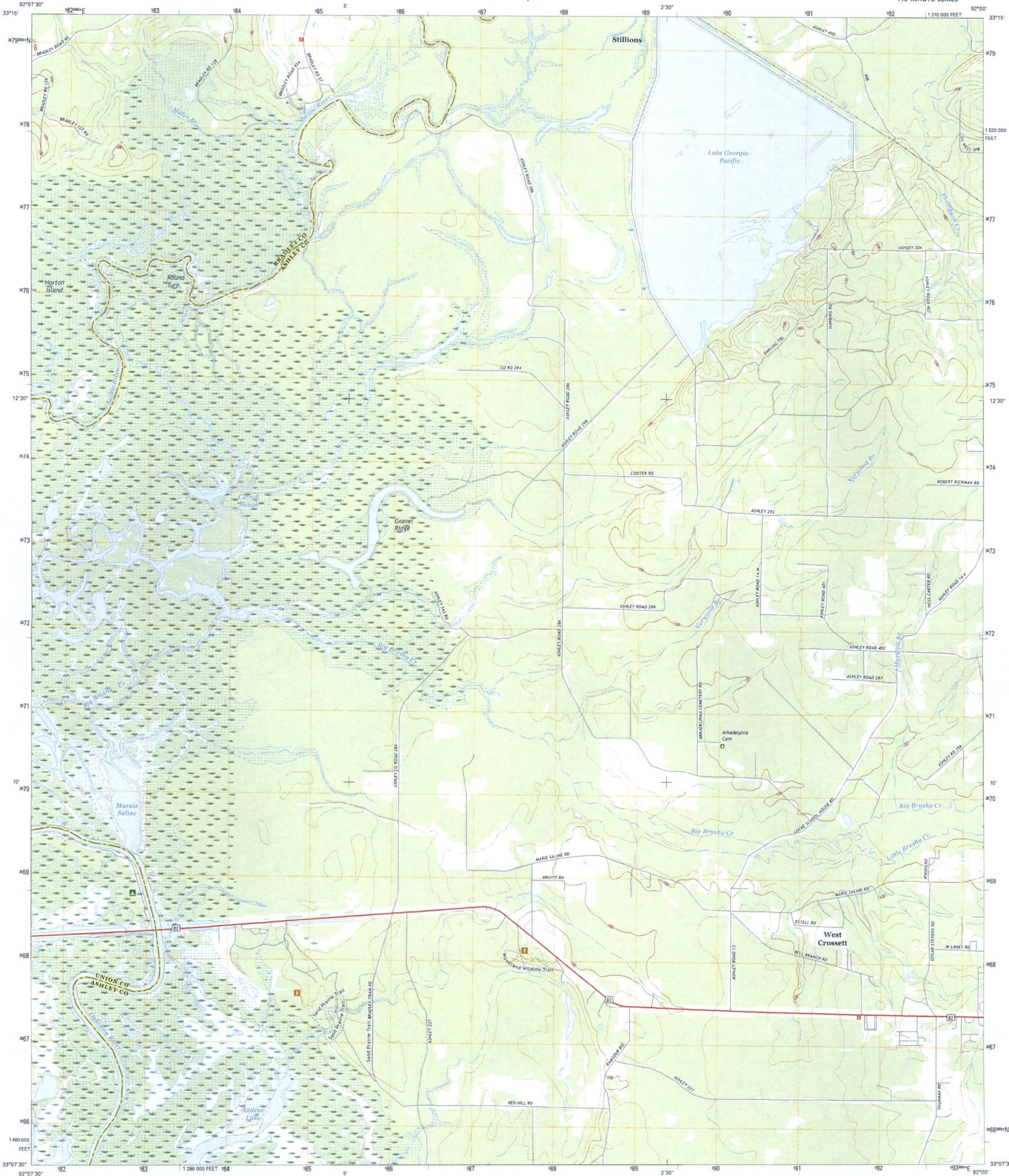




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U.S. GEOLOGICAL SURVEY



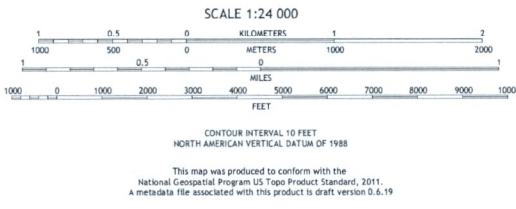
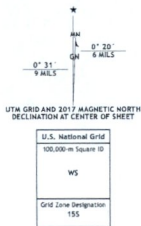
MARAI SALINE QUADRANGLE  
ARKANSAS  
7.5-MINUTE SERIES



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North American Datum of 1983 (NAD83). Projection and  
1000-meter grid: Universal Transverse Mercator, Zone 15S  
10 000-foot ticks: Arkansas Coordinate System of 1983 (south  
zone)

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Imagery: N/AIP, December 2015  
U.S. Census Bureau, 2015 - 2016  
Names: U.S. Census Bureau, 2015 - 2016  
Hydrography: National Hydrography Dataset, 2015  
Contours: National Elevation Dataset, 2011  
Boundaries: Multiple sources; see metadata file 1972 - 2016  
Public Land Survey System: BLM, 2015  
Wetlands: FWS National Wetlands Inventory 1977 - 2014



1	2	3	1 Meriden
4	5	6	2 Vick
7	8	9	3 Millie
			4 New Union
			5 Crossett North
			6 Huttig
			7 Folsom Dam
			8 Crossett South

MARAI SALINE, AR  
2017



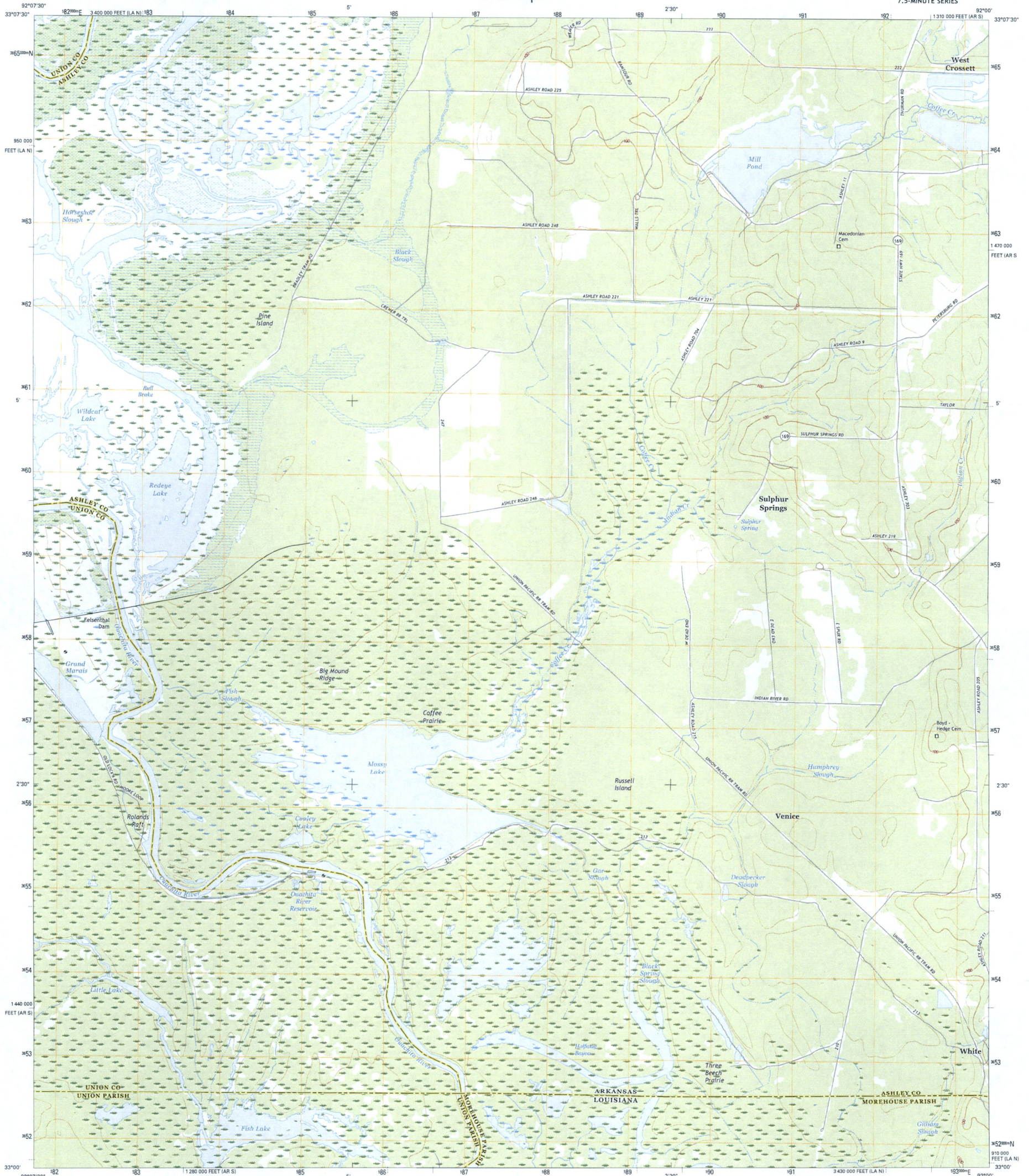




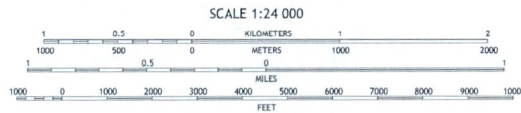
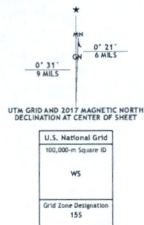
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U.S. GEOLOGICAL SURVEY



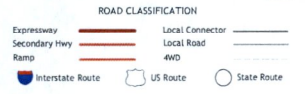
FELSENTHAL DAM QUADRANGLE  
ARKANSAS-LOUISIANA  
7.5-MINUTE SERIES



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North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84). Projection and  
1000-meter grid: Universal Transverse Mercator, Zone 15S  
10 000-foot ticks: Arkansas Coordinate System of 1983 (south  
zone), Louisiana Coordinate System of 1983 (north zone)  
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Imagery:.....NAIP, December 2015  
Roads:.....U.S. Census Bureau, 2015 - 2016  
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Contours:.....National Elevation Dataset, 2011  
Boundaries:.....Multiple sources; see metadata file 1972 - 2016  
Public Land Survey System:.....BLM, 2015  
Wetlands:.....FWS National Wetlands Inventory 1977 - 2014



SCALE 1:24 000  
CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
This map was produced to conform with the  
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A metadata file associated with this product is draft version 0.6.19



FELSENTHAL DAM, AR-LA  
2017



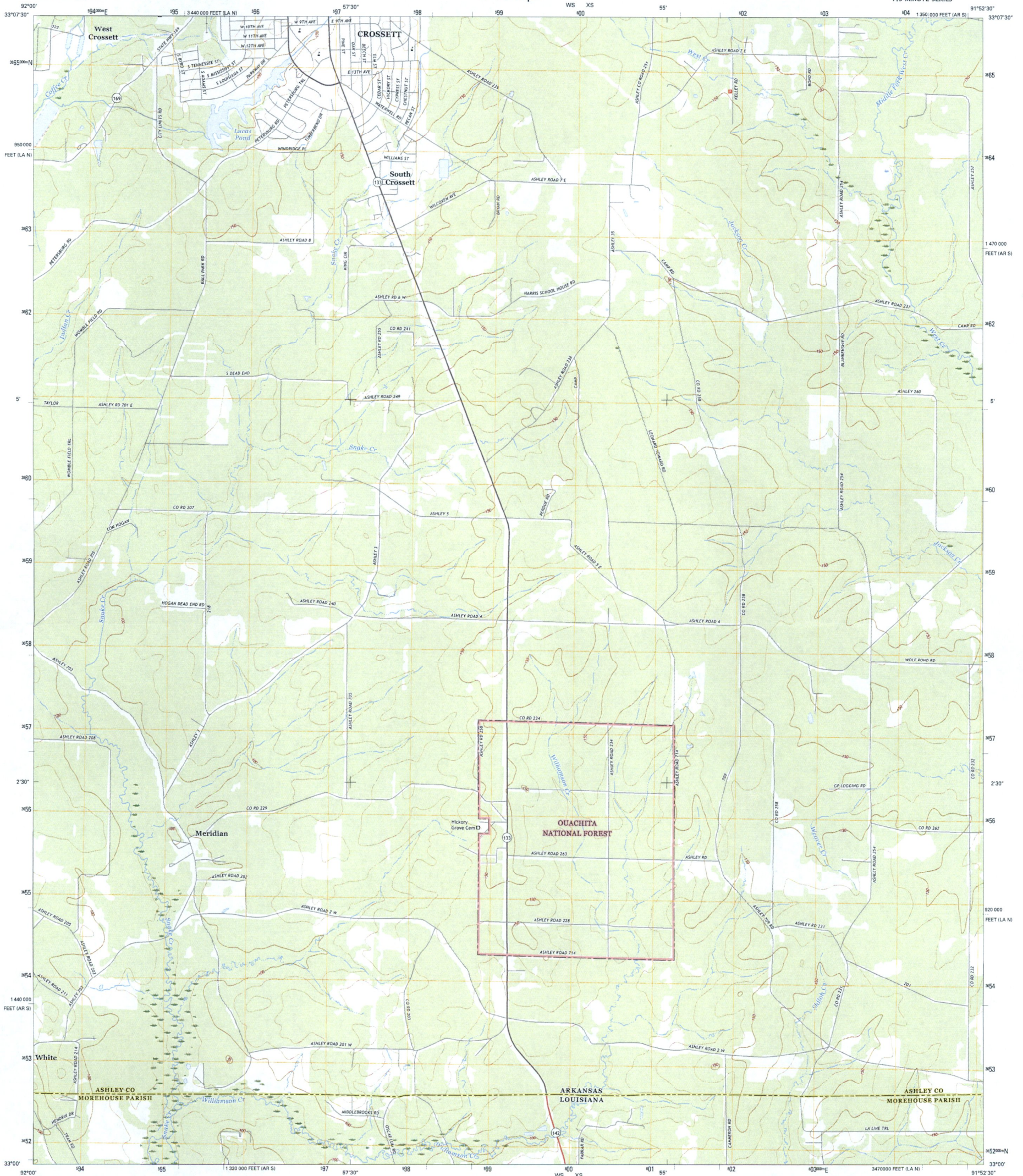




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



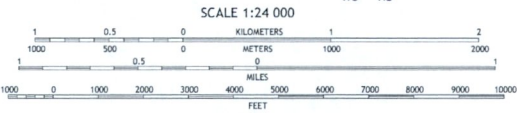
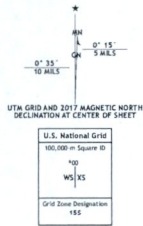
CROSSETT SOUTH QUADRANGLE  
ARKANSAS-LOUISIANA  
7.5-MINUTE SERIES



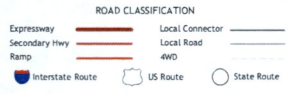
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10 000-foot ticks: Arkansas Coordinate System of 1983 (south  
zone), Louisiana Coordinate System of 1983 (north zone)

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Imagery:.....NAIP, December 2015  
Roads:.....U.S. Census Bureau, 2015 - 2016  
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Hydrography:.....National Hydrography Dataset, 2015  
Contours:.....National Elevation Dataset, 2012  
Boundaries:.....Multiple sources; see metadata file 1972 - 2016  
Public Land Survey System:.....BLM, 2015  
Wetlands:.....FWS National Wetlands Inventory 1977 - 2014



CONTOUR INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1988  
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A metadata file associated with this product is draft version 0.6.19



1	2	3
4	5	6
7	8	9

1 Marals Saline  
2 Crossett North  
3 Hamburg  
4 Felsenthal Dam  
5 Berlin  
6 Fish Lake  
7 Beekman  
8 Twin Oaks

CROSSETT SOUTH, AR-LA  
2017



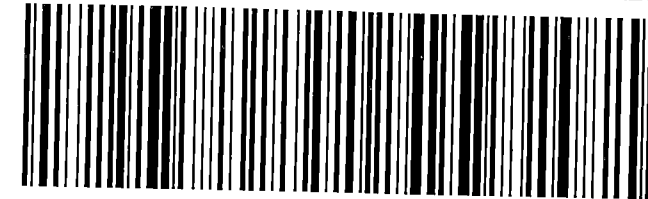


FedEx  
TRK#  
0215 8127 7709 1283

TUE - 08 OCT 10:30A  
PRIORITY OVERNIGHT

X2 LITA

72118  
AR-US  
LIT



FID 82376 070CT19 ELDA 568C3/2A3C/05A2

00220

00252

**FedEx**  
Express  
Package  
US Airbill

FedEx  
Tracking  
Number  
8127 7709 1283

1 From

Date 10-4-19

Sender's  
Name REBECCA BLANKENSHIP

Phone 870 567-8812

Company GEORGIA PACIFIC/ENVIRONMENTAL

Address 100 SUPPLY RD

City CROSSETT

State AR ZIP 71635

2 Your Internal Billing Reference

3 To

Recipient's  
Name Robert Blantz

Phone 501 682-0612

Company AR Dept of Env Quality

Address 5301 Northshore Drive

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

Address

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

City North Little Rock State AR ZIP 72118

Hold Weekday  
FedEx location address  
REQUIRED. NOT available for  
FedEx First Overnight.

Hold Saturday  
FedEx location address  
REQUIRED. Available ONLY for  
FedEx Priority Overnight and  
FedEx 2Day to select locations.

Form  
ID No. 0215

4 Express Package Service

\* To most locations.

Next Business Day

☐ FedEx First Overnight  
Earliest next business morning delivery to select  
locations. Friday shipments will be delivered on  
Monday unless Saturday Delivery is selected.

☒ FedEx Priority Overnight  
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

Fees may apply. See the FedEx Service Guide.

☐ 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.

☐ Indirect Signature  
If no one is available at recipient's  
address, someone at a neighboring  
address may sign for delivery. For  
residential deliveries only.

Does this shipment contain dangerous goods?

☒ No ☐ Yes  
One box must be checked.  
Yes As per attached  
Shipper's Declaration.

☐ Yes  
Shipper's P  
not reo

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

☒ Sender  
Acct. No. in Section  
1 will be billed.

Total

Our liability is limited.

Rev. Date 5/15 • Part #1L

☐ Dry Ice  
Dry Ice, 9 UN 1845

☐ Cargo Aircraft Only

below. Obtain re  
Acct.

☐ Credit Card

Credit Card Auth.

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1283  
10:08

Insert shipping  
document here.