



September 3, 2020

Ms. Jessica Sears, P.E.
Office of Water Quality
ARKANSAS ENERGY AND ENVIRONMENT
DIVISION OF ENVIRONMENTAL QUALITY
5301 Northshore Drive
North Little Rock, AR 72118-5328

RE: Johnsville Company, LLC
Permit Number AR0047830
AFIN: 06-00051

Dear Ms. Sears:

On behalf of Johnsville Company, LLC, transmitted with this letter is a complete NPDES Permit Renewal Application package. The package includes the following documents:

- NPDES Permit Application Form 1
- EPA Form 2C
- EPA Form 2F
- Laboratory Data from Samples
- Disclosure Statement
- Arkansas Secretary of State Documents
- Topo Map
- Vicinity Map
- FEMA Flood Map
- Process Flow Diagram
- Aerial Site Plan

If you have any questions or need additional information, please let me know.

Sincerely,


Wm. Doug Ford, P.E.
Principal

WDF:tlr

Enclosures

**NPDES PERMIT RENEWAL
APPLICATION PACKAGE**

**Johnsville Company, LLC
Hermitage, Arkansas**

NPDES PERMIT APPLICATION

FORM 1

Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

INSTRUCTIONS:

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item, please continue on an attached sheet of paper.
2. Please complete the following section(s). 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 on SIC or NAICS go to <https://www.naics.com/search/>.

Common SIC and NAICS

Facility Type	SIC Code	NAICS
Publicly Owned Treatment Works (POTW)	4952	221320
Subdivision, Apartment Complex	6552	237210
Mobile Home Park	6515	533190

4. If you have any questions about this form you may call NPDES Section at 501-682-0623 or go to www.adeq.state.ar.us/water. You may also contact :

Department Arkansas Department of Health	Information in Regard to Water Supply	Telephone # 501-661-2623
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5. The following EPA Forms in addition to Form 1 is required for processing your application:

Form 2A - Municipal Dischargers

Form 2B - Concentrated Animal Feeding Operations

Form 2C - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

Form 2D - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

Form 2E - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)

Form 2F - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality
Permits Branch, 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 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.):

Johnsville Company, LLC Scotty Ferrell

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

2. Operator Type: Private State Federal Partnership Corporation Other

State of Incorporation: Arkansas

3. Facility Name: Johnsville Company, LLC

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

5. NPDES Permit Number (If Applicable): AR0047830

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

7. NPDES General Storm Water Permit Number (If Applicable): ARR001633

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:

Permit Name

Permit Number

Held by

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

From Warren, Arkansas, travel south on US Hwy 63, approximately 4.7 miles. Turn Left onto AR Hwy 8 and travel south towards Johnsville, approximately 13.5 miles. Turn left onto Johnsville Broad Road (Bradley 56 Road) and travel south, approximately 0.7 miles. Johnsville Company, LLC is located on the left.

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

Street: 281 Bradley 56 Road
City: Hermitage County: Bradley State: Arkansas Zip: 71647

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

Name: Scotty Ferrell Title: Owner
Street: 281 Bradley 56 Road P.O. Box
City: Hermitage State: Arkansas Zip: 71647
E-mail address*: johnsvillecompany@yahoo.com Fax:

* 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):

3532 SIC Facility Activity under this SIC or NAICS:

333131 NAICS Mining Machinery and Equipment Manufacturing

14. Design Flow: <1 MGD Highest Monthly Average of the last two years Flow: 0 MGD

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

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

Name: Scotty Ferrell Title: Owner
Address: 281 Bradley 56 Road Phone Number: 870-463-8237
E-mail Address: johnsvillecompany@yahoo.com
City: Hermitage State: Arkansas Zip: 71647

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

Name: Monty Adams Title: Operations Manager
Address: 281 Bradley 56 Road Phone Number: 870-463-8237
E-mail Address: johnsvillecompany@yahoo.com
City: Hermitage State: Arkansas Zip: 71647

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: Doug Ford
Company Name: Pollution Management, Inc.
Address: 3512 S. Shackleford Road Phone Number: 501-221-7122
E-mail Address: dford@pmico.com
City: Little Rock State: Arkansas Zip: 72205

19. Wastewater Operator Information

Wastewater Operator Name: Monty Adams License number: 010240

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):

Lat: N 33 ° 21 ' 46.48 " Long: W 92 ° 01 ' 07.65 " County: Bradley Nearest Town: Hermitage

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

Outfall No. 001:

Latitude: N 33 ° 21 ' 29.35 " Longitude: W 92 ° 00 ' 39.26 "

Description of outfall location: Outfall pipe at the south end of the settling pond

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

Unnamed tributary of Hunt Branch, thence into Hunt Branch, thence into the Saline River, thence into the Ouachita River

Outfall No. ____:

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):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

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

Settling Pond

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Grab

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

8 ft. Rectangular Weir Box on south end of settling pond

6. Is the proposed or existing facility located above the 100-year flood level? Yes No

NOTE: FEMA Map must be included with this application. Maps can be ordered at <https://msc.fema.gov>.

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

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

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? _____ Total Horsepower (hp)? _____

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.

The plant is used to wash gravel and sand only. A water pump is used to pump water from the pond to the gravel and sand washing areas, then the water is returned to the pond for reuse. This is not a treatment plant. If the power is turned off, the plant will shut down until the power is restored.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Landfill

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

Land Application: ADEQ State Permit No. _____

Septic tank Arkansas Department of Health Permit No.: _____

Distribution and Marketing: Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: Pipe: Other: _____

Subsurface Disposal (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): Any sludge generated is reused back through the gravel plant for fines used in the rock or sand to meet spec.

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):

Private Well - Distance from Discharge point: Within 5 miles Within 50 miles

Municipal Water Utility (Specify City): Hamburg, Monticello, Fountain Hill, Crossett

Distance from Discharge point: Within 5 miles Within 50 miles

Surface Water- Name of Surface Water Source: Hunt Branch

Distance from Discharge point: Within 5 miles Within 50 miles

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Other (Specify): S.E. Bradley Rural Water

Distance from Discharge point: Within 5 miles Within 50 miles

SECTION E: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Environmental Quality 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,
- 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 ADEQ web site at:

<https://www.adeq.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 Arkansas Department of Environmental Quality (ADEQ) 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.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

NOT APPLICABLE (N/A):

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES (Answer questions 2 and 3) NO

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____

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

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation

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

NOT APPLICABLE (N/A):

SECTION G - WASTEWATER DISCHARGE INFORMATION

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

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

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

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: _____

Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.

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

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

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

No.	Dilution (e.g., Cooling Water)	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 _____ 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 Type: _____ No N/A
Sampling Equipment Yes Type: _____ No N/A

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

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

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 system.

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

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

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

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

SECTION I: SIGNATORY REQUIREMENTS

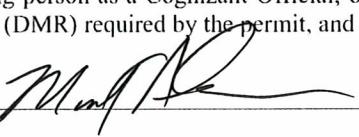
Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is 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: 8-24-20

Printed name of Cognizant Official:

Monty Adams

Official title of Cognizant Official:

Operations Manager Telephone Number: (870) 463-8237

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

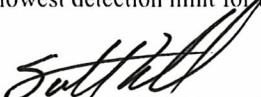
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

SF (Initial) "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 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.

SF (Initial) "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: 8-24-20

Printed name of Responsible Official:

Scotty Ferrell

Official title of Responsible Official:

Owner Telephone Number: (870) 463-8237

EPA FORM 2C

EPA Identification Number 110012144134		NPDES Permit Number AR0047830	Facility Name Johnsville Company, LLC	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	Longitude
		001	Hunt Branch	33° 21' 29.35" N	92° 00' 39.26" 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		
		Gravel Wash Plant	0.48 mgd		
		Stormwater	Varies 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	
		Settling Pond	1-U	None	
Discharge	4-A	Unnamed Tributary			

EPA Identification Number 110012144134		NPDES Permit Number AR0047830	Facility Name Johnsville Company, LLC	Form Approved 03/05/19 OMB No. 2040-0004																																																								
Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** _____ Operations Contributing to Flow <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Operation</th> <th style="text-align: center;">Average Flow</th> </tr> </thead> <tbody> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> </tbody> </table> Treatment Units <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Description (include size, flow rate through each treatment unit, retention time, etc.)</th> <th style="text-align: center;">Code from Table 2C-1</th> <th style="text-align: center;">Final Disposal of Solid or Liquid Wastes Other Than by Discharge</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table> **Outfall Number** _____ Operations Contributing to Flow <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Operation</th> <th style="text-align: center;">Average Flow</th> </tr> </thead> <tbody> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> <tr><td></td><td style="text-align: right;">mgd</td></tr> </tbody> </table> Treatment Units <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Description (include size, flow rate through each treatment unit, retention time, etc.)</th> <th style="text-align: center;">Code from Table 2C-1</th> <th style="text-align: center;">Final Disposal of Solid or Liquid Wastes Other Than by Discharge</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			Operation	Average Flow		mgd		mgd		mgd		mgd	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																Operation	Average Flow		mgd		mgd		mgd		mgd	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															
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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																																																										

EPA Identification Number 110012144134		NPDES Permit Number AR0047830		Facility Name Johnsville Company, LLC		Form Approved 03/05/19 OMB No. 2040-0004		
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	
		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.						
	5.2	Provide the following information on applicable ELGs.						
		ELG Category	ELG Subcategory		Regulatory Citation			
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 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		

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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? (optional item)					
	<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

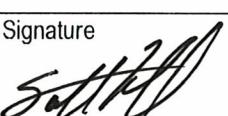
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Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 type="checkbox"/> Yes	<input checked="" 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,	<input checked="" type="checkbox"/> No	
		then SKIP to Item 7.12.		
	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 checked="" 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 type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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 qualitative 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.	

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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	McClelland Consulting Engineers, Inc.			
	Laboratory address	7302 Kanis Rd. Little Rock, AR 72204			
Phone number	(501) 371-0272				
Pollutant(s) analyzed	COD , Total Nitrogen Oil & Grease , BOD DO , Total Phosphorus pH , TKN , TOC Temperature TSS , Ammonia				
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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SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	12.1	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 30%;">Column 1</th> <th colspan="2" style="text-align: center; width: 70%;">Column 2</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Section 1: Outfall Location</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 2: Line Drawing</td> <td><input checked="" type="checkbox"/> w/ line drawing</td> <td><input type="checkbox"/> w/ additional attachments</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 3: Average Flows and Treatment</td> <td><input type="checkbox"/> w/ attachments</td> <td><input type="checkbox"/> w/ list of each user of privately owned treatment works</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 4: Intermittent Flows</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 5: Production</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 6: Improvements</td> <td><input type="checkbox"/> w/ attachments</td> <td><input type="checkbox"/> w/ optional additional sheets describing any additional pollution control plans</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 7: Effluent and Intake Characteristics</td> <td><input type="checkbox"/> w/ request for a waiver and supporting information <input type="checkbox"/> w/ small business exemption request <input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table E</td> <td><input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ analytical results as an attachment</td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 9: Biological Toxicity Tests</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 10: Contract Analyses</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 11: Additional Information</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Section 12: Checklist and Certification Statement</td> <td><input type="checkbox"/> w/ attachments</td> <td></td> </tr> </tbody> </table>		Column 1	Column 2		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input 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 checked="" type="checkbox"/> Section 4: Intermittent Flows	<input type="checkbox"/> w/ attachments		<input checked="" type="checkbox"/> Section 5: Production	<input type="checkbox"/> w/ attachments		<input checked="" 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/ small business exemption request <input checked="" type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table E	<input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ other attachments <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ analytical results as an attachment	<input checked="" type="checkbox"/> Section 8: Used or Manufactured Toxics	<input type="checkbox"/> w/ attachments		<input checked="" 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 checked="" 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	
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12.2	<p>Certification Statement</p> <p><i>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></p>																																									
	Name (print or type first and last name)	Official title																																								
	Scotty Ferrell	Owner																																								
	Signature 	Date signed 8-24-20																																								

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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 <i>all</i> of the pollutants listed on this table for the noted outfall.									
1.	Biochemical oxygen demand (BOD ₅)	<input type="checkbox"/>	Concentration	mg/L	1.77			1	
			Mass						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration	mg/L	63		34.14	7	
			Mass						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration	mg/L	5			1	
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration	mg/L	86		34	7	
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration	mg/L	<0.1			1	
			Mass						
6.	Flow	<input type="checkbox"/>	Rate	MGD	<1				
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C	12.7				
	Temperature (summer)	<input type="checkbox"/>	°C	°C	22.6				
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.	7.1				
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.	7.4				

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))										
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

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))¹¹

	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 (75-35-4)	<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
2.22 Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.23 Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.24 1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.25 1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.26 1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.27 Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					
2.28 Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concentration					
				Mass					

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

	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
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	
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	
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
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))^a

	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
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 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
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 <i>each</i> pollutant.									
<input checked="" 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 <i>each</i> pollutant.									
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
5. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
10. Sulfate (as SO ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
11. Sulfide (as S)	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration						
			Mass						
13. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
14. Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
15. Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
16. Boron, total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
17. Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
18. Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
19. Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
20. Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
21. Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
22. Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
			Mass						
23. Titanium, total (7440-32-6)	<input type="checkbox"/>	<input 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 type="checkbox"/>	Concentration							
			Mass							
Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							
Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
			Mass							
Radium 226, total	<input type="checkbox"/>	<input 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.	Benzonitrile	<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. Dichlone	<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"/>	

EPA FORM 2F

EPA Identification Number 110012144134		NPDES Permit Number AR0047830		Facility Name Johnsville Company, LLC	Form Approved 03/05/19 OMB No. 2040-0004	
Form 2F NPDES			U.S Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY			
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	Hunt Branch	33° 21' 29.35" N	92° 00' 39.26" W	
				° ' "	° ' "	
				° ' "	° ' "	
				° ' "	° ' "	
				° ' "	° ' "	
				° ' "	° ' "	
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
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 type="checkbox"/> No				

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

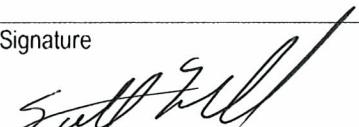
Site Drainage Map	3.1	Have you attached a site drainage map containing all required information to this application? (See instructions for specific guidance.)	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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	<i>specify units</i> acres	100	<i>specify units</i> acres
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
				<i>specify units</i>		<i>specify units</i>
		4.2	Provide a narrative description of the facility's significant material in the space below. (See instructions for content requirements.) Storage of rock, sand, gravel, fuel in containment			
	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				Codes from Exhibit 2F-1 (list)
	Outfall Number	Control Measures and Treatment				
	001	Settling Pond			1-U	
	001	Discharge			4-A	

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

Non-Stormwater Discharges	5.1	<p><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></p>		
		Name (print or type first and last name) Scotty Ferrell	Official title Owner	
		Signature 	Date signed 9-3-20	
		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	Lab Testing	07/14/2020	Gravel Wash	

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. None.		

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 estimated data.	<input checked="" type="checkbox"/> No → See instructions regarding submission of actual 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		

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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 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 type="checkbox"/> Yes	<input checked="" 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 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	<input checked="" type="checkbox"/> No	→ SKIP to Item 7.18.
	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 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 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 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 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		

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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.		
Biological Toxicity Testing Data	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))			
	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.		
	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.		
	Name of laboratory/firm	McClelland Consulting Engineers, Inc		
	Laboratory address	7302 Kanis Rd. Little Rock, AR 72204		
	Phone number	(501) 371-0272		
	Pollutant(s) analyzed	COD , Total Nitrogen Oil & Grease , BOD DO , Total Phosphorus pH , TKN , TOC Temperature TSS , Ammonia		

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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 checked="" 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 type="checkbox"/> Table B	<input type="checkbox"/> w/ analytical results as an attachment
		<input type="checkbox"/> Table C	<input checked="" type="checkbox"/> Table D
<input checked="" 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		
<p><i>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></p>			
Name (print or type first and last name) Scotty Ferrell		Official title Owner	
Signature 		Date signed 8-24-20	

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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	<5 mg/L		<5 mg/L		7	
2. Biochemical oxygen demand (BOD ₅)	1.55 mg/L		1.55 mg/L		1	
3. Chemical oxygen demand (COD)	63 mg/L		34.14 mg/L		7	
4. Total suspended solids (TSS)	86 mg/L		34 mg/L		7	
5. Total phosphorus	<0.1 mg/L		<0.1 mg/L		1	
6. Total Kjeldahl nitrogen (TKN)	0.58 mg/L		0.58 mg/L		1	
7. Total nitrogen (as N)	<0.5 mg/L		<0.5 mg/L		1	
8. pH (minimum)	7.1 s.u.		7.17 s.u.		7	
	7.4 s.u.		7.17 s.u.		7	

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).

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).

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

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)
06/08/2020	24	1.82	48	1438 gpm	2.07 MGD

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

Rectangular weir formula was used to calculate maximum flow rate

LABORATORY DATA



Chain of Custody

Client: Johnsville Co. Sample Number: 50485-01
Sample Description: Gravel Wash Date Reported: 4/4/2019
Sample Location: Hermitage, AR
Permit Number: AR0047830
References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Completed Date/Time	Sampler	Date/Time Lab Received:
03/26/19 11:00	Jesse James			03/26/19 15:30

Parameter	Reference	Test Date/Time	Analyst	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	4/4/2019 10:25:00 AM	AI*	42.0 mg/l	
Oil & Grease	EPA 1664A	4/3/2019 1:26:00 PM	AI*	<5 mg/l	
Basic WW					
DO	SM 4500-O, 2011.	3/26/2019 11:03:00 AM	JJ	9.6 mg/l	
pH	SM 4500HB, 2011.	3/26/2019 11:03:00 AM	JJ	7.1 pH Units	
Temperature	SM 2550B, 2010.	3/26/2019 11:03:00 AM	JJ	17.4 degrees C	
TSS	SM 2540 D, 2011.	3/29/2019 8:40:00 AM	JB	48.0 mg/l	

* Quality assurance/Quality control performed in Lab.

AI* American Interplex Laboratory performed this test.

Chain of custody, equipment calibration and maintenance records, and
QA/QC information are on file at the laboratory.

Matthew S. Bienvenu

Matthew S. Bienvenu, Laboratory Manager



Client: Johnsville Co. Sample Number: 50770-01
Sample Description: Gravel Wash Date Reported: 5/30/2019
Sample Location: Hermitage, AR
Permit Number: AR0047830
References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Completed Date/Time	Sampler	Date/Time Lab Received:
05/14/19 9:30	Jesse James			05/14/19 15:15

Parameter	Reference	Test Date/Time	Analyst	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	5/22/2019 9:45:00 AM	AI*	30 mg/l	
Oil & Grease	EPA 1664A	5/23/2019	AI*	<5 mg/l	
Basic WW					
DO	SM 4500-O, 2011.	5/14/2019 9:33:00 AM	JJ	9.7 mg/l	
pH	SM 4500HB, 2011.	5/14/2019 9:33:00 AM	JJ	7.2 pH Units	
Temperature	SM 2550B, 2010.	5/14/2019 9:33:00 AM	JJ	22.6 degrees C	
TSS	SM 2540 D, 2011.	5/16/2019 9:30:00 AM	KJ	86.0 mg/l	

* Quality assurance/Quality control performed in Lab.

AI* American Interplex Laboratory performed this test.

Chain of custody, equipment calibration and maintenance records, and
QA/QC information are on file at the laboratory.

A handwritten signature in black ink that reads "Matthew S. Bienvenu".

Matthew S. Bienvenu, Laboratory Manager



Chain of Custody

Client: Johnsburg Co. Sample Number: 51548-01
Sample Description: Gravel Wash Date Reported: 11/6/2019
Sample Location: Hermitage, AR
Permit Number: AR0047830
References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Completed Date/Time	Sampler	Date/Time Lab Received:
10/16/19 12:00	Jesse James			10/16/19 15:00

Parameter	Reference	Test Date/Time	Analyst	Result	Qualifiers
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American Interplex Lab Testing

COD	Hach 8000	10/22/2019 3:00:00 PM	AI*	63 mg/l
Oil & Grease	EPA 1664A	10/22/2019 9:36:00 AM	AI*	<5 mg/l

Basic WW

DO	SM 4500-O, 2011.	10/16/2019 12:03:00 PM	JJ	7.9 mg/l
pH	SM 4500HB, 2011.	10/16/2019 12:03:00 PM	JJ	7.1 pH Units
Temperature	SM 2550B, 2010.	10/16/2019 12:03:00 PM	JJ	19.8 degrees C
TSS	SM 2540 D, 2011.	10/21/2019 8:00:00 AM	KJ	39.0 mg/l

* Quality assurance/Quality control performed in Lab.

Chain of custody, equipment calibration and maintenance records, and QA/QC information are on file at the laboratory.

A handwritten signature in black ink that reads 'Matthew S. Bienvenu'.

Matthew S. Bienvenu, Laboratory Manager



501-378-7808 FAX 501-378-4522

Chain of Custody

Client: Johnsville Co. Sample Number: 52234-01
Sample Description: Gravel Wash Date Reported: 3/16/2020
Sample Location: Hermitage, AR
Permit Number: AR0047830
References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Date/Time	Sampler	Date/Time Received:
02/11/20 11:00	Jesse James			02/11/20 15:00

Parameter	Reference	Test Date/Time	Initials	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	2/18/2020 3:40:00 PM	AI*	<10 mg/l	
Oil & Grease	EPA 1664A	2/17/2020 4:55:00 PM	AI*	<5 mg/l	
Basic WW					
DO	SM 4500-O, 2011.	2/11/2020 11:03:00 AM	JJ	9.7 mg/l	
pH	SM 4500HB, 2011.	2/11/2020 11:03:00 AM	JJ	7.4 pH Units	
Temperature	SM 2550B, 2010.	2/11/2020 11:03:00 AM	JJ	12.7 degrees C	
TSS	SM 2540 D, 2011.	2/13/2020 3:30:00 PM	KJ	15.0 mg/l	

* Quality assurance/Quality control performed in Lab.

AI* American Interplex Laboratory performed this test.

Chain of custody, equipment calibration and maintenance records,
and QA/QC information are on file at the laboratory.

Matthew S. Bienvenu, Laboratory Manager



Client: Johnsville Co. Sample Number: 52541-01
Sample Description: Gravel Wash Date Reported: 5/14/2020
Sample Location: Hermitage, AR
Permit Number: AR0047830
References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Date/Time	Sampler	Date/Time Received: 04/01/20 16:30
04/01/20 10:30	Jesse James			

Parameter	Reference	Test Date/Time	Initials	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	4/7/2020 11:58:00 AM	AI*	44 mg/l	
Oil & Grease	EPA 1664A	4/9/2020 2:53:00 PM	AI*	<5 mg/l	
Basic WW					
DO	SM 4500-O, 2011.	4/1/2020 10:33:00 AM	JJ	8.8 mg/l	
pH	SM 4500HB, 2011.	4/1/2020 10:33:00 AM	JJ	7.1 pH Units	
Temperature	SM 2550B, 2010.	4/1/2020 10:33:00 AM	JJ	17.5 degrees C	
TSS	SM 2540 D, 2011.	4/6/2020 2:10:00 PM	KJ	27.0 mg/l	

* Quality assurance/Quality control performed in Lab.

*AI - American Interplex Laboratory performed this test.

Chain of custody, equipment calibration and maintenance records, and QA/QC information are on file at the laboratory.

Matthew S. Bienvenu, Laboratory Manager



501-378-7808 FAX 501-376-4522

Client: Johnsville Co. Sample Number: 52872-01
 Sample Description: Gravel Wash Date Reported: 7/10/2020
 Sample Location: Hermitage, AR
 Permit Number: AR0047830
 References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
 Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
 Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
 QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Sampler	Composite Date/Time	Sampler	Date/Time Received:
06/09/20 10:45	Jesse James			07/10/20 10:25

Parameter	Reference	Test Date/Time	Initials	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	6/16/2020 8:32:00 AM	AI*	30 mg/l	
Oil & Grease	EPA 1664A	6/16/2020 1:34:00 PM	AI*	<5 mg/l	
Basic WW					
DO	SM 4500-O, 2011.	6/9/2020 10:49:00 AM	JJ	8.6 mg/l	
pH	SM 4500HB, 2011.	6/9/2020 10:49:00 AM	JJ	7.2 pH Units	
Temperature	SM 2550B, 2010.	6/9/2020 10:49:00 AM	JJ	27.4 degrees C	
TSS	SM 2540 D, 2011.	6/11/2020 12:00:00 PM	JT	17.0 mg/l	

* Quality assurance/Quality control performed in Lab.

AI* American Interplex Laboratory performed this test.

Chain of custody, equipment calibration and maintenance records, and QA/QC information are on file at the laboratory.

Matthew S. Bienvenu

Matthew S. Bienvenu, Laboratory Manager



501-378-7808 FAX 501-378-4522

Client: Johnsville Co. Sample Number: 53012-01
 Sample Description: Gravel Wash Date Reported: 8/12/2020
 Sample Location: Hermitage, AR
 Permit Number: AR0047830
 References: 40 CFR Part 136 Approved Methods, Containers, Preservation, Holding Times
 Standard Methods for the Examination of Water and Wastewater: EPA-600/4-79-020
 Quality Control: Blank, duplication, known addition, quarterly analysis of external references samples
 QA Frequency: Minimum of 10% Spikes and Duplicates

Sample Picked up/Grab Date/Time	Composite Date/Time	Sample Sampler	Date/Time Received: 07/09/20 16:00
07/09/20 12:10		Jesse James	

Parameter	Reference	Test Date/Time	Initials	Result	Qualifiers
American Interplex Lab Testing					
COD	Hach 8000	7/14/2020 3:12:00 PM	AI*	21 mg/l	
Nitrate+Nitrite as N	EPA 300.0	7/13/2020 11:47:00 PM	AI*	<0.5 mg/l	
Oil & Grease	EPA 1664A	7/14/2020 3:09:00 PM	AI*	<5 mg/l	
Phosphorus	EPA 200.7	7/14/2020 7:00:00 PM	AI*	<0.1 mg/l	
TKN	EPA 351.2	7/15/2020 4:33:00 PM	AI*	0.58 mg/l	
Total Organic Carbon	SM 5310 C 2011	7/14/2020 3:12:00 PM	AI*	5.0 mg/l	
Basic WW					
Ammonia, NH3-N	4500-NH3,B,C	7/15/2020 8:30:00 AM	MB	<0.10 mg/l	
BOD	SM 5210B, 2011.	7/10/2020 2:00:00 PM	JT	1.77 mg/l	
DO	SM 4500-O, 2011.	7/9/2020 12:14:00 PM	JJ	8.2 mg/l	
pH	SM 4500HB, 2011.	7/9/2020 12:14:00 PM	JJ	7.1 pH Units	
Temperature	SM 2550B, 2010.	7/9/2020 12:14:00 PM	JJ	30.3 degrees C	
TSS	SM 2540 D, 2011.	7/13/2020 8:35:00 AM	JT	6.0 mg/l	

* Quality assurance/Quality control performed in Lab.

AI* American Interplex Laboratory performed this test.

D - Result is from a secondary dilution factor.

Chain of custody, equipment calibration and maintenance records, and QA/QC information are on file at the laboratory.

Matthew S. Bienvenu

Matthew S. Bienvenu, Laboratory Manager

DISCLOSURE STATEMENT

INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

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

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

Exemptions:

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

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

Exemptions continued:

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

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

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.**
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.**
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.**

If Not Submitting by ePortal, Mail Original to:

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

1. APPLICANT: (Full Name)

Johnsville Company, LLC

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

281 Bradley 56 Road

3. CITY, STATE, AND ZIPCODE:

Hermitage, Arkansas, 71647

4a. Applicant Type:

Individual Corporate or Other Entity

4b. Reason for Submission:

Permit License Certification Operational Authority

New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste Used Tire Program

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on December 15, 2014

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

The owners have been in the gravel/mining business since 1982.

Existing ADEQ NPDES Discharge Permit No. AR0047830

Existing ADEQ NPDES Discharge Permit No. ARR001633

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

8. List all officers of the Applicant. (add additional pages, if necessary.)

NAME: Scotty Ferrell TITLE: Owner
STREET: 281 Bradley 56
CITY, STATE, ZIP: Hermitage, AR 71647

NAME: Kenneth Ferrell TITLE: Managing Member
STREET: 281 Bradley 56
CITY, STATE, ZIP: Hermitage, AR 71647

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: Monty Adams TITLE: Operations Manager
STREET: 281 Bradley 56
CITY, STATE, ZIP: Hermitage, AR 71647

NAME: Buford Rainey TITLE: Plant Foreman
STREET: 281 Bradley 56
CITY, STATE, ZIP: Hermitage, AR 71647

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

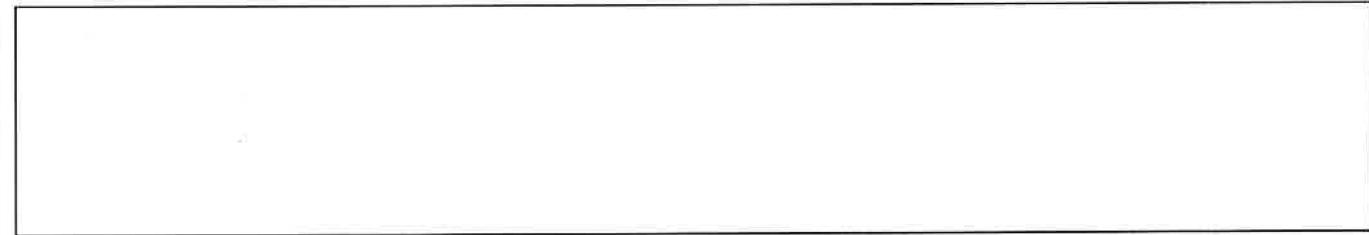
14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:



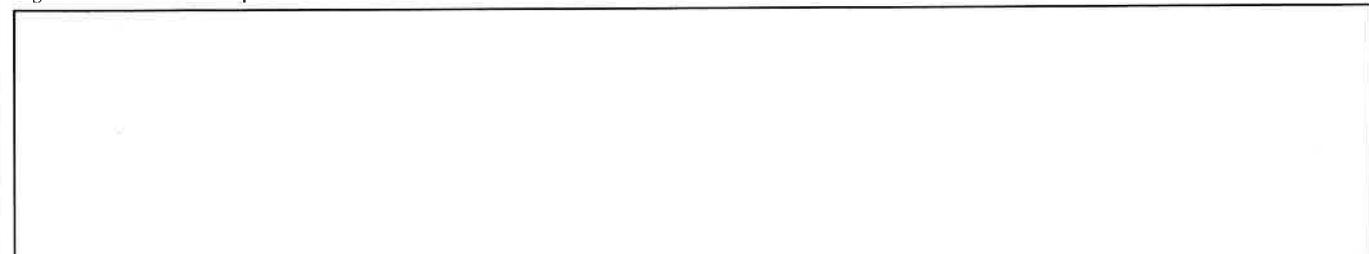
15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:



16. List any person who is not now in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

**DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM
DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL
ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE,
CERTIFICATION OR OPERATIONAL AUTHORIZATION.**

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

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

APPLICANT
SIGNATURE: 

TITLE: Owner

DATE: 8-24-20

**ARKANSAS SECRETARY OF STATE
DOCUMENTS**



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

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

[Begin New Search](#)

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

Corporation Name	JOHNSVILLE COMPANY, L.L.C.
Fictitious Names	
Filing #	800053601
Filing Type	Limited Liability Company
Filed under Act	Domestic LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	KENNETH FERRELL
Agent Address	281 BRADLEY 56
	HERMITAGE, AR 71647
Date Filed	03/04/2005
Officers	KENNETH FERRELL , Incorporator/Organizer STEVEN SCOTT FERRELL , Incorporator/Organizer
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

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

[Pay Franchise Tax for this corporation](#)

FIGURES & DRAWINGS

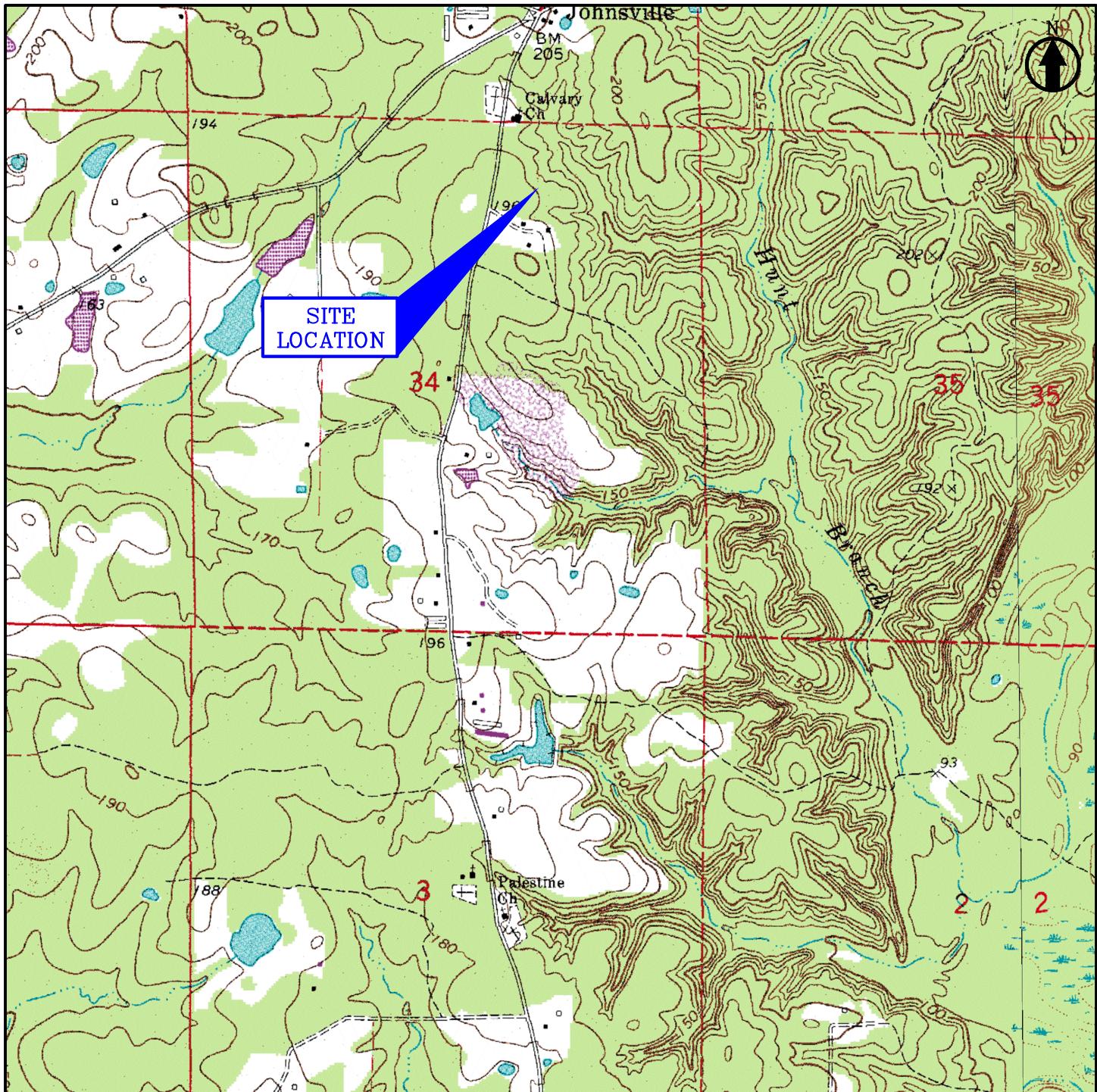


FIGURE NO. 1
TOPOGRAPHIC MAP TAKEN FROM VICK AND MILO QUADRANGLE MAPS

NPDES PERMIT RENEWAL
JOHNSVILLE COMPANY, LLC
281 BRADLEY 56 ROAD
HERMITAGE, ARKANSAS

 <p>CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES 3512 South Shackleford Road Little Rock, Arkansas 72205 (501) 221-7122 fax (501) 221-7775</p>	SUBMITTED:	D. FORD	<p>SCALE: 0 1500'</p>	<p>JOB NUMBER: JNSV-11874</p>
	DRAWN:	C. GLOVER		
	CHECKED:	D. FORD		
	DATE:	JUNE 8, 2020		

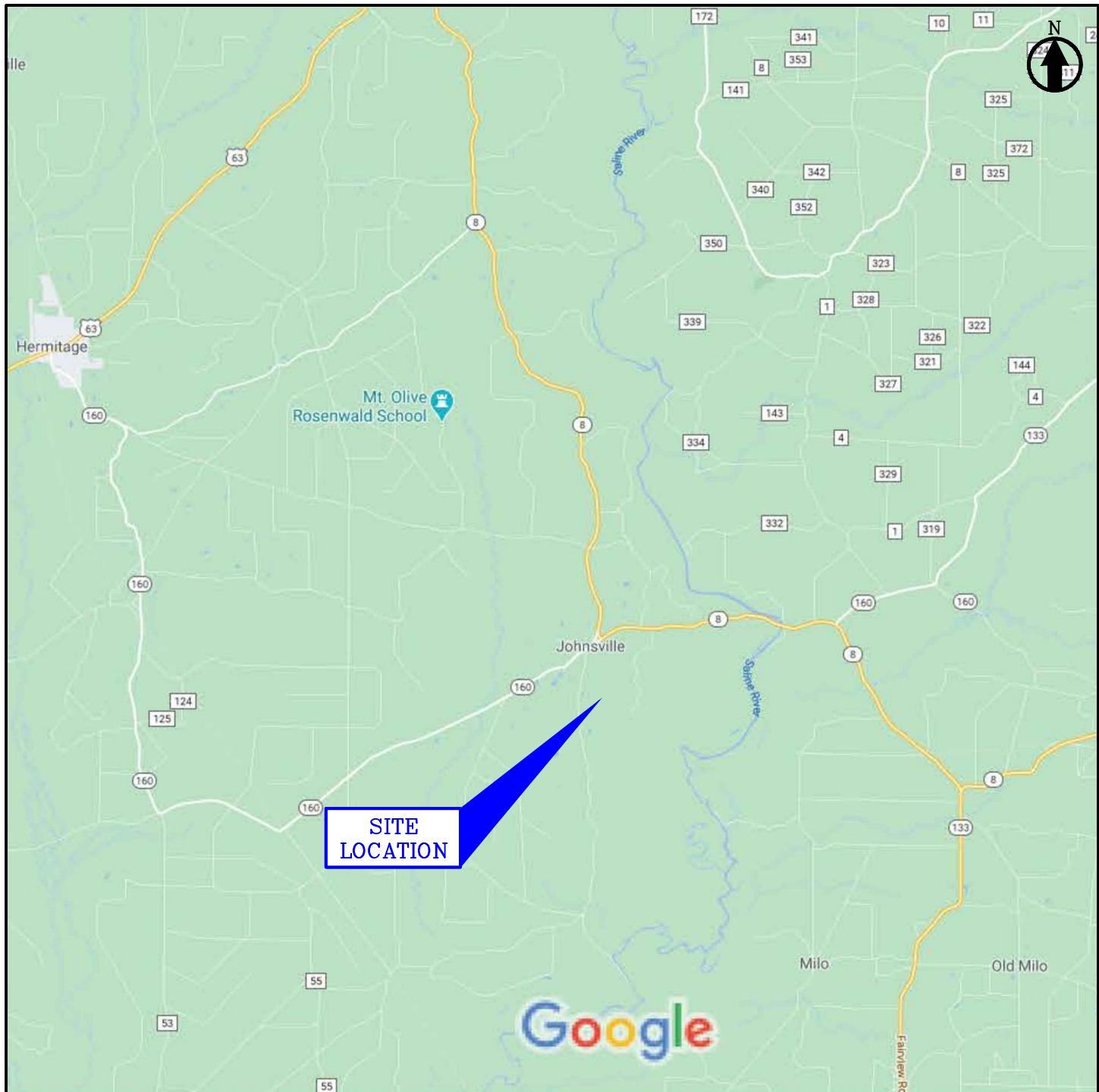
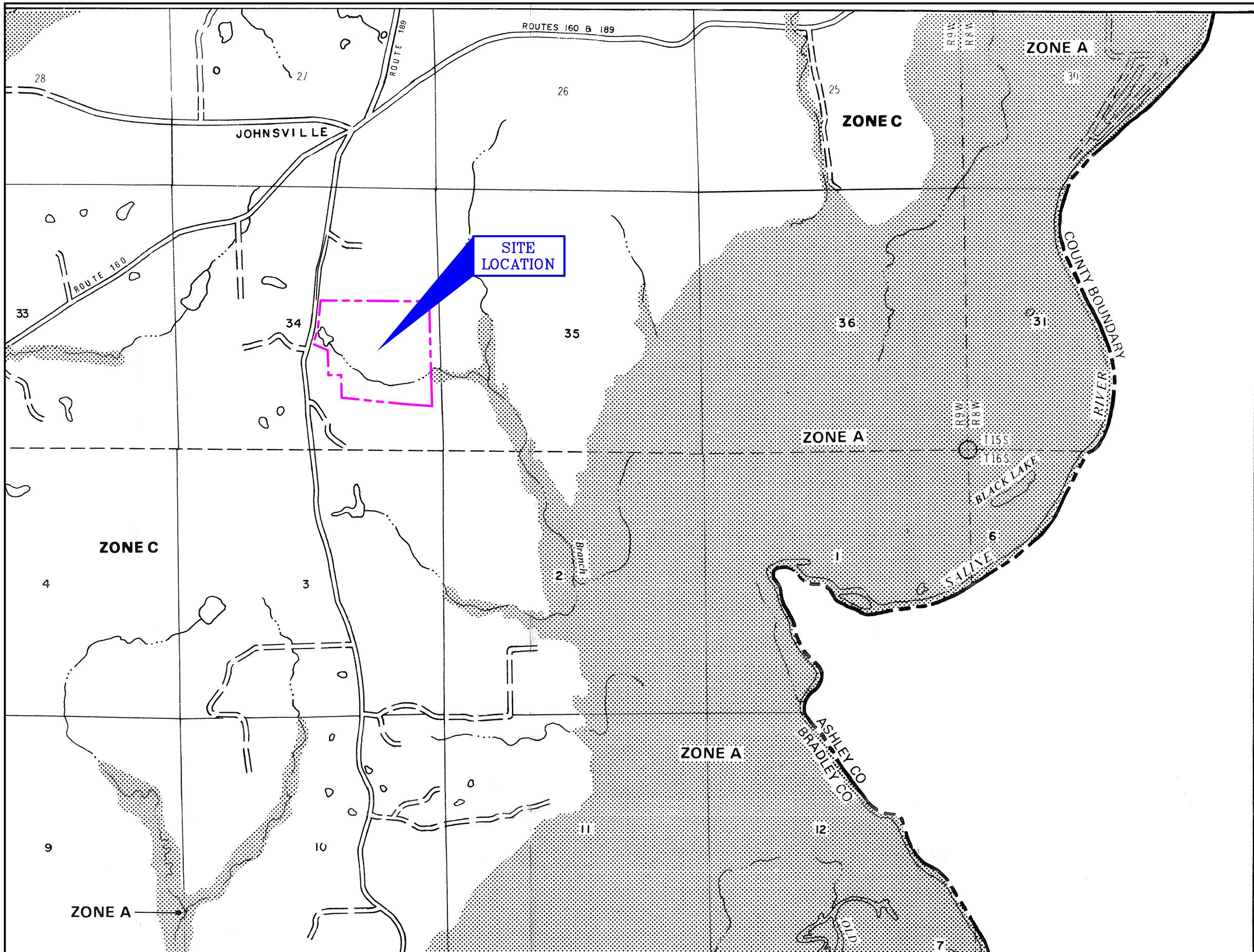


FIGURE NO. 2
VICINITY MAP

NPDES PERMIT RENEWAL
JOHNSVILLE COMPANY, LLC
281 BRADLEY 56 ROAD
HERMITAGE, ARKANSAS

 <p>CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES 3512 South Shackleford Road Little Rock, Arkansas 72205 (501) 221-7122 fax (501) 221-7775</p>	SUBMITTED:	D. FORD	<p>SCALE: 0 1500'</p>	<p>JOB NUMBER: JNSV-11874</p>
	DRAWN:	C. GLOVER		
	CHECKED:	D. FORD		
	DATE:	JUNE 8, 2020		



KEY TO MAP

Zone Designations*

Base Flood Elevation Line
With Elevation In Feet**

**Base Flood Elevation in Feet
Where Uniform Within Zone****

Elevation Reference Mark

Zone D Boundary

River Mile

**Referenced to the National Geodetic Vertical Datum of 1929

*EXPLANATION OF ZONE DESIGNATIONS

A flood insurance map displays the zone designations for a community according to areas of designated flood hazards. The zone designations used by FEMA are:

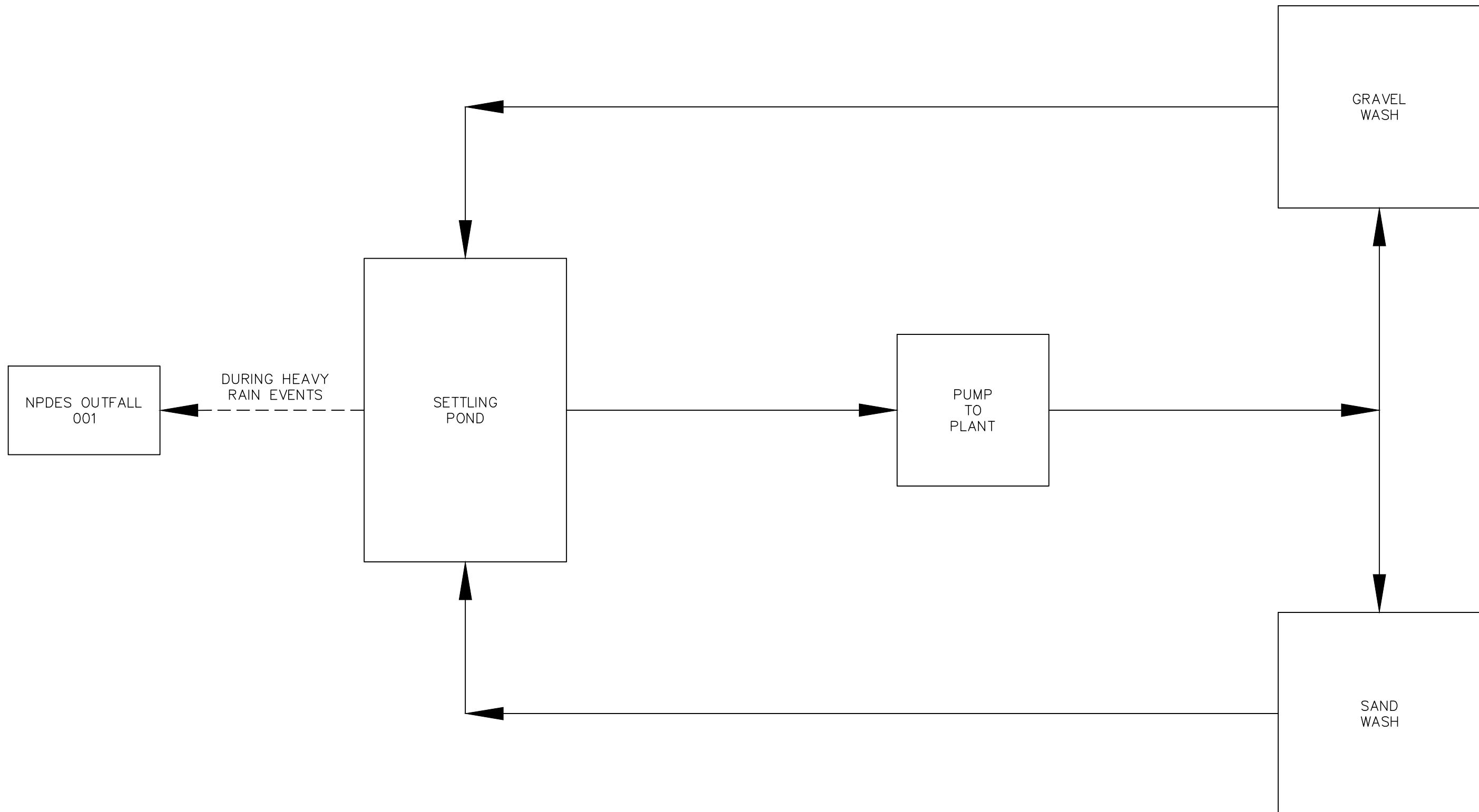
ZONE	EXPLANATION
A	Areas of 100-year flood; base flood elevations and flood hazard factors not determined.
A0	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; average depths of inundation are shown, but no flood hazard factors are determined.
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined.
A1 A30	Areas of 100-year flood; base flood elevations and flood hazard factors determined.
A99	Areas of 100-year flood to be protected by flood protection system under construction; base flood elevations and flood hazard factors not determined.
B	Areas between limits of the 100-year flood and 500-year flood; or certain areas subject to 100-year flooding with average depths less than one (1) foot or where the contributing drainage area is less than one square mile; or areas protected by levees from the base flood. (Medium shading)
C	Areas of minimal flooding. (No shading)
D	Areas of undetermined, but possible, flood hazards.
V	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors not determined.
V1 V30	Areas of 100-year coastal flood with velocity (wave action); base flood elevations and flood hazard factors determined.

NOTES TO USER

Certain areas not in the special flood hazard areas (zones A and V) may be protected by flood control structures.

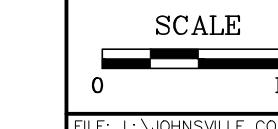
This map is for flood insurance purposes only; it does not necessarily show all areas subject to flooding in the community or all planimetric features outside special flood hazard areas.





CIVIL ENGINEERING AND
ENVIRONMENTAL SERVICES
3512 South Shackleford Rd
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(501) 221-7122 fax (501) 221-7775

SUBMITTED: D. FORD
DRAWN: C. GLOVER
CHECKED: D. FORD
DATE: JUNE 8, 2020

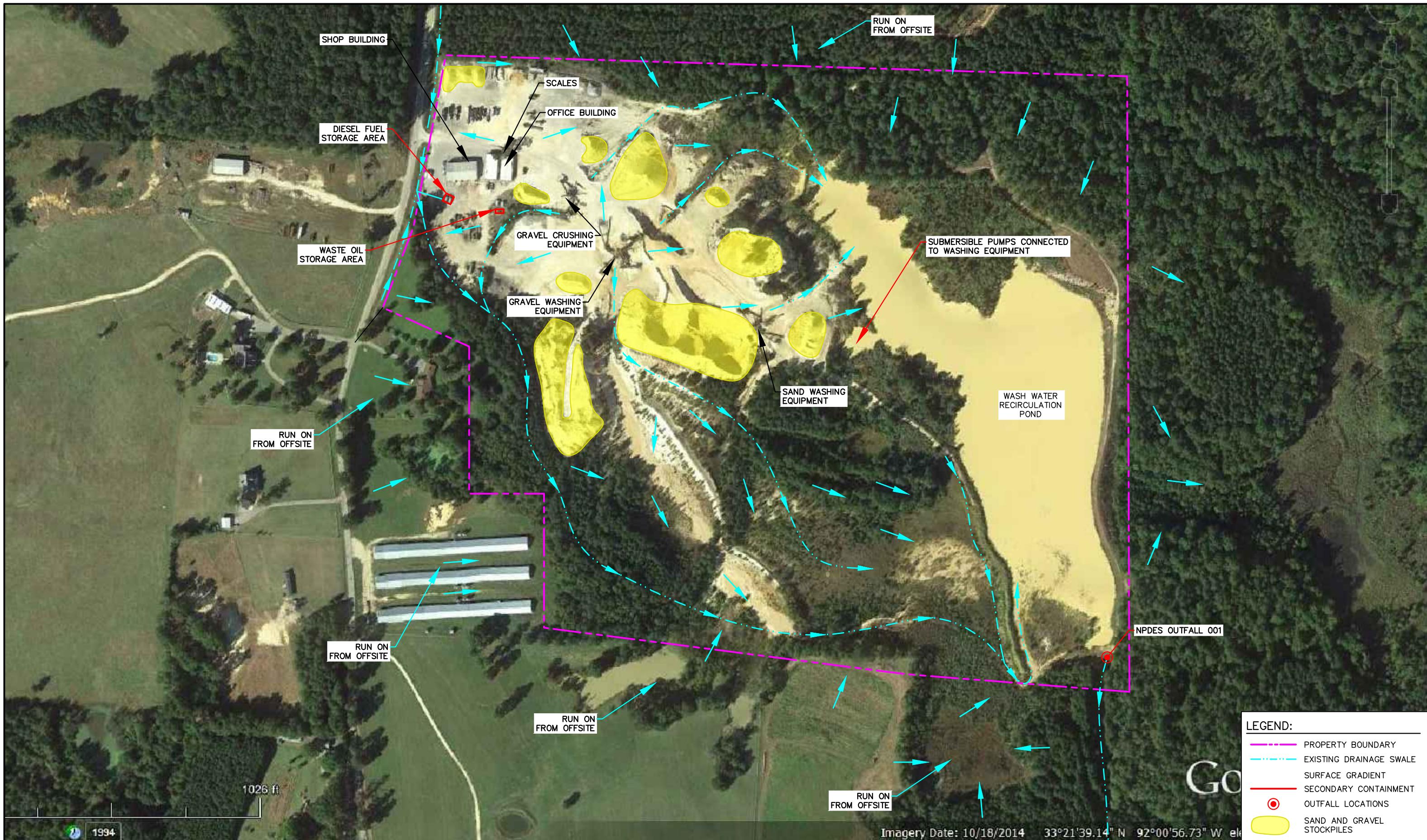


NPDES PERMIT RENEWAL
JOHNSVILLE COMPANY, LLC
281 BRADLEY 56 ROAD
HERMITAGE, ARKANSAS

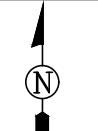
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PROCESS FLOW DIAGRAM

JOB NUMBER
JNSV-11874
DRAWING NO.:
1



SUBMITTED:	D. FORD
DRAWN:	C. GLOVER
CHECKED:	D. FORD
DATE:	JUNE 5, 2020



A scale bar consisting of a horizontal line with three black segments and two white segments, followed by the word 'SCALE' in capital letters.

NPDES PERMIT RENEWAL
JOHNSVILLE COMPANY, LLC
281 BRADLEY 56 ROAD
HERMITAGE, ARKANSAS

Imagery Date: 10/18/2014 33°21'39.14" N 92°00'56.73" W ele

AERIAL SITE PLAN

JOB NUMBER
JNSV-11874
DRAWING NO.:
2