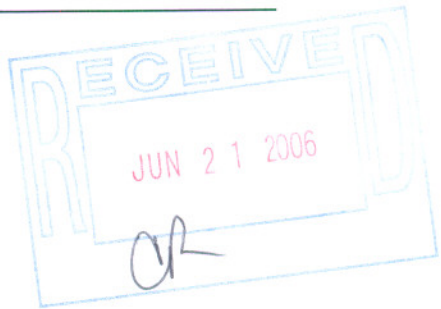
PERMIT APPLICATION
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
POST OFFICE BOX 8913
LITTLE ROCK, AR 72219



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 ONLY

SECTION A – GENERAL INFORMATION

1. Facility Name: Anthony Forest Products Company – Urbana Mill
2. Legal Applicant Name (If the applicant is different from the above): _____
3. Operator Name: Anthony Forest Products Company
4. Is the operator identified in number 2 above, the owner of the facility? Yes ☒ No ☐
5. NPDES Permit Number (If applicable): AR0047384
6. NPDES General Permit Number (If applicable): _____
7. NPDES General Storm Water Permit Number (If applicable): ARR00B474
8. Does your facility hold any other permits which are not listed above? Yes ☒ No ☐
9. 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:

Permit Name	Permit Number	Held by
Title V	1681-AOP-R5	AIR

NPDES PERMIT FILE
NPDES # AR0047384
AFIN # 70-00068
Permit PN
Correspondence
Technical Backup
1-5-07 SH Date Scanned

10. Give a verbal description (Direction) of the facility with respect to know or easily identifiable landmarks:

Adjacent to County Road 129 in the community of Urbana in Section 9, Township 18 South, Range 13 West in Union County AR.

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

Street: 1236 Urbana Road

City: Urbana County: Union State: AR Zip Code: 71768

12. Facility Mailing Address (Street or Post Office Box):

Street: P.O. Box: 724

City: Strong State: AR Zip: 71765

13. Neighboring states within 20 miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☒ Texas ☐ Mississippi ☐

14. Type of ownership: Public ☐ Private ☒ State ☐ Federal ☐ Other ☐

15. Indicate applicable Standard Industrial Classification(SIC) Codes or NAICS codes for all processes"

☒ Primary 2421 ☐ Secondary ☐ Other

16. Design Flow: (MGD) Highest Monthly Average of the last two years flow: (MGD)

Outfall 001: N/A N/A (no discharge last 3 ½ years)

17. Is Outfall equipped with a diffuser? Yes ☐ No ☒

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

Name: Stephen Murphy Title: Plant Manager

Address: 1236 Urbana Road Phone Number: (870) 962-3291

City: Urbana State: AR Zip: 71768

19. Designated Facility Contact (as described on the last page of this application):

Name: Kelly Olivier Title EHS Coordinator

Address: 1236 Urbana Road Phone Number: (870) 962-3291

City: Urbana State: AR Zip: 71768

20. Name, address and telephone number of consulting engineering firm (If none, so state):

Name: GBM^{C} & ASSOCIATES

Address: 219 Brown Lane Phone Number: (501) 847-7077

City: Bryant State: AR Zip: 72022

SECTION B – Facility and Outfall Information

1. Facility Location:

Lat: 33 ° 09' 33 " Long: 92 ° 26 ' 42 " Section 9 Twnshp: 18S

Range: 13W County: Union Nearest Town: Urbana, AR

USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000

What method is used? Map Interpolation Indicate Technical Accuracy Nearest 10 seconds

What map datum is used? North American Datum 1927

Where is the collection point? Front door of facility

2. Outfall/monitoring location:

Outfall 001:

Lat: 33° 09' 46" Long: 92° 26' 52" Section: 39

USGS Hydrologic Unit Code: 08040202 What map scale is used? 1:24,000

What method is used? Map Interpolation Indicate Technical Accuracy Nearest 10 seconds

What map datum is used? North American Datum 1927 Where is the collection point? Name of receiving stream (i.e., an unnamed tributary of Mill Creek, then into Mill Creek; thence into Arkansas River): From Outfall 001 into North Lapile Creek, thence to Lapile Creek, thence into segment 2D of the Ouachita River.

3. Are the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

If "No", what measures are (will be) used to protect the facilities?

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

Section C – Waste Storage and Disposal Information:

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

☐ **Landfill**

Landfill Site Name_____ADEQ Solid Waste Permit No._____

☐ **Land Application** ADEQ State Permit No._____

Method of sludge treatment?_____

What is the estimated amount of sludge generated at the treatment facility?

Dry Ton/Acre per year_____Gallons/Acres per year_____

List all the land application sites with the following information:

Field Number	New/ Old	Range	Twnshp.	Section	Total Acres	Available Acres	Crop Cover	Loading Rate

☐ **Septic tank** Arkansas Department of Health Permit No._____

☐ **Distribution and Marketing**

Facility receiving sludge:

Name_____Address_____

City_____State_____Zip_____Phone_____

☐Rail ☐Pipe ☐Other_____

☐ **Subsurface Disposal** (Lagooning)

Location of lagoon_____How old is the lagoon?

_____Surface area of lagoon_____Acres. Depth_____Ft.

Does lagoon have liner? ☐Yes ☐No

☐ **Incineration**

Location of incinerator_____

☐ **Other** (Provide complete description)_____

_____

SECTION D – Water Supply See Attachment – WATER SUPPLY SOURCES

Water Sources (check as many as are applicable):

☐ **Private Well**

Distance from discharge point: ☐ Within 5 miles ☐ Within 50 miles

☐ **Municipal Water Utility** (Specify City)_____

Distance from discharge point: ☐ Within 5 miles ☐ Within 50 miles

☐ **Surface Water** Name of Surface Water Source:_____

Distance from discharge point: ☐ Within 5 miles ☐ Within 50 miles

☐ **Other** (Specify):_____

Distance from discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E – Financial Assurance

Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (1)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two (2) or more occupied lots, residences, businesses, or other discernible occupied unity without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department (Arkansas Code 8-5-703(a)(2)):

A. By obtaining insurance;
B. By passing a financial test;
C. By obtaining a letter of credit;
D. By obtaining a surety bond;
E. By obtaining a trust fund or escrow account;
F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

SECTION F – Industrial Activity

1. Does an effluent guidelines limitation promulgated by EPA (http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-N.thm) under Section 304 of the Clean Water Act (CWA) apply to your facility?

   YES☒ (Answer questions 2 and 3) NO ☐

2. What Part of 40 CFR? 429

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

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary): Barked logs are received, debarked, and sawed. Rough green lumber is kiln dried, surfaced, trimmed in the planer mill, and shipped. The resulting wood chip fines, bark, planer shavings, and sawdust are used as boiler fuel.

5. Production: (projected for new facilities)

Product (s) Manufactured	Last 12 months bd ft		Highest Production Year of Last 5 Years 2005 - ~95,200,000 bd ft	
(Brand Name)	Highest Month	Hours of Operation	Monthly Average	Hours of Operation
*Lumber	9,780,000	300	7,930,000	250 (mo avg)

* production numbers are board feet kiln dried.

SECTION G – Wastewater Discharge Information

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

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

Number	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

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

Number of batch discharges:_____ per day Average discharge per batch:_____(GPD)

Time of batch discharges_____ (days of week) at_____ (hours of day)

Flow rate:_____gallons/minute Percent of total discharge:_____

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

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

Number	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	Wet Deck Runoff	N/A – Variable	N/A	Intermittent

Number	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

Number	Dilution (e.g., cooling water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	Storm Water Runoff	N/A – Variable	N/A	Intermittent
	Makeup (Well Water)	N/A – Variable	N/A	Intermittent

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

Number of batch discharges:_____ per day Average discharge per batch:_____(GPD)

Time of batch discharges_____at_____
(days of week) (hours of day)

Flow rate:_____gallons/minute Percent of total discharge:_____

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

Current:	Flow Metering	Yes ☐	No ☒	N/A ☐		
	Sampling Equipment	Yes ☐	No ☒	N/A ☐		
Planned:	Flow Metering	Yes ☐	No ☐	N/A ☐		
	Sampling Equipment	Yes ☐	No ☐	N/A ☐		

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below: N/A

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

Yes ☐ No ☒ (If no, skip question 5.)

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

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/disposal system.

1. Describe the process for wastewater treatment. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

   N/A

2. One set of construction plans and specifications, approved by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:

   a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
   b. Specifications and complete design calculations.
   c. All treated wastewater discharges should have a flow-measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow-measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I – Signatory Requirements

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

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: 6/16/06

Printed name of responsible official: Stephen Murphy

Official title of responsible official: Plant Manager Telephone Number (870) 962-3291

By signature in Section H above, the applicant certifies that the named individual is qualified as print below to act as a duly authorized representative under the provisions of 40CFR 122.22(b). (NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.)

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 (DMRs) required by the permit, and other information requested by the Director.

Stephen Murphy
NAME (first, last)

Plant Manager — (870) 962-3291
TITLE — TELEPHONE

Please print or type in the unshaded areas only.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*
AR0043117

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

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

OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER *(list)*	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER *(name)*
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	33	09	46	92	26	42	North Lapile Creek, thence to Lapile Creek, thence into segment 2D of the Ouachita River.

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO *(list)*	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Wet Deck Runoff	Recycled	Settling Basins / Sedimentation	1-U	
	Storm Water Runoff	Intermittent			
	Make-up Water	Intermittent	Reuse/Recycle of treated effluent	4-C	
		N/A - Outfall 001 has not discharged in over three years			

RECEIVED JUN 21 2006

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (*complete the following table*) ☒ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY a. DAYS PER WEEK (*specify average*)	3. FREQUENCY b. MONTHS PER YEAR (*specify average*)	4. FLOW a. FLOW RATE (*in mgd*) 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE (*in mgd*) 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME (*specify with units*) 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME (*specify with units*) 2. MAXIMUM DAILY	4. FLOW c. DURATION (*in days*)

III. PRODUCTION

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

☒ YES (*complete Item III-B*) ☐ NO (*go to Section IV*)

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

☐ YES (*complete Item III-C*) ☒ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	1. AVERAGE DAILY PRODUCTION b. UNITS OF MEASURE	1. AVERAGE DAILY PRODUCTION c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	2. AFFECTED OUTFALLS (*list outfall numbers*)

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (*complete the following table*) ☒ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction

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

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

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARATERISTICS

A, B, & C: See instructions before proceeding—Complete one set of tables for each outfall—Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

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

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ **YES** (*list all such pollutants below*) ☒ **NO** (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ **YES** *(identify the test(s) and describe their purposes below)* ☒ **NO** *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

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

☐ **YES** *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ **NO** *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(areas code & no.)*	D. POLLUTANTS ANALYZED *(list)*
Outfall 001 has not discharged in over three years, therefore no analytical is available at this time.			

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
Stephen Murphy, Plant Manager	*(870) 962-3291*
C. SIGNATURE	D. DATE SIGNED
Stephen Murphy	6/19/06

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

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
AR-0047384

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

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

OUTFALL NO. **001**

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

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (*optional*)		
	A. MAXIMUM DAILY VALUE		B. MAXIMUM 30 DAY VALUE (*if available*)		C. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)		**Outfall 001 has not discharged in over three years.**										
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (*as N*)												
f. Flow	VALUE									VALUE		
g. Temperature (*winter*)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (*summer*)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH								STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Floride (16984-48-8)		X												
f. Nitrate Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. BELIEVED PRESENT	a. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
i. Radioactivity														
(1) Alpha, Total		X												
(2) Beta Total		X												
(3) Radium Total		X												
(4) Radium 226, Total		X												
k. Sulfate *(as SO_4)* (14808-79-8)		X												
l. Sulfide *(as S)*		X												
m. Sulfite *(as SO_3)* (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
AR-0043117	001

Form Approved.
OMB No. 2000-0059
Approval expires 7-31-88

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

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

CONTINUED FROM THE FRONT

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

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
AR-0047384	001

Form Approved.
OMB No. 2000-0059
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER *(if available)*	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Tri chloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION - ACID COMPOUNDS			X												
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER *(If available)*	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(If available)*		c. LONG TERM AVRG. VALUE *(If available)*		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. No. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION-BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloro-isopropyl*) Ether (102-60-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Dichloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER *(if available)*	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE *(optional)*		
	a. TEST-ING RE-QUIRED	b. BE-LIEVED PRE-SENT	c. BE-LIEVED AB-SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL-YSES
				(1) CONCEN-TRATION	(2) MASS	(1) CONCEN-TRATION	(2) MASS	(1) CONCEN-TRATION	(2) MASS				(1) CONCEN-TRATION	(2) MASS	
GC/MS FRACTION-BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4 Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (as Azo-benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexa-chlorobutadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B. Hexachloro-ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-5-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

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

CONTINUED FROM PAGE V-8

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

Please print or type in the unshaded areas only.

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

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

FORM **2F** NPDES

United States. Environmental Protection Agency
Washington, DC 20460

Application For Permit To Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-233, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
001	33	09	46	92	26	52	North Lapile Creek, thence to Lapile Creek, thence into segment 2D of the Ouachita River.

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application: This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage areas of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past *or* present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Continue on Page 2

Continued From The Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

OUTFALL NUMBER	Area of Impervious Surface (*provide units*)	Total Area Drained (*provide units*)	Outfall Number	Area of Impervious Surface (*provide units*)	Total Area Drained (*provide units*)
001	0.0 acres	~20 acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

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

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

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	All storm water from the wet deck area is captured in the series of three settling ponds. Water form the center pond (recirculation pond) is recycled as wet deck spray.	I-H

V. Nonstorm Water Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstorm water discharges, and that all nonstorm water discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (*type or print*)	Signature	Date Signed
Stephen Murphy Plant Manager	Stephen Murphy	6/19/02

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Outfall 001 has been evaluated via visual observation.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

No significant leaks or spills during the past three years.

CONINUTED FROM PAGE 2

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

VII. Discharge Information

A, B, C & D : See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E. Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (*list all such pollutants below*) ☒ No (*go to Section IX*)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (*list all such pollutants below*) ☒ No (*go to Section IX*)

IX. Contract Analysis Information

Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (*list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below*) ☒ No (*go to Section X*)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
N/A – No discharge in over three years.			

X. Certification

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

A. Name & Official Title (*type or print*)	B. Area Code and Phone No.
Stephen Murphy Plant Manager	**(870) 962-3291**
C. Signature	D. Date Signed
Stephen Murphy	6/18/06

Outfall 002

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

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

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

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

Pollutant and CAS Number (*if available*)	Maximum Values (*include units*)		Average Values (*include units*)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Oil and Grease	Outfall 001 has not discharge in over three years.					
Biological Oxygen Demand (BOD5)						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pH	Minimum		Maximum			

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

Pollutant and CAS Number (*if available*)	Maximum Values (*include units*)		Average Values (*include units*)		Number Of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
N/A						

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (*if available*)	Maximum Values (*include units*)		Average Values (*include units*)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
N/A						

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (*in minutes*)	3. Total rainfall during storm event (*in inches*)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (*gallons/minute or specify units*)	6. Total flow from rain event (*gallons or specify units*)
N/A – Outfall 001 has not discharged in over three years.					

7. Provide a description of the method of flow measurement or estimate.

V-Notched Weir

(Attach to Route Slip)

Permit No. 47384 **Permit SIC** _____

Name Anthony Forest Prod. **Permit Action**: New Mod (Renewal) (Circle One)

Date	Action	Initials
~~7/6/06~~ 6/21/06	**Application Received**	
	7/6/06 Logged & File Established	~~SH~~
	7/6/06 Coded to PCS	
	Application Reviewed for Completion	
	_____ Deficiency Letter Sent	
	Application Complete	
	_____ Coded to PCS	
	_____ Copies Sent to COE	
	BSFW	
	G&FC	
	EPA	
	Historical Society	
	Health Department	
	Draft Permit Prepared	
	Draft Permit to EPA (if applicable)	
	_____ Comments Received	
	_____ Draft Permit Modified	
	Public Notice Issued	
	_____ Public Notice & Draft Permit to: COE	
	BSFW	
	G&FC	
	EPA	
	Historical Society	
	Health Department	
	SW Public Notice to Newspaper	
	_____ Public Notice to Mailing List	
	_____ Coded to PCS	
	Public Hearing (If Required)	
	Final Determination	
	_____ Issue	
	_____ Deny	
	_____ Copy to Determination to	
	Applicant	
	Interested Parties	
	EPA	
	Response to Comments to Interested Parties	
	Public Notice (If Required)	
	Permit Issued	

PERMIT NAME	Anthony Forest Prod. Co. - Urbana Mill			
PERMIT NUMBER	AR00 47384			
	DATE DUE	INITIALS	DATE INITIALED	RETURNED & DATE
ADMINSTRATIVE ASSISTANT		SA	7/6/06	
REVIEWING ENGINEER		SB	9-14-06	
~~BIOMONITORING REVIEWER~~				
~~PRETREATMENT REVIEWER~~				
~~SLUDGE REVIEWER~~				
~~OTHERS AS REQUIRED ( )~~				
ADMINSTRATIVE ASSISTANT		SA	9/30/06	
ENGINEER SUPERVISOR				
PERMITS SECTION CHIEF		MO	9/29/06	
PCS REVIEWER		[illegible]	10-16-6	
CHIEF		CMM	10.26.06	
SECRETARY FEE PAID: YES __ PDS# _____ NO				

NEW PERMIT ____ RENEWAL ✓ MODIFICATION ____

MAY AFFECT WATER OF ANOTHER STATE: Yes_____ State _____ No ✓

MAJOR ____ MINOR ✓ POWER PLANT ____

EPA SUBMITTAL REQUIRED? Yes _____ No ✓ N/A _____

EPA REVIEW REQUIRED? Yes _____ No ✓ N/A _____

REMARKS: _____

NPDES Permit Processing Checklist

CMM 10-19-06

1. Complete data worksheet _____
2. Review application for completeness _____
3. Draft deficiency letter, as applicable _____
4. Review supplementary information and make determination of completeness _____
5. Application deemed complete _____
6. Coordinate information with planning branch, as required _____
7. Conduct detailed technical review of application and all supporting data _____
8. Complete permit worksheet _____
9. New flow Yes Q=_____MGD No _____ P
10. Current Fee Code
11. New Current Fee Code and amount ~~P 400~~ 300

Q = _____ MGD

Permit Fee Code	Description	Annual Fee	Reg. 9 Section
A	Minors with toxic or priority pollutants	200 + (21500 x MGD) Maximum = $15,000	403(C)(2)
B	Minors without toxic or priority pollutants	200 + (5600 x MGD) Maximum = $10,000	403(c)(1)
C	Non-contact cooling water (including non-major power plants) and non-contaminated storm water discharges	200 + (700 x MGD) Maximum = $10,000	403(c)(3)
J	Non-Municipal Majors with MRAT of 100 or greater	$15,000	403(A)(1)
K	Non-Municipal Majors with MRAT of less than 100	$11,000	403(A)(2)
L	Discretionary Majors	See K above	403(A)(3)
M	Major Municipals	$5,000 +(900 x (MGD-1))	403(B)
O	Modification:		
	Major Facilities:		
	Major Modification	$5000	403(A),(B)
	Minor Modification	$1000	403 (A),(B)
	Minor Facilities:		
	Major Modification	A or B above	403(C)
	Minor Modification	Lowest A or B above or $1000	403 (C)
	Non-contact cooling water		
	Major Modification	C above	403(C)(3)(a)
	Minor Modification	Lowest C above or $1000	403(C)(3)(b)
	Variable Discharge	$ 300	403(C)(5)
P	Variable Discharge (i.e., storm water and land clearing not elsewhere addressed, sand & gravel, mining, etc.)	$300	403(C)(5)