

Peltier, Hannah

From: REW <rew@ftn-assoc.com>
Sent: Friday, October 31, 2014 1:57 PM
To: Water Permit Application
Cc: 'Brister, Edward'; 'Moak, David'; rmr@ftn-assoc.com
Subject: NPDES Permit Renewal Application for Helena Industries AR0022756
Attachments: Helena Industries AR0022756 Renewal 10-31-14.pdf

On behalf of Helena Industries, Inc., please find attached a renewal application for NPDES Permit AR0022756 for the Helena Industries facility in West Helena, Arkansas.

As discussed with Kim Fuller, supervisor of ADEQ's NPDES permits section, the application is being submitted without analytical data. A sample had been collected but, due to shipping problems, the sample did not reach the laboratory within required parameter holding times. Outfall 001 discharges stormwater only so discharge frequency is sporadic. Replacement bottles have been ordered and the next available discharge will be sampled. The application will be amended to include the analytical results as soon as they become available. Based on my conversation with Kim, it is my understanding that the missing data will not prohibit the application from being deemed complete and that the date of this email will be the submittal date of record.

Please let me know if you have any questions.

Thanks,
Ray



Raymond E. Wieda, PE
rew@ftn-assoc.com

FTN Associates
3 Innwood Circle, Suite 220
Little Rock, AR 72211

(501) 225-7779 office
(501) 256-3757 mobile
www.ftn-assoc.com webpage

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT RENEWAL APPLICATION

HELENA INDUSTRIES, INC
NPDES PERMIT AR0022756

Prepared for

Helena Industries, Inc.
101 Martin Luther King Drive
West Helena, AR 72390

Prepared by

FTN Associates, Ltd.
3 Innwood Circle, Suite 220
Little Rock, AR 72211

FTN No. 6224-06396-001

October 31, 2014

ADEQ Form 1

**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):

Helena Industries, Inc.

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: Delaware

3. Facility Name: Helena Industries

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

5. NPDES Permit Number (If Applicable): AR0022756

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): ARR000820

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:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
<u>Air Permit - Minor Source</u>	<u>0277-AR-4</u>	<u>Applicant</u>

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

Approximately 1 mile west of downtown West Helena and SE Intersection of 49BB & 49

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

Street: 101 Martin Luther King Drive

City: West Helena County: Phillips State: AR Zip: 72390

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

Name: David Moak Title: Plant Manager
Street: _____ P.O. Box 2336
City: West Helena State: AR Zip: 72390
E-mail address*: MoakD@HelenaIndustries.com Fax: (870) 572-7064

* 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

2879 SIC Facility Activity under this SIC or NAICS:
325320 NAICS Pesticide and Other Agricultural Chemical Manufacturing

14. Design Flow: _____ MGD Highest Monthly Average of the last two years Flow: Variable - Stormwater MGD

15. Is Outfall equipped with a diffuser? Yes No

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

Name: Phil Hollis Title: President and CEO
Address: 225 Shilling Blvd, Suite 200 Phone Number: (901) 820-5707
E-mail Address: HollisP@HelenaIndustries.com
City: Collierville State: TN Zip: 38017

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

Name: David Moak Title: Plant Manager
Address: PO Box 2336 Phone Number: (870) 572-3434
E-mail Address: MoakD@HelenaIndustries.com
City: West Helena State: AR Zip: 72390

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

Contact Name: Ray Wieda, PE
Company Name: FTN Associates, Ltd.
Address: 3 Innwood Circle, Suite 220 Phone Number: (501) 225-7779
E-mail Address: rew@ftn-assoc.com
City: Little Rock State: AR Zip: 72211

19. Wastewater Operator Information

Wastewater Operator Name: NA License number: _____
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: 34N ° 33 ' 02.96 " Long: 90W ° 39 ' 18.94 " County: Phillips Nearest West Town: Helena

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

Outfall No. 001:

Latitude: 34N ° 33 ' 12.2 " Longitude: 90W ° 39 ' 20.1 "

Where is the collection point? Outfall

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
unnamed drainage ditches, then to Crooked Creek, then to Lick Creek, then to Big Creek, then to the White River

Outfall No. _____:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas 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 (Included all components of treatment system and Attach the process flow diagram):

Currently no treatment system in use.

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

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

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

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

Rectangular weir at outfall

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? _____

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? Power is not required for treatment or discharge.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Landfill

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

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): _____

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): West Helena, AR

Distance from Discharge point: Within 5 miles Within 50 miles

Surface Water- Name of Surface Water Source: _____

Distance from Discharge point: Within 5 miles Within 50 miles

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

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? 455

3. What Subpart(s)? C _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

Formulation and packaging of agricultural chemicals on a contract basis. Subject permit is for discharge of stormwater only.

No process wastewaters are discharged under this permit.

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
ELGs are not production based	--	--	--	--

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

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.

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: David Moak Date: 10/29/2014

Printed name of Cognizant Official: David Moak

Official title of Cognizant Official: Plant Manager Telephone Number: (870) 572-3434

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.

DM (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.

PH (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: Phil Hollis Date: 10/29/14

Printed name of Responsible Official: Phil Hollis

Official title of Responsible Official: President and CEO Telephone Number: (901) 820-5707

EPA Form 2F

Please print or type in the unshaded areas only.

**FORM
2F
NPDES**



U.S. Environmental Protection Agency
Washington, DC 20460

**Application for Permit to Discharge Storm Water
Discharges Associated with Industrial Activity**

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

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)

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation 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.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.

B: You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	6.19 acres	7.62 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water, method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Operations include adjuvant, pesticide, and herbicide formulating. Raw materials used include various adjuvants, pesticides, and herbicides ingredients along with solvents, fillers and other materials.

Both liquid and dry formulation activities occur within covered buildings and are not exposed to stormwater. Bulk liquid raw materials are stored in aboveground tank farms under roofing and equipped with secondary containment. Dry raw material and finished products are stored inside buildings. Unloading and loading pits are covered.


Material exposure to stormwater is most likely to occur during loading/unloading operations. Material management practices, loading/unloading, and selected BMPs are provided in the SWPPP.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	The primary structural control at the site is infrastructure. Material storage, processing and formulation activities occur under roof inside buildings. Tank farms are roofed to prevent stormwater contact. A concrete and/or asphalt surface is present in areas associated with industrial activities. Boiler blowdown, non-contact cooling water, and non-pesticide process water are collected and discharged to the sanitary sewer system. Process wastewater generated from pesticide operations is containerized and shipped off-site. Stormwater runoff is not treated.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Phil Hollis, President and CEO		10/30/14

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Visual inspection of outfalls and internal stormwater collection facilities.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.
Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?
 Yes (list all such pollutants below) No (go to Section IX)

Table 2F-2: Total phosphorus, sulfate, surfactants, boron, cobalt, iron, magnesium, molybdenum, manganese, and tin
 Table 2F-3: Copper, zinc, constituents present in aromatics (naphthalene, benzene, toluene, ethylbenzene)
 Table 2F-4: Xylene

VIII. 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 (list all such pollutants below) No (go to Section IX)

The current NPDES permit required acute biomonitoring at a frequency of once every two months for the test species *Daphnia pulex* and *Pimephales promelas*. The results have been reported to and are on file with ADEQ.

IX. Contract Analysis Information

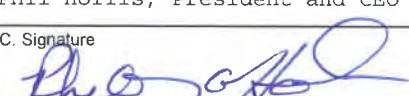
Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
American Interplex Corporation	8600 Kanis Road Little Rock, AR 72204	(501) 224-5060	All

X. 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) Phil Hollis, President and CEO	B. Area Code and Phone No. (901) 820-5707
C. Signature 	D. Date Signed 10/29/14

VII. Discharge information (Continued from page 3 of Form 2F)

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B – List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

Disclosure Statement

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.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)
Helena Industries, Inc.

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :
P.O. Box 2338

3. CITY, STATE, AND ZIPCODE:
Helena-West Helena, AR 72390

4. (check all that apply.)

- Individual Corporate or Other Entity
- Permit License Certification Operational Authority
- New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
- Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
- Environmental Preservation and Technical Service

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 I filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #18.)

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.)

The applicant has been in business for 57 years. Helena Industries, Inc. (HII) operates 4 facilities in the states of Arkansas, Iowa, Georgia, and California. HII employs personnel who are trained in regulatory programs administered by US EPA and various state environmental agencies.

Each of the 4 HII plants holds permits issued by their respective states for air and storm water. US EPA has issued each facility an EPA Establishment Number authorizing it to be a pesticide producing establishment. US EPA or their respective states has issued each plant an EPA Generator ID number for the management of hazardous wastes.

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.

(Attach additional pages, if necessary.)

The West Helena facility has been issued a Proposed Consent Administrative Order regarding its NPDES Permit # AR000022756 for violations of the Arkansas Water and Air Pollution Control Act relating to its current storm water discharge permit.

The West Helena facility was issued a Preliminary Inspection Findings letter resulting from a site inspection with regard to Air Permit # 0277-AR-3. There were some Areas of Concerns noted in the letter which were addressed by HII's consultant. This may constitute a "pending action".

No other HII facility has had any actions or pending actions in the past 10 years.

*With regard to civil or criminal actions by HII's parent company, Helena Chemical Co. (HCC), it operates approximately 430 sales facilities in the USA that sell and distribute agricultural chemicals, fertilizers, and seeds. In the course of conducting business, HCC facilities are routinely inspected by US EPA and the state agencies having jurisdiction. Accordingly, HCC has been the subject of various investigations and fines over the past 10 years. Please contact the undersigned should additional information be required.

*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 additional pages, if necessary.)

NAME: Phil Hollis TITLE: President and CEO

STREET: 225 Schilling Blvd., Suite 200

CITY, STATE, ZIP: Collierville, TN 38017

NAME: Jeff Thaver TITLE: Vice President, Sales and Marketing

STREET: 225 Schilling Blvd., Suite 200

CITY, STATE, ZIP: Collierville, TN 38017

NAME: Tony DiBenedetto TITLE: Treasurer, Secretary, Controller

STREET: 225 Schilling Blvd., Suite 200

CITY, STATE, ZIP: Collierville, TN 38017

9. List all directors of the Applicant. (Add additional pages, if necessary.)

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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: David Moak TITLE: Plant Manager

STREET: 101 Martin Luther King Dr.

CITY, STATE, ZIP: Helena-West Helena, AR 72390

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

See #14

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

See #15

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: Helena Chemical Co.

STREET: 225 Schilling Blvd, Suite 200

CITY, STATE, ZIP: Collierville, TN 38017

Organizational Relationship:
Helena Chemical Co. owns
100% of the stock of Helena
Industries, Inc.

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

NAME: APP Converstions, LLC

STREET: 225 Schilling Blvd., Suite 210

CITY, STATE, ZIP: Collierville, TN 38017

Organizational Relationship:
Helena Industries, Inc. owns
100% of the membership
interest of APP Conversions,
LLC

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NONE

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

US EPA

California Dept. of Toxic Substances Control, California EPA, California Air Resources Board, California Dept. of Water Resources

Georgia Dept. of Natural Resources, Georgia Environmental Protection Division

Iowa Department of Natural Resources

8. List all officers of the Applicant (Additional Page)

Name: Joan Murphy

Title: Asst. Secretary

Street: 225 Schilling Blvd

City, State, Zip: Collierville, TN 38017

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.

State of Tennessee

County of Shelby

I, Philip A. Houis, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

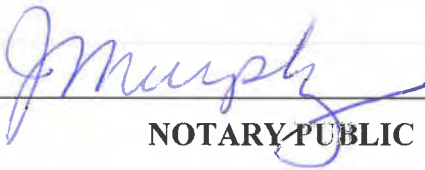
APPLICANT SIGNATURE: 

COMPANY TITLE: President/CEO

DATE: 10/30/14

SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF October 2014

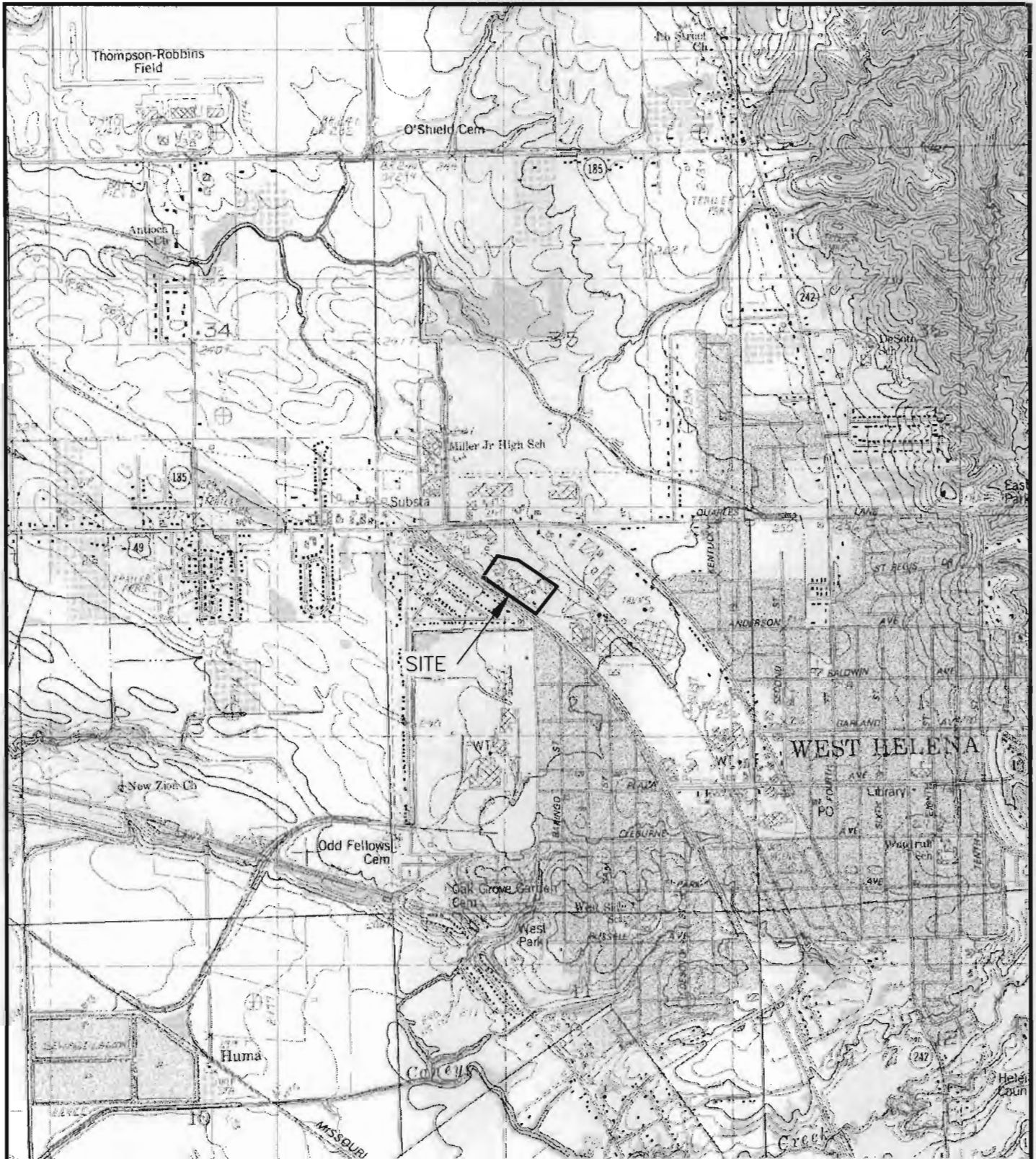



NOTARY PUBLIC

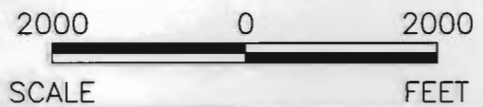
MY COMMISSION EXPIRES:
April 1, 2017

MAPS AND DRAWING

Location Map



SOURCE: 7.5 MINUTE U.S.G.S.
WEST HELENA QUADRANGLE



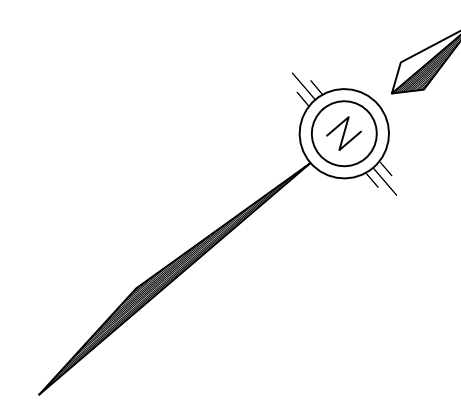
ENSAFE

(800) 588-7962
MEMPHIS, TENNESSEE
ARKANSAS FLORIDA KENTUCKY MICHIGAN MISSISSIPPI
OHIO TENNESSEE TEXAS SOUTH CAROLINA
VIRGINIA SLOVAKIA

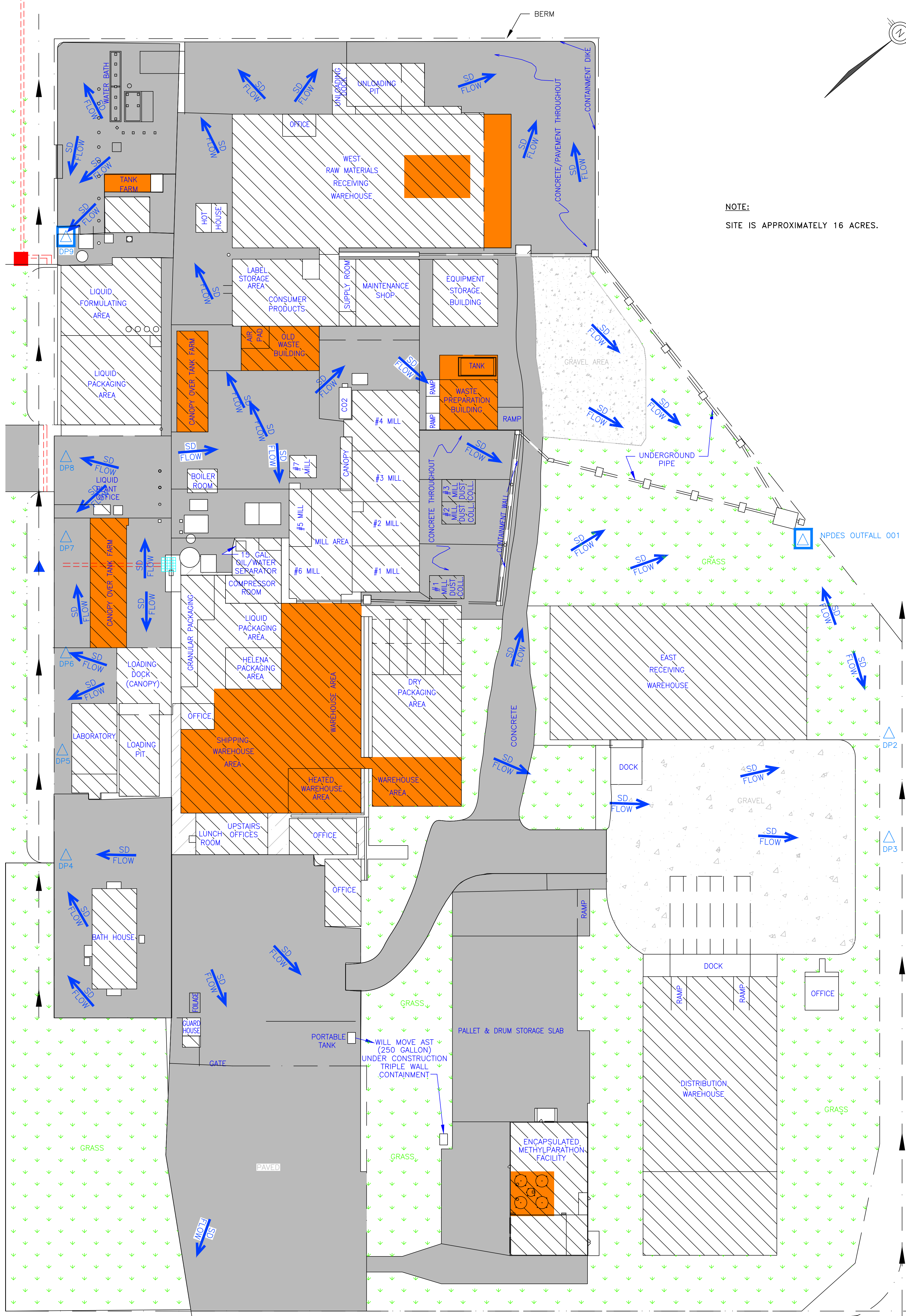
FIGURE 1.0
SITE LOCATION ON A U.S.G.S.
TOPOGRAPHIC MAP
HELENA INDUSTRIES, INC.
WEST HELENA, ARKANSAS

DWG DATE: 06/20/03 NAME: 1002134W001

Site Plan



NOTE:
SITE IS APPROXIMATELY 16 ACRES.



LEGEND

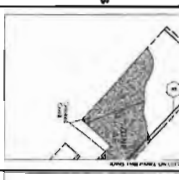
- DISCHARGE POINT
- DIRECTION OF SURFACE WATER FLOW
- UNDERGROUND PIPE
- UNDERGROUND CATCH BASIN
- ROOFED AREA
- PAVED/CONCRETE
- CHEMICAL AND WASTE STORAGE

NOTE:
DRAWING WAS PROVIDED AND DRAWN BY ENSAFE.



SURFACE DRAINAGE MAP HELENA INDUSTRIES WEST HELENA, ARKANSAS			
SWPPP			
DRAWN BY:	FILE NAME:	SCALE:	SHEET NO.
JST	SW01.DWG	NONE	1
APPROVED BY:	PROJECT NO.	DATE:	8/08/11 OF 1
AESW	6224-020	8/08/11	

Flood Insurance Map



EXPLANATION

Legend

Zone A - Flood Insurance Rate Zone A (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone B - Flood Insurance Rate Zone B (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone C - Flood Insurance Rate Zone C (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone D - Flood Insurance Rate Zone D (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone E - Flood Insurance Rate Zone E (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone F - Flood Insurance Rate Zone F (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone G - Flood Insurance Rate Zone G (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone H - Flood Insurance Rate Zone H (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

CONCREAL

PHILIPS COUNTY AND MUNICIPALITIES

Map Scale: 1" = 100'

North Arrow

Map Date: 1998

Map Reviser: [Name]

Map Title: [Title]

FIRM
NATIONAL FLOOD INSURANCE PROGRAM
FLOOD INSURANCE RATE MAP

CITY OF WEST HELENA, ARKANSAS
PHILIPS COUNTY

DATE PRINTED: [Date]

COMMUNITY PANEL NUMBER: [Number]

MAP REVISION: [Revision]

SEPTEMBER 21, 1998

Project Engineer: Management Agency

LEGEND

Zone A - Flood Insurance Rate Zone A (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone B - Flood Insurance Rate Zone B (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone C - Flood Insurance Rate Zone C (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone D - Flood Insurance Rate Zone D (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone E - Flood Insurance Rate Zone E (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone F - Flood Insurance Rate Zone F (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone G - Flood Insurance Rate Zone G (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

Zone H - Flood Insurance Rate Zone H (Special Flood Hazard Area) - Areas with a 1% annual chance flood (100-year return period).

CONCREAL

PHILIPS COUNTY AND MUNICIPALITIES

Map Scale: 1" = 100'

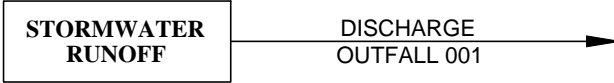
North Arrow

Map Date: 1998

Map Reviser: [Name]

Map Title: [Title]

Flow Diagram



R:\PROJECTS\06224-0639-001\CAD\DWG\06224-0639-001-FD01.DWG

Flow diagram for Helena Industries Outfall 001.