Reply to: Urbana Division 1236 Urbana Road Urbana, AR. 71768

July 8, 2011

Mr. John Bailey
Water Division
Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118

Re:

NPDES Permit Renewal Application - Anthony Forest Products Company Urbana

Mill; NPDES Permit No. AR0047384; AFIN: 70-00473

Dear Mr. Bailey:

Pleased find enclosed the NPDES permit renewal application package for the above referenced permit. This application package includes Forms 1, 2C, and 2F as well as a disclosure statement and other pertinent information necessary to complete the permitting process.

Please do not hesitate to contact Kelly Olivier at (870) 962-3206 or Russell McLaren (GBM^c & Associates) at (501) 847-7077 should you have any questions or need additional information during the renewal process.

Sincerely.

Anthony Forest Products

Stephen Murphy

General Manager

Enclosure

cc: Russell McLaren, GBMc & Associates

NPDES Permit Renewal Application Permit No. AR0047384

Prepared for:

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

Prepared by:

GBM^c & Associates 219 Brown Lane Bryant, AR 72022

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APPLICATION SUMMARY

Anthony Forest Products Company (Anthony) operates a sawmill and planer mill facility located in Urbana, Arkansas. The facility is currently permitted through the Arkansas Department of Environmental Quality (ADEQ), National Pollutant Discharge Elimination System (NPDES) Permit No. AR0047384. Anthony's Urbana facility's current NPDES Permit expires on January 31, 2012; therefore, 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.

During this permit renewal process there are a couple of items we would like to bring to your attention:

- Anthony's Urbana Sawmill has only discharged one month (June 2011) through Outfall 001 during the last five year permit cycle.
- The facility is upgrading the existing kilns. This includes the modification of the existing kiln and the addition of a new kiln. This will increase the amount of kiln condensate entering the ponds associated with Outfall 001.
- The boilers at the facility will be taken out of service in stages once the new kilns are in place. The discharge of boiler blowdown to the ponds associated with Outfall 001 will decrease over time as the boilers are phased out and will eventually be eliminated.

Arkansas Department of Environmental Quality NPDES PERMIT APPLICATION FORM 1

INSTRUCTIONS:

- 1. This form should be **typed or printed in ink**. If insufficient space is available to address any item please continue on an attached sheet of paper.
- 2. Please complete the following Section (s):

Sections	A	В	C	D	E	F	G	Н	I
POTW	X	X	X	X					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X				X	X
Modification	X	X	X	X	X	*	*	X	X
All Other Applicants	X	X	X	X	X				X

^{*} As necessary

- 3. If you need help on SIC or NAICS go to www.osha.gov/oshstats/sicser.html
- 4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to www.adeq.state.ar.us/water. You may also contact:

Department

Information in Regard to

Telephone #

Arkansas Department of Health

Water Supply

501-661-2623

- 5. The following EPA Forms in addition to Form 1 is required for processing your application:
 - Form 2A Municipal Dischargers
 - Form 2B Concentrated Animal Feeding Operations
 - Form 2C Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
 - Form 2D New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
 - Form 2E Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)
 - Form 2F Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity
- 6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118

Or by email to:

Water-Permit-Application@adeq.state.ar.us

NPDES PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

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. Operator (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 operator must be identical to the name listed with the Arkansas Secretary of	f State.						
2. Operator Type: Private State Federal Partnership Corporation	n 🛛 Other 🗌						
State of Incorporation: DE							
3. Facility Name: Anthony Forest Products Company - Urbana Sawmill							
3. Tacility Name. Milliony Forest Froducts Company - Orbana Sawinin							
Is the operator identified in number 1 above, the owner of the facility? Yes No							
5. NPDES Permit Number (If Applicable): <u>AR0047384</u>							
6. NPDES General Permit Number (If Applicable): <u>ARG: N/A</u>							
7. NPDES General Storm Water Permit Number (If Applicable): Our storm water is currently covered our N	IPDES Permit.						
8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas by the applicant or its parent or subsidiary corporation which are not listed above:	that is presently held						
Permit Name Permit Number	Held by						
Title V 1681-AOP-R10	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	r)						
0							
Street: 1236 Urbana Road							

Name: Stephen Murphy	Title: General Manager
Street: N/A	P.O. Box 724
City: Strong	State: AR Zip: 71765
E-mail address*: smurphy@anthonyforest.com	Fax: 870-962-3320
* Is emailing all documents (permit, letters, DMRs, invoices, et	c.) acceptable to the applicant? X Yes No
12. Neighboring States Within 20 Miles of the permitted facility (Che	eck all that apply):
Oklahoma Missouri Tennessee Louisia	ana 🖂 Texas 🗌 Mississippi 🔲
13. Indicate applicable Standard Industrial Classification (SIC) Code	s and NAICS codes for primary processes
2421 SIC Facility Activity under this SIC	or NAICS:
321113 NAICS Operation of a Sawmill	
14. Design Flow: <u>N/A</u> MGD Highest Monthly Average of the	e last two years Flow: N/A MGD
15. Is Outfall equipped with a diffuser? Yes No	
16. Responsible Official (as described on the last page of this applica	tion):
Name: Stephen Murphy	Title: General Manager
Address: 1236 Urbana Road	Phone Number: 870-962-3291
E-mail Address: smurphy@anthonyforest.com	
City: Urbana State: A	AR Zip: 71768
17. Cognizant Official (Duly Authorized Representative of responsib	le official as describe on the last page of this application):
Name: N/A	Title:
Address:	m
E-mail Address:	
	Zip:
18. Name, address and telephone number of active consulting engine	er firm (If none, so state):
Contact Name: Russell McLaren	
Company Name: GBM ^c & Associates	
Address: 219 Brown Lane	Phone Number: (501) 847-7077
E-mail Address: rmclaren@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 Advance	ed 🔲

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

SECTION B: FACILITY AND OUTFALL INFORMATION

-4- 33	0.00	. 255	66 T	02	0.26		"		Nearest
	° 09						_	ounty: Onlor	1 Town: <u>Urban</u>
	all Location (The l	ocation of th	e end of th	e pipe Disc	harge poin	.):			
Outfa	all No. <u>001</u> :								
Latitude	: _33	9 , _	46.8 "	Longitu	de: 92	° <u>26</u>	, 52	2.9 "	
Where is	the collection poi	nt? At o	outfall.						
Name of	Receiving Stream	(i.e. an unna	amed tribut	ary of Mill	Creek, the	nce into Mill	Creek; the	ence into Arka	ansas River):
unnamed	l tributary of North	1 Lapile Cree	k, thence t	o North La	pile Creek,	thence to Lap	oile Creek	, and thence to	o the Ouachita River
Outfa	all No. <u>N/A</u> :								
Latitude:	· °	,	,,	Longitu	de:	0	,	"	
	the collection poi								
. (41110 01	Receiving Stream	(i.e. an unna	inicu tribut	ary of Mill	Creek, the	ice into Mill	Creek; the	ence into Arka	insas River):
. Moni	toring Location (I			- "					
. Moni Outfa	toring Location (I	f the monitor	ring is cond	lucted at a	location dif	ferent than th	ne above (
. Moni Outfa Lat:	toring Location (I	f the monitor	ring is cond	lucted at a	location dif	ferent than th	ne above (
. Moni Outfa Lat: Outfa	toring Location (I	f the monitor	ring is cond	ducted at a	location dif	ferent than th	ne above (
Outfa Lat: Outfa	toring Location (I all No. <u>N/A</u> :	f the monitor	ring is cond	ducted at a	location dif	ferent than th	ne above (
3. Moni Outfa Lat: Outfa Cutfa	toring Location (I all No. <u>N/A</u> : o all No:	f the monitor	ring is cond	lucted at a Long:	location dif	ferent than th	e above (
Outfa Lat: Outfa Lat: Cutfa	toring Location (I all No. <u>N/A</u> : all No;	f the monitor	" " "	lucted at a Long:	location dif	ferent than th	e above (Outfall locatio	n):
Outfa Lat: Outfa Lat: Outfa Lat: Type	toring Location (I all No. N/A: all No: all No. N/A: o of Treatment syste	f the monitor	" " all compon	Long:	location dif	ferent than the	h the proc	Outfall location " eess flow diagnostics	n):

Current: Flow Metering Yes Type: No NA NA Sampling Equipment Yes Type: No NA NA NA Planned: Flow Metering Yes Type: No NA NA Sampling Equipment Yes Type: No NA NA NA NA Sampling Equipment Yes Type: No NA	5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?
If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below: N/A 6. Is the proposed or existing facility located above the 100-year flood level? Yes No NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov. If "No", what measures are (or will be) used to protect the facility? 7. Population for Municipal and Domestic Sewer Systems: 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	Current: Flow Metering Yes Type: No N/A Sampling Equipment Yes Type: No N/A
N/A 6. Is the proposed or existing facility located above the 100-year flood level? Yes No NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov. If "No", what measures are (or will be) used to protect the facility? 7. Population for Municipal and Domestic Sewer Systems: 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	Planned: Flow Metering Yes Type: No N/A Sampling Equipment Yes Type: No N/A
6. Is the proposed or existing facility located above the 100-year flood level? No NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov. If "No", what measures are (or will be) used to protect the facility? 7. Population for Municipal and Domestic Sewer Systems: 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 yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:
NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov . If "No", what measures are (or will be) used to protect the facility? Population for Municipal and Domestic Sewer Systems: N/A . Backup Power Generation for Treatment Plants Are there any permanent backup generators? Yes \(\sqrt{No} \sqrt{N} \) If Yes, How many? \(\sqrt{N/A} \) Total Horespower (hp)? \(\sqrt{N/A} \)	N/A
NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov . If "No", what measures are (or will be) used to protect the facility? Population for Municipal and Domestic Sewer Systems: N/A . Backup Power Generation for Treatment Plants Are there any permanent backup generators? Yes \(\sqrt{No} \sqrt{N} \) If Yes, How many? \(\sqrt{N/A} \) Total Horespower (hp)? \(\sqrt{N/A} \)	
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	6. Is the proposed or existing facility located above the 100-year flood level? Yes No
 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 	NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.
8. Backup Power Generation for Treatment Plants Are there any permanent backup generators? Yes No No If Yes, How many? N/A Total Horespower (hp)? N/A	If "No", what measures are (or will be) used to protect the facility?
Are there any permanent backup generators? Yes No No No If Yes, How many? N/A Total Horespower (hp)? N/A	7. Population for Municipal and Domestic Sewer Systems: N/A
If Yes, How many? N/A Total Horespower (hp)? 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? There is no treatment plant.

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:
	Subsurface Disposal (Lagooning):
	Location of lagoon How old is the lagoon?
i	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?
beer	Other (Provide complete description): Solids currently remain in the ponds associated with the wetdeck. There has only one discharge from the pond in the last five year permit cycle therefore the solids have not been measured.

SECTION D - WATER SUPPLY

See Attachment – WATER SUPPLY SOURCES

Water S	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. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) 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 <u>financial assurance</u> 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.adeq.state.ar.us/disclosure stmt.pdf

SECTION F - INDUSTRIAL ACTIVITY

1.	. Does an effluent guideline limitation promulgated by EPA (<u>Link to a Listing of the 40 CFR Effluent Limit Guidelines</u>) under Section 304 of the Clean Water Act (CWA) apply to your facility?								
	YES (Answer ques	tions 2 and 3)	NO 🗆						
2.	. What Part of 40 CFR? <u>429</u>								
3.	What Subpart(s)? A, I, &	<u> </u>							
4.	Give a brief description of al necessary): Barked logs are received, d	•	, ,,	`					
	are used as boiler fuel. Rou								
		- B B		,					
5.	5. Production: (projected for new facilities)								
	Last 12 Months Highest Production Year of Last 5 Years								
	Product(s) Manufactured	Board Feet 2006- ~ 100,097,931 Board Feet							
	(Brand name)	Highest Month	Hours of Operation	Monthly Average	Days of Operation				
	Lumber	10,313,594	240	10,288,440	300				

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

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only**: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	
N/A					
If ba	atch discharge occurs or will occ	ur, indicate: [New facilit	ies may estimate.]		

Number of batch discharges: per day	r batch: (GPD)
Time of batch discharges (days of wee	of day)
Flow rate: gallons/minute	

Answer questions 2, 3, and 4 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	Wet Deck Runoff	N/A	N/A	Intermittent

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

	Dilution	Average Flow	Maximum Flow	Type of Discharge
No.	(e.g., Cooling Water)	(GPD)	(GPD)	(batch, continuous, none)
1	Storm Water Runoff	Variable	N/A	Intermittent
2	Makeup (Well Water)	Variable	N/A	Intermittent
3	Boiler Blowdown	Variable	N/A	Intermittent (phasing out with new kiln)
4	Kiln Condensate	Variable	N/A	Intermittent
5	Treated Domestic Wastewater	1000 gpd (design)	N/A	intermittent

	If bate	h dischar	ge occurs	or will o	ccur, ind	licate: [Ne	w facilities r	nay estimat	e.]				
	Numb	er of batc	h dischar	ges: <u>N/A</u>	per day	,	Average di	scharge per	batch: N	N/A (GPD)			
	Time	of batch of	lischarges	(d	<u>N/A</u> lays of w	/eek)	at	<u>N/A</u> (hours o					
	Flow	rate: <u>N/A</u>	gallons/	minute		Percent	of total discl	narge: <u>N/A</u>	<u>.</u>				
3. Do	you ha	ve, or pla	n to have,	automati	c sampli	ng equipn	nent or contin	nuous waste	ewater flo	w metering	equipme	nt at this fa	cility?
Cut	rent:		Metering g Equipmo	ent 🔲	Yes Yes	Туре: Туре: _		_ 🛭	No No		N/A N/A		
Pla	nned:	Flow M Sampling	Metering g Equipmo	ent 🔲	Yes Yes	Type: Type:			No No		N/A N/A		
If yes, p	lease in	dicate the	e present o	or future	location	of this equ	uipment on th	ie sewer sc	hematic a	and describe	the equip	ment below	/ :
N/A			· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·						
								 					
4. Are	any pr	ocess cha	nges or ex	kpansions	planned	l during th	e next three	years that c	ould alter	r wastewater	volumes	or characte	eristics?
		Yes		No		(If no, s	kip Question	5)					
5. Brie	efly des	cribe thes	e changes	s and thei	r effects	on the wa	stewater volu	ame and ch	aracterist	ics:			
Upgrac	ling the	kilns ons	site and ta	king the l	boilers o	ut of servi	ce in stages.	This will i	ncrease tl	he kiln cond	ensate bu	t the boiler	
blowdo	own wil	l eventua	lly be elin	ninated. A	Accordin	g to the ki	iln installing	company, t	he overal	l volume of	the sourc	es overall s	hould
not cha	inge. T	he kiln co	ndensate	will take	the plac	e of the bo	oiler blowdov	vn.					

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

(ontrol efficiency.			
	N/A			
•		_		
-				

- 2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:
 - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
 - b. Specifications and complete design calculations.
 - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
- 3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

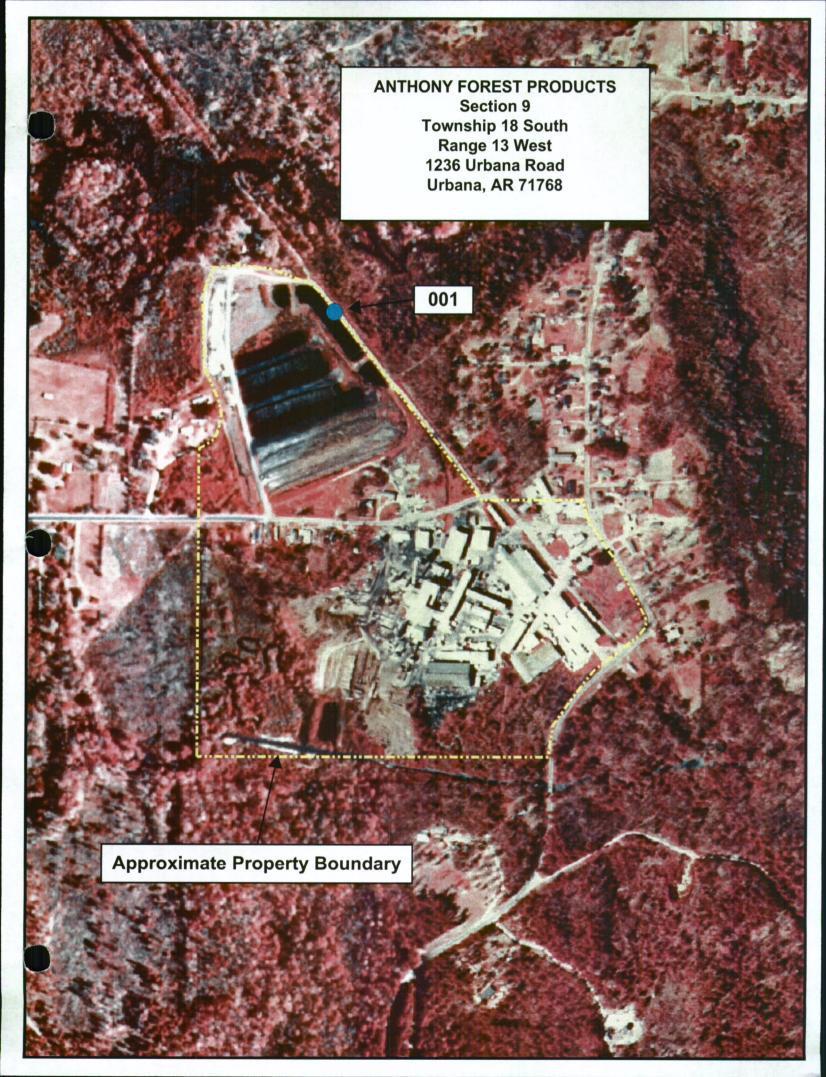
Cognizant Official (Duly Authorized Representative)

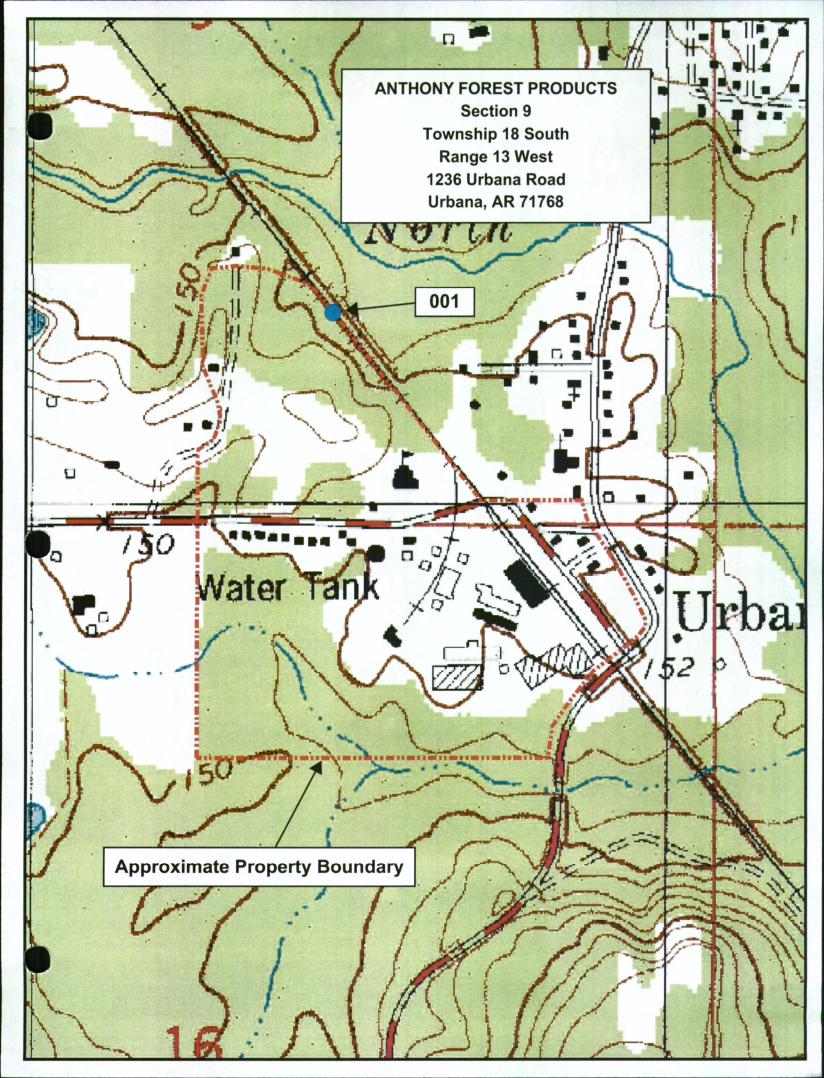
40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official:	N/A		Date:
Printed name of Cognizant Official:			
Official title of Cognizant Official:		Telep	hone Number:
Responsible Official			
The information contained in this form applications" (40 CFR 122.22).	must be certified by a re	esponsible official as defined	in the "signatory requirements for permit
Responsible official is defined as follow	's:		
Corporation, a principal officer of at least Partnership, a general partner Sole proprietorship: the proprietor Municipal, state, federal, or other publications.	•		lected official.
the applicant to be the responsible offi Department.	zant official designated E: If no duly authorized icial for the facility and	above is qualified to act as I representative is designated I only reports, etc., signed	a duly authorized representative under the in this section, the Department considers by the applicant will be accepted by the
(Initial) "I certify that, if this father full name of the corporation if different	cility is a corporation, is ent than that listed in Se	t is registered with the Secrection A above."	etary of State in Arkansas. Please provide
with a system designed to assure that inquiry of the person or persons who r information submitted is, to the best of penalties for submitting false informatio	qualified personnel pro manage the system, or my knowledge and belion including the possibil ported as less than deter	perly gather and evaluate those persons directly response, true, accurate, and complity of fine and imprisonmentable in this application or a	my direction or supervision in accordance he information submitted. Based on my onsible for gathering the information, the lete. I am aware that there are significant t for knowing violations. I further certify attachments thereto were performed using
Signature of Responsible Official:	Stephen.	My	Date:
Printed name of Responsible Official.	Stephen Murphy		
Official title of Responsible Official:	General Manager	Teleph	none Number: (870) 962-3291





WATER SUPPLY SOURCES

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

Please print or type in the unshaded areas

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

Form Approved. OMB No. 2040-0086 Approval expires 3-31-98

AR0047384

only.
FORM

2C

PDES

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS

Consolidated Permits Program

A. OUTFALL	B. LATITUDE			C. LONGITUDE			and the name of the receiving water.
NUMBER (list)	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	33	09	46.8	92	26	52.9	Unnamed tributary of North Lapile Creek, thence to North Lapile Creek, thence to Lapile Creek, thence into segment 2D of the Ouachita River.
		† · · · · · · · · · · · · · · · · · · ·					

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUT- FALL	2. OPERATION(S) CONTRIBUTION	IG FLOW	3. TREATMENT					
NO. (list)	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1				
001	Wet Deck Runoff	Recycled	Settling Basins /	1-U				
	Storm Water Runoff	Storm Water Runoff Intermittent						
	Make-up Water	Intermittent	Reuse/Recycle of treated effluent	4-C				
	Boiler Blowdown	Intermittent	Sedimentation	1-U				
	Kiln Condensate	Intermittent	Sedimentation	1-U				
	Treated Domestic Wastewater	1000 gpd	Cajun Aire Aerobic Treatment Unit	1-U				
		(Outfall 001 has only discharged one month (June 2011 in the last five years.)						
		Average Flow Outfall 001 – 3.37 gpm						
ł								
	production of the state of the							
	· · · · · · · · · · · · · · · · · · ·							
~								

C. Except for storm runoff, YES (comp				charges described	in Items II-A or B	C-3	asonal? o to Section III)			
				3. FREQUENCY	,	4. FLOW			·	
1. OUTFALL NUMBER (list)	2. OPER CONTRIBUT		/	a. DAYS PER WEEK	b. MONTHS PER YEAR	a. FLOV	ngd)		AL VOLUME y with units)	c. DUR- ATION
	(lis	st)		(specify average)	(specify average)	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	 LONG TER AVERAGE 	M 2. MAXIMI DAILY	UM (in days)
III. PRODUCTION		W								
A. Does an effluent guideling	ne limitation	promulgate	d by EPA	under Section 304	of the Clean Water	er Act apply to you	ır facility?			
B. Are the limitations in the	YES (comp	olete Item II	I-B)			NO (go to Section	n IV)			
b. Are the initiations in the	арріісавіе (emuem gun	aeime expr	essea in terms or p	·	er measure or ope	ration) ?			
C. If you answered "yes" to	YES (comp	olete Item II	I-C)			NO (go to Section				
effluent guideline, and inc	licate the af	fected outfa	alls.			or your level of pro	auction, express	ea in the terms	and units used	in the applicable
		1	. AVERA	GE DAILY PRODU T					2. AFFE	
a. QUANTITY PER DAY	a. QUANTITY PER DAY b. UNITS OF MEASUR				OPERATION, PR ٤)		OUTFALLS (list outfall numbers)			
NIA										
IV. IMPROVEMENTS			****							
A. Are you now required by equipment or practices conditions, administrativ YES (complete the complete	or any other e or enforce	environme ement order	ntal progra	ms which may affe ment compliance s	ct the discharges	described in this a	application? This	includes, but it	s not limited to.	reatment permit
1. IDENTIFICATION OF		<u> </u>	AFFECTF	OUTFALLS		RIEF DESCRIPTION	ON OF PROJEC	т	4 FINAL COM	PLIANCE DATE
CONDITION, AGREEMENT, ETC) .	a. NO.	_	CE OF DISCHARGE		Er DEGGINIF III	S.Y OF TROJEC		. REQUIRED	b. PROJECTED
N/A				<u> </u>					NEGUNED	B. PROSECTED
B. OPTIONAL: You may att	ich you plar	n. Indicate	whether ea	any additional wate ach program is now IONAL CONTROL PI	underway or plar	nned, and indicate	er environmental your actual or pl	projects which anned schedul	may affect you es for construct	r discharges) you ion

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

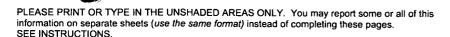
AR0047384

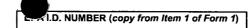
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	NT CHARATERISTICS			
NOTE: Tables \	V-A, V-B, and V-C are include	ded on separate sheets numbered	fall—Annotate the outfall number in the 1 V-1 through V-9.	
Use the space below to	o list any of the pollutants list	ted in Table 2c-3 of the instruction	is, which you know or have reason to t resent and report any analytical data it	believe is discharged or may be discharged from
1. POLLUTAN	/T	2. SOURCE	1. POLLUTANT	2. SOURCE
ne				
		ı	1	
		ı	1	
		ı	1	1
		1	1	
	[!	1	
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	GES NOT COVERED BY AF tem V-C a substance or a co		were currently use or manufacture	as an intermediate or final product or
roduct?			_	as an intermediate or man product.
	YES (list all such pollutants	below) L	NO (go to Item VI-B)	

VII. BIOLOGICAL TOXICITY TESTING	DATA		
Do you have any knowledge or reason to receiving water in relation to your discha	believe that any biological test for acute or chror rge within the last 3 years?	nic toxicity has been made on a	ny of your discharges or on a
YES (identify the	e test(s) and describe their purposes below)	NO (go to Sec	tion VIII)
		4	
	•		
		•	
	•		
	•		
VIII. CONTRACT ANALYSIS INFORMA	TION		
VIII. CONTRACT ANALYSIS INFORMA Were any of the analyses reported in Ite	TION em V performed by a contract laboratory or consu	Iting firm?	
Were any of the analyses reported in Ite	em V performed by a contract laboratory or consuess, and telephone number of, and pollutants	Iting firm?	ion IX)
Were any of the analyses reported in Ite	em V performed by a contract laboratory or consu	NO (go to Sect	ion IX) D. POLLUTANTS ANALYZEI
Were any of the analyses reported in Ite YES (list the name, address analyzed by	em V performed by a contract laboratory or consuess, and telephone number of, and pollutants by, each such laboratory or firm below)	□ NO (go to Sect	
Were any of the analyses reported in Ite YES (list the name, address analyzed by	em V performed by a contract laboratory or consuess, and telephone number of, and pollutants by, each such laboratory or firm below)	NO (go to Sect	D. POLLUTANTS ANALYZED
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
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Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.)	D. POLLUTANTS ANALYZED (list) BOD5, TSS, and Oil an
Were any of the analyses reported in Ite YES (list the name, address analyzed to A. NAME American Interplex	em V performed by a contract laboratory or consucts, and telephone number of, and pollutants by, each such laboratory or firm below) B. ADDRESS 8600 Kanis Road	C. TELEPHONE (areas code & no.) 501-224-5060	D. POLLUTANTS ANALYZEI (list) BOD5, TSS, and Oil an Grease

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Stephen Murphy, General Manager	(870) 962-3291
c. SIGNATURE Stephen My	D. DATE SIGNED
PA Form 3519-2C-(6-90) PAGE 4 OF 4	





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OUTFALL NO.

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

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.

				EFFLUENT					NITS if blank)	4. INTAKE (optional)		
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (if available)			C. LONG TERM AVRG. VALUE (if available)		a. CONCEN-	b. MASS	a. LONG T		b. NO. OF
1. POLLUTANT	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	ANALYSES	TRATION		(1) CONCENTRATION	(2) MASS	ANALYSES
Biochemical Oxygen Demand (BOD)	9.2	0.25	9.2	0.25	8.4	0.34	2	mg/l	MGD			
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)						****						
d. Total Suspended Solids (TSS)	26	0.69	26	0.69	19.5	0.79	2	mg/l	MGD			
e. Ammonia (as N)						****						
f. Flow	VALUE 0.00	65	VALUE 0.006	55	VALUE 0.0048	5	2		MGD	VALUE		
g. Temperature (winter)	VALUE	-	VALUE		VALUE	- u		0	C	VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE				<u>с</u> С	VALUE		
i. pH	MINIMUM MA 7.15	7.6	MINIMUM MAX	имим 7.6			2		RD UNITS			<u> </u>

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. POLLUT-	2. MAI	RK "X"			3.	EFFLUENT				4. U	NITS	5. IN	ITAKE (option	nai)
ANT AND CAS NO.	a. BE- LIEVED	b. BE- LIEVED	a. MAXIMUM		b. MAXIMUM 3 (if ava		c. LONG TERM	AVRG. VALUE	d. NO. OF ANAL-	a. CONCEN-	b. MASS	a. LONG AVERAGE	TERM	b. NO. OF
(if available)	PRE- SENT	AB- SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	YSES	TRATION		(1) Concentration	(2) Mass	YSES
a. Bromide (24959-67-9)		х								_				
b. Chlorine, Total Residual		Х												
c. Color		X							-					
d. Fecal Coliform	_	Х								,				<u> </u>
e. Floride (16984-48-8)		Х						, , <u></u>						
f. Nitrate Nitrite (as N)		Х										·		

ITEM V-B CONTINUED FROM FRONT

1. POLLUT- ANT AND	2. MA	RK "X"			;	3. EFFLUENT				4. UN	NITS	5.	INTAKE (option	al)
CAS NO. (if available)	a. BE- LIEVED	a. BE- LIEVED	a. MAXIMUM	DAILY VALUE	b. MAXIMUM :	30 DAY VALUE	c. LONG TERM (If ava		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG AVERAGE		NO. OF
	PRE- SENT	AB- SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	YSES
g. Nitrogen, Total Organic (as N)		Х												
h. Oil and Grease		X	<dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<></td></dl<></td></dl<></td></dl<></td></dl<></td></dl<>	<dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<></td></dl<></td></dl<></td></dl<></td></dl<>	<dl< td=""><td><dl< td=""><td><dl< td=""><td><dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<></td></dl<></td></dl<></td></dl<>	<dl< td=""><td><dl< td=""><td><dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<></td></dl<></td></dl<>	<dl< td=""><td><dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<></td></dl<>	<dl< td=""><td>2</td><td>mg/l</td><td>MGD</td><td></td><td></td><td></td></dl<>	2	mg/l	MGD			
i. Phosphorus (as P), Total (7723-14-0)		Х					_							
i. Radioactivity			_											
(1) Alpha, Total		X												_
(2) Beta Total		X												
(3) Radium Total		Х												
(4) Radium 226, Total		×												
k. Sulfate (as SO ₄) (14808-79-8)		Х												
l. Sulfide (as S)		Х							-					
m. Sulfite (as SO ₃) (14265-45-3)		Х												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		х												
p. Barium Total (7440-39-3)		Х	·····											
q. Boron, Total (7440-42-8)		Х									:			
r. Cobalt, Total (7440-48-4)		х				·								
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		Х												
u. Molybdenum, Total (7439-98-7)		Х												
v. Manganese, Total (7439-96-5)	-	Х				_								
w. Tin, Total (7440-31-5)		Х												
x. Titanium, Total (7440-32-6)		Х												

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

OUTFALL NUMBER 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 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.

to be als	chargeo. N	ote that t	nere are /	pages to this	part; please	review each ca	refully. Comp	lete one table	(all 7 pages)	for each outfa	II. See instruc	tions for add	litional details a	nd requirements	s
. 1. POLLUTANT	:	2. MARK "X"					3. EFFLUENT				4. UN	IITS		i. INTAKE (optional)	
AND CAS NUMBER	a. TEST- ING	b. BE- LIEVED	c. BE- LIEVED	1	DAILY VALUE	b. MAXIMUM 3 (If ava	0 DAY VALUE	c. LONG TERM	AVRG. VALUE	d. NO. OF ANALYSES	a. CONCEN-	b. MASS	a. LON	G TERM E VALUE	b. NO. OF
(if available)	RE- QUIRED	PRE- SENT	AB- SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS		TRATION		(1) CONCEN- TRATION	(2) MASS	YSES
METALS, CYANIDE,	AND TOTAL	PHENOL	.s							•				<u>.</u>	
1M. Antimony, Total (7440-36-0)			Х											_	
2M. Arsenic, Total (7440-38-2)			Х												
3M. Beryllium, Total (7440-41-7)			X												-
4M. Cadmium, Total (7440-43-9)			Х											_	
5M. Chromium, Total (7440-47-3)			Х												
6M. Copper, Total (7440-50-8)			Х												
7M. Lead, Total (7439-92-1)			Х						,,						
8M. Mercury, Total (7439-97-6)			Х								:				
9M. Nickel, Total (7440-02-0)			Х												
10M. Selenium, Total (7782-49-2)			Х												
11M. Silver, Total (7440-22-4)			Х				L								
12M. Thallium, Total (7440-28-0)			×												
13M. Zinc, Total (7440-66-6)	·		Х												
14M. Cyanide, Total (57-12-5)			Х				· <u>-</u>								
15M. Phenols, Total			Х					<u> </u>							
DIOXIN									·						
2,3,7,8-Tetra- Chlorodibenzo-P Dioxin (1764-01-6)			Х	DESCRIBE I	RESULTS						·				

CONTINUES ROM THE FRONT

1. POLLUTANT		2. MARK "X	•				3. EFFLUENT				4 U	NITS		5. INTAKE (options	al)
AND CAS NUMBER (if available)	a. TEST- ING	b. BE- LIEVED	c. BE- LIEVED	a. MAXIMUM	DAILY VALUE	b. MAXIMUM : (if ava	30 DAY VALUE	c. LONG TER! (if av	M AVRG. VALUE ailable)	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LON AVERAC	IG TERM SE VALUE	b. NO. OF
,	RE- QUIRED	PRE- SENT	AB- SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	ANALYSES			(1) CONCENTRATION	(2) MASS	ANAL- YSES
GC/MS FRACTION -	VOLATILE	COMPOL	INDS								<u> </u>		•	·	
IV. Acrolein 107-02-8)			Х	,						1					
2V. Acrylonitrile (107-13-1)			Х									-			
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)		:	Х	,											, <u>,, -, -, -</u>
5V. Bromoform (75-25-2)			Х	<u>Anness</u>											·
6V. Carbon Tetrachloride (56-23-5)			Х											-	
7V. Chlorobenzene (108-90-7)			Х												
8V. Chlorodi- promomethane (124-48-1)			Х												
9V. Chloroethane (75-00-3)			Х	•											
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			Х			·							,		
11V. Chloroform (67-66-3)			X											-	
12V. Dichloro- promomethnane (75-27-4)			Х												
13V. Dichloro- difluoromethane (75-71-8)			Х		-										
14V. 1,1-Dichloro- ethane (75-34-3)			Х												
15V. 1,2-Dichloro- ethane (107-06-2)			Х												
16V. 1,1-Dichloro- ethylene (75-35-4)			Х			_						<u></u>			
17V. 1,2-Dichloro- propane (78-87-5)			Х			·								-	
18V. 1,3-Dichloro- proplyene 542-75-6)			Х												
19V. Ethylbenzene 100-41-4)			Х												
20V. Methyl Bromide (74-83-9)			Х		·						-				
1V. Methyl Chloride (74-87-3)			Х												· · · · · · · · · · · · · · · · · · ·

CONTINUED FROM PAGE V-4

		2. MARK "X"	,				3. EFFLUENT				4. UNIT	rs		5. INTAKE (option	nal)
1. POLLUTANT AND CAS NUMBER	a. TEST-	b. BE- LIEVED	c. BE- LIEVED	a. MAXIMUM	DAILY VALUE	b. MAXIMUM : (If ava	30 DAY VALUE ilable)	c. LONG TERM (if avai	AVRG. VALUE	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LON AVERAC	NG TERM GE VALUE	b. NO. OF ANALYSES
(If available)	RE- QUIRED	PRE- SENT	ABSENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	ANALTSES	TRATION		(1) CONCEN- TRATION	(2) MASS	
GC/MS FRACTION - VOL (continued)	ATILE COM	POUNDS		:											
22V. Methylene Chloride (75-09-2)			Х												
23V. 1,1,2,2-Tetra- chloroethane (79-34-5)			Х												
24V. Tetrachloro- ethylene (127-18-4)			Х												
25V. Toluene (108-88-3)			Х												
26V. 1,2-Trans- Dichloroethylene (156-60-5)			Х												_
27V. 1,1,1-Tri- chloroethane (71-55-6)		·	Х												
28V. 1,1,2-Tri chloroethane (79-00-5)			Х			•		,,,							
29V. Trichloro- ethylene (79-01-6)			Х												
30V. Trichloro- fluromethane (75-69-4)			Х					<u></u>							-
31V. Vinyl Chloride (75-01-4)			Х	· · ·											
GC/MS FRACTION - A	CID COM	POUNDS					•			•	·				
1A. 2-Chlorophenol (95-57-8)			Х					Ĭ.							
2A. 2,4-Dichloro- phenol (120-83-2)			Х			· · ·									
3A. 2,4-Dimethyl- phenol (105-67-9)			Х												
4A. 4,6-Dinitro-O- Cresol (534-52-1)			Х												
5A. 2,4-Dinitro- phenol (51-28-5)			Х												
6A. 2-Nitrophenol (88-75-5)			Х												
7A. 4-Nitrophenol (100-02-7)			Х												
8A. P-Chloro-M- Cresol (59-50-7)			Х												
9A. Pentachloro- phenol (87-86-5)			Х												
10A. Phenol (108-95-2)			Х												
11A. 2,4,6-Tri- chlorophenol (88-06-2)			X												

1. POLLUTANT		2. MARK "X"				-	3. EFFLUENT				4. UNIT	rs		5. INTAKE (option	al)
AND CAS NUMBER (if available)	a. TEST- ING	b. BE- LIEVED	c. BE- LIEVED	a. MAXIMUM	DAILY VALUE	b. MAXIMUM (if av	30 DAY VALUE	c. LONG TERI	M AVRG. VALUE	d. NO. OF ANALYSES	- 000050		a. LOI AVERA	NG TERM GE VALUE	b. No. OF
, <u></u>	RE- QUIRED	PRE- SENT	ABSENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS		a. CONCEN- TRATION	b. MASS	(1) CONCEN- TRATION	(2) MASS	ANAL- YSES
GC/MS FRACTION-B	ASE/NEUT	RAL CON	POUNDS												
1B. Acenaphthene (83-32-9)			Х												_
2B. Acenaphtylene (208-96-8)			Х												
3B. Anthracene (120-12-7)			Х	,											
4B. Benzidine (92-87-5)	,		Х												
5B. Benzo (a) Anthracene (56-55-3)			Х		**						, 				
6В. Вепzo (a) Ругепе (50-32-8)			Х									<u> </u>			
7B. 3,4-Benzo- fluoranthene (205-99-2)			Х												
8B. Benzo (<i>ghi</i>) Perylene (191-24-2)		-	Х											,	:
9B. Benzo (k) Fluoranthene (207-08-9)			Х												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			Х												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			Х												
12B. Bis (2-Chloro- isopropyl) Ether (102-60-1)			Х												
13B. Bis (<i>2-Ethyl-hexyl</i>) Phthalate (117-81-7)			Х		·										
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			Х								***************************************				
15B. Butyl Benzyl Phthalate (85-68-7)			Х												
16B. 2-Chloro- naphthalene (91-58-7)			Х												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			Х												
18B. Chrysene (218-01-9)			Х												
19B. Dibenzo (<i>a,h)</i> Anthracene (53-70- 3)			Х												· <u></u> .
20B. 1,2-Dichloro- penzene 95-50-1)			Х		·						·				
21B. 1,3-Dichloro- benzene (541-73-1)			Х									-			

CONTINUED FROM PAGE V-6

1. POLLUTANT		2. MARK "X"	,				3. EFFLUENT				4. UN	птѕ		5. INTAKE (option	nal)
AND CAS NUMBER (If available)	a. TEST- ING	b. BE- LIEVED PRE-	c. BE- LIEVED AB-		DAILY VALUE	(If av	30 DAY VALUE allable)	1	ilabie)	d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	l .	NG TERM GE VALUE	b. NO. OF ANAL- YSES
	RE- QUIRED	SENT	SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	10.0
C/MS FRACTION-BA	ASE/NEUT	RAL CON	POUNDS	(continued)								•			
22B. 1,4 Dichloro-			Х												<u> </u>
penzene (106-46-7) 23B. 3,3-Dichloro-							ļ								
benzidine (91-94-1)		ŀ	Х						į.						
24B. Diethyl			X					,				<u> </u>			
Phthalate (84-66-2)	<u> </u>					ļ									
25B. Dimethyl Phthalate			X										•		
(131-11-3)							1		1]					
26B. Di-N-Butyl			X									·			
Phthalate (84-74-2)					ļ		ļ					ļ <u>.</u>			
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro-	Î		X									1			
toluene (606-20-2)			1												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-			X		<u> </u>							 	-		
nydrazine (as Azo-		•	^						1	1		1			
benzene) (122-66-7)							1					<u>j</u>			
31B. Fluoranthene (206-44-0)			X								-				
32B. Fluorene (86-73-7)			Х						-						
33B.			X		 							 	<u> </u>		
Hexachlorobenzene (118-74-1)	}		^												
34B. Hexa-			Х			<u> </u>			-			 			
chlorobutadiene															
(87-68-3) 35B. Hexachloro-	 		- V		 							ļ <u>.</u>			
cyclopentadiene		i	X		ŀ				•				1		
(77-47-4)					L								1		
36B. Hexachloro-			Х									<u> </u>			-
ethane (67-72-1) 37B. Indeno	 					<u> </u>				ļ.,,		<u> </u>			
(1,2,3-cd) Pyrene			×												
(193-39-5) 38B. Isophorone	 		\vdash		 	 			 	ļ					ļ
(78-59-1)	<u> </u>		X												
39B. Naphthalene (91-20-3)			Х												
I0B. Nitrobenzene			Х							-		<u> </u>			
98-5-3) I1B. N-Nitro-		-	 			 -									
sodimethylamine (62-75-9)			X												
12B. N-Nitrosodi-N-			X		 	 - -	-		 	 		-			<u> </u>
ropylamine			^		-										
621-64-7)							l		<u> </u>				1		1





1. POLLUTANT		2. MARK "X"					3. EFFLUENT				4. UNI	TS		5. INTAKE (option	al)
AND CAS NUMBER (If available)	a. TEST-	b. BE- LIEVED	c. BE- LIEVED	a. MAXIMUM	DAILY VALUE	b. MAXIMUM (if av	30 DAY VALUE allable)	c. LONG TERM (If ava	AVRG. VALUE	d. NO. OF ANALYSES	a. CONCEN-	b. MASS	a. LON AVERAC	IG TERM SE VALUE	b. NO. OF ANAL-
(" available)	RE- QUIRED	PRE- SENT	AB- SENT	(1) CONCENTRA TION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS		a. CONCEN- TRATION	b. MASS	(1) CONCEN- TRATION	(2) MASS	YSES
GC/MS FRACTION -	BASE/NEU	ITRAL CO	MPOUND	S (continued)											
43B. N-Nitro- sodiphenylamine (86-30-6)			Х												
44B. Phenanthrene (85-01-8)			Х			1									
45B. Pyrene (129-00-0)			Х								-			_	
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			Х												
GC/MS FRACTION -	PESTICIDE	s		<u>* </u>		1			<u> </u>	1					
1P. Aldrin (309-00-2)			Х												
2P. α-BHC (319-84-6)			Х												
3P. β-BHC (319-85-7)			Х												
4P. γ-BHC (58-89-9)			Х												
5P. δ-BHC (319-86-8)			Х												
6P. Chlordane (57-74-9)			X												_
7P. 4,4'-DDT (50-29-3)			Х												
8P. 4,4'-DDE (72-55-9)			Х												
9P. 4,4'-DDD (72-54-8)			Х								:		<u> </u>		
10P. Dieldrin (60-57-1)			Х												
11P. α-Endosulfan (115-29-7)			Х												
12P. β-Endosulfan (115-29-7)			Х								-				
13P. Endosulfan Sulfate (1031-07-8)			Х												
14P. Endrin (72-20-8)			Х												
15P. Endrin Aldehyde (7421-93-4)			X											_	
16P. Heptachlor (76-44-8)			Х												

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

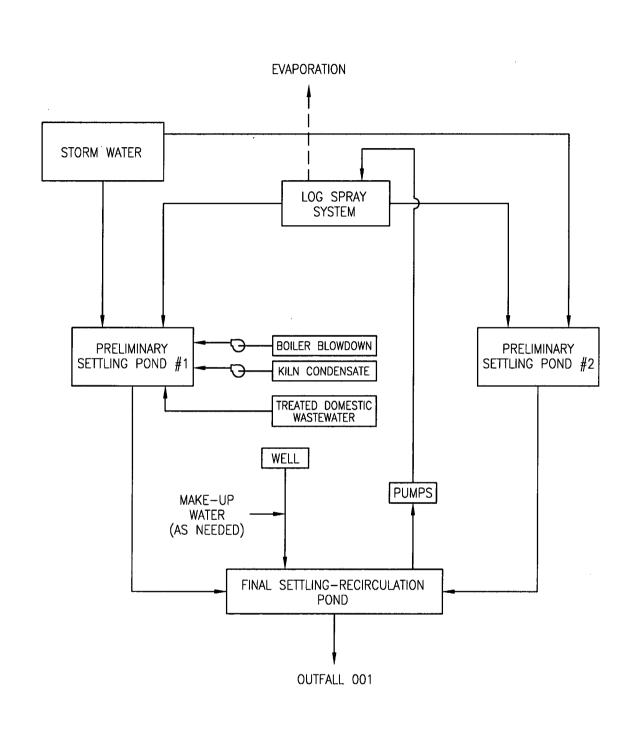
OUTFALL NUMBER 001

CONTINUED FROM PAGE V-8

1. POLLUTANT		2. MARK "X"					3. EFFLUENT				4. UNI	TS		5. INTAKE (optiona	ŋ
AND CAS NUMBER	a. TEST- ING	b. BE- LIEVED	c. BE- LIEVED		DAILY VALUE	(If av	30 DAY VALUE allable)	(if av	M AVRG. VALUE	d. NO. OF	a. CONCEN-	b. MASS	a. LON	IG TERM SE VALUE	b. NO. OF
(If available)	RE- QUIRED	PRE- SENT	AB- SENT	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	ANALYSES	TRATION		(1) CONCEN- TRATION	(2) MASS	YSES
GC/MS FRACTION-PEST	CIDES (con	tinued)					1]	1					•	
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			Х												
19P. PCB-1254 (11097-69-1)			Х												
20P. PCB-1221 (11104-28-2)			Х												
21P. PCB-1232 (11141-16-5)			Х												
22P. PCB-1248 (12672-29-6)			Х		<u> </u>						,				
23P. PCB-1260 (11096-82-5)			Х												
24P. PCB-1016 (12674-11-2)			Х												 _
25P. Toxaphene (8001-35-2)			Х					,,,							

EPA Form 3510-2C (8-90)

PAGE V-9



2010.060.100

FLOW SCHEMATIC

ANTHONY FOREST PRODUCTS URBANA, ARKANSAS

Approved by:	RBM	ODMO	Desirat No.	2010-06-050
Approved by.	I/OM	LITKMC	Project No.:	
Checked by:	SKH		Date:	05/23/2011
Drawn by:	IT	STRUTEGE EMBERGENIAL SERVICES 219 Brown Lano Bryoni, AR 72022	Scale:	

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

Please print or type in the unshaded areas

FORM 2F PDES

United States. 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-233, U.S. Environmental Protection Agency, 401 M St., SW, 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. D. RECEIVING WATER A. OUTFALL NUMBER **B. LATITUDE** C. LONGITUDE (name) (list) Unnamed tributary of North Lapile Creek, thence to North Lapile Creek, thence to 001 33 09 46.8 92 26 52.9 Lapile Creek, thence into segment 2D of the Ouachita River.

II. Improvements

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,	2. Af	fected Outfalls		4. Compli	Final ance Date
Agreements, Etc.	number	source of discharge	3. Brief Description of Project	a. req.	b. proj.
N/A				+	
	***************************************		rotor dono p		
				_	
			, , , , , , , , , , , , , , , , , , ,	+	
				<u> </u>	
			// // // // // // // // // // // // // 	1	

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 areas 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 receive storm water discharges from the facility.

M. Narrative Description of Pollutant Sources [] [] [] [] [] [] [] [] [] [" Marrativa Da	Front			A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR	ern さき単元とである。 こうのがない 17条数という フィギ
the cutfal, and an estimate of the total surface area drained by the cutfall. OUTFALL NUMBER Area of Impervous Surface (provide units) OUT 0.0 acres -20 acres Outfall Number Number Outfall Number Outfall Surface (provide units) OU 0.0 acres -20 acres -20 acres Provide a narrative description of significant naterials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; mathod of treatment, storage, or disposal, past and present materials management practices of the provide units) B. Provide a narrative description of significant naterials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; mathod of treatment, storage, or disposal, past and present materials management practices are provided as a provided provided and storage, 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 syrayed with water from the recirculation provide when wet log storage area enters estiling ponds and then returns to the recirculation pond. Discharge from the recirculation 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) and TSS (Total Suspended Solids). C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid of fluid wastes other than by discharge. Outfall Number V. Nonstorm Water Discharges A. Loertify under ponsity of law that the outfall(s) covered by thi						
NUMBER Surface (provide units) O1 0.0 acres -20 acres					aces (including paved area	as and building roots) drained to
NUMBER (provide units) O1					1 Control of the cont	T.1.1 A Smithad
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 entered in the past in th						
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 runofi, materials loading and access areas; and the location, manner, and frequency in which pesticides, shore therefolds, so in 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 settling ponds and then returns to the recirculation pond. Discharge from the recirculation 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) and TSS (Total Suspended Solids). 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 of fluid westes other than by discharge. Use Coefficient of the ultimate disposal of any solid of fluid westes other than by discharge. List Coefficient of the ultimate disposal of any solid of fluid westes other than by discharge. List Coefficient of the control and treatment measures and the ultimate disposal of any solid of fluid westes other than by discharge. List Coefficient of the presence of nonstorm water discharges from the wet deck area is captured in the series of three setting ponds. Water form the wet deck area is captured in the series of three setting ponds. Water form the w	NUMBER		(provide arms)	Number	(provide drins)	(provide arms)
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 well og storage area is approximately 20 acres and is located at the north end of the facility. Logs stored in this area are confinually sprayed with water from the recirculation pond. Runoff from the wet log storage area enters settling ponds and then returns to the recirculation pond. Discharge from the recirculation 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) and TSS (Total Suspended Solids). 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 westes other han by discharges. Outfall Outfall All storm water from the wet deck area is captured in the series of three settling ponds. Water form the center pond (recirculation pond) is recycled as wet deck spray. Provide a description of the method used, the date of any Gening, shd the onsite drainage pdims that were directly observed during a test. Dutfall 001 has been evaluated via visual observation. Signature Provide a description of the method used, the date of any Gening, shd the onsite drainage pdims that were directly observed during a test. Provide a description of the me						
manner to allow exposure to storm water, method of treatment, storage, or disposal, past and present materials amanagement 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 settling ponds and then returns to the recirculation pond. Discharge from the recirculation 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) and TSS (Total Suspended Solids). 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 Treatment Treatment Treatment I Just Coxes from Table 2F-1 H. H. Outfall 3. Isom water from the wet deck area is captured in the series of three settling ponds. Water form the center pond (recirculation pond) is recycled as wet deck spray. V. Nonstorm Water Discharges A. Loertify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstorm water discharges, and that all nonstorm water discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall. Name and Official Title (type or print) Signature J. Provide a description of the method used, the d	001	0.0 acres	~20 acres			
manner to allow exposure to storm water, method of treatment, storage, or disposal, past and present materials amanagement 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 settling ponds and then returns to the recirculation pond. Discharge from the recirculation 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) and TSS (Total Suspended Solids). 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 Treatment Treatment Treatment I Just Coxes from Table 2F-1 H. H. Outfall 3. Isom water from the wet deck area is captured in the series of three settling ponds. Water form the center pond (recirculation pond) is recycled as wet deck spray. V. Nonstorm Water Discharges A. Loertify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstorm water discharges, and that all nonstorm water discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall. Name and Official Title (type or print) Signature J. Provide a description of the method used, the d						
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	Provide existing	information regarding the his	story of significant leaks or	spills of toxic or	r hazardous pollutants at th	
No significant leaks or spills during the past three years.	Provide existing	information regarding the his	story of significant leaks or	spills of toxic or	r hazardous pollutants at th	
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	re proceeding. Complete one set on VII-C are included on separate s	f tables for each outfall. Annotate the or the second seco	utfall number in the space provided.				
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 polluta	ants below)	☑ No (go to Section IX)					
1		•					
·							
VIII. Biological Toxicity Testing D							
Do you have any knowledge or re on a receiving water in relation to	ason to believe that any biological t your discharge within the last 3 yea	est for acute or chronic toxicity has been ars?	n made on any of your discharges or				
Yes (list all such pollute	ants below)	☑ No (go to Section IX)					
			14				
-							
		•					
·	•						
IX. Contract Analysis Information							
Were any of the analysis reported in	item vii performed by a contract is	aboratory or consulting firm?					
	fress, and telephone number of, an such laboratory or firm below)	d pollutants	☐ 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	TSS, BOD5, and Oil and Grease				
X. Certification	his document and all attachments :						
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 gathered and evaluated 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) B. Area Code and Phone No.							
Stephen Murphy, General Manager (870) 962-3291							
C. Signature D. Date Signed 17-12-11 EPA Form 3610-2C (Rev. 1-92) PAGE 3/07-3							

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

Outfall 001

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

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

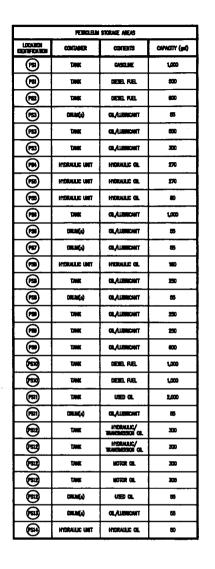
Pollutant	Maximum Values (include units)			je Values de units)	Number		
and CAS Number (if available)	Grab Sample Taken During First 20 Minutes Flow-weighte Composite		Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	of Storm Events Sampled	Sources of Pollutants	
Oil and Grease	<5 mg/l		<5 mg/l		2		
Biological Oxygen Demand (BOD5)	9.2 mg/l		8.4 mg/l		2		
Chemical Oxygen Demand (COD)							
Total Suspended Solids (TSS)	26 mg/l		19.5 mg/l		2		
Total Nitrogen			****				
Total Phosphorus				propaga.			
рН	Minimum	- 7.15 s.u.	Maximum – 7.6 mg/l		2		

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

	Maximum Values (include units)		Avera (incl	ge Values ude units)	Number		
	Pollutant and CAS Number (if available)	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Of Storm Events Sampled	Sources of Pollutants
	N/A						
┢	IN/A						
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Pollutant and CAS Number (if available)		Maximum Values (include units)			Average Values (include units)			Number		
	and S Number	Grab Sample Taken During First 20 Minutes	Flow-weig Compos	ghted site	Grab Sample Taken During First 20 Minutes	Flo weig Comp	hted	of Storm Events Sampled		Sources of Pollutants
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1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rai during stor (in incl	m event	begin ured	ginning of storm meas- ed and end of previous (ga		um flow rate during rain event allons/minute or specify units)		6. Total flow from rain event (gallons or specify units	
\										
Provide a d	l description of the m	ethod of flow me	asurement o	r estima	te.					
Notched \								· · · · · · · · · · · · · · · · · · ·		



CRAMAGE AREA BOUNDARY

CRAMAGE STCH

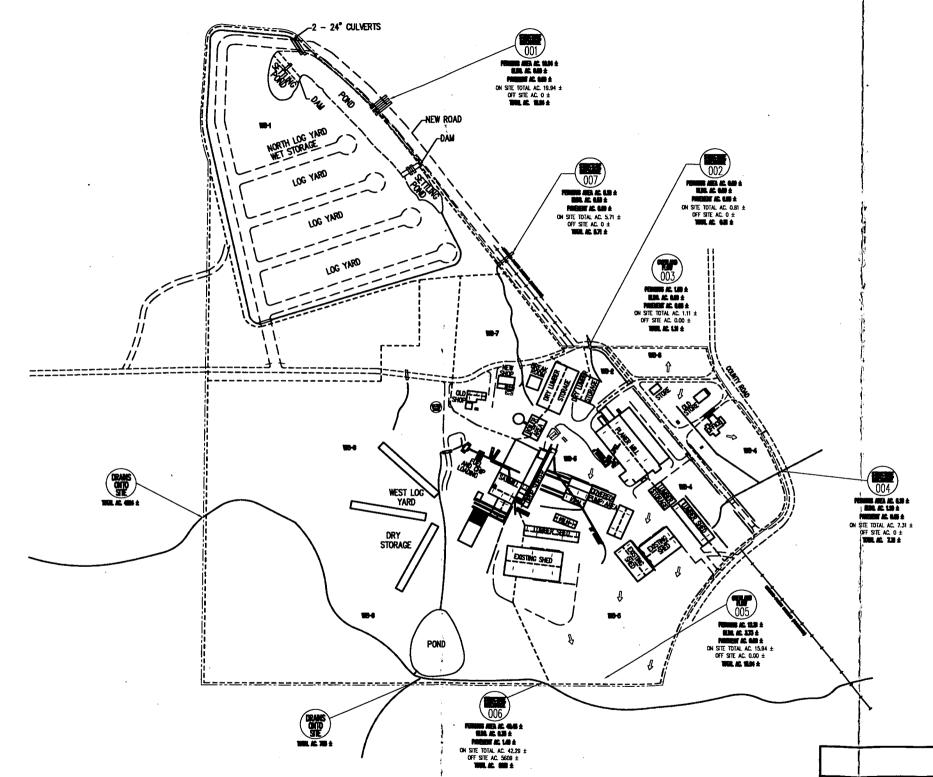
APPROX. PROPERTY BOUNDARY

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PERBOLEIM STORAGE ANEA



2010.050.001

FACILITY SITE MAP

ANTHONY FOREST PRODUCTS URBANA, ARKANSAS

Approved	by: RBM	ODMC	Project No.:	: 2010-01-010
Checked		GBM STRATEGIC ENVIRONMENTAL SERVICES	Date:	REV 05/23/2011
Drown b	y: IT	219 Brown Lane Bryant, AR 72022	Scale:	1"=400'

ADEQ has removed the submitted disclosure statement, to protect confidential information.

It has been scanned into a secure location.

A redacted copy will be added as a separate document by Legal Division.

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