



• P.O. BOX 724 • PHONE: (870) 962-3206 • STRONG, AR. 71765

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

A handwritten signature in black ink that reads "Stephen Murphy". The signature is written in a cursive, flowing style.

Stephen Murphy
General Manager

Enclosure

cc: Russell McLaren, GBM^c & 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

July 5, 2011

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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	B	C	D	E	F	G	H	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
Arkansas Department of Health

Information in Regard to
Water Supply

Telephone #
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.adeg.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. 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 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 operator 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): ARG: N/A

7. NPDES General Storm Water Permit Number (If Applicable): Our storm water is currently covered our NPDES Permit.

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-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)

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: 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, 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: N/A MGD

15. Is Outfall equipped with a diffuser? Yes No

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

Name: Stephen Murphy Title: General Manager
Address: 1236 Urbana Road Phone Number: 870-962-3291
E-mail Address: smurphy@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: 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 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 ' 35.5 " Long: 92 ° 26 ' 43.0 " 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 ' 52.9 "

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):
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. _____:

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

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

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: _____ 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 wetdeck. There has only been 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 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 **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.adeq.state.ar.us/disclosure_stmt.pdf

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. The resulting wood chip fines, bark, planer shavings, and sawdust are used as boiler fuel. Rough green lumber is kiln dried, trimmed in planer mill, and shipped.

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months		Highest Production Year of Last 5 Years	
	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.

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (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 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

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:

Upgrading the kilns onsite and taking the boilers out of service in stages. This will increase the kiln condensate but the boiler blowdown will eventually be eliminated. According to the kiln installing company, the overall volume of the sources overall should not change. The kiln condensate will take the place of the boiler blowdown.

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

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.

ANTHONY FOREST PRODUCTS
Section 9
Township 18 South
Range 13 West
1236 Urbana Road
Urbana, AR 71768

001

Approximate Property Boundary



ANTHONY FOREST PRODUCTS

Section 9

Township 18 South

Range 13 West

1236 Urbana Road

Urbana, AR 71768

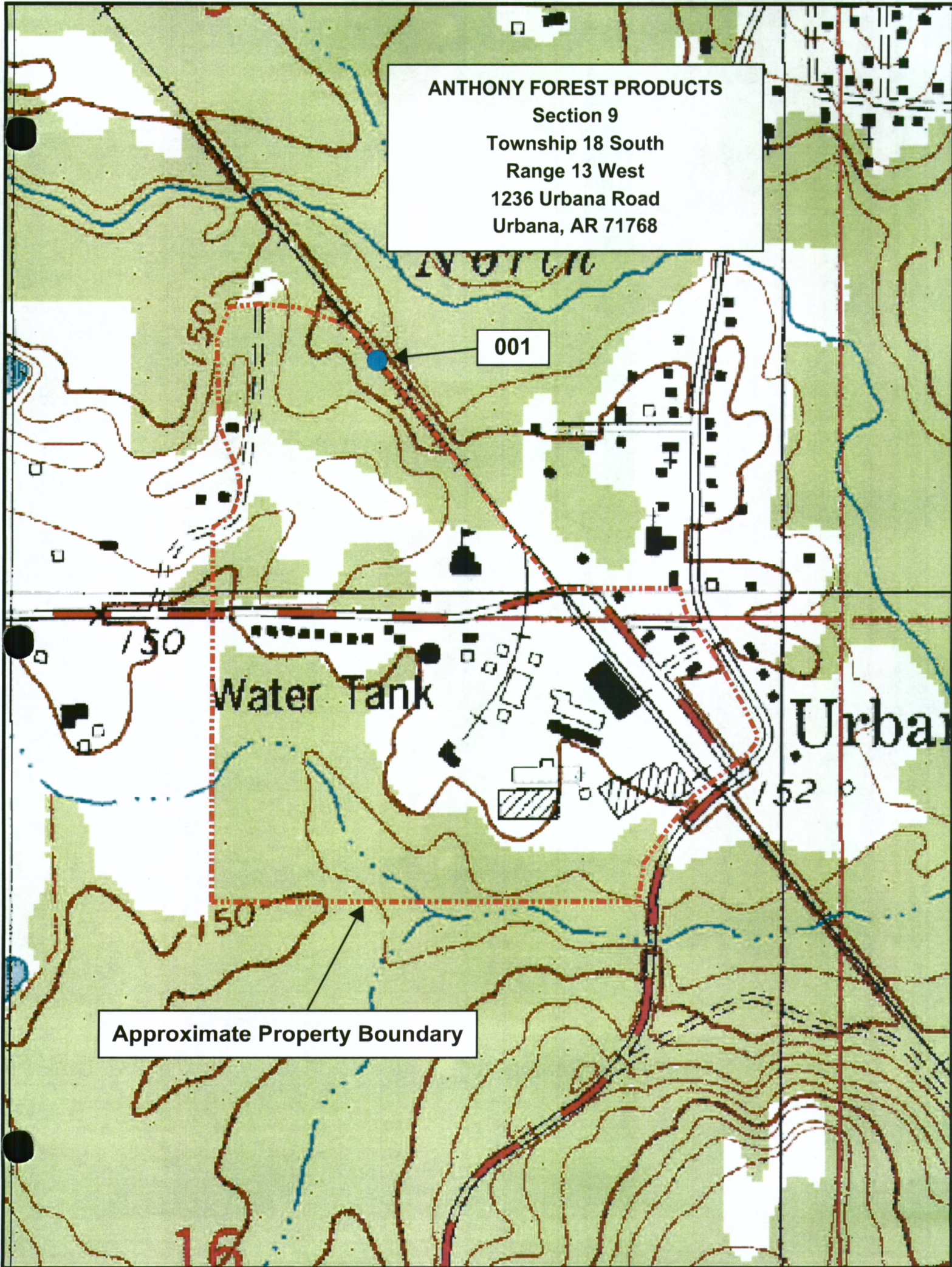
001

Water Tank

Urbana

Approximate Property Boundary

16



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 only.

FORM 2C NPDES U.S. ENVIRONMENTAL PROTECTION AGENCY
 APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
 Consolidated Permits Program

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)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
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. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	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	Intermittent	Sedimentation	
	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		

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?

YES (complete the following table)

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	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B)

NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C)

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			

IV. 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.

YES (complete the following table)

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

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

AR0047384

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & 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)

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?

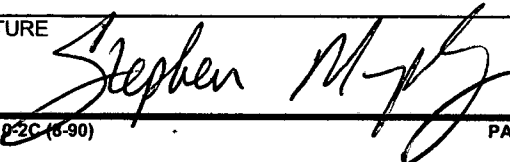
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

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, and Oil and 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) Stephen Murphy, General Manager	B. PHONE NO. (area code & no.) (870) 962-3291
C. SIGNATURE 	D. DATE SIGNED 17-12-11

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.

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)	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 0.0065		VALUE 0.0065		VALUE 0.00485		2	---	MGD	VALUE ---		---
g. Temperature (winter)	VALUE ---		VALUE ---		VALUE ---		---	°C		VALUE ---		---
h. Temperature (summer)	VALUE ---		VALUE ---		VALUE ---		---	°C		VALUE ---		---
i. pH	MINIMUM 7.15	MAXIMUM 7.6	MINIMUM 7.15	MAXIMUM 7.6	---		2	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		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												
e. Floride (16984-48-8)		X												
f. Nitrate Nitrite (as N)		X												

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	a. 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		NO. OF ANAL- YSES
			(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS	(1) CONCEN- TRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X	<DL	<DL	<DL	<DL	<DL	<DL	2	mg/l	MGD	---	---	---
i. Phosphorus (as P), Total (7723-14-0)		X												
i. Radioactivity														
(1) Alpha, Total		X												
(2) Beta Total		X												
(3) Radium Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (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)		X												
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												

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 2a for any pollutant, you must provide the results of at least one analysis for the 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. TEST- ING RE- QUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	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 ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
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												
DIOXIN															
2,3,7,8-Tetra- Chlorodibenzo-P Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (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. Chlorodipromomethane (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. Dichloropromomethane (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												

CONTINUED FROM PAGE V-4

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	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
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 (88-06-2)			X												

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	
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-Chloro-isopropyl) Ether (102-60-1)			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-Chlorophenyl 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-Dichloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING RE-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	
GC/MS FRACTION-BASE/NEUTRAL COMPOUNDS (continued)															
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 (98-5-3)			X												
41B. N-Nitrosodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

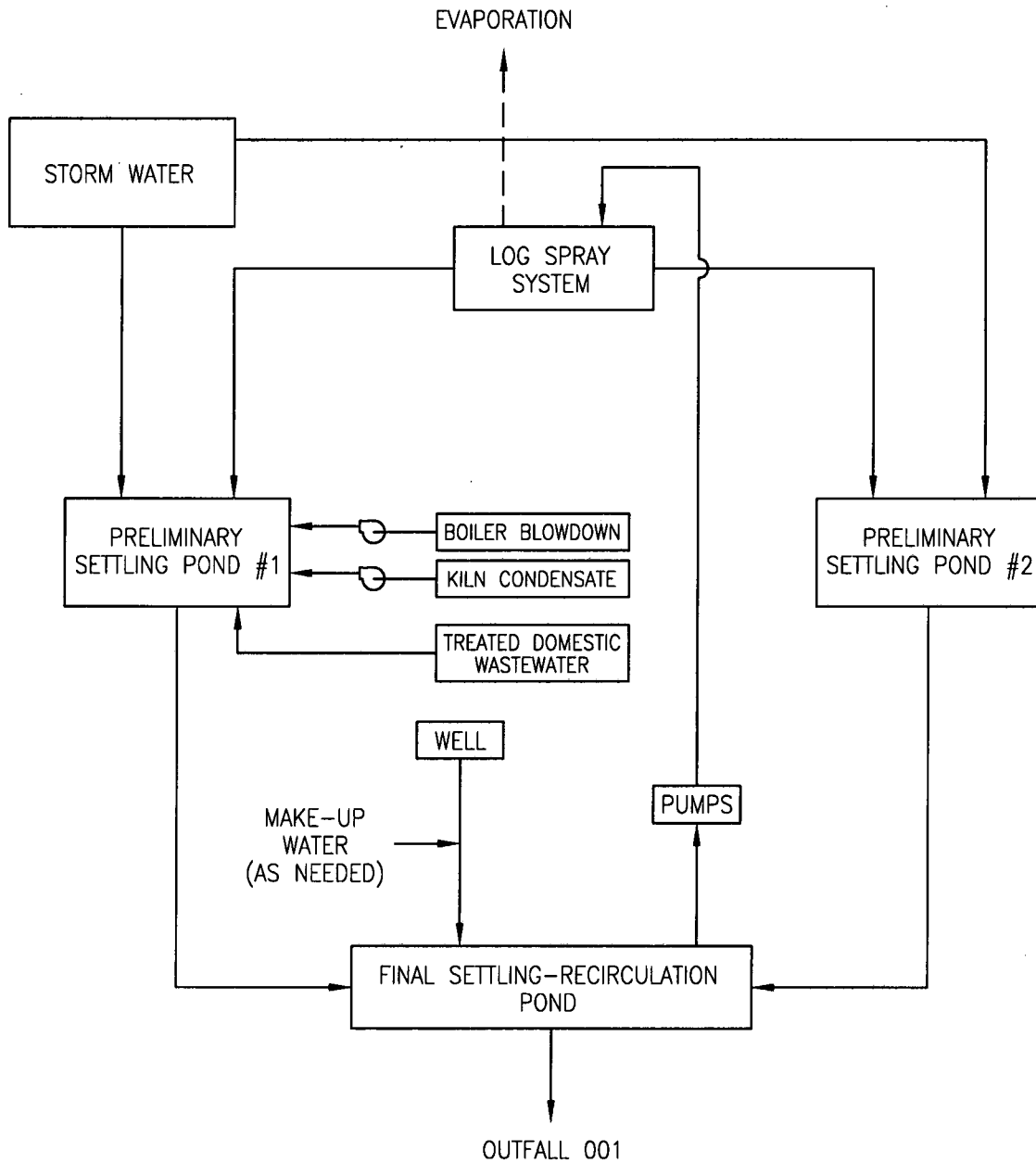
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	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	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
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 (copy from Item 1 of Form 1)
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OUTFALL NUMBER
001

CONTINUED FROM PAGE V-8

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. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCEN-TRATION	(2) MASS	(1) CONCEN-TRATION	(2) MASS	(1) CONCEN-TRATION	(2) MASS				(1) CONCEN-TRATION	(2) MASS	
GC/MS FRACTION-PESTICIDES (continued)															
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												



2010.060.100		
FLOW SCHEMATIC ANTHONY FOREST PRODUCTS URBANA, ARKANSAS		
Approved by: RBM	GBM^C <small>ENGINEERING CONSULTING SERVICES 210 Bruce Lane Glynn, AR 72332</small>	Project No.: 2010-06-050
Checked by: SKH		Date: 05/23/2011
Drawn by: IT		Scale:

Please print or type in the unshaded areas only.

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.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			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. 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 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.

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 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.

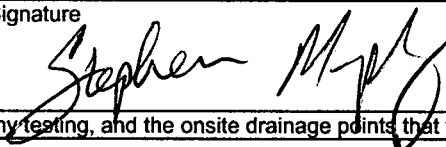
Potential pollutants from this area are BOD (Biochemical Oxygen Demand) and TSS (Total Suspended Solids).

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	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. Nonstorm Water 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 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	Date Signed
Stephen Murphy, General Manager		7-12-11

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.

AR0047384

CONTINUED FROM PAGE 2

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. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered 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 analysis reported in item VII performed by a contract laboratory or consulting firm?

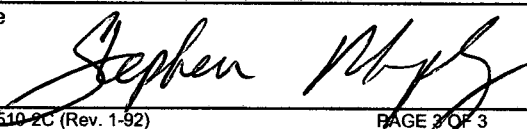
 Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

 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	TSS, BOD5, and Oil and Grease

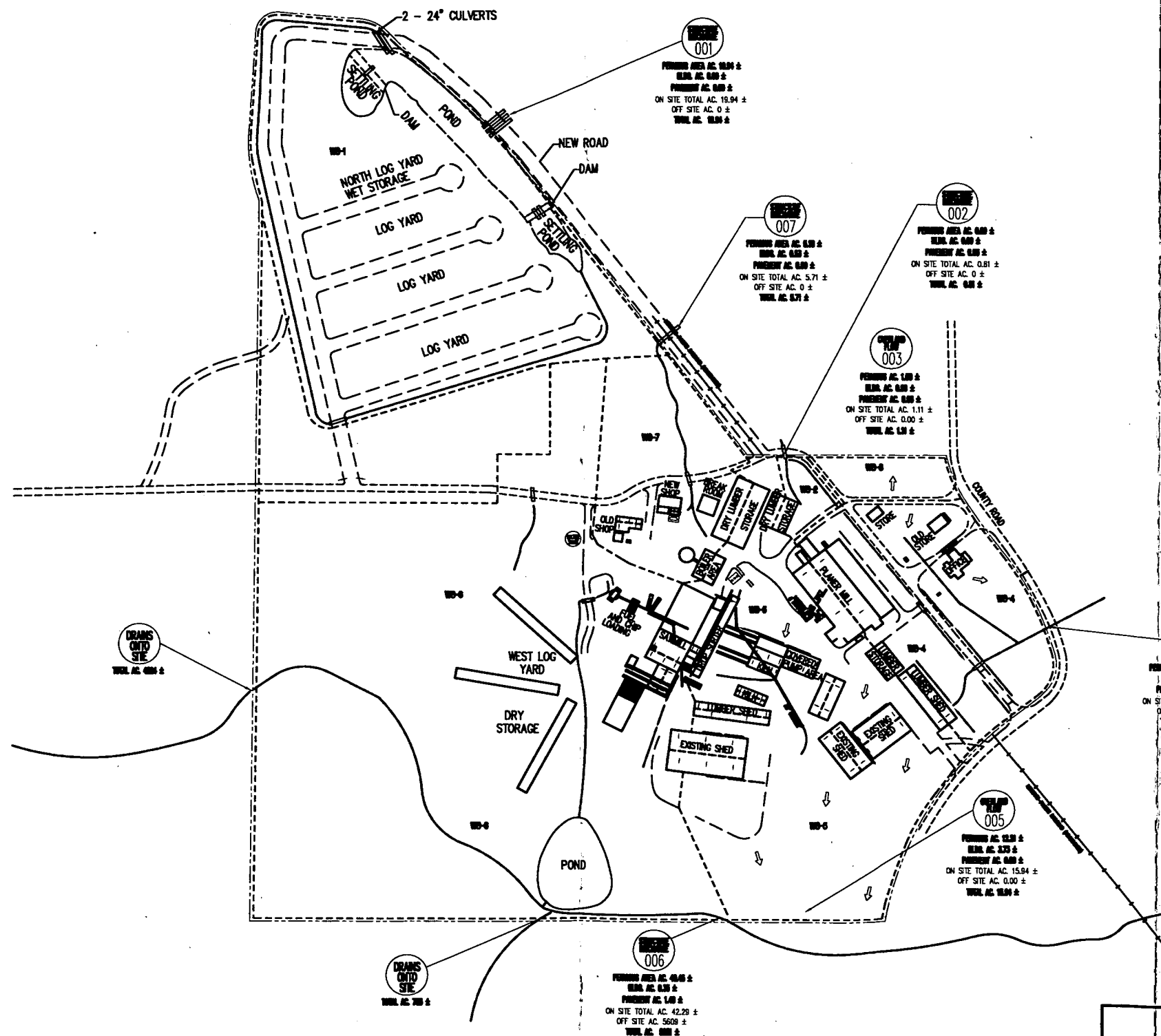
X. Certification

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 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) Stephen Murphy, General Manager	B. Area Code and Phone No. (870) 962-3291
C. Signature 	D. Date Signed 11-12-11

PERBLEM STORAGE AREAS			
LOCATION IDENTIFICATION	CONTAINER	CONTENT	CAPACITY (gal)
P01	TANK	GASOLINE	1,000
P02	TANK	DIESEL FUEL	500
P03	TANK	DIESEL FUEL	500
P04	DRUM(s)	OL/LUBRICANT	55
P05	TANK	OL/LUBRICANT	500
P06	TANK	OL/LUBRICANT	300
P07	HYDRAULIC UNIT	HYDRAULIC OIL	270
P08	HYDRAULIC UNIT	HYDRAULIC OIL	270
P09	HYDRAULIC UNIT	HYDRAULIC OIL	50
P10	TANK	OL/LUBRICANT	1,000
P11	DRUM(s)	OL/LUBRICANT	55
P12	DRUM(s)	OL/LUBRICANT	55
P13	HYDRAULIC UNIT	HYDRAULIC OIL	180
P14	TANK	OL/LUBRICANT	250
P15	DRUM(s)	OL/LUBRICANT	55
P16	TANK	OL/LUBRICANT	250
P17	TANK	OL/LUBRICANT	250
P18	TANK	OL/LUBRICANT	500
P19	TANK	DIESEL FUEL	1,000
P20	TANK	DIESEL FUEL	1,000
P21	TANK	USED OIL	2,000
P22	DRUM(s)	OL/LUBRICANT	55
P23	TANK	HYDRAULIC/TRANSMISSION OIL	300
P24	TANK	HYDRAULIC/TRANSMISSION OIL	300
P25	TANK	MOTOR OIL	300
P26	TANK	MOTOR OIL	300
P27	DRUM(s)	USED OIL	55
P28	DRUM(s)	OL/LUBRICANT	55
P29	HYDRAULIC UNIT	HYDRAULIC OIL	50

- DRAINAGE AREA BOUNDARY
- DRAINAGE DITCH
- APPROX. PROPERTY BOUNDARY
- SHEET FLOW
- ▭ CULVERT
- W-6 WATERSHED DRAINAGE AREA
- PERBLEM STORAGE AREA
- RAILROAD TRACKS



2010.050.001	
FACILITY SITE MAP ANTHONY FOREST PRODUCTS URBANA, ARKANSAS	
Approved by: RBM	Project No.: 2010-01-010
Checked by: SKH	Date: REV 05/23/2011
Drawn by: IT	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.

1 From
Date 7-13-11 Sender's FedEx Account Number 104616046
Sender's Name Kelly Oliver Phone 870 967-3206
Company WILSON FOREST PRODUCTS
Address 1236 URBANA ROAD Dept./Floor/Suite/Room
City URBANA State AR ZIP 71768

2 Your Internal Billing Reference

3 To
Recipient's Name John Bailey Phone
Company DETA WATER DIVISION
Address 5301 Northshore Drive **HOLD Weekday**
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room **REQUIRED. NOT available for FedEx First Overnight.**
Address North Little Rock **HOLD Saturday**
Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room **REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.**

City NORTH LITTLE ROCK State AR ZIP 72118



8762 4504 6180

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs. use the new
FedEx Express Freight US Airbill.

Next Business Day **FedEx First Overnight.** Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days
 NEW FedEx 2Day A.M. Second business morning.* Saturday Delivery NOT available.
 FedEx 2Day Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Express Saver Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.

FedEx Envelope* **FedEx Pak*** **FedEx Box** **FedEx Tube** **Other**

6 Special Handling and Delivery Signature Options

SATURDAY DELIVERY

No Signature Required Package may be left without obtaining a signature for delivery.
 Direct Signature Someone at recipient's address may sign for delivery. Fee applies.
 Indirect Signature If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.
 No **Yes** As per attached Shipper's Declaration. **Shipper's Declaration not required.** **Dry Ice** Dry ice, 9 UN 1845 _____ x _____ kg.
 Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Sender Acct. No. in Section 1 will be billed. **Recipient** **Third Party** **Credit Card** **Cash/Check**

Total Packages _____ Total Weight _____ lbs. Credit Card Auth. _____

*Our liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

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