

## Gage, Hannah

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**From:** Amanda Gallagher <agallagher@gbmcassoc.com>  
**Sent:** Tuesday, November 22, 2016 12:54 PM  
**To:** Water Permit Application  
**Cc:** Randy Evans; dratchford@anthonyforest.com; Kyle Hathcote  
**Subject:** Anthony Forest Products - Urbana Sawmill NPDES Permit No. AR0047384 Permit Renewal Application  
**Attachments:** AR0047384\_2016 NPDES Ind Permit Renewal.pdf

To Whom It May Concern,

On behalf of the Anthony Forest Products – Urbana Sawmill, please find attached the permit renewal application for NPDES Permit No. AR0047384. Please let me know if you have any questions.

Thanks,

Amanda Gallagher, P.E.  
GBMc & Associates  
219 Brown Lane  
Bryant, AR 72022  
Phone: (501) 847-7077



**Anthony Forest Products Company  
Urbana Sawmill  
Permit No. AR0047384  
NPDES Permit Renewal Application**

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October 31, 2016

# **NPDES Permit Renewal Application**

## **Permit No. AR0047384**

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**Prepared for:**

Anthony Forest Products Company – Urbana Sawmill  
P.O. Box 724  
Strong, AR 71765

**Prepared by:**

GBM<sup>c</sup> & Associates  
219 Brown Lane  
Bryant, AR 72022

October 31, 2016

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## **Application Summary**

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# APPLICATION SUMMARY

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Anthony Forest Products Company – Urbana Sawmill (Anthony-Urbana) is currently permitted through the Arkansas Department of Environmental Quality (ADEQ), National Pollutant Discharge Elimination System (NPDES) Permit No. AR0047384. This application package is being submitted to request a renewal of the existing NPDES permit. Included with this application package are Forms 1, 2C, 2F, Area Maps, Site Diagrams, Water Supply Sources, Flow Diagram, Disclosure Statement, and other pertinent information necessary to complete the permit renewal process.

Anthony-Urbana is requesting the following:

- The facility washes down equipment prior to maintenance. The equipment wash water will be collected and pumped to the wet deck ponds associated with Outfall 001 along with the kiln condensate. Anthony-Urbana is requesting to add equipment wash water as a source in the NPDES permit.
- A hydraulic unit in the sawmill requires water to cool the unit. Non-contact cooling water is routed through the unit and then pumped to the wet deck ponds associated with Outfall 001 along with the kiln condensate. Anthony-Urbana is requesting to add non-contact cooling water as a source in the NPDES permit.
- Outfall 001 sample results indicated high fecal coliform results. The facility performed an investigation to determine the source of the high fecal coliform results. It was determined that the sanitary wastewater routed to the wet deck ponds were the source. The discharge of sanitary wastewater to the wet deck ponds will be ceased and the discharge will be routed to an aerobic treatment unit and the treated effluent will be discharged under an ARG550000 general permit. Therefore, Anthony-Urbana requests the following:
  - sanitary wastewater be removed from the NPDES permit as source for Outfall 001,
  - fecal coliform monitoring requirements be removed from Outfall 001, and
  - the requirement for a Class 1 operator be removed from the “Other Conditions” section of the permit.

# Form 1

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

Anthony Forest Products Company

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: DE

3. Facility Name: Anthony Forest Products Company – Urbana Sawmill

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

5. NPDES Permit Number (If Applicable): AR0047384

6. NPDES General Permit Number (If Applicable): ARG550398

7. NPDES General Storm Water Permit Number (If Applicable): ARR000977

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>
Title V	1681-AOP-R13	Air

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

2.5 miles north of Highway 82 on Urbana Road

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

Street: 1236 Urbana Road

City: Urbana

County: Union

State: AR

Zip: 71768



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

Name: Derek Ratchford Title: Plant Manager  
Street: N/A P.O. Box 724  
City: Strong State: AR Zip: 71765  
E-mail address\*: dratchford@anthonyforest.com Fax: 870-962-3320

\* 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

2421 SIC Facility Activity under this SIC or NAICS:  
321113 NAICS Operation of a Sawmill

14. Design Flow: N/A MGD Highest Monthly Average of the last two years Flow: 0.720 MGD

15. Is Outfall equipped with a diffuser?  Yes  No

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

Name: Derek Ratchford Title: Plant Manager  
Address: 1236 Urbana Road Phone Number: (870) 962-3206  
E-mail Address: dratchford@anthonyforest.com  
City: Urbana State: AR Zip: 71768

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

Name: N/A 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: Amanda Gallagher  
Company Name: GBMc & Associates  
Address: 219 Brown Lane Phone Number: (501) 847-7077  
E-mail Address: agallagher@gbmcassoc.com  
City: Bryant State: AR Zip: 72022

19. Wastewater Operator Information

Wastewater Operator Name: N/A 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: 33 ° 09 ' 34.8 " Long: 92 ° 26 ' 36.5 " County: Union Nearest Town: Urbana

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

**Outfall No. 001:**

Latitude: 33 ° 09 ' 46.8 " Longitude: 92 ° 26 ' 52.7 "

Where is the collection point? At outfall.

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

An unnamed tributary of North Lapile Creek, thence to North Lapile Creek, thence to Lapile Creek, and thence to the Ouachita River

**Outfall No. N/A:**

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. N/A:**

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

**Outfall No. N/A:**

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

**Outfall No. N/A:**

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

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

Runoff from the wet decking area and storm water runoff is collected in a series of three settling ponds. Water from the final settling pond is recycled as wet deck spray.

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:

N/A

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

Weir

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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? \_\_\_\_\_

7. Population for Municipal and Domestic Sewer Systems: N/A

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes  No

If Yes, How many? N/A Total Horespower (hp)? N/A

If No, Please explain? Settling ponds do not require electricity to operate.

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**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): Solids currently remain in the ponds associated with the wet deck.

**SECTION D - WATER SUPPLY**

**See Attachment – Water Supply Sources**

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): \_\_\_\_\_

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](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? 429

3. What Subpart(s)? A, I, & K      \_\_\_\_\_

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

Barked logs are received, debarked, and sawed. Rough green lumber is kiln dried, trimmed in planer mill, and shipped.

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5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	Board feet*		2014 ~ 123,230,596 Board feet*	
	Highest Month	Days of Operation	Monthly Average	Days of Operation
Lumber	14,698,212	298	10,288,440	260

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





No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
N/A				

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: N/A per day      Average discharge per batch: N/A (GPD)

Time of batch discharges      N/A      at      N/A  
(days of week)      (hours of day)

Flow rate: N/A gallons/minute      Percent of total discharge: N/A

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:      Flow Metering            Yes      Type: \_\_\_\_\_            No            N/A        
                 Sampling Equipment            Yes      Type: \_\_\_\_\_            No            N/A     

Planned:      Flow Metering            Yes      Type: \_\_\_\_\_            No            N/A        
                 Sampling Equipment            Yes      Type: \_\_\_\_\_            No            N/A     

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

N/A

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4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

     Yes            No      (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics:

N/A

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**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.

N/A

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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.



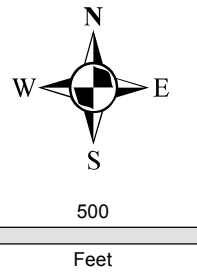
## **Area Maps**

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**Anthony Forest Products**  
**Section: 9**  
**Township: 18S**  
**Range: 13W**  
 1236 Urbana Road  
 Urbana, AR 71768

**OUTFALL 001**  
 Latitude: 33°09'46.8"N  
 Longitude: 92°26'52.9"W



- Outfall
- - - Property Boundary
- - - Streams

Google

NO	DATE	REVISION	BY	CK.	APPR.

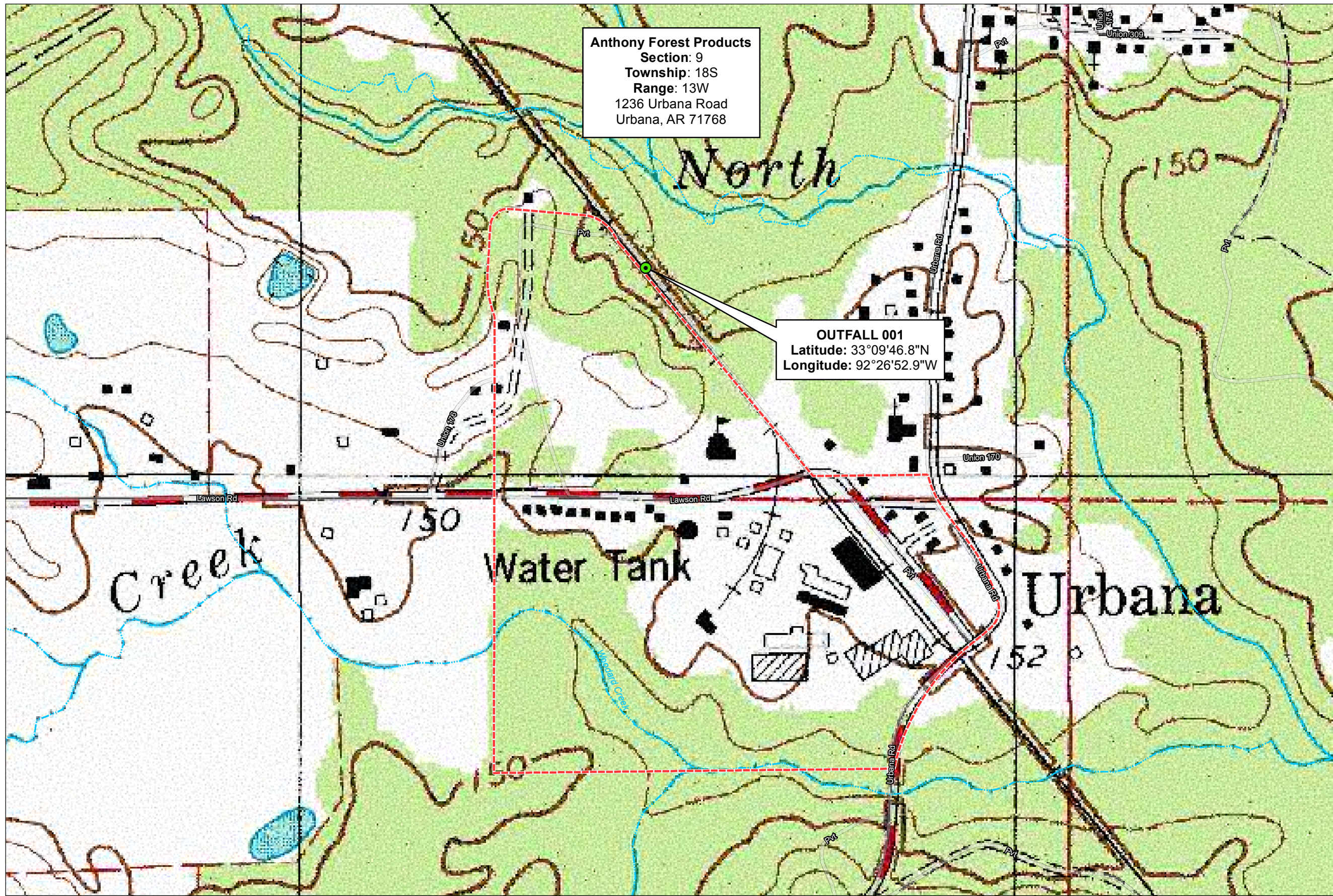
DESIGNED BY	ELE
CHECKED BY	ELE
APPR. BY	ELE
DRAWN BY	ALB



SHEET TITLE  
**FACILITY PHYSICAL LOCATION MAP  
 AERIAL VIEW**

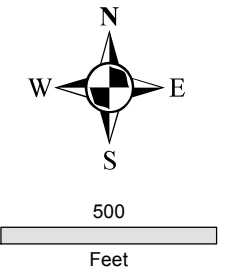
JOB NAME  
**ANTHONY FOREST PRODUCTS  
 UNION COUNTY, ARKANSAS**

PROJECT NO.	2010-01-010	REV. NO.	
DATE	08/05/2016		
SCALE	SHOWN	DWG. NO.	S2



**Anthony Forest Products**  
 Section: 9  
 Township: 18S  
 Range: 13W  
 1236 Urbana Road  
 Urbana, AR 71768

**OUTFALL 001**  
 Latitude: 33°09'46.8"N  
 Longitude: 92°26'52.9"W



- Outfall
- Property Boundary
- Streams

NO	DATE	REVISION	BY	CK	APPR

DESIGNED BY	ELE
CHECKED BY	ELE
APPR. BY	ELE
DRAWN BY	ALB



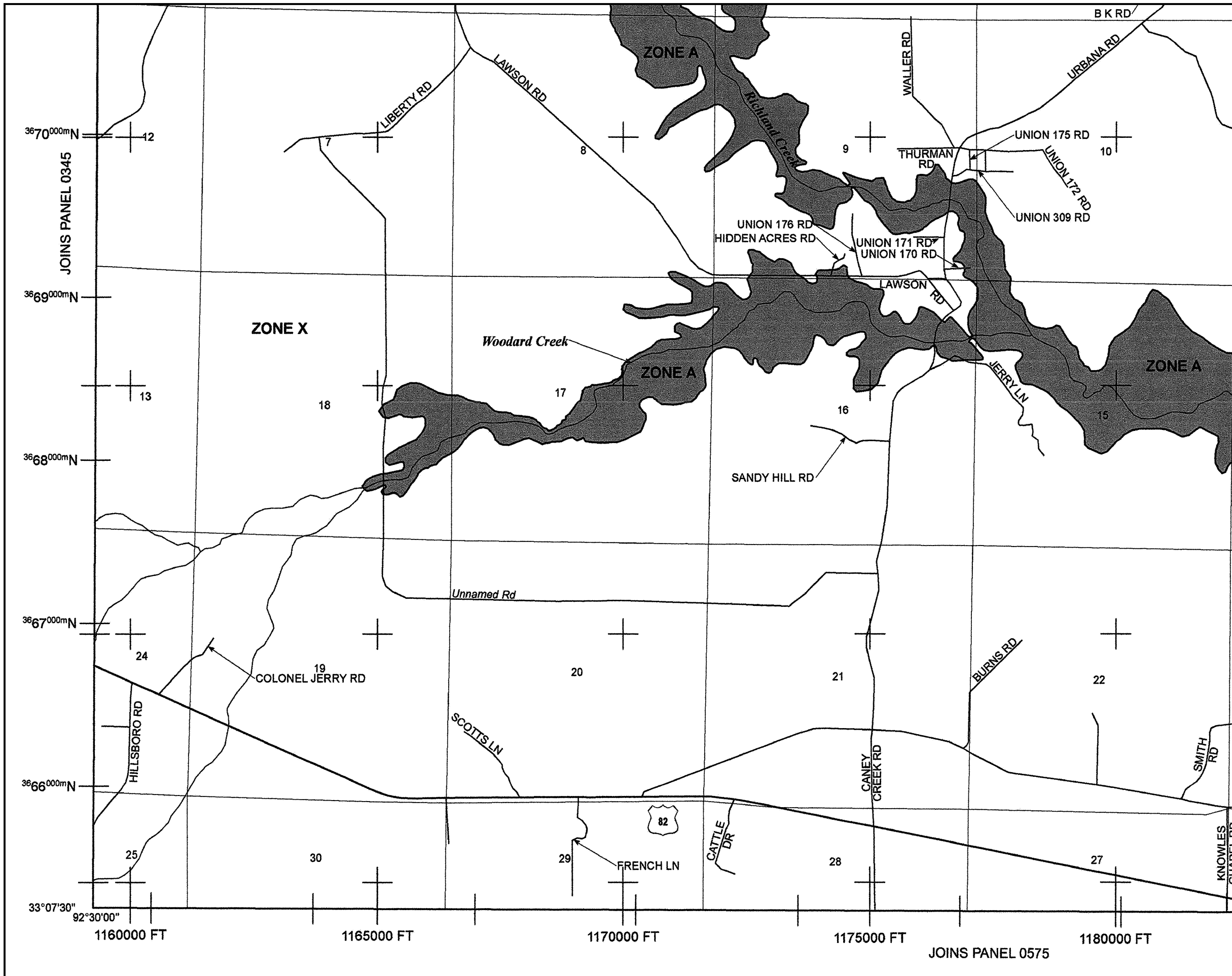
SHEET TITLE  
**FACILITY PHYSICAL LOCATION MAP**  
 TOPOGRAPHIC VIEW

JOB NAME  
**ANTHONY FOREST PRODUCTS**  
 UNION COUNTY, ARKANSAS

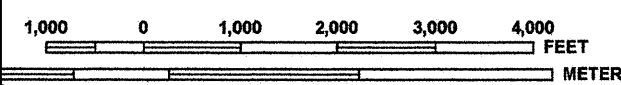
PROJECT NO.	2010-01-010	REV. NO.	
DATE	08/05/2016	DWG. NO.	S1
SCALE	SHOWN		

## **FEMA Map**

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MAP SCALE 1" = 2000'



NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0375C

**FIRM**  
**FLOOD INSURANCE RATE MAP**  
**UNION COUNTY,**  
**ARKANSAS**  
**AND INCORPORATED AREAS**

**PANEL 375 OF 650**  
 (SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
UNION COUNTY	060205	0375	C

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.



**MAP NUMBER**  
**05139C0375C**

**EFFECTIVE DATE**  
**SEPTEMBER 28, 2007**  
 Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)



## **Water Supply Sources**

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# **WATER SUPPLY SOURCES**

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The following water systems have sources within 5 miles of Anthony Forest Products-Urbana Sawmill:

- LAWSON - URBANA WATER ASSOCIATION

The following water systems have surface sources within 50 miles of Anthony Forest Products-Urbana Sawmill:

- ASHLEY MINERAL SPRINGS
- CAMDEN WATERWORKS
- EL DORADO CHEMICAL COMPANY

## **Form 2C**

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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	
N/A								
<b>III. PRODUCTION</b>								
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 type="checkbox"/> YES (complete Item III-C) <input checked="" 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						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
N/A								
<b>IV. IMPROVEMENTS</b>								
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			
N/A								
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								

CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, &amp; C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C 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 Item VI-B)

N/A

**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)

**VIII. CONTRACT ANALYSIS INFORMATION**

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

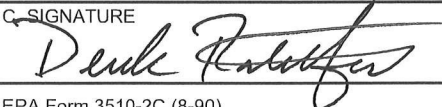
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
American Interplex	8600 Kanis Road Little Rock, AR 72204	(501) 224-5060	BOD5, TSS, COD, TOC, Ammonia, Fecal Coliform, Nitrate-Nitrite, Nitrogen Total Organic, Phosphorus Total, and Oil & Grease.

**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) Derek Ratchford, Plant Manager	B. PHONE NO. (area code & no.) (870) 962-3206
C. SIGNATURE 	D. DATE SIGNED 11/18/14

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)  
AR0047384

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 001
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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.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	12.5	39.83	13	39.83	8	10.02	7	mg/L	lbs/d			
b. Chemical Oxygen Demand (COD)	240	400.32*	N/A	N/A	N/A	N/A	1	mg/L	lbs/d			
c. Total Organic Carbon (TOC)	71	118.43*	N/A	N/A	N/A	N/A	1	mg/L	lbs/d			
d. Total Suspended Solids (TSS)	29	79.66	30	89.62	23.37	22.37	7	mg/L	lbs/d			
e. Ammonia (as N)	0.11	0.18*	N/A	N/A	N/A	N/A	1	mg/L	lbs/d			
f. Flow	VALUE 1.77		VALUE 0.72		VALUE 0.2		8		MGD	VALUE		
g. Temperature (winter)	VALUE Ambient		VALUE Ambient		VALUE Ambient			°C		VALUE		
h. Temperature (summer)	VALUE Ambient		VALUE Ambient		VALUE Ambient			°C		VALUE		
i. pH	MINIMUM 6.6	MAXIMUM 8.7	MINIMUM 6.7	MAXIMUM 8.7			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform	X		19500	N/A	19500	N/A	N/A	N/A	6	co/100mL	lbs/d			
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		<0.5	<0.834*	N/A	N/A	N/A	N/A	1	mg/L	lbs/d			

\*Mass was calculated using the long term flow average



ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		12	20.02*	N/A	N/A	N/A	N/A	1	mg/L	lbs/d			
h. Oil and Grease	X		<5	<73.81	<5	<30.02	<5	<8.35	8	mg/L	lbs/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.69	1.15*	N.A	N/A	N/A	N/A	1	mg/L	lbs/d			
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

\*Mass was calculated using the long term flow average

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
AR0047384	001

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS <i>(continued)</i>															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)			X												
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
22B. 1,4-Dichlorobenzene (106-46-7)			X												
23B. 3,3-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B Hexachloroethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
AR0047384	001

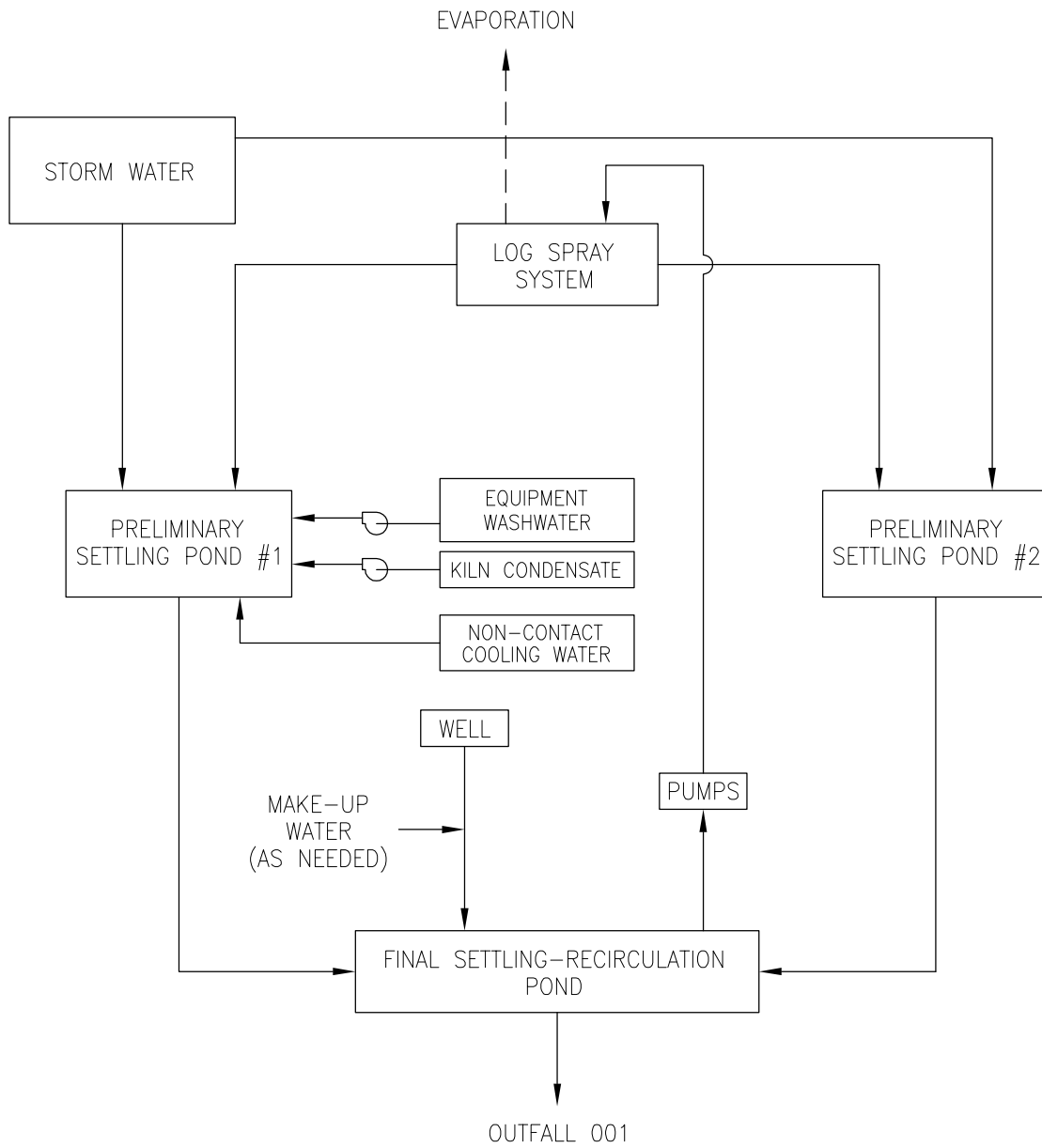
CONTINUED FROM PAGE V-8


1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES <i>(continued)</i>															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												



## **Water Flow Diagram**

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2010.100				
<b>FLOW SCHEMATIC</b> ANTHONY FOREST PRODUCTS URBANA, ARKANSAS				
Approved by:	AAG	 <small>STRATEGIC ENVIRONMENTAL SERVICES          218 Brown Lane          Bryant, AR 72022</small>	Project No.:	2010-01-010
Checked by:	ELE		Date:	08/23/2016
Drawn by:	ALB		Scale:	

## **Form 2F**

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Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)  
AR0047384

Form Approved. OMB No. 2040-0086  
Approval expires 5-31-92

**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)
001	33.00	9.00	46.80	92.00	26.00	52.70	Unnamed tributary of North Lapile Creek, thence to North Lapile Creek, thence to Lapile Creek, thence to the Quachita River.

**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.
N/A					

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	0.0 acres	~20 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.

The wet log storage area is approximately 20 acres and is located at the north end of the facility. Logs stored in this area are continually sprayed with water from the recirculation pond. Runoff from the wet log storage area enters the settling ponds and then returns to the recirculation pond. Discharge from the recirculation pond through NPDES Outfall 001 only occurs during a heavy storm event with sufficient intensity to exceed the storage capacity of the recirculation pond.

Potential pollutants from this area are BOD (Biochemical Oxygen Demand), TSS (Total Suspended Solids), and Fecal Coliform.

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	All storm water from the wet deck area is captured in the series of three settling ponds. Water from the center pond (recirculation pond) is recycled as wet deck spray.	I-H

**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) Derek Ratchford, Plant Manager	Signature 	Date Signed 11/18/16
---	---	-------------------------

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.

Outfall 001 has been evaluated via visual observation.

**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.

No significant leaks or spills during the past three years.

**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)

**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)

**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	8600 Kanis Road Little Rock, AR 72204	501-224-5060	BOD5, TSS, COD, TOC, Ammonia, Fecal Coliform, Nitrate-Nitrite, Nitrogen Total Organic, Phosphorus Total, and Oil & Grease.

**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)

Derek Ratchford, Plant Manager

B. Area Code and Phone No.

(870) 962-3206

C. Signature



D. Date Signed

11/18/16

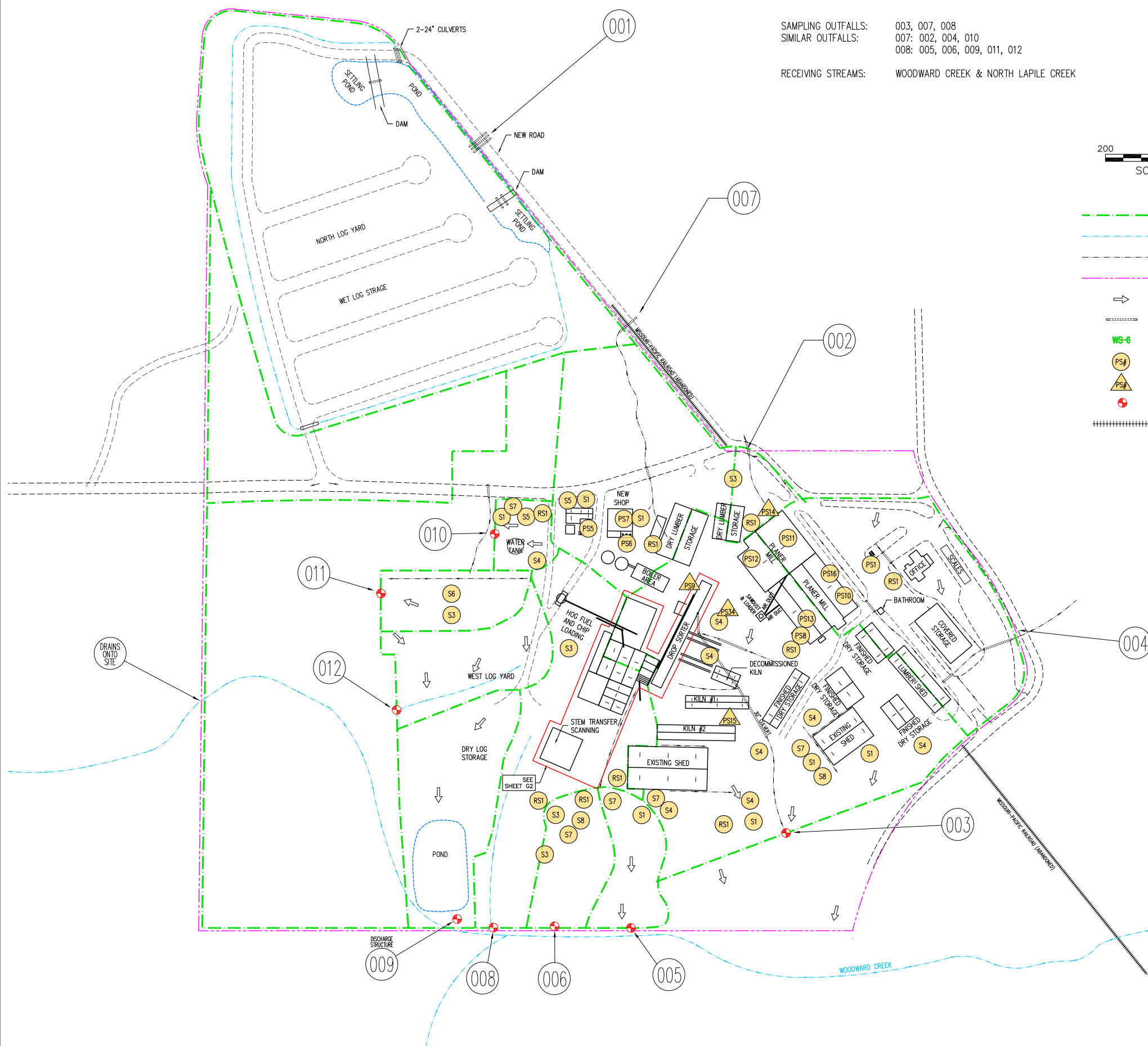






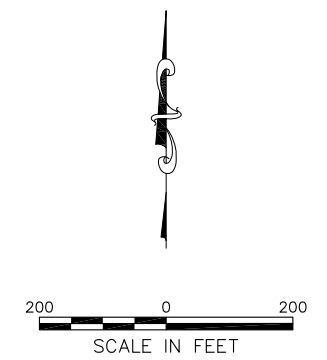
## **SWPPP Site Map**

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SAMPLING OUTFALLS: 003, 007, 008  
 SIMILAR OUTFALLS: 007: 002, 004, 010  
 008: 005, 006, 009, 011, 012

RECEIVING STREAMS: WOODWARD CREEK & NORTH LAPILE CREEK



- DRAINAGE AREA BOUNDARY
- CREEK
- DRAINAGE DITCH
- APPROX. PROPERTY BOUNDARY
- ⇒ SHEET FLOW
- CULVERT
- WS-6 WATERSHED DRAINAGE AREA
- PS# PETROLEUM SOURCE
- TS# TRANSFORMER
- ⊕ OUTFALL
- ++++ RAILROAD TRACKS

STORAGE AREA	
LOCATION IDENTIFICATION	CONTENTS
S1	SCRAP METAL & SALVAGE EQUIPMENT
S3	WOOD CHIPS/SANDUST
S4	LUMBER STORAGE
S5	MOBILE EQUIPMENT
S6	BIOCHAR
S7	SCRAP LUMBER
S8	CONSTRUCTION DEBRIS

REFUSE STORAGE AREA	
LOCATION IDENTIFICATION	CONTENTS
RS1	TRASH DUMPSTER
RS2	SCRAP WOOD DUMPSTER & SCRAP METAL DUMPSTER

Site Map Reference	Tank	Contents	Capacity
PS1	Tank	Gasoline	1,000-gallon
	Tank	Diesel Fuel	500-gallon
PS5	Tank	Diesel Fuel	1,000-gallon
	Tank	Diesel Fuel	1,000-gallon
PS6	Tank	Used Oil	2,000-gallon
PS7	Tank	Hydraulic/Transmission Oil	300-gallon
	Tank	Hydraulic/Transmission Oil	300-gallon
	Tank	Motor Oil	300-gallon
	55-Gallon Drum	Used Oil	Varying @ 55-gallon each
PS8	55-Gallon Drum	Oil/Lubricant/Used Oil	Varying @ 55-gallon each
PS9	Transformer	Transformer Oil	~ 370- gallon
PS10	Hydraulic Unit	Hydraulic Oil	180-gallon
PS11	Hydraulic Unit	Hydraulic Oil	180-gallon
PS12	Hydraulic Unit	Hydraulic Oil	130-gallon
PS13	Hydraulic Unit	Hydraulic Oil	180-gallon
PS14	Transformer	Transformer	785-gallon (estimated)
PS15	Transformer	Transformer	525 gallon (estimated)
PS16	Hydraulic Unit	Hydraulic Oil	2 @ 180-gallon
PS34	Transformer	Transformer	~650-gallon (estimated)

**2010.000.G1**  
**STORM WATER POLLUTION PREVENTION PLAN**  
**SITE MAP**

ANTHONY FOREST PRODUCTS – URBANA PLANT  
 EL DORADO, ARKANSAS

Approved by: AAG	<b>GBM<sup>®</sup></b> STRATEGIC ENVIRONMENTAL SERVICES 219 Brown Lane Bryant, AR 72022	Project No.: 2010-01-010
Checked by: AAG		Date: 09/14/2016
Drawn by: IT		Scale: SHOWN

**DMR Summary Table**

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Anthony Forest Products Company, LLC - Urbana Sawmill

NPDES Permit No. AR0047384

Outfall 001 DMR data (5/31/13 - 5/31/16)

Date	Flow		pH		Debris Max	DO Min mg/L	BOD, 5-day				Fecal Coliform		O&G				TSS				
	Avg	Max	Min	Max			MO AVG	DAILY MX	MO AVG	DAILY MX	7 day Geo	30 day Geo	MO AVG	DAILY MX	MO AVG	DAILY MX	MO AVG	DAILY MX	MO AVG	DAILY MX	
	MGD		S.U.				mg/L	mg/L	mg/L	lb/day	lb/day	(col/100 mL)	(col/100 mL)	mg/L	mg/L	lb/day	lb/day	mg/L	mg/L	lb/day	lb/day
5/31/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6/30/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7/31/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8/31/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
9/30/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
10/31/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11/30/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12/31/2013	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2/28/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
3/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4/30/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6/30/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
9/30/2014	0.0006	0.001	6.8	7	0	0.33	7.6	7.8	0.04	0.07	38.5	38.5	< 5	< 5	0.03	0.04	14.5	15	0.07	0.13	
10/31/2014	0.0027	0.0027	7.3	7.4	0	6.5	5.8	6.5	0.13	0.15	6	6	< 5	< 5	0.11	0.11	16	17	0.36	0.38	
11/30/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
12/31/2014	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1/31/2015	0.1795	0.1795	6.9	7	0	8	7.8	8.1	11.68	12.13	27	27	< 5	< 5	7.49	7.49	16.5	17	24.70	25.45	
2/28/2015	0.398	0.398	6.6	6.7	0	10	12	12	39.83	39.83	--	--	< 5	< 5	16.60	16.60	24	27	79.66	89.62	
3/31/2015	0.1286	0.1286	7.4	7.6	0	10.1	12.5	13	13.41	13.94	TNTC	TNTC	< 5	< 5	5.36	5.36	14.5	15	15.55	16.09	
4/30/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5/31/2015	0.13	0.13	7.4	7.4	0	5.5	< 2	< 2	2.17	2.17	322	322	< 5	< 5	5.421	5.421	29	30	31.4418	32.526	
6/30/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7/31/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
8/31/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
9/30/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
10/31/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11/30/2015	0.0427	0.0427	8.7	8.7	0	5.6	8.1	8.5	2.88	3.03	19500	19500	< 5	< 5	1.78059	1.78059	13.5	14	4.81	4.99	
12/31/2015	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1/31/2016	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2/29/2016	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
3/31/2016	0.72	1.77	6.8	7.1	0	6.4	--	--	--	--	15297	15297	< 5	< 5	30.024	73.809	--	--	--	--	
4/30/2016	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
5/31/2016	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Count	8	8	8	8	8	8	7	7	7	7	6	6	8	8	8	8	7	7	7	7	
Average	0.200	0.332	7.2	7.4	0	6.55	8.0	8.3	10.02	10.19	5865.1	5865.1	5	5	8.35	13.83	18.29	19.29	22.37	24.17	
Minimum	0.0006	0.001	6.6	6.7	0	0.33	2	2	0.04	0.07	6	6	5	5	0.03	0.04	13.5	14	0.07	0.13	
Maximum	0.72	1.77	8.7	8.7	0	10.1	12.5	13	39.83	39.83	19500	19500	5	5	30.02	73.81	29	30	79.66	89.62	

-- = No Discharge

TNTC= To numerous to count

## **Analytical Results**

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Anthony Forest Products  
ATTN: Mr. Randy Evans  
P.O. Box 724  
Strong, AR 71765

This report contains the analytical results and supporting information for the sample submitted on June 16, 2016. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

This report is intended for the sole use of the client listed above. Assessment of the data requires access to the entire document.

This report has been reviewed by the Chief Operating Officer or a qualified designee.



---

John Overbey  
Chief Operating Officer

This document has been distributed to the following:

PDF cc: Anthony Forest Products  
ATTN: Mr. Randy Evans  
revans@anthonyforest.com

Anthony Forest Products  
ATTN: Ms. Jacy Taylor  
jtaylor@anthonyforest.com

Anthony Forest Products  
ATTN: Ms. Julie Roberson  
jroberson@anthonyforest.com

GBMc & Associates, Inc.  
ATTN: Mr. Kyle Hathcote  
khathcote@gbmcassoc.com



Anthony Forest Products  
P.O. Box 724  
Strong, AR 71765

**SAMPLE INFORMATION**

**Project Description:**

One (1) water sample(s) received on June 16, 2016  
Urbana - NPDES Permit Renewal  
P.O. No. 22804

**Receipt Details:**

A Chain of Custody was provided. The samples were delivered in one (1) ice chest.

Each sample container was checked for proper labeling, including date and time sampled. Sample containers were reviewed for proper type, adequate volume, integrity, temperature, preservation, and holding times. Any exceptions are noted below:

**Sample Identification:**

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
203167-1	Outfall 001	16-Jun-2016 1205	

**Qualifiers:**

D Result is from a secondary dilution factor

**References:**

"Methods for Chemical Analysis of Water and Wastes", EPA/600/4-79-020 (Mar 1983) with updates and supplements EPA/600/5-91-010 (Jun 1991), EPA/600/R-92-129 (Aug 1992) and EPA/600/R-93-100 (Aug 1993).  
"Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846)", Third Edition.  
"Standard Methods for the Examination of Water and Wastewaters", (SM).  
"American Society for Testing and Materials" (ASTM).  
"Association of Analytical Chemists" (AOAC).



Anthony Forest Products  
P.O. Box 724  
Strong, AR 71765

ANALYTICAL RESULTS

AIC No. 203167-1

Sample Identification: Outfall 001 16-Jun-2016 1205

Analyte	Result	RL	Units	Qualifier
<b>Total Nitrogen</b> Calculation	<b>12</b> Analyzed: 20-Jun-2016 1412 by 319	<b>1</b>	<b>mg/l</b> Batch: W56284	
<b>Total Kjeldahl Nitrogen</b> EPA 351.2	Prep: 17-Jun-2016 1457 by 319 <b>12</b> Analyzed: 20-Jun-2016 1205 by 319	<b>1</b>	<b>mg/l</b> Batch: W56269	D Dil: 10
<b>COD</b> HACH 8000	Prep: 17-Jun-2016 0944 by 271 <b>240</b> Analyzed: 17-Jun-2016 1315 by 271	<b>10</b>	<b>mg/l</b> Batch: W56262	
<b>Ammonia as N</b> SM 4500-NH3 G 1997	Prep: 20-Jun-2016 1352 by 319 <b>0.11</b> Analyzed: 20-Jun-2016 1703 by 319	<b>0.1</b>	<b>mg/l</b> Batch: W56283	
<b>Total Organic Carbon</b> SM 5310 C 2000	Prep: 17-Jun-2016 1423 by 301 <b>71</b> Analyzed: 20-Jun-2016 0956 by 301	<b>2</b>	<b>mg/l</b> Batch: W56265	D Dil: 2
<b>Phosphorus</b> EPA 200.7	Prep: 16-Jun-2016 1717 by 313 <b>0.69</b> Analyzed: 17-Jun-2016 1103 by 308	<b>0.02</b>	<b>mg/l</b> Batch: S41293	
<b>Nitrate + Nitrite as N</b> EPA 300.0	Prep: 16-Jun-2016 1644 by 07 <b>&lt; 0.5</b> Analyzed: 17-Jun-2016 0031 by 07	<b>0.5</b>	<b>mg/l</b> Batch: C18926	D Dil: 10





Anthony Forest Products  
P.O. Box 724  
Strong, AR 71765

**LABORATORY CONTROL SAMPLE RESULTS**

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Kjeldahl Nitrogen	1 mg/l	92.7	80.0-120			W56269	17Jun16 1458 by 319	20Jun16 1132 by 319		
COD	100 mg/l	103	85.0-115			W56262	17Jun16 0944 by 271	17Jun16 1315 by 271		
Ammonia as N	1 mg/l	92.7	80.0-120			W56283	20Jun16 1352 by 319	20Jun16 1647 by 319		
Total Organic Carbon	10 mg/l	92.2	80.0-120			W56265	17Jun16 1423 by 301	17Jun16 1532 by 301		
Phosphorus	5 mg/l	98.9	85.0-115			S41293	16Jun16 1644 by 317	17Jun16 1019 by 308		
Nitrate + Nitrite as N	8 mg/l	102	90.0-110			C18926	16Jun16 1459 by 07	16Jun16 1525 by 07		

**MATRIX SPIKE SAMPLE RESULTS**

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Kjeldahl Nitrogen	203199-1	1 mg/l	93.6	80.0-120	W56269	17Jun16 1458 by 319	20Jun16 1136 by 319		
	203199-1	1 mg/l	86.8	80.0-120	W56269	17Jun16 1458 by 319	20Jun16 1138 by 319		
	Relative Percent Difference:		3.46	20.0	W56269				
COD	203075-1	100 mg/l	103	80.0-120	W56262	17Jun16 0944 by 271	17Jun16 1315 by 271		
	203075-1	100 mg/l	103	80.0-120	W56262	17Jun16 0944 by 271	17Jun16 1315 by 271		
	Relative Percent Difference:		0.00	10.0	W56262				
Ammonia as N	203153-1	1 mg/l	87.8	80.0-120	W56283	20Jun16 1352 by 319	20Jun16 1651 by 319		
	203153-1	1 mg/l	89.1	80.0-120	W56283	20Jun16 1352 by 319	20Jun16 1657 by 319		
	Relative Percent Difference:		1.47	25.0	W56283				
Total Organic Carbon	203181-1	10 mg/l	110	80.0-120	W56265	17Jun16 1423 by 301	17Jun16 1556 by 301		
	203181-1	10 mg/l	109	80.0-120	W56265	17Jun16 1423 by 301	17Jun16 1607 by 301		
	Relative Percent Difference:		0.660	25.0	W56265				
Phosphorus	203164-2	5 mg/l	98.4	75.0-125	S41293	16Jun16 1644 by 317	17Jun16 1021 by 308		
	203164-2	5 mg/l	99.2	75.0-125	S41293	16Jun16 1644 by 317	17Jun16 1024 by 308		
	Relative Percent Difference:		0.867	20.0	S41293				
Nitrate + Nitrite as N	203143-1	8 mg/l	101	80.0-120	C18926	16Jun16 1459 by 07	16Jun16 1544 by 07		
	203143-1	8 mg/l	102	80.0-120	C18926	16Jun16 1459 by 07	16Jun16 1602 by 07		
	Relative Percent Difference:		0.592	10.0	C18926				

**LABORATORY BLANK RESULTS**

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
Total Kjeldahl Nitrogen	< 1 mg/l	1	1	W56269-1	17Jun16 1458 by 319	20Jun16 1130 by 319	D
COD	< 10 mg/l	10	10	W56262-1	17Jun16 0944 by 271	17Jun16 1315 by 271	
Ammonia as N	< 0.1 mg/l	0.1	0.1	W56283-1	20Jun16 1352 by 319	20Jun16 1644 by 319	
Total Organic Carbon	< 1 mg/l	1	1	W56265-1	17Jun16 1423 by 301	17Jun16 1520 by 301	
Phosphorus	< 0.02 mg/l	0.02	0.02	S41293-1	16Jun16 1644 by 317	17Jun16 1016 by 308	
Nitrate + Nitrite as N	< 0.05 mg/l	0.05	0.05	C18926-1	16Jun16 1459 by 07	16Jun16 1506 by 07	



## **Certificates of Good Standing**

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ANTHONY FOREST PRODUCTS COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTIETH DAY OF DECEMBER, A.D. 1965, AT 10 O`CLOCK A.M.

CERTIFICATE OF OWNERSHIP, FILED THE TWENTY-NINTH DAY OF JULY, A.D. 1966, AT 10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF AUGUST, A.D. 1966, AT 2 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF JULY, A.D. 1967, AT 10 O`CLOCK A.M.

CERTIFICATE OF AGREEMENT OF MERGER, FILED THE EIGHTH DAY OF DECEMBER, A.D. 1972, AT 10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF NOVEMBER, A.D. 1974, AT 10 O`CLOCK A.M.



634430 8310

SR# 20150664089

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10309276

Date: 10-27-15

# Delaware

Page 2

The First State

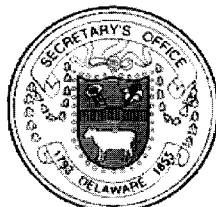
*CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF  
SEPTEMBER, A.D. 1988, AT 10 O`CLOCK A.M.*

*CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-  
FIFTH DAY OF MAY, A.D. 2011, AT 2:20 O`CLOCK P.M.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID  
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE  
AFORESAID CORPORATION, "ANTHONY FOREST PRODUCTS COMPANY".*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE  
BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES  
HAVE BEEN PAID TO DATE.*



634430 8310

SR# 20150664089

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10309276

Date: 10-27-15



## Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	ANTHONY FOREST PRODUCTS COMPANY, LLC
Fictitious Names	
Filing #	811089937
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVE, STE 1900 LITTLE ROCK, AR 72201
Date Filed	11/17/2015
Officers	NSLC DARLINGTON, INC., Manager FREDRICK T. STIMPSON III, Incorporator/Organizer CHANTLE SELMAN , Tax Preparer
Foreign Name	N/A
Foreign Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
State of Origin	DE

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

## **Disclosure Statement**

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## **INSTRUCTIONS FOR DISCLOSURE STATEMENT**

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

### **Exemptions:**

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.



### **Exemptions continued:**

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, *et. seq.*;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000;**
- **Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, *et. seq.*);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;**
- **Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and**
- **Asbestos Certification Renewals, as defined in Regulation 21.**

**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.**

# 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.**

If Not Submitting by ePortal, Mail Original to:

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

<b>1. APPLICANT: (Full Name)</b> Anthony Forest Products Company, LLC
<b>2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :</b> P.O. Box 1663
<b>3. CITY, STATE, AND ZIPCODE:</b> Mobile, Alabama 36630

<b>4a. Applicant Type:</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
<b>4b. Reason for Submission:</b> <input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
<b>4c. Division:</b> <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste

**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 that was filed with ADEQ on \_\_\_\_\_

**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.)**

**Current Arkansas Permits Held:**

- Air permit 1681-AOP-R12
- Air permit 1675-AR-6
- Industrial Stormwater General Permit ARR00B474
- Industrial Stormwater General Permit ARR000977
- Individual Treatment Systems General Permit ARG550398
- NPDES Wastewater Permit AR0047384

**Applicant also holds the following permits in other states:**

- Georgia: air, stormwater, inactive RCRA Hazardous Waste Generator
- Texas: air quality permit by rule, stormwater
- Louisiana: air quality small source exemption; stormwater
- Ontario, Canada: environmental compliance approval

The owner of 100% of the Applicant's equity, NSLC Darlington, Inc., also holds environmental permits in South Carolina.

**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.)

3 failed stack tests and Consent Administrative Orders (CAO) were issued by ADEQ as follows:

(a) CAO of 3/31/2009 with a fine of \$1,556.25 for exceedance of PM<sub>10</sub> emission from boiler SN-16. The limit was 2.7 pounds per hour for PM<sub>10</sub> and the average tested emissions were 3.7 pounds per hour of PM<sub>10</sub>.

(b) CAO of 11/6/2010 with a fine of \$1,666.25 for exceedance of PM<sub>10</sub> emission from boiler SN-16. The limit was 2.7 pounds per hour for PM<sub>10</sub> and the average tested emissions were 5.04 pounds per hour of PM<sub>10</sub>.

(c) CAO of 9/18/2013 with a fine of \$600 for exceedance of Formaldehyde emissions from the Dual Path Kiln #2. The permitted emission was 0.5392 lb/hr of Formaldehyde and the average tested emission was 0.8161 lb/hr of Formaldehyde.

The owner of 100% of the Applicant's equity, NSLC Darlington, Inc., has been subject to Consent Orders dated 6/1/2009, 1/28/2013, and 6/18/2014 with SC DHEC regarding air quality matters. These consent orders have resulted in cumulative fines of \$14,000. There is also a pending action relating to air quality matters.

\* 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: Frederick T. Stimpson, III TITLE: President

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

NAME: See attached. TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: NSLC Darlington, Inc. TITLE: Sole Manager (equivalent of Director)

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: N/A 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: Randy Evans TITLE: Environmental Health and Safety Mgr

STREET: P.O. Box 724

CITY, STATE, ZIP: Strong, Arkansas 71765

NAME: Stephen Murphy TITLE: General Manager

STREET: P.O. Box 724

CITY, STATE, ZIP: Strong, Arkansas 71765

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.

NAME: NSLC Darlington, Inc. TITLE: Owns 100% of the Applicant's equity

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

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%).

NAME: N/A 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: NSLC Darlington, Inc.

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

Organizational Relationship:

NSLC Darlington, Inc. owns 100% of Applicant's equity.

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

NAME: N/A

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

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: \_\_\_\_\_

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.

Louisiana Department of Environmental Quality  
Georgia Environmental Protection Division  
Texas Commission on Environmental Quality  
Ontario, Canada Ministry of the Environment and Climate Change  
US EPA

**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.**

**COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:**

I, Frederick T. Stimpson, III, 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 fines and imprisonment for knowing violation.

APPLICANT

SIGNATURE: Frederick T. Stimpson III

TITLE: President

DATE: 11/18/15