



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

May 13, 2016

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

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

Dear Ms. Reiber:

Please find attached an amended Form 1 for Georgia-Pacific Crossett LLC. Section C has been updated to include potential beneficial reuse of wastewater treatment plant residuals 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.

If you have any questions or need additional information, please feel free to me at (870) 567-8670 or by email at sarah.ross@gapac.com.

Sincerely,

Sarah M. Ross
Environmental Manager
Crossett Paper Operations

Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

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	H	I
POTW	X	X	X	X					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 www.adeq.state.ar.us/water. You may also contact :

Department
Arkansas Department of Health

Information in Regard to
Water Supply

Telephone #
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

- ☐ 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 (who has ultimate decision making responsibility over the operation of a facility or activity):

Georgia-Pacific Crossett 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: _____

3. Facility Name: Georgia-Pacific Crossett 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: 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):

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

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

2621, 2436,
2821, 2439 SIC Facility Activity under this SIC or NAICS:
322121, 321212,
325211, 321213 NAICS

14. Design Flow: 100 MGD Highest Monthly Average of the last two years Flow: 52.1 MGD

15. Is 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 describe 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):

Contact Name: None
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 municipal wastewater operator: I ☐ II ☐ III ☐ IV ☐
Class of industrial wastewater operator: Basic ☐ Advanced ☒

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **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 "

Where is the collection point? within the parshall flume

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. SMS 002:

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

Where is the collection point? within the weir discharge structure

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 (Note: this is classified as a Stream Monitoring Station)

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

Outfall No. 101:

Lat: 33 ° 08 ' 29 " Long: 91 ° 58 ' 28 "

Outfall No. 102:

Lat: 33 ° 08 ' 29 " Long: 91 ° 58 ' 28 "

Outfall No. 103:

Lat: 33 ° 08 ' 29 " Long: 91 ° 58 ' 28 "

4. Type of Treatment system (Included all components of treatment system and Attach the process flow 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).

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

Current:	Flow Metering	<input checked="" type="checkbox"/>	Yes	Type: <u>Continuous</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	
	Sampling Equipment	<input checked="" type="checkbox"/>	Yes	Type: <u>Automatic</u>	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Planned:	Flow Metering	<input type="checkbox"/>	Yes	Type: _____	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	
	Sampling Equipment	<input type="checkbox"/>	Yes	Type: _____	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	

If **YES**, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

The automatic sampling equipment and continuous flow metering equipment are located at Outfalls 001 and SMS 002.

If **NO**, please describe the method and location of flow measurement below:

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.

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 ditches 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 Horespower (hp)? _____

If No, Please explain? The facility generates 70% of all power required for mill operations and treatment plant needs. The remaining 30% is purchased from Entergy.

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 (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? ☐ 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):

Closure material for the former sludge pond.

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.

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☒ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Crossett

Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☒ **Surface Water**- Name of Surface Water Source: Lake GP/Saline river

Distance from Discharge point: ☐ ☐ ☐ Within 5 miles ☒ Within 50 miles

Lat: 33 ° 15 ' 075 " Long: 92 ° 02 ' 554 "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ ☐ ☐ Within 5 miles ☐ Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. 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 **financial assurance** 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:

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.adeg.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 ☒ (Answer questions 2 and 3) NO ☐

2. What Part of 40 CFR? 430, 429, 414 and 454

3. What Subpart(s)? 430 Subpart B, 429 Subparts B,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 attachments.

5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
	Highest Month	Days of Operation	Monthly Average	Days of Operation
See 2C pg 2 of 4 Section 3.C.1.				

* 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 _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

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)
P1	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, Stud mill, 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)
	NA			

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.

Not applicable

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);
- (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.

~~SEE~~
~~BELOW~~ (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: _____ Date: 5.13.2016

Printed name of Responsible Official: Michael L. Hohnadel

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

MA (Initial) I certify that Georgia-Pacific Crossett LLC is a Delaware limited liability company and is registered with the secretary of State in Arkansas.

ORIGIN ID: ELDA (870) 567-8812
 REBECCA BLANKENSHIP
 GEORGIA-PACIFIC
 100 SUPPLY ROAD
 DROP POINT 33
 CROSSETT, AR 71635
 UNITED STATES US

SHIP DATE: 13MAY16
 ACTWGT: 0.50 LB
 CAD: 102787395/NET3730

BILL SENDER

TO **LORETTA REIBER**
ADEQ
5301 NORTSHORE DR

540,116323172/F

NORTH LITTLE ROCK AR 72118

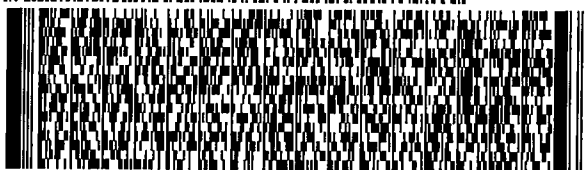
(501) 682-0718

REF: AMENDED FORM 1

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