

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1

In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
<input checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information
	<input type="checkbox"/> w/ small business exemption request
	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
	<input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D
<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ analytical results as an attachment
<input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments

12.2

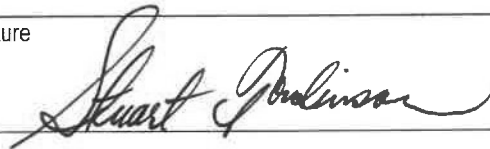
Certification Statement

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.

Name (print or type first and last name)

Stuart Tomlinson

Signature



Official title

Vice President of Manufacturing

Date signed

June 27, 2022

SECTION 10. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

10.1 In Column 1 below, mark the sections of Form 2F that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.

Column 1	Column 2
<input checked="" type="checkbox"/> Section 1	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)
<input checked="" type="checkbox"/> Section 2	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 3	<input type="checkbox"/> w/ site drainage map
<input checked="" type="checkbox"/> Section 4	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 5	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 6	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 7	<input type="checkbox"/> Table A <input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> Table B <input type="checkbox"/> w/ analytical results as an attachment <input type="checkbox"/> Table C <input type="checkbox"/> Table D
<input checked="" type="checkbox"/> Section 8	<input type="checkbox"/> w/attachments
<input checked="" type="checkbox"/> Section 9	<input type="checkbox"/> w/attachments (e.g., responses for additional contact laboratories or firms)
<input checked="" type="checkbox"/> Section 10	<input type="checkbox"/>

10.2 **Certification Statement**

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.

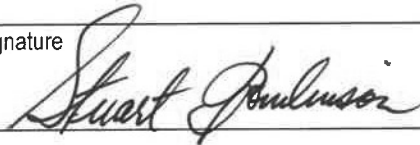
Name (print or type first and last name)

Stuart Tomlinson

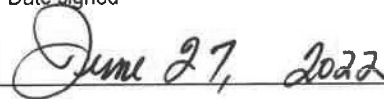
Official title

Vice President of Manufacturing

Signature



Date signed



NPDES Permit Number	AFIN	Facility Name	County
AR0042846	41-00001	Ash Grove Cement Company, Foreman Plant	Little River

H.3. Cognizant Official (Duly Authorized Representative)

40 C.F.R. 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:

Print name (First and Last) Marco Gonzales	Official title Plant Manager	
Signature	Date signed	Telephone number (870) 542-3030

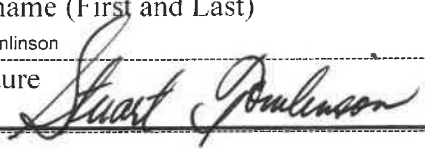
H.4. Responsible Official

“By my signature below, I certify that I met the requirement to be the signatory as defined in 40 C.F.R. § 122.22.”

“By my signature below, 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 Division considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Division.

“By my signature below, I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas.”

“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.”

Print name (First and Last) Stuart Tomlinson	Official title Vice President of Manufacturing	
Signature 	Date signed June 27, 2022	Telephone number (913) 319-6040

ARKANSAS Department of Environmental Quality
PPS REQUIREMENTS

1. Name of facility:

___Ash Grove Cement Company_____

2. Name, address and telephone number of laboratory:

___Arkansas Analytical, Inc._____

___8100 National Drive, Little Rock, AR 72209_____

3. Is the lab certified by the State of Arkansas? Yes No

4. What are the certification dates?

Issued data ___10/30/2021_____ Expire date ___10/30/2022_____

5. Is the laboratory certified for all the parameters?

YES No (Explain)

6. Date and time of samples collected:

Outfall 001: 5/2/2022 13:57;

7. Date and time samples were received in the laboratory:

___5/2/2022, 18:01_____

8. Sample location (Outfall No.):

___Outfall 001_____

9. Samples collected by:

Name ___Matthew Brooks (Ash Grove) Clint Jones (Arkansas Analytical)_____

Title ___Environmental Engineer and Sampling Technician_____

Telephone ___(870) 542-3032 (Brooks); (501) 455-3233 (Jones)_____

10. I certify under penalty of law that this document and all attachments were prepared under my direction of 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 submitted is, to the best of my knowledge and belief, 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.

___Stuart Tomlinson_____ Vice President of Manufacturing_
Printed Name of person signing Title

Signature

Stuart Tomlinson

Date signed

June 27, 2022

List all attachments to this form:

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19
OMB No. 2040-0004

AR0042846

Ash Grove Cement Company

SECTION 5. NON STORMWATER DISCHARGES (40 CFR 122.26(c)(1)(i)(C))

Non-Stormwater Discharges

5.1 I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.

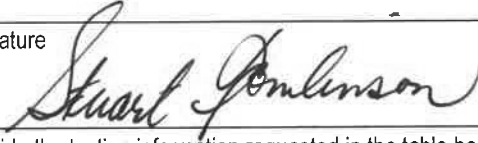
Name (print or type first and last name)

Stuart Tomlinson

Official title

Vice President of Manufacturing

Signature



Date signed

June 27, 2022

5.2 Provide the testing information requested in the table below.

Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
001	All of the outfall contain non-stormwater sources		
002	testing/evaluation for non-stormwater sources is		
003	not required.		

SECTION 6. SIGNIFICANT LEAKS OR SPILLS (40 CFR 122.26(c)(1)(i)(D))

Significant Leaks or Spills

6.1 Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years.
No significant (reportable) spills have occurred at the facility within the last 3 years.

SECTION 7. DISCHARGE INFORMATION (40 CFR 122.26(c)(1)(i)(E))

Discharge Information

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

7.1 Is this a new source or new discharge?

Yes → See instructions regarding submission of estimated data.

No → See instructions regarding submission of actual data.

Tables A, B, C, and D

7.2 Have you completed Table A for each outfall?

Yes

No