



December 17, 2021

NPDES Permits Section
Arkansas Department of Energy and Environment
Division of Environmental Quality, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: NPDES Permit Number AR0047384, AFIN 70-00473
Anthony Forest Products Company, LLC - Urbana Sawmill
1236 Urbana Road, Urbana, AR

Dear Sir or Madam:

On behalf of Canfor Southern Pine, the owner of the Anthony Forest Products Urbana, Arkansas sawmill, Environmental Management Services, Inc. (EMS) has prepared the enclosed permit renewal application for NPDES Permit Number AR0047384 associated with the wet deck log storage pond Outfall 001 at the referenced site.

If you have any questions, please contact me at (601) 832-6509 or email me at kruckstuhl@env-mgt.com.

Sincerely,
Environmental Management Services, Inc.

A handwritten signature in blue ink that reads "Kenneth D. Ruckstuhl".

Kenneth D. Ruckstuhl, RPG.
Senior Geologist/Project Manager

Enclosures

c: Phil Witter, *Canfor Southern Pine*
Robby Henry, *EMS, El Dorado*
Laurie Marcella, *EMS, Baton Rouge*



**NPDES PERMIT RENEWAL APPLICATION
PERMIT NO. AR0047384**

Prepared for:



**Anthony Forest Products Company
Urbana Sawmill
El Dorado, Arkansas**

**P.O. Box 724
Strong, Arkansas 71765**

Prepared by:



Environmental Management Services, Inc.
3103 West Hillsboro
El Dorado, Arkansas 71730
Phone (870) 875-2886

December 17, 2021

NPDES PERMIT RENEWAL APPLICATION
PERMIT NO. AR0047384
Anthony Forest Products Company - Urbana Sawmill
El Dorado, Arkansas

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APPLICATION SUMMARY

Anthony Forest Products Company, LLC is a wholly-owned subsidiary of Canfor Southern Pine, Inc. Anthony Forest Products Company's Urbana Sawmill is currently permitted through the Arkansas Energy and Environment, Division of Environmental Quality, Office of Water Quality Permit No. AR0047384. This application package is being submitted to request a renewal of the existing NPDES permit.

FORMS

FORM 1

Arkansas Department of Energy and Environment
Division 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). If a section is not required, please check the Not Applicable (N/A) box at the top of the section.

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	X
Modification	X	X	X	X		*	*	X	X
All Other Applicants	X	X	X	X	X				X

* As necessary

3. If you need help determining an SIC or NAICS code, go to <https://www.naics.com/search/>. Please note that 40 CFR 122.21(f)(3) requires submittal of both the applicable SIC and the NAICS codes.

Common SIC and NAICS Codes

Facility Type	SIC Code	NAICS Code
POTW	4952	221320
Subdivision, Apartment Complex	6552	237210
Mobile Home Park	6515	533190
Elementary and Secondary Schools	8211	611110
Gas Station with Convenience Store	5541	447110
RV Parks and Campgrounds	7033	721211

4. If you have any questions about this form, please call the NPDES Section at 501-682-0622 or go to www.adeq.state.ar.us/water. For questions regarding water supply, please contact the Arkansas Department of Health at 501-661-2623.
5. The following attachments must be included:
 - a. Location map (Section A.4)
 - b. Topographic map extending at least one mile beyond the property boundary with the discharge location marked (Section B.1)
 - c. Process flow diagram (Section B.2)
 - d. FEMA flood plain map (Section B.7)

6. The following EPA Forms (in addition to Form 1) are 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

7. Where to Submit

Return the completed form by mail to:

Arkansas Department of Energy and Environment
Division of Environmental Quality
Permits Branch, Office of Water Quality
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 ENERGY AND ENVIRONMENT
DIVISION OF ENVIRONMENTAL QUALITY - OFFICE OF WATER QUALITY
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- INITIAL PERMIT APPLICATION FOR NEW FACILITY
- INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- MODIFICATION OF EXISTING PERMIT
- REISSUANCE (RENEWAL) OF EXISTING PERMIT
- MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):

Anthony Forest Products Company, LLC

Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private Municipality State Federal Partnership Corporation Other

State of Incorporation: _____

3. Facility Name: Canfor Southern Pine – Urbana Sawmill

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

5. NPDES Permit Number (If Applicable): AR0047384

6. NPDES General Permit Number (If Applicable): ARG550398 and ARG550540

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

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
Title V	1681-AOP-R19	

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

2.5 miles north of Highway 82 on Urbana Road at the intersection of Lawson Road

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

Street: 1236 Urbana Road

City: El Dorado

County: Union

State: AR

Zip: 71730

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

Name: Kelly Olivier Title: EHS Manager
Street: N/A P.O. Box 724
City: Strong State: AR Zip: 71765
E-mail address*: kelly.olivier@canfor.com Fax: (870) 277-1458

* 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 (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

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

14. Design Flow: N/A MGD Highest Monthly Average of the last two years Flow: 0.05 MGD

15. Is the outfall equipped with a diffuser? Yes No

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

Name: Phil Witter Title: Corporate Environmental Mgr
Address: 101 Dauphin St. Suite 600 Phone Number: (251) 452-7174
E-mail Address: Phil.Witter@canfor.com
City: Mobile State: AL Zip: 36602

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

Name: _____ 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: Ken Ruckstuhl
Company Name: Environmental Management Services, Inc.
Address: 3103 West Hillsboro Phone Number: (601) 832-6509
E-mail Address: kruckstuhl@env-mgt.com
City: El Dorado State: AR Zip: 71730

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 the **front door (gate)** location of the facility). A topographic map must be submitted. See Item #5 of the instructions for additional details.:

Lat: 33 ° 09 ' 36.05 " Long: 92 ° 26 ' 49.83 "

2. Outfall Information (If more than two outfalls, add additional pages)

Outfall 001

End-of-Pipe

Location: Latitude: 33 ° 09 ' 46.93 " Longitude: 92 ° 26 ' 52.61 "

Monitoring

Location: Latitude: 33 ° 09 ' 46.93 " Longitude: 92 ° 26 ' 52.61 "

Description of outfall location: Collection point at V-Notch Weir at outfall

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
An unnamed tributary of North Lapile Creek, thence to North Lapile Creek, thence to Lapile Creek, and thence to Ouachita River

Type of Treatment system (Include all components of the treatment system and attach the process flow diagram):
Runoff from the wet decking area and stormwater runoff is collected in a series of three settling ponds. Water from the final settling pond is recycled as wet deck spray.

How are effluent samples collected?
Manual grab samples at outfall weir.

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?
Ultrasonic level sensor with telemetry located in stilling well for V-notch weir.

Outfall NA

End-of-Pipe

Location: Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Monitoring

Location: Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Description of outfall location: _____

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

Type of Treatment system (Include all components of the treatment system and attach the process flow diagram):

How are effluent samples collected?

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

3. 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? _____

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

5. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? N/A Total Horsepower (hp)? N/A

If no, check one of the following.

- Portable generator is available.
- The WWTP does not require power to operate.
- Operations at the facility will cease if power is not available.
- The WWTP has sufficient capacity to hold influent until power is restored.
- Other, please explain Settling ponds do not require electricity to operate.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Solids/Sludge Disposal Method (Check as many as are applicable):

Solids are not produced at this facility.

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 (Lagoon for which the sole purpose is storing sludge):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? Yes No

Incineration: Location of incinerator _____

Remains in Treatment Lagoon(s):

How old is the lagoon(s)? _____ Has sludge depth been measured? Yes No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes No If Yes, When was it removed? _____

Other (Provide complete description): Solids currently remain in the ponds associated with the wet deck.

SECTION D - WATER SUPPLY

Water Sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility (check as many as are applicable):

- None**
- Private Well** - Distance from Discharge point: Within 5 miles Within 50 miles

- Municipal Water Utility** (Specify City): Lawson/Urbana
- Distance from Discharge point: Within 5 miles Within 50 miles

- Surface Water** - Name of Surface Water Source: see below
- Distance from Discharge point: Within 5 miles Within 50 miles
- Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

- Other** (Specify): _____
- Distance from Discharge point: Within 5 miles Within 50 miles

WATER SUPPLY SOURCES

The following water systems have sources with five (5) miles of the Anthony Forest Products Urbana Sawmill:

- Lawson – Urbana Water Company

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

- Ashley Mineral Springs
- Camden Water Utilities
- El Dorado Chemical Company

SECTION E: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Energy and Environment – Division of Environmental Quality (DEQ) from issuing, modifying, renewing, or transferring a permit for a nonmunicipal domestic sewage treatment works without the applicant first fulfilling the trust fund requirements set forth in that section. Ark. Code Ann. § 8-4-203(b)(1)(B) defines “nonmunicipal domestic sewage treatment works” as a device or system operated by an entity other than a city, town, or county that treats, in whole or in part, waste or wastewater from humans or household operations and must continually operate to protect human health and the environment despite a permittee’s failure to maintain or operate the device or system. NDSTW’s can include, but are not limited to:

- Sewer Improvement Districts;
- Subdivisions,
- Mobile Home Parks,
- Property Owner’ Associates,
- RV parks, and
- Apartments

Exclusions Excluded from this application’s Section E.1. requirements for trust fund contribution fees are:

- State or federal facilities,
- Schools,
- Universities and colleges,
- Public facilities boards and public water authorities,
- Entities that continuously operate due to a connection with a city, town, or county, and
- Commercial or industrial entity that treats domestic sewage from its operations and does not accept domestic sewage from other entities or residences.

The trust fund form may be obtained from the DEQ web site at:

<http://www.adeg.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

2. Disclosure Statement:

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the DEQ file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. §8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10k and 10Q filings to the Securities and Exchange Commission in lieu of the Disclosure Statement. The form may be obtained from the ADEQ web site at:

https://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf

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 proposed construction activity. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

Settling ponds

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 after the final treatment unit. 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 DEQ.

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 a 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: _____ Date: _____

Printed name of Cognizant Official: _____

Official title of Cognizant Official: _____ Telephone Number: _____

Responsible Official

The information contained in this form must be certified by a responsible official as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

Partnership, a general partner

Sole proprietorship: the proprietor

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

"By my signature below, I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Division considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Division.

"By my signature below, I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."


"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official:  Date: 12/17/2021

Printed name of Responsible Official: Phil Witter

Official title of Responsible Official: Corporate Environmental Manager Telephone Number: (251) 452-7174

FORM 2C

EPA Identification Number AR0047384	NPDES Permit Number AR0047384	Facility Name Anthony Forest Products-Urbana	Form Approved 03/05/19 OMB No. 2040-0004
Form 2C NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURE OPERATIONS	
SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))			
Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below.	
	Outfall Number	Receiving Water Name	Latitude
	001	Unnamed trib of North	33° 9' 46.93" N
		Lapile Creek	° ' "
		° ' "	Longitude
			92° 26' 52.61" W
			° ' "
			° ' "
SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))			
Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-1 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))			
Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.	
		Outfall Number 001	
		Operations Contributing to Flow	
		Operation	Average Flow
		Wet deck runoff	Recycled mgd
		Storm water runoff	Intermittent mgd
		Make up water	Intermittent mgd
		Kiln condensate	Intermittent mgd
		Treatment Units	
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1
	Settling Basins	1-U	Not applicable
	Reuse/recycle treated effluent	4-C	Not applicable

EPA Identification Number AR0047384		NPDES Permit Number AR0047384	Facility Name Anthony Forest Products-Urbana	Form Approved 03/05/19 OMB No. 2040-0004		
Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 001				
		Operations Contributing to Flow				
		Operation		Average Flow		
		Equipment washwater		Intermittent mgd		
		Non-contact cooling water from hydraulic unit		Intermittent mgd		
				mgd		
				mgd		
		Treatment Units				
		Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		Outfall Number				
		Operations Contributing to Flow				
		Operation		Average Flow		
				mgd		
				mgd		
				mgd		
				mgd		
Treatment Units						
Description (include size, flow rate through each treatment unit, retention time, etc.)		Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
System Users	3.2	Are you applying for an NPDES permit to operate a privately owned treatment works? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 4.				
	3.3	Have you attached a list that identifies each user of the treatment works? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days
				days/week	months/year	mgd	mgd	days

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.					
	5.2	Provide the following information on applicable ELGs.					
		ELG Category	ELG Subcategory			Regulatory Citation	
		Timber Products Processing	Barking			40 CFR 429 Subpart A	
	Timber Products Processing	Wet Storage			40 CFR 429 Subpart I		
	Timber Products Processing	Sawmills and Planing Mills			40 CFR 429 Subpart K		
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.					
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.					
		Outfall Number	Operation, Product, or Material			Quantity per Day	Unit of Measure

SECTION 6. IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates
				Required	Projected
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable			

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.				
	Table A. Conventional and Non-Conventional Pollutants				
	7.1	Are you requesting a waiver from your NPDES permitting authority for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.3.			
	7.2	If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application. Outfall Number _____ Outfall Number _____ Outfall Number _____			
	7.3	Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority for all pollutants at all outfalls.			
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants				
	7.4	Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-3? (See end of instructions for exhibit.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.8.			
	7.5	Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	7.6	List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-3.			
		Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)		
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide

EPA Identification Number AR0047384		NPDES Permit Number AR0047384		Facility Name Anthony Forest Products-Urbana		Form Approved 03/05/19 OMB No. 2040-0004		
Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6?						
	<input type="checkbox"/> Yes						<input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required?						
	<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No	
	7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge?						
	<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No	
	7.10	Does the applicant qualify for a small business exemption under the criteria specified in the instructions?						
	<input type="checkbox"/> Yes → Note that you qualify at the top of Table B, then SKIP to Item 7.12.						<input checked="" type="checkbox"/> No	
	7.11	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge?						
	<input type="checkbox"/> Yes						<input type="checkbox"/> No	
	Table C. Certain Conventional and Non-Conventional Pollutants							
	7.12	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls?						
	<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No	
7.13	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"?							
<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No		
Table D. Certain Hazardous Substances and Asbestos								
7.14	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls?							
<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No		
7.15	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available?							
<input checked="" type="checkbox"/> Yes						<input type="checkbox"/> No		
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)								
7.16	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent?							
<input type="checkbox"/> Yes → Complete Table E.						<input checked="" type="checkbox"/> No → SKIP to Section 8.		
7.17	Have you completed Table E by reporting <i>qualitative</i> data for TCDD?							
<input type="checkbox"/> Yes						<input type="checkbox"/> No		
SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))								
Used or Manufactured Toxics	8.1	Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct?						
	<input type="checkbox"/> Yes						<input checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.						
	1.	4.	7.					
2.	5.	8.						
3.	6.	9.						

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?	Date Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.			
	10.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	American Interplex		
		Laboratory address	8600 Kanis Road Little Rock, AR 72204		
		Phone number	(501) 224-5060		
Pollutant(s) analyzed	COD, BOD, TOC, TSS, Oil and Grease, ammonia as N, nitrate-nitrite as N, Nitrogen total Kjeldahl, total organic nitrogen, phosphorus total as P, fecal coliform				

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Has the NPDES permitting authority requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.			
	11.2	List the information requested and attach it to this application.			
		1.	4.		
		2.	5.		
	3.	6.			

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AR0047384

Facility Name
Anthony Forest Products-Urbana

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

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


Checklist and Certification Statement

12.1	In Column 1 below, mark the sections of Form 2C that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to complete all sections or provide attachments.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1: Outfall Location	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ list of each user of privately owned treatment works
	<input type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 6: Improvements	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans
	<input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics	<input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ explanation for identical outfalls
		<input type="checkbox"/> w/ small business exemption request <input type="checkbox"/> w/ other attachments
		<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B
		<input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table D
	<input type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 9: Biological Toxicity Tests	<input type="checkbox"/> w/ attachments
<input checked="" type="checkbox"/> Section 10: Contract Analyses	<input type="checkbox"/> w/ attachments	
<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments	
<input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2 **Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (print or type first and last name)	Official title
Phil Witter	Corporate Environmental Manager

Signature	Date signed
	12/17/2021

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EPA Identification Number AR0047384	NPDES Permit Number AR0047384	Facility Name Anthony Forest Products-Urbana	Outfall Number 001
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii))¹

Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you have applied to your NPDES permitting authority for a waiver for all of the pollutants listed on this table for the noted outfall.								
1. Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	24	14	5.65	37	
		Mass	lbs	199.1	5.86	0.95	37	
2. Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	190			1	
		Mass	lbs	1576			1	
3. Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	58			1	
		Mass	lbs	481.1			1	
4. Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	66	50	16.7	37	
		Mass	lbs	547.5	20.9	2.8	37	
5. Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	0.58			1	
		Mass	lbs	4.81			1	
6. Flow	<input type="checkbox"/>	Rate	MGD	0.995	0.0502	0.0201	516	
7. Temperature (winter)	<input type="checkbox"/>	°C	°C	Ambient	Ambient	Ambient	0	
Temperature (summer)	<input type="checkbox"/>	°C	°C	Ambient	Ambient	Ambient	0	
pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	6.13	6.44	Average =	37	
pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.90	7.36	6.97	37	

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
<input type="checkbox"/> Check here if you qualify as a small business per the instructions to Form 2C and, therefore, do not need to submit quantitative data for any of the organic toxic pollutants in Sections 2 through 5 of this table. Note, however, that you must still indicate in the appropriate column of this table if you believe any of the pollutants listed are present in your discharge.											
Section 1. Toxic Metals, Cyanide, and Total Phenols											
1.1 Antimony, total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
1.12 Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.13 Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.14 Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
1.15 Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)

2.1 Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.2 Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.3 Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.4 Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.5 Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.6 Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.7 Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.8 Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.9 2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.10 Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.11 Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.12 1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.13 1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.14 1,1-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.15 1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.16 1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.17 Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.18 Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.19 Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.20 Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
2.21 1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							

Section 3. Organic Toxic Pollutants (GC/MS Fraction — Acid Compounds)

3.1 2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
3.2 2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
3.3 2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
3.4 4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							
3.5 2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
3.6 2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.7 4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.8 p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.9 Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.10 Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
3.11 2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction — Base /Neutral Compounds)											
4.1 Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.2 Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.3 Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.4 Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.5 Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.6 Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.7 3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.8 Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.9 Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.10 Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.11 Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.12 Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.13 Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.14 4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.15 Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.16 2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.17 4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.18 Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.19 Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.20 1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.21 1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.22 1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.23 3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.24 Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.25 Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.26 Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.27 2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.28 2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.29 Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.30 1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.31 Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.32 Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.33 Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.34 Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.35 Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.36 Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.37 Indeno (1,2,3-cd) pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.38 Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.39 Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.40 Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.41 N-nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.42 N-nitrosodi-n-propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.43 N-nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.44 Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
4.45 Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
4.46 1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction —Pesticides)											
5.1 Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.2 α -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.3 β -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.4 γ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.5 δ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.6 Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.7 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.8 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.9 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.10 Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.11 α -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)		
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long- Term Average Value	Number of Analyses	
5.12 β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.13 Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.14 Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.15 Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.16 Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.17 Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.18 PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.19 PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.20 PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.21 PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.22 PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.23 PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
5.24 PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)	Effluent				Intake (optional)			
		Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses		
5.25 Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass								

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent			Intake (Optional)		
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be present in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> complete the "Presence or Absence" column of Table C for each pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
3. Color	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
4. Fecal coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	MPN/100	550	314	2		
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass		NA	NA	2		
6. Nitrate-nitrite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	< 0.5		1		
7. Nitrogen, total organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	2.8		1		
8. Oil and grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	41	3.82	37		
9. Phosphorus (as P), total (7723-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concentration Mass	mg/L	0.52	0.64	1		
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass	lbs	4.31		1		
11. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent				Intake (Optional)	
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12. Sulfite (as SO ₃) (14265-45-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
13. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant	Presence or Absence (check one)		Units (specify)	Effluent			Intake (Optional)			
	Believed Present	Believed Absent		Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses	
24. Radioactivity										
Alpha, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Beta, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Radium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							
Radium 226, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration Mass							

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
1. Asbestos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Acetaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. Allyl alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. Allyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Amyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
6. Aniline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Benzotrile	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Benzyl chloride	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Butylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Captan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Carbaryl	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
13. Carbofuran	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
14. Carbon disulfide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
15. Chlorpyrifos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
16. Coumaphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
17. Cresol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
18. Crotonaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
19. Cyclohexane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
20. 2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21. Diazinon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
22. Dicamba	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
23. Dichlobenil	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
24. Diclhone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
25. 2,2-dichloropropionic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
26. Dichlorvos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
27. Diethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28. Dimethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
29. Dintrobenzene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
30. Diquat	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
31. Disulfoton	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
32. Diuron	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
33. Epichlorohydrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
34. Ethion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
35. Ethylene diamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
36. Ethylene dibromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
37. Formaldehyde	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
38. Furfural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
39. Guthion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
40. Isoprene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
41. Isopropanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
42. Kelthane	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
43. Kepone	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
44. Malathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
45. Mercaptodimethur	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
46. Methoxychlor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
47. Methyl mercaptan	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
48. Methyl methacrylate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
49. Methyl parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
50. Mevinphos	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
51. Mexacarbate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
52. Monoethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
53. Monomethyl amine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
54. Naled	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
55. Naphthenic acid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
56. Nitrotoluene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
57. Parathion	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
58. Phenolsulfonate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
59. Phosgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
60. Propargite	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
61. Propylene oxide	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
62. Pyrethrins	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
63. Quinoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
64. Resorcinol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
65. Strontium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
66. Strychnine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
67. Styrene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
68. 2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
69. TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
70. 2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
71. Trichlorofon	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
72. Triethanolamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
73. Triethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
74. Trimethylamine	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
75. Uranium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
76. Vanadium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
	Believed Present	Believed Absent		
77. Vinyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
78. Xylene	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
79. Xylenol	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
80. Zirconium	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).


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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FORM 2F

Form 2F NPDES		U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1))

Outfall Location	1.1	Provide information on each of the facility's outfalls in the table below			
		Outfall Number	Receiving Water Name	Latitude	Longitude
		001	Unnamed tributary	33° 9' 46.93" N	92° 26' 52.61" W
			of North Lapile Creek	° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "
				° ' "	° ' "

SECTION 2. IMPROVEMENTS (40 CFR 122.21(g)(6))

Improvements	2.1	Are you presently required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 3.			
	2.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall numbers)	Source(s) of Discharge	Final Compliance Dates
					Required Projected
		N/A			
	2.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? (Optional Item) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			


SECTION 3. SITE DRAINAGE MAP (40 CFR 122.26(c)(1)(i)(A))

Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4. POLLUTANT SOURCES (40 CFR 122.26(c)(1)(i)(B))

Pollutant Sources	4.1	Provide information on the facility's pollutant sources in the table below.			
		Outfall Number	Impervious Surface Area (within a mile radius of the facility)	Total Surface Area Drained (within a mile radius of the facility)	
		001	0.0	specify units Acres	20 specify units Acres
				specify units	specify units
				specify units	specify units
				specify units	specify units
				specify units	specify units
				specify units	specify units
				specify units	specify units
				specify units	specify units
	4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) The wet log storage area is approximately 20 acres and is located at the north end of the facility. Logs stored in this area are continually sprayed with water from the recirculation pond. Runoff from the wet log storage area enters the setting ponds and then returns to the recirculation pond. Discharge from the recirculation pond through NPDES Outfall 001 only occurs during a heavy storm event with sufficient intensity to exceed the storage capacity of the recirculation pond. Potential pollutants from this area are biological oxygen demand (BOD5) and total suspended solids (TSS).			
	4.3	Provide the location and a description of existing structural and non-structural control measures to reduce pollutants in stormwater runoff. (See instructions for specific guidance.)			
		Stormwater Treatment			
		Outfall Number	Control Measures and Treatment	Codes from Exhibit 2F-1 (list)	
		001	All storm water from the wet deck area is captured in the series of three setting ponds.	1-H	
			Water from the center pond (recirculation pond) is recycled as wet deck spray.		

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

Non-Stormwater Discharges	5.1	<i>I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-stormwater discharges. Moreover, I certify that the outfalls identified as having non-stormwater discharges are described in either an accompanying NPDES Form 2C, 2D, or 2E application.</i>			
		Name (print or type first and last name)	Official title		
		Phil Witter	Corporate Environmental Manager		
		Signature	Date signed		
			12/17/2021		
	5.2	Provide the testing information requested in the table below.			
		Outfall Number	Description of Testing Method Used	Date(s) of Testing	Onsite Drainage Points Directly Observed During Test
		001	Evaluated via visual observation.		

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

Significant Leaks or Spills	6.1	Describe any significant leaks or spills of toxic or hazardous pollutants in the last three years. No significant leaks or spills during the past three years.

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

Discharge Information	See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.	
	7.1	Is this a new source or new discharge? <input type="checkbox"/> Yes → See instructions regarding submission of <i>estimated</i> data. <input checked="" type="checkbox"/> No → See instructions regarding submission of <i>actual</i> data.
	Tables A, B, C, and D	
	7.2	Have you completed Table A for each outfall? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number AR0047384	NPDES Permit Number AR0047384	Facility Name Anthony Forest Products-Urbana	Form Approved 03/05/19 OMB No. 2040-0004
Discharge Information Continued	7.3	Is the facility subject to an effluent limitation guideline (ELG) or effluent limitations in an NPDES permit for its process wastewater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.5.	
	7.4	Have you completed Table B by providing quantitative data for those pollutants that are (1) limited either directly or indirectly in an ELG and/or (2) subject to effluent limitations in an NPDES permit for the facility's process wastewater? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.5	Do you know or have reason to believe any pollutants in Exhibit 2F-2 are present in the discharge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 7.7.	
	7.6	Have you listed all pollutants in Exhibit 2F-2 that you know or have reason to believe are present in the discharge and provided quantitative data or an explanation for those pollutants in Table C? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	7.7	Do you qualify for a small business exemption under the criteria specified in the Instructions? <input type="checkbox"/> Yes → SKIP to Item 7.18. <input checked="" type="checkbox"/> No	
	7.8	Do you know or have reason to believe any pollutants in Exhibit 2F-3 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.10.	
	7.9	Have you listed all pollutants in Exhibit 2F-3 that you know or have reason to believe are present in the discharge in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.10	Do you expect any of the pollutants in Exhibit 2F-3 to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.12.	
	7.11	Have you provided quantitative data in Table C for those pollutants in Exhibit 2F-3 that you expect to be discharged in concentrations of 10 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.12	Do you expect acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.14.	
	7.13	Have you provided quantitative data in Table C for the pollutants identified in Item 7.12 that you expect to be discharged in concentrations of 100 ppb or greater? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.14	Have you provided quantitative data or an explanation in Table C for pollutants you expect to be present in the discharge at concentrations less than 10 ppb (or less than 100 ppb for the pollutants identified in Item 7.12)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.15	Do you know or have reason to believe any pollutants in Exhibit 2F-4 are present in the discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.17.	
	7.16	Have you listed pollutants in Exhibit 2F-4 that you know or believe to be present in the discharge and provided an explanation in Table C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	7.17	Have you provided information for the storm event(s) sampled in Table D? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Discharge Information Continued	Used or Manufactured Toxics		
	7.18	Is any pollutant listed on Exhibits 2F-2 through 2F-4 a substance or a component of a substance used or manufactured as an intermediate or final product or byproduct? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.19	List the pollutants below, including TCDD if applicable.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 8. BIOLOGICAL TOXICITY TESTING DATA (40 CFR 122.21(g)(11))

Biological Toxicity Testing Data	8.1	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 three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 9. 12/17/2021		
	8.2	Identify the tests and their purposes below.		
		Test(s)	Purpose of Test(s)	Submitted to NPDES Permitting Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9. CONTRACT ANALYSIS INFORMATION (40 CFR 122.21(g)(12))

Contract Analysis Information	9.1	Were any of the analyses reported in Section 7 (on Tables A through C) performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 10.		
	9.2	Provide information for each contract laboratory or consulting firm below.		
		Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	American Interplex	
		Laboratory address	8600 Kanis Road Little Rock, AR 72204	
		Phone number	(501) 224-5060	
	Pollutant(s) analyzed	BOD5, TSS, COD, TOC, Ammonia as N, Fecal Coliform, Nitrate-Nitrite as N, Total Organic Nitrogen, Phosphorus, Oil & Grease		

EPA Identification Number
AR0047384

NPDES Permit Number
AR0047384

Facility Name
Anthony Forest Products-Urbana

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


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

Checklist and Certification Statement

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

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

10.2 **Certification Statement**
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (print or type first and last name) Phil Witter	Official title Corporate Environmental Manager
Signature 	Date signed 12/17/2021

EPA Identification Number AR0047384	NPDES Permit Number AR0047384	Facility Name Anthony Forest Products-Urbana	Outfall Number 001
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TABLE A. CONVENTIONAL AND NON CONVENTIONAL PARAMETERS (40 CFR 122.26(c)(1)(i)(E)(3))¹

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 and requirements.

Pollutant or Parameter	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Number of Storm Events Sampled	Source of Information (new source/new dischargers only; use codes in instructions)
	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-Weighted Composite		
1. Oil and grease	see FORM 2C					
2. Biochemical oxygen demand (BOD ₅)	see FORM 2C					
3. Chemical oxygen demand (COD)	see FORM 2C					
4. Total suspended solids (TSS)	see FORM 2C					
5. Total phosphorus	see FORM 2C					
6. Total Kjeldahl nitrogen (TKN)	3.3 mg/L					
7. Total nitrogen (as N)	see FORM 2C					
8. pH	(minimum)					
	(maximum)					

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Storm water runoff from the wet deck area is collected in the wet deck ponds which have a holding time greater than 24 hours prior to any discharge. As a result, the sample analysis results in Form 2C represent a typical storm water discharge.

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EPA Identification Number AR0047384	NPDES Permit Number AR0047384	Facility name Anthony Forest Products-Urbana	Outfall Number 001
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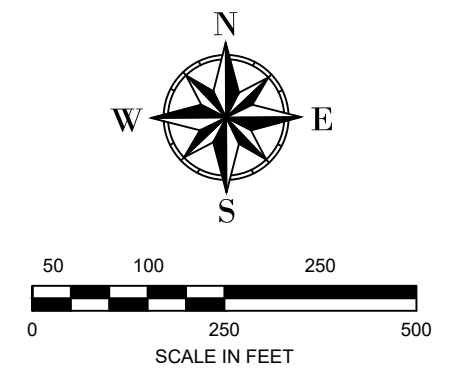
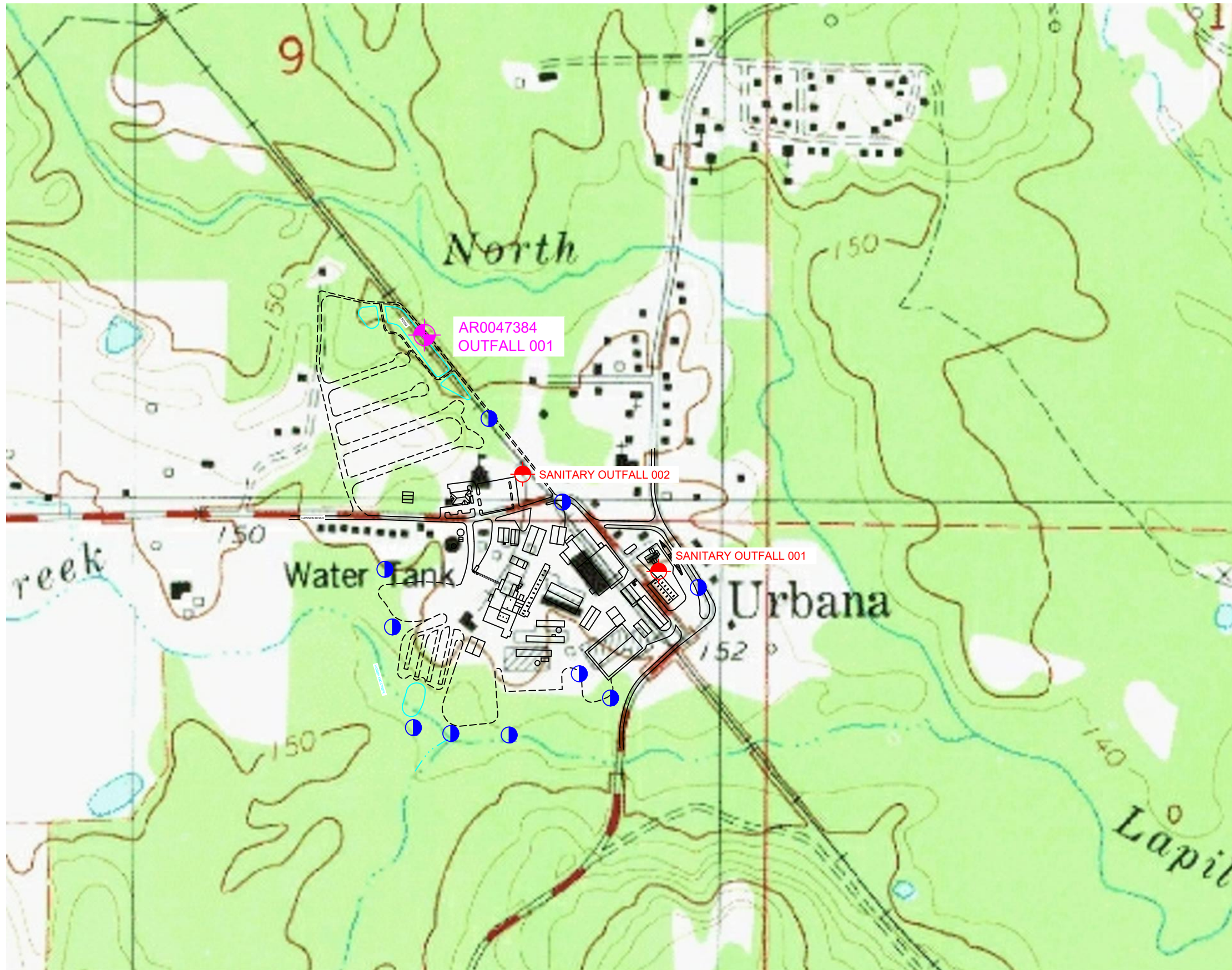
TABLE D. STORM EVENT INFORMATION (40 CFR 122.26(c)(1)(i)(E)(6))

Provide data for the storm event(s) that resulted in the maximum daily discharges for the flow-weighted composite sample.




Date of Storm Event	Duration of Storm Event (in hours)	Total Rainfall During Storm Event (in inches)	Number of Hours Between Beginning of Storm Measured and End of Previous Measurable Rain Event	Maximum Flow Rate During Rain Event (in gpm or specify units)	Total Flow from Rain Event (in gallons or specify units)
	N/A				

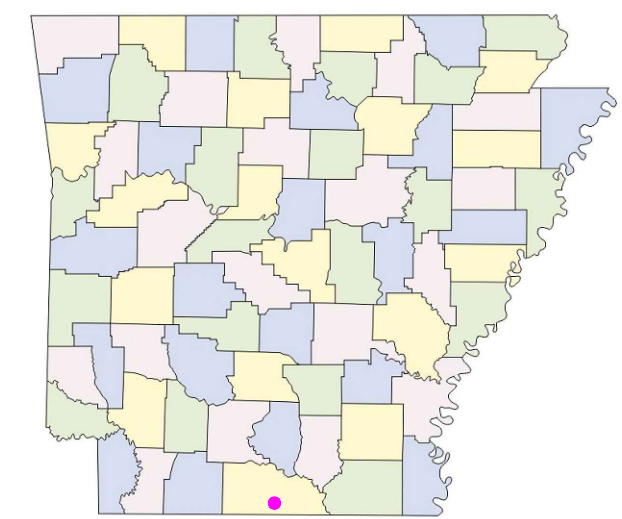
Provide a description of the method of flow measurement or estimate.
Ultrasonic level sensor located in stilling well for V-notch weir.

MAPS AND DIAGRAMS

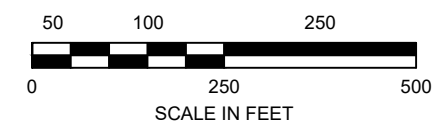
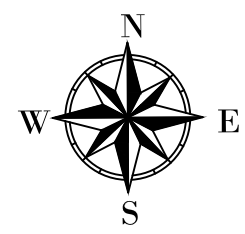
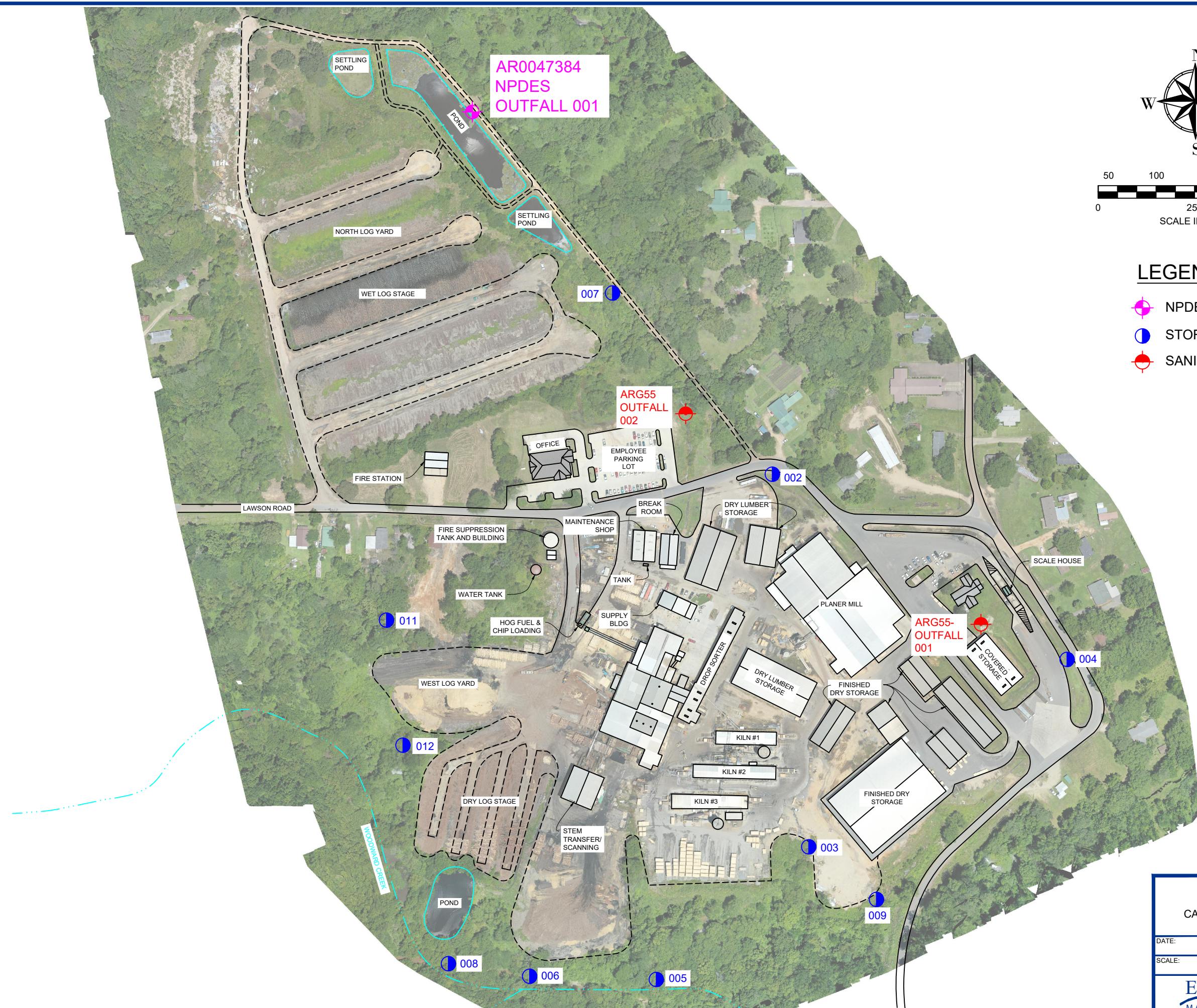


LEGEND

-  NPDES OUTFALL LOCATION
-  STORMWATER OUTFALL LOCATION
-  SANITARY OUTFALL LOCATION



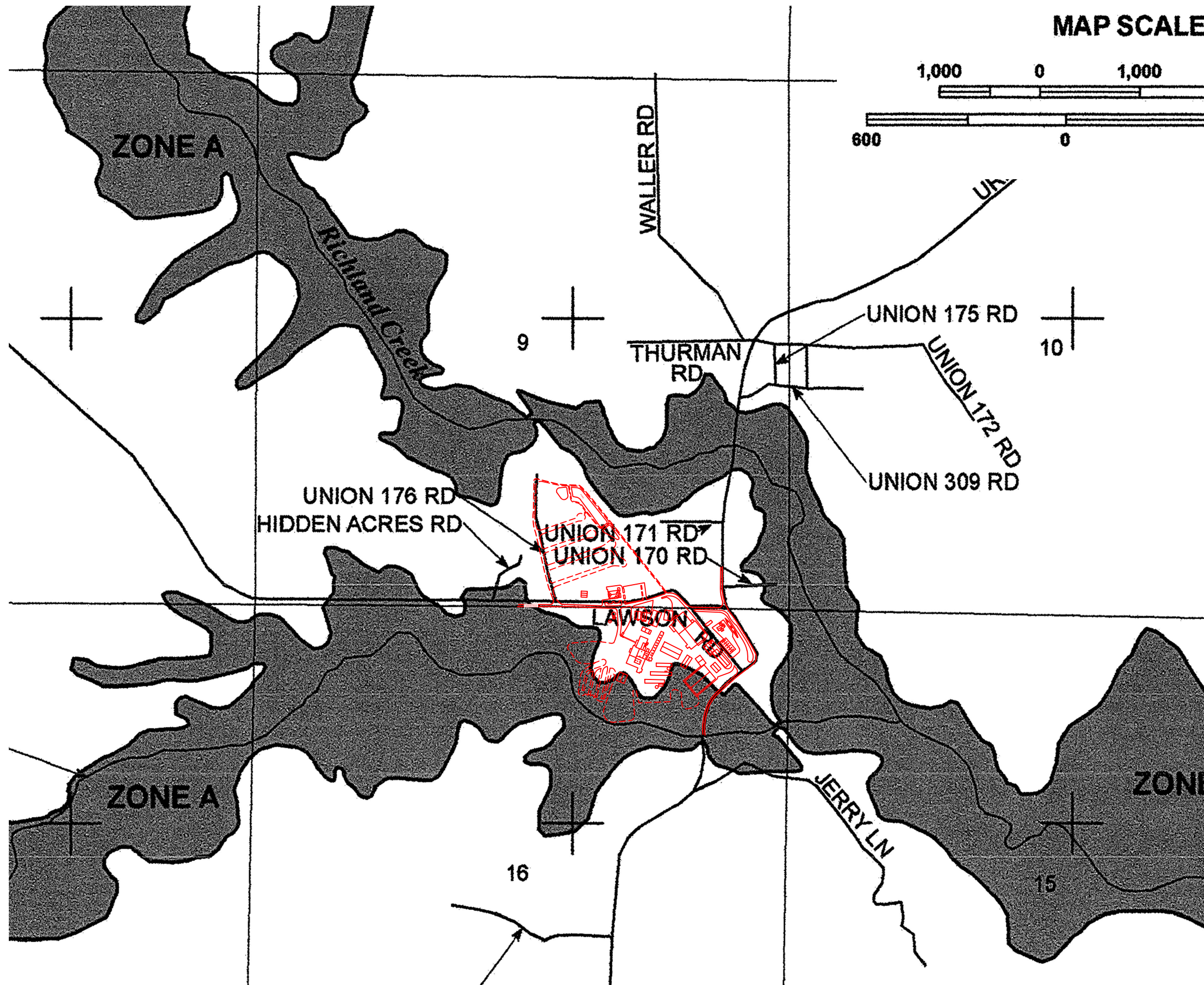
TOPOGRAPHIC MAP			
ANTHONY FOREST PRODUCTS, LLC CANFOR SOUTHERN PINE - URBANA PLANT EL DORADO, ARKANSAS			
DATE:	12/14/2021	APPROVED:	K. Ruckstuhl
SCALE:	AS SHOWN	DATE:	12/14/2021
		DRAWN BY:	LMM
		JOB NO.:	CAN0-21-001
			FIGURE 1



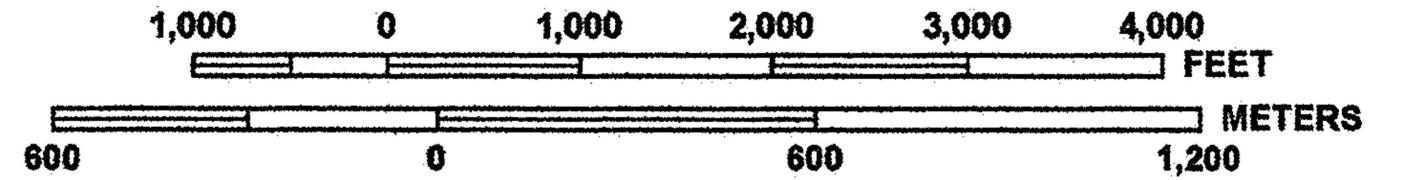
LEGEND

- NPDES OUTFALL LOCATION
- STORMWATER OUTFALL LOCATION
- SANITARY OUTFALL LOCATION

SITE MAP			
ANTHONY FOREST PRODUCTS, LLC CANFOR SOUTHERN PINE - URBANA PLANT EL DORADO, ARKANSAS			
DATE: 12/14/2021	APPROVED: K. Ruckstuhl	DRAWN BY: KRK / REV LMM	
SCALE: AS SHOWN	DATE: 12/14/2021	JOB NO.	CAN0-21-001
ENVIRONMENTAL MANAGEMENT SERVICES, INC.			FIGURE 1



MAP SCALE 1" = 2000'



PANEL 0375C

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

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

CONTAINS:

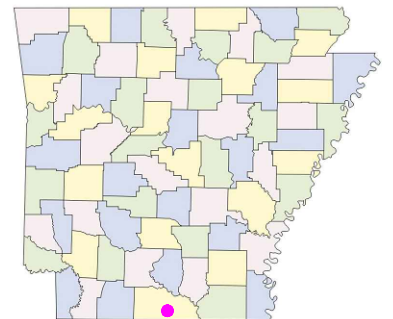
COMMUNITY	NUMBER	PANEL	SUFFIX
UNION COUNTY	050205	0375	C

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

MAP NUMBER
05139C0375C

EFFECTIVE DATE
SEPTEMBER 28, 2007

Federal Emergency Management Agency



FEMA MAP

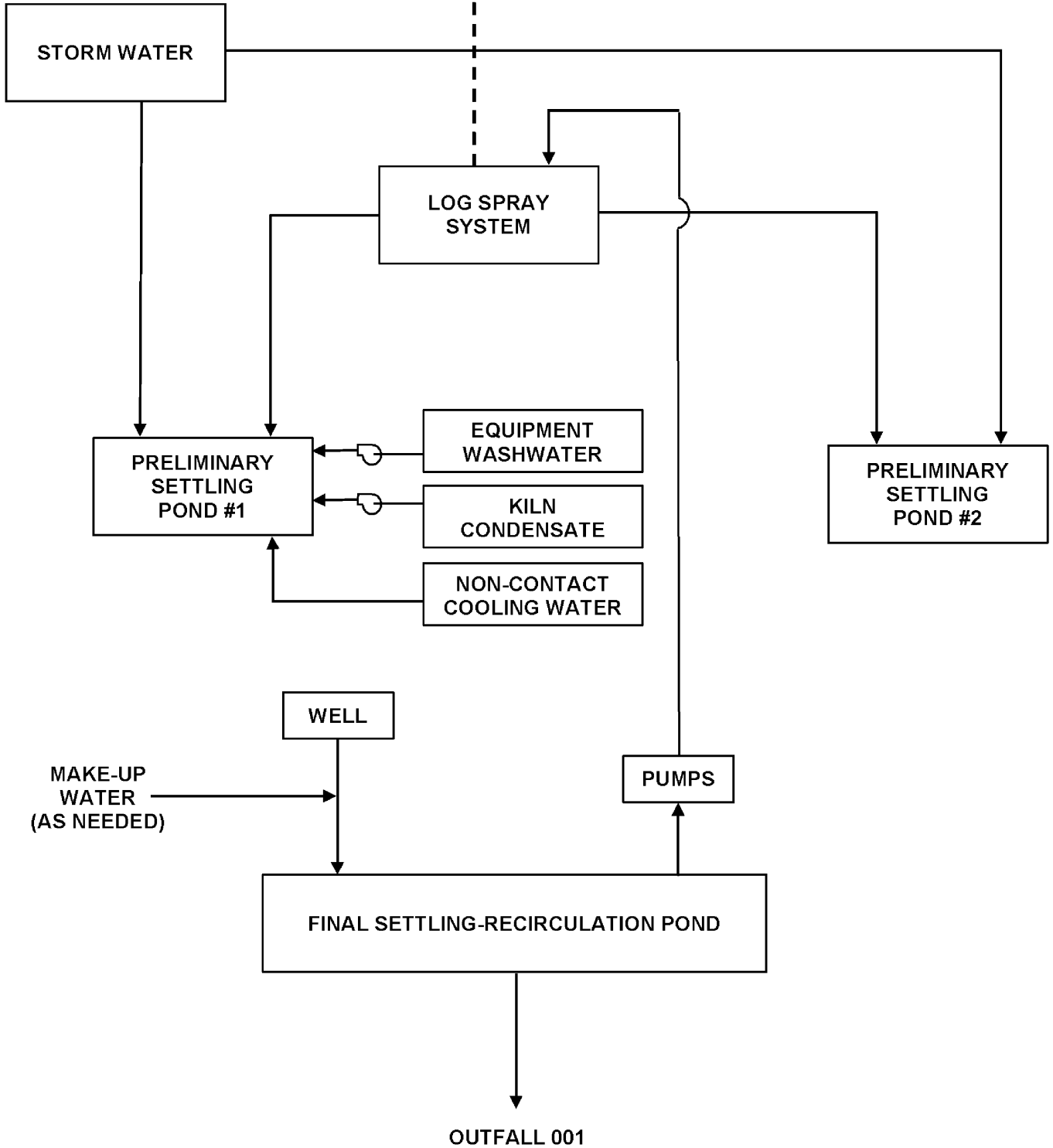
ANTHONY FOREST PRODUCTS, LLC
 CANFOR SOUTHERN PINE - URBANA PLANT
 EL DORADO, ARKANSAS

DATE: 12/14/2021	APPROVED: K. Ruckstuhl	DRAWN BY: LMM
SCALE: AS SHOWN	DATE: 12/14/2021	JOB NO. CANO-21-001

ENVIRONMENTAL
MANAGEMENT SERVICES, INC.

3

EVAPORATION



LOG DECK SPRAY SYSTEM
FLOW SCHEMATIC

ANTHONY FOREST PRODUCTS, LLC
CANFOR SOUTHERN PINE - URBANA PLANT
EL DORADO, ARKANSAS

DATE: 12/14/2021	APPROVED: BY: K. Ruckstuhl	DRAWN BY: LMM
SCALE: NA	DATE: 12/14/2021	JOB NO. CAN0-21-001

ENVIRONMENTAL
MANAGEMENT SERVICES, INC.

FIGURE

4

DMR SUMMARY

DMR SUMMARY
ANTHONY FOREST PRODUCTS, LLC, URBANA SAWMILL

Month/Year	Dissolved Oxygen	BOD, 5-day		pH		Solids, total suspended		Oil & Grease		Debris, floating	Flow	
	mg/L Minimum <2	Mo Avg	Daily Max	Min	Max	Mo Avg	Daily Max	Mo Avg	Daily Max		Mo Avg	Daily Max
Sep-18	No discharge											
Oct-18	No discharge											
Nov-18	No discharge											
Dec-18	No discharge											
Jan-19	9.00	29.5	30	7.11	7.23	14	14	<5	<5	0	0.3220	0.3980
Feb-19	6.40	4.3	4.3	6.80	7.10	21	22	<5	<5	0	0.1726	0.2758
Mar-19	4.70	6.5	7.6	6.30	6.96	37.5	42	<5	<5	0	0.0048	0.0317
Apr-19	No DMR Submitted											
May-19	3.37	5.2	5.5	6.22	7.00	11.5	13	<5	<5	0	0.0001	0.0002
Jun-19	4.72	111	220	6.86	7.10	20	29	5.1	5.2	0	0.0363	0.6567
Jul-19	5.13	14	25	6.44	7.18	13	14	<5	<5	0	0.0301	0.2300
Aug-19	No discharge											
Sep-19	No discharge											
Oct-19	4.72	4.9	5.5	6.45	7.12	35	40	<5	<5	0	0.0309	0.6567
Nov-19	3.30	6.67	6.67	6.90	6.90	10.3	10.3	5	5	0	0.1570	0.9903
Dec-19	4.93	5.1	5.1	6.12	7.12	12	12	<5	<5	0	0.1520	0.9462
Jan-20	5.13	5.1	6.3	6.43	7.02	<10	12	<5	<5	0	0.1390	0.6730
Feb-20	4.52	4.2	5.8	6.74	6.86	18	19	6.65	8.3	0	0.0972	0.1831
Mar-20	4.75	3.2	4.1	7.03	7.05	14	18	<5	<5	0	0.2338	0.9903
Apr-20	4.15	2.8	3.6	6.68	7.90	<10	<10	<5	<5	0	0.0276	0.4016
May-20	2.93	2.3	2.6	6.97	7.04	<10	<10	<5	<5	0	0.1091	0.4016
Jun-20	3.33	3.3	4.1	7.22	7.28	10	10	<5	<5	0	0.0832	0.4016
Jul-20	3.07	13	24	6.81	7.37	<10	<10	5.3	5.6	0	0.0008	0.0197
Aug-20	4.32	5.3	5.3	7.10	7.10	10	10	<5	<5	0	0.0058	0.1251
Sep-20	1.64	2.95	3.9	6.98	7.09	18	26	<5	<5	0	0.0228	0.4826
Oct-20	3.02	10.4	18	6.99	7.24	13.5	17	6.35	7.7	0	0.0164	0.4344
Nov-20	3.07	2.65	3.3	6.55	6.83	10	10	<5	<5	0	0.0004	0.0015
Dec-20	3.01	2.45	2.5	7.07	7.36	11.5	13	<5	<5	0	0.0332	0.7779
Jan-21	3.15	3.9	5.2	6.48	6.80	16.5	23	<5	<5	0	0.0159	0.2019
Feb-21	2.58	6.8	11	6.82	7.41	23.5	28	23	41	0	0.0502	0.7732
Mar-21	1.85	9.6	12	7.22	7.49	50	66	<5	<5	0	0.0456	0.9947
Apr-21	3.56	14	17	6.53	7.16	33.5	44	<5	<5	0	0.0246	0.1554
May-21	3.50	5.9	8.4	6.13	6.75	17	18	<5	<5	0	0.0235	0.3498
Jun-21	3.28	7.7	9.6	6.52	6.79	30.5	33	<5	<5	0	0.0089	0.0940
Jul-21	3.07	5.8	6.9	6.97	7.12	36	61	<5	<5	0	0.0191	0.1510
Aug-21	3.26	3.9	3.9	6.89	6.89	<10	<10	<5	<5	0	0.0050	0.0275

LABORATORY ANALYTICAL REPORT



Canfor Southern Pine - Urbana
ATTN: Mr. Phil Witter
1236 Urbana Road
El Dorado, AR 71730

This report contains the analytical results and supporting information for the sample received on August 3, 2021. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

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

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

A handwritten signature in black ink that reads 'Steve Bradford'.

Steve Bradford
Deputy Laboratory Director

This document has been distributed to the following:

PDF cc: Canfor Southern Pine, Inc.
ATTN: Ms. Jacy Taylor
jacy.taylor@canfor.com

Canfor Southern Pine, Inc.
ATTN: Ms. Julie Roberson
julie.roberson@canfor.com

Canfor Southern Pine - Urbana
ATTN: Mr. Phil Witter
phil.witter@canfor.com

Environmental Management Services, Inc.
ATTN: Ms. Laurie Marcella
lmarcella@env-mgt.com



Canfor Southern Pine - Urbana
1236 Urbana Road
El Dorado, AR 71730

SAMPLE INFORMATION

Project Description:

One (1) water sample(s) received on August 3, 2021
NPDES Permit AR0047384
RENEWAL SAMPLING
P.O. No. 212266-U

Receipt Details:

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

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

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
257567-1	Outfall 001	03-Aug-2021 0903	

Qualifiers:

- D Result is from a secondary dilution factor
- X Spiking level is invalid due to the high concentration of analyte in the spiked sample

References:

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

Canfor Southern Pine - Urbana
1236 Urbana Road
El Dorado, AR 71730

ANALYTICAL RESULTS

AIC No. 257567-1

Sample Identification: Outfall 001 03-Aug-2021 0903

Analyte	Result	RL	Units	Qualifier
Total Kjeldahl Nitrogen EPA 351.2 Prep: 04-Aug-2021 0925 by 330	3.3 Analyzed: 04-Aug-2021 1601 by 330	0.5	mg/l Batch: W76666	D Dil: 2
COD HACH 8000	190 Analyzed: 09-Aug-2021 1053 by 100	10	mg/l Batch: W76708	
Total Organic Nitrogen SM 4500-NH3 B,E,G 2011	2.8 Analyzed: 13-Aug-2021 0855 by 300	0.2	mg/l Batch: W76761	
Ammonia as N with Distillation SM 4500-NH3 B,G 2011 Prep: 04-Aug-2021 1007 by 330	0.58 Analyzed: 04-Aug-2021 1405 by 330	0.1	mg/l Batch: W76667	
Total Organic Carbon SM 5310 C 2011 Prep: 04-Aug-2021 1327 by 300	58 Analyzed: 05-Aug-2021 1926 by 300	10	mg/l Batch: W76669	D Dil: 10
Phosphorus EPA 200.7 Prep: 03-Aug-2021 1717 by 328	0.52 Analyzed: 04-Aug-2021 1217 by 328	0.1	mg/l Batch: S51397	
Nitrate + Nitrite as N EPA 300.0 Prep: 04-Aug-2021 1133 by 07	< 0.5 Analyzed: 04-Aug-2021 1809 by 07	0.5	mg/l Batch: C24606	D Dil: 10
Fecal Coliform Colilert-18	550 Analyzed: 03-Aug-2021 1633 by 357	1	MPN/100ml Batch: M9171	

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1236 Urbana Road
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LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Kjeldahl Nitrogen	1 mg/l	118	83.2-159			W76666	04Aug21 0925 by 330	04Aug21 1546 by 330		
COD	100 mg/l	96.2	85.0-115			W76708		09Aug21 1053 by 100		
Ammonia as N with Distillation	1 mg/l	99.6	80.0-120			W76667	04Aug21 1007 by 330	04Aug21 1338 by 330		
Total Organic Carbon	10 mg/l	99.0	80.0-120			W76669	04Aug21 1327 by 300	05Aug21 1712 by 300		
Phosphorus	2 mg/l	92.8	85.0-115			S51397	03Aug21 1644 by 328	04Aug21 1143 by 328		
Nitrate + Nitrite as N	10 mg/l	97.3	90.0-110			C24606	04Aug21 1134 by 07	04Aug21 1359 by 07		

MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Total Kjeldahl Nitrogen	257423-1	1 mg/l	-	34.8-169	W76666	04Aug21 0925 by 330	04Aug21 1629 by 330	5	X
	257423-1	1 mg/l	-	34.8-169	W76666	04Aug21 0925 by 330	04Aug21 1631 by 330	5	X
	Relative Percent Difference:		1.71	11.9	W76666				
COD	257512-1	100 mg/l	98.4	80.0-120	W76708		09Aug21 1053 by 100		
	257512-1	100 mg/l	98.4	80.0-120	W76708		09Aug21 1053 by 100		
	Relative Percent Difference:		0.00	10.0	W76708				
Ammonia as N with Distillation	257521-1	1 mg/l	102	80.0-120	W76667	04Aug21 1007 by 330	04Aug21 1342 by 330		
	257521-1	1 mg/l	105	80.0-120	W76667	04Aug21 1007 by 330	04Aug21 1344 by 330		
	Relative Percent Difference:		2.80	25.0	W76667				
Total Organic Carbon	257503-1	10 mg/l	101	80.0-120	W76669	04Aug21 1327 by 300	05Aug21 1828 by 300		
	257503-1	10 mg/l	99.3	80.0-120	W76669	04Aug21 1327 by 300	05Aug21 1848 by 300		
	Relative Percent Difference:		2.16	25.0	W76669				
Phosphorus	257525-1	2 mg/l	96.5	75.0-125	S51397	03Aug21 1644 by 328	04Aug21 1146 by 328		
	257525-1	2 mg/l	98.1	75.0-125	S51397	03Aug21 1644 by 328	04Aug21 1149 by 328		
	Relative Percent Difference:		1.59	20.0	S51397				
Nitrate + Nitrite as N	257559-1	10 mg/l	96.4	80.0-120	C24606	04Aug21 1134 by 07	04Aug21 1420 by 07		
	257559-1	10 mg/l	96.5	80.0-120	C24606	04Aug21 1134 by 07	04Aug21 1441 by 07		
	Relative Percent Difference:		0.0894	10.0	C24606				

LABORATORY BLANK RESULTS

Analyte	Result	RL	LOQ	QC Sample	Preparation Date	Analysis Date	Qual
Total Kjeldahl Nitrogen	< 0.5 mg/l	0.5	0.5	W76666-1	04Aug21 0925 by 330	04Aug21 1544 by 330	D
COD	< 9 mg/l	9	10	W76708-1		09Aug21 1053 by 100	
Ammonia as N with Distillation	< 0.09 mg/l	0.09	0.1	W76667-1	04Aug21 1007 by 330	04Aug21 1336 by 330	
Total Organic Carbon	< 0.61 mg/l	0.61	1	W76669-1	04Aug21 1327 by 300	05Aug21 1653 by 300	
Phosphorus	< 0.05 mg/l	0.05	0.1	S51397-1	03Aug21 1644 by 328	04Aug21 1140 by 328	
Nitrate + Nitrite as N	< 0.03 mg/l	0.03	0.05	C24606-1	04Aug21 1134 by 07	04Aug21 1339 by 07	



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 FAX (501) 224-5072

CHAIN OF CUSTODY / ANALYSIS REQUEST FORM

PAGE 1 OF 1

Client: Canfor (AFP) Urbana Project NPDES Permit AR0047384 Reference: RENEWAL SAMPLING Project Results to Phil.Witter@canfor.com; Manager: Imarcella@env-mgt.com Sampled ROU		IPO No. _____ SAMPLE MATRIX W A T E R L G R A B X		NO OF BOTTLES _____		ANALYSES REQUESTED Fecal Coliform X Phosphorus, total (as P) X Nitrogen, Total Kjeldahl X Nitrate-Nitrite as N X Ammonia as N X Chemical Oxygen Demand (COD) X Total Organic Carbon (TOC) X										AIC CONTROL NO: 257567 AIC PROPOSAL NO: _____ Carrier: _____ Received on ice (4°C)? YES <u>2.8</u> NO Remarks 7 CONTAINERS					
AIC No.	Sample Identification	Date/Time Collected	Container Type	Preservative	G = Glass NO = none	P = Plastic S = Sulfuric acid pH2	V = VOA vials N = Nitric acid pH12	H = HCl to pH2 B = NaOH to pH12	T = Sodium Thiosulfate Z = Zinc acetate	Field pH calibration	on _____ @ _____	Buffer:	Received	Date/Time	Relinquished	Date/Time	Relinquished	Date/Time	Received in Lab	Date/Time	Comments:
1	Outfall 001	8-3-21 9:03												8-3-21 10:00	By: Robert Honey				8-3-21 1600	By: Phil Witter	List of Analytes: Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia as N, Nitrate-nitrite as N, Nitrogen, Total Kjeldahl (Total Organic Nitrogen), Phosphorus, total (as P), Fecal Coliform
Turnaround Time Requested: (Please circle) NORMAL or EXPEDITED IN _____ DAYS Expedited results requested by: _____ Who should AIC contact with questions: _____ Phone: _____ Fax: _____ Report Attention to: _____ Report Address to: _____																					



Canfor Southern Pine - Urbana
ATTN: Mr. Phil Witter
1236 Urbana Road
El Dorado, AR 71730

This report contains the analytical results and supporting information for the sample received on September 2, 2021. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

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

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


_____ by LP
John Overbey
Chief Operating Officer

This document has been distributed to the following:

PDF cc: Canfor Southern Pine, Inc.
ATTN: Ms. Jacy Taylor
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Canfor Southern Pine, Inc.
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Canfor Southern Pine - Urbana
1236 Urbana Road
El Dorado, AR 71730

SAMPLE INFORMATION

Project Description:

One (1) water sample(s) received on September 2, 2021
Engineering Sample
P.O. No. 215097-U

Receipt Details:

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

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

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
258338-1	E 01, 02	02-Sep-2021 1030	

Case Narrative:

There were no qualifiers for this data and all samples met quality control criteria.

References:

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



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El Dorado, AR 71730

ANALYTICAL RESULTS

AIC No. 258338-1

Sample Identification: E 01, 02 02-Sep-2021 1030

<u>Analyte</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Qualifier</u>
E. Coli Colilert-18	70 Analyzed: 02-Sep-2021 1545 by 357	1	MPN/100ml Batch: M9219	
Fecal Coliform Colilert-18	77 Analyzed: 02-Sep-2021 1545 by 357	1	MPN/100ml Batch: M9218	

