

**NPDES PERMIT APPLICATION
FORM 1**

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

PURPOSE OF THIS APPLICATION

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

SECTION A- GENERAL INFORMATION

1. Operator (Legal) Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

Caterpillar Inc.

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

2. Operator Type: Private State Federal Partnership Corporation Other

State of Incorporation: Delaware

3. Facility Name: Caterpillar Inc., North American Motor Grader Facility

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

5. NPDES Permit Number (If Applicable): AR00 NA

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

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

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

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
Minor Source Air Permit	2209-A	Caterpillar Inc.
Water Permit - Storm Runoff (Construction Activites)	ARR 153036	Caterpillar Inc.

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

NA for wastewater treatment plant - NPDES App fo SW runoff associated with industrial activites.

Directions to facility - Facility is at the NE corner of the intersection of I-440 and Faulkner Lake road.

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

Street: 9201 Faulkner Road

City: North Little Rock

County: Pulaski

State: AR

Zip: 72117

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

Name: Jon R. Harrison Title: General Manager

Street: 9201 Faulkner Road P.O. Box _____

City: North Little Rock State: AR Zip: 72117

"Jon R. Harrison"

E-mail address*: <Harrison_Jon_R@cat.com> Fax: (501) 955-5400

* 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

_____ SIC Facility Activity under this SIC or NAICS:
333120 NAICS Construction Machinery Manufacturing

14. Design Flow: NA MGD Highest Monthly Average of the last two years Flow: NA MGD

15. Is Outfall equipped with a diffuser? Yes No

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

Name: Jon R. Harrison Title: General Manager

Address: 9201 Faulkner Lake Road Phone Number: 501.955.5250

E-mail Address: Jon R. Harrison <Harrison_Jon_R@cat.com>

City: North Little Rock State: AR Zip: 72117

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

Name: Jon R. Harrison Title: General Manager

Address: 9201 Faulkner Lake Road Phone Number: 501.955.5250

E-mail Address: Jon R. Harrison <Harrison_Jon_R@cat.com>

City: North Little Rock State: AR Zip: 72117

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

Contact Name: Mary Clerget

Company Name: URS Corporation

Address: 10801 Executive Center Dr Phone Number: 501.233.2582

E-mail Address: Mary_Clerget@urscorp.com

City: Little Rock State: AR Zip: 72211

19. Wastewater Operator Information

Wastewater Operator Name: NA License number: NA

Class of municipal wastewater operator: I II III IV

Class of industrial wastewater operator: Basic Advanced

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on front door (Gate) location of the facility):

Lat: 34 ° 44 ' 51.64 " Long: 92 ° 9 ' 36.05 " County: Pulaski Nearest Town: North Little Rock

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

Outfall No. 001 -006:

Latitude: 34 ° 45 ' 18.77 " Longitude: 92 ° 9 ' 30.84 "

Where is the collection point? 001-North West parking area, 002-North Loading area, 003 & 004-Roof drains, 005-Petroleum Aboveground Storage Tank (AST) and North East parking area, 006-Test Track Area

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

Faulkner Lake

Outfall No. 007:

Latitude: 34 ° 45 ' 20.82 " Longitude: 92 ° 9 ' 25.62 "

Where is the collection point? Engine Sound Test Stand

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

Unnamed drainage ditch, thence to Faulkner Lake

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 (Included all components of treatment system and Attach the process flow diagram):

NA - stormwater runoff associated with Industrial activities - oil water separator for stormwater runoff discharged from AST secondary containment and Test Track Area

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

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

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

NA

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

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.

If "No", what measures are (or will be) used to protect the facility? Site elevated to above the 100 year flood levels and two on site Detention Ponds for holding excess surface water.

7. Population for Municipal and Domestic Sewer Systems: NA

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, How many? NA Total Horespower (hp)? _____

If No, Please explain? _____

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Landfill

Landfill Site Name NA ADEQ Solid Waste Permit No. NA

Land Application: ADEQ State Permit No. NA

Septic tank Arkansas Department of Health Permit No.: NA

Distribution and Marketing: Facility receiving sludge:

Name: _____ Address: _____

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

Rail: Pipe: Other: _____

Subsurface Disposal (Lagooning):

Location of lagoon _____ How old is the lagoon? _____

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

Incineration: Location of incinerator _____

Remains in Treatment Lagoon(s):

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

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

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

Other (Provide complete description): _____

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

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

Municipal Water Utility (Specify City): City of North little Rock (application for storm water runoff only)

Distance from Discharge point: Within 5 miles Within 50 miles

Surface Water- Name of Surface Water Source: _____

Distance from Discharge point: Within 5 miles Within 50 miles

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

Other (Specify): _____

Distance from Discharge point: Within 5 miles Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – “The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years.”

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
 - B. Obtaining a letter of credit;
 - C. Obtaining a surety/performance bond;
 - D. Obtaining a trust fund or an escrow account; or
 - E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.
2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

http://www.adeg.state.ar.us/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

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

YES (Answer questions 2 and 3) NO

2. What Part of 40 CFR? NA (Application for storm water runoff only, industrial waste water discharge to sanitary sewer are being permitted through the city of North Little Rock wastewater utility.)

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):

The Caterpillar facility in North Little Rock will manufacture parts and assemble motor graders for final delivery to customers. The facility will include the following operations: receipt of pre-fabricated parts, fabrication of motor grader components, surface coating of fabricated parts, assembly of fabricated parts, final testing of motor graders, shipment of finished units.

NPDES Application for storm water runoff only

5. Production: (projected for new facilities)

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

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

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

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

N/A

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

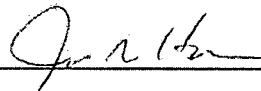
SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

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

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

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

Signature of Cognizant Official:  Date: 12/11/09

Printed name of Cognizant Official: Jon R. Harrison

Official title of Cognizant Official: General Manager Telephone Number: 501.955.5250

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).

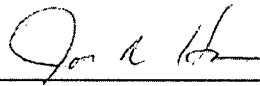
Responsible official is defined as follows:

- 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.

____ (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.

____ (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."

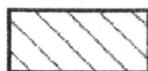
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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: 12/11/09

Printed name of Responsible Official: Jon R. Harrison

Official title of Responsible Official: General Manager Telephone Number: 501.955.5250

mined.



UNDEVELOPED COASTAL BARRIERS



Floodplain Boundary



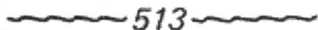
Floodway Boundary



Zone D Boundary



Boundary Dividing Special Flood Hazard Zones, and Boundary Dividing Areas of Different Coastal Base Flood Elevations Within Special Flood Hazard Zones.



Base Flood Elevation Line; Elevation in Feet*



Cross Section Line

(EL 987)

Base Flood Elevation in Feet Where Uniform Within Zone*

RM 7_x

Elevation Reference Mark

•M1.5

River Mile

*Referenced to the National Geodetic Vertical Datum of 1929

NOTES

This map is for use in administering the National Flood Insurance Program; it does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size, or all planimetric features outside Special Flood Hazard Areas. The community map repository should be consulted for possible updated flood hazard information prior to use of this map for property purchase or construction purposes.

Coastal base flood elevations apply only landward of 0.0 NGVD, and include the effects of wave action; these elevations may also differ significantly from those developed by the National Weather Service for hurricane evacuation planning.

Areas of special flood hazard (100-year flood) include Zones A, AE, AH, AO, A99, V, and VE.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the Federal Emergency Management Agency.

Floodway widths in some areas may be too narrow to show to scale. Floodway widths are provided in the Flood Insurance Study Report.

Elevation reference marks are described in the Flood Insurance Study Report. For adjoining map panels see separately printed Map Index.

MAP REPOSITORY

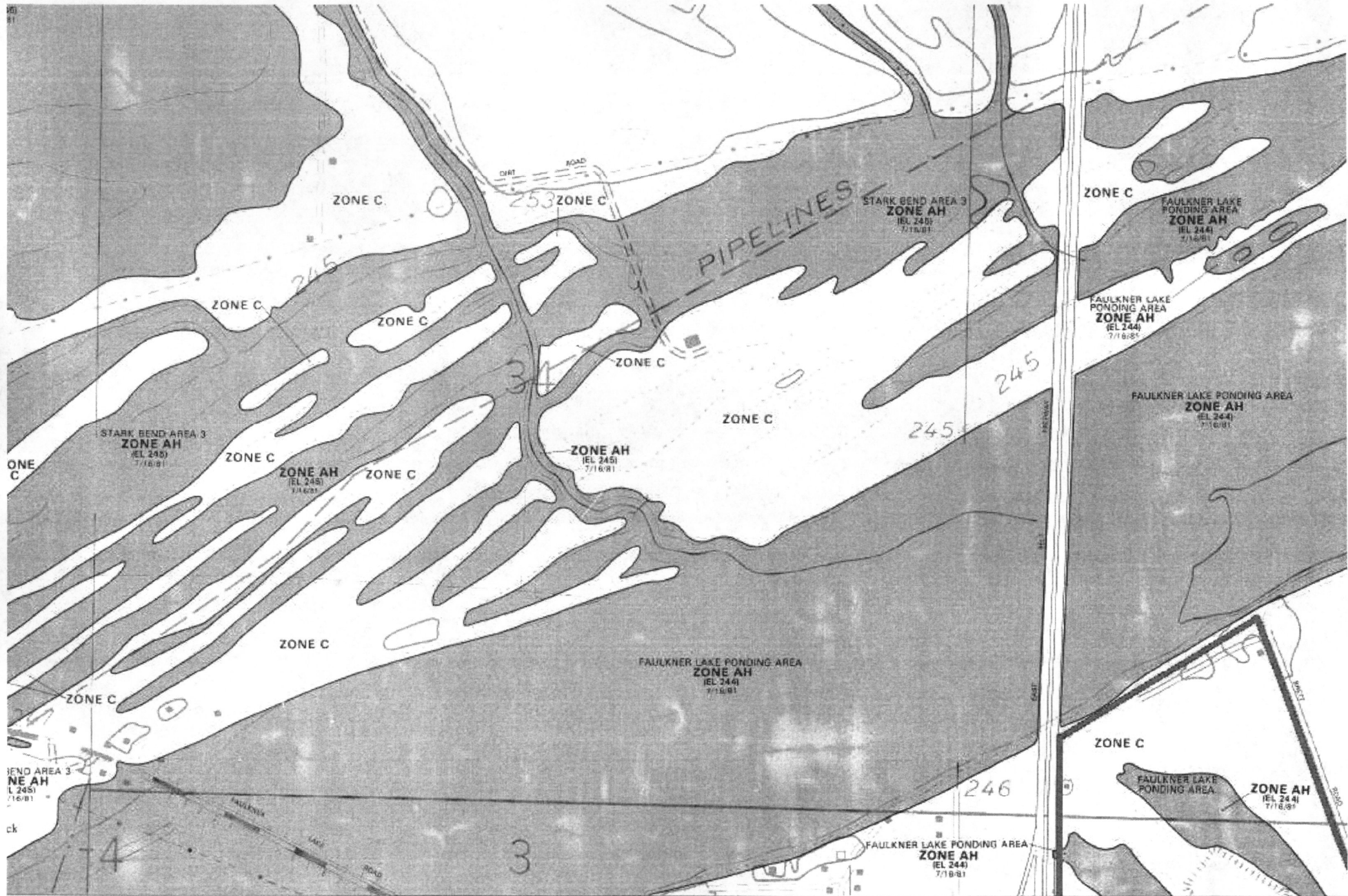
City Hall, 3rd and Main, North Little Rock, Arkansas 72114 (Maps available for reference only, not for distribution).

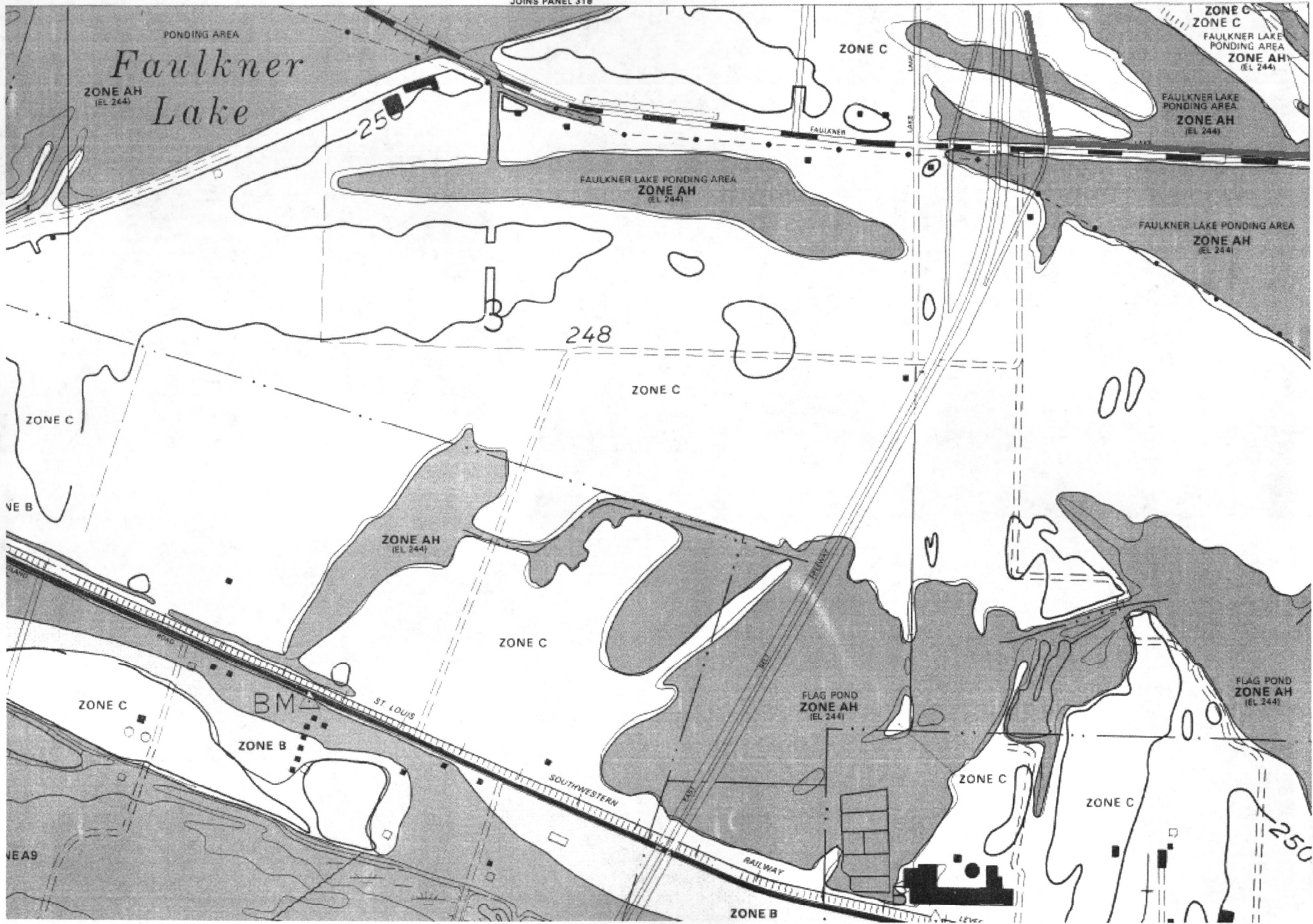
INITIAL IDENTIFICATION:
NOVEMBER 2, 1973

FLOOD HAZARD BOUNDARY MAP REVISIONS:
MARCH 4, 1977

FLOOD INSURANCE RATE MAP EFFECTIVE:
JULY 16, 1980

JOINS PANEL 0004





Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

IV. Narrative Description of Pollutant Sources

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

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	2.0 acres	6.0 acres	006	1.7 acres	11.2 acres
002	1.7 acres	3.4 acres	007	0.70 acres	6.7 acres
003, 004	16.5 acres	16.5 acres			
005	7.5 acres	10.9 acres			

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

Not Applicable - For past or current operations- new facility- Future operations will include fuel/oil storage in above ground storage tanks (10 x 10,000 gallon) inside secondary containment; parking of finished motor graders; test track for motor graders and sound test stand for motor graders.

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

Outfall Number	Treatment	List Codes from Table 2F-1
001	None	NA
002	None	NA
003, 004	None	NA
005	Oil Water separator	1-H
006	Oil Water separator	1-H
007	None	NA

V. Nonstormwater Discharges

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

Name and Official Title (type or print)	Signature	Date Signed
Jon R Harrison, General Manager		12/11/09

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

NA - New facility - Not operational no sampling

VI. Significant Leaks or Spills

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

NA - New facility - Not operational no spills

VII. Discharge Information

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

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

Yes (list all such pollutants below)

No (go to Section IX)

NA - New facility - Not operational

VIII. Biological Toxicity Testing Data

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

Yes (list all such pollutants below)

No (go to Section IX)

NA - New facility - Not operational

IX. Contract Analysis Information

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

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

No (go to Section X)

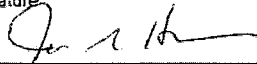
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
NA	NA	NA	NA

X. Certification

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

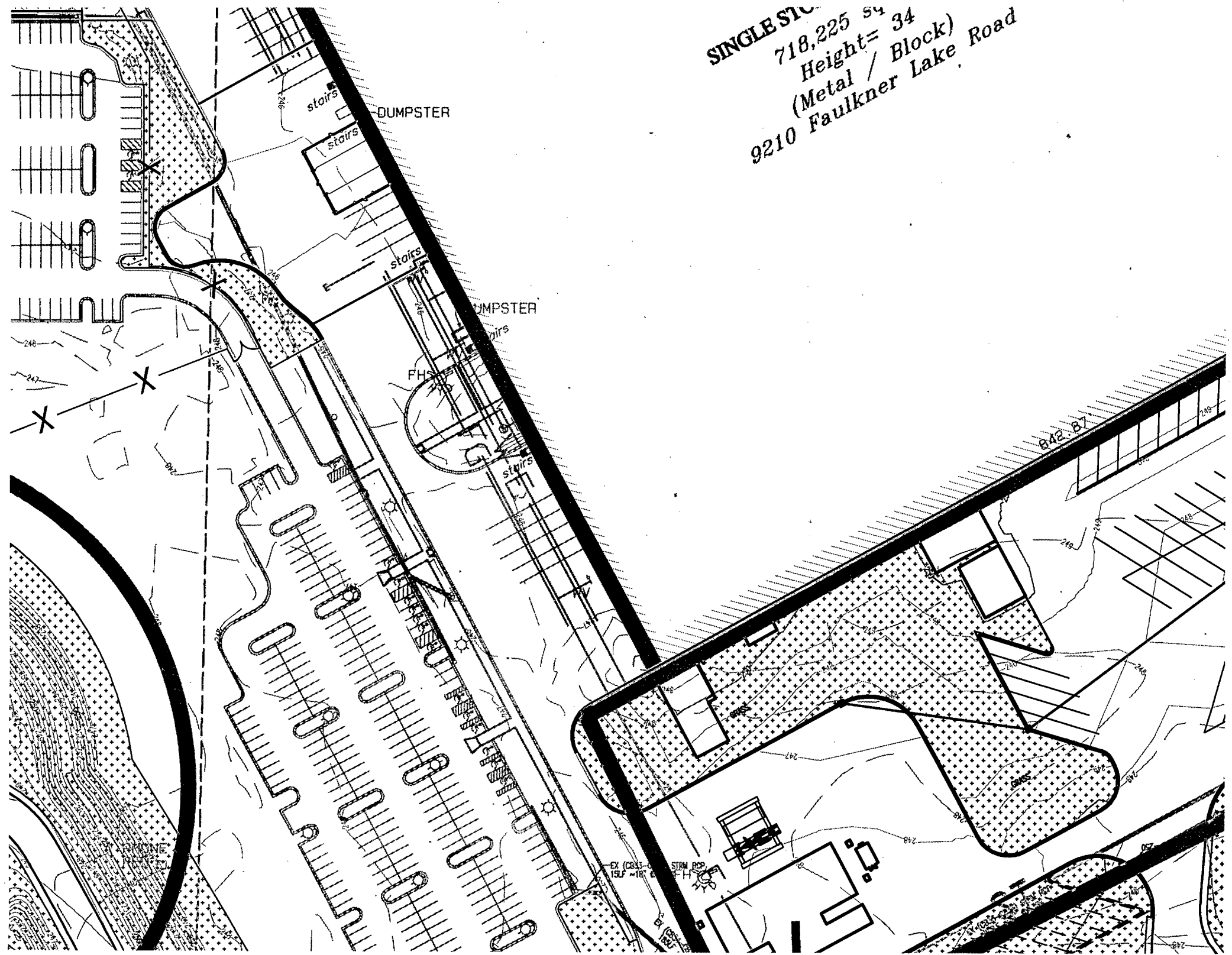
A. Name & Official Title (Type Or Print)
Jon R Harrison, General Manager

B. Area Code and Phone No.
(501) 955-5250

C. Signature


D. Date Signed
12/11/09

SINGLE ST.
718,225 ⁵⁴
Height = 34
(Metal / Block)
9210 Faulkner Lake Road



ADEQ

ARKANSAS
Department of Environmental Quality

Hand Delivered Mail Receipt

Date	12/14/09
Division	Water, NPDES
Sender	Caterpillar, Inc.
Received By	Kim Fuller