

**EPA - REGION 6**  
**NPDES PERMIT CERTIFICATION CHECKLIST**

In accordance with the MOA established between the State of Arkansas and the United States Environmental Protection Agency, Region 6, the state submits the following draft National Pollutant Discharge Elimination System (NPDES) permit for Agency review.

**Major** [  ] **Minor** [  ] **POTW** [  ] **Private Domestic** [  ] **non-POTW** [  ]

(Do **NOT** complete checklist for General Permits)

**Facility Name** Ash Grove Cement Company

**SIC Code** 3241 **Type of operation/business** manufacturing of hydraulic cement

**Federal Permit No.** \_\_\_\_\_ **State Permit No.** AR0042846

**Segment No.** 1B **Basin** Red River Basin **Receiving Water** an unnamed tributary of French Creek, thence to French Creek, thence to Walnut Bayou

**Permit Action:** New [  ] Renewal/Reissuance w/ changes [  ]  
Renewal/Reissuance w/ no changes in permit & WQS [  ]  
Modification/Amendment [  ], type:  
If this is a permit modification, proceed directly to No. 25.

Answer the following with **Yes, No, or N/A**:

1. Does this facility discharge to a 303(d) listed waterbody segment? No
2. If so, does the facility discharge any of the pollutant(s) of concern identified in the 303(d) listing? N/A
3. Is this a new facility or an expansion of an existing facility? No
4. For an existing facility, if any limits have been removed or are less stringent than those in the previous permit, is it in accordance with the anti-backsliding regulations? No
5. Is this permit consistent with the approved WQMP? N/A
6. Does the facility discharge to a waterbody segment which has a finalized TMDL? No
7. If so, does the permit implement the TMDL consistent with the WLAs? N/A
8. Does the fact sheet document the rationale for the inclusion/omission of permit conditions for each 303(d) listed pollutant of concern or TMDL pollutant? N/A
9. Does this permit include provisions for effluent trading? No
10. In Texas, has a priority watershed of critical concern been identified by the U. S. Fish and Wildlife Service for this segment? N/A
11. In Arkansas, if this facility uses chlorine for disinfection of the effluent, does the permit contain TRC limits? N/A
12. Does this permit authorize ammonia discharges > 4.0 mg/l at the edge of the mixing zone? N/A
13. Does this permit require testing for Whole Effluent Toxicity in accordance with the state's standard practices and implementation plan? No
14. If this facility has completed and implemented a Toxicity Reduction Evaluation (TRE), has any subsequent toxicity been identified? N/A
15. Does this permit include a bypasses of any treatment unit or authorize overflows in the system? No
16. If a POTW is  $\geq 5$  MGD, does it have an approved Pretreatment Program? N/A

17. Since the last permit issuance, has the POTW had a new Pretreatment Program approved or a Pretreatment Program modification approved? N/A
18. Does this permit contain authorization for wet weather related peak-flow discharges? N/A
19. Are there known or potential interstate water issues associated with this permit? N/A
20. Does this permit contain specific issues on which EPA and the state are not in agreement regarding the permitting approach? No
21. Does this permit propose to grant a variance request (*WQS, FDF, etc.*) or does it incorporate a proposed or final approval of a variance request? No
22. Is this facility subject to a national effluent limitations guideline? Yes If yes, specify 40 CFR Part 411
23. Does this permit contain "first-time" implementation of a new federal guideline, policy, regulation, etc.? No If yes, specify:
24. Is there known or potential third-party interest/environmental concern regarding this permit action?  
No
25. Does this permit incorporate any exceptions to the standards or regulations? No
26. If this is a permit modification/amendment, briefly describe the changes. N/A

Based on a review of the data and other information submitted by the permit applicant, and the draft permit and other administrative records generated by the Department/Commission and/or made available to the Department/Commission, the information provided on this checklist is accurate and complete, to the best of my knowledge.

Name Amanda Gallagher

Title Engineer II

Signature

Date