NPDES PERMIT APPLICATION FORM 1

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

\mathbf{PU}	PURPOSE OF THIS APPLICATION			
\boxtimes				
\sqcup	INITIAL PERMIT APPLICATION FOR EXISTING FACIL	ITY		
\square	MODIFICATION OF EXISTING PERMIT			
닖	REISSUANCE (RENEWAL) OF EXISTING PERMIT			
님	MODIFICATION AND CONSTRUCTION OF EXISTING F	ERMIT		
<u></u>	CONSTRUCTION PERMIT			
SE	ECTION A- GENERAL INFORMATION		-	
1.		sponsibility over the	e operation of a fac	ility or activity):
	Caterpillar Inc.			
	· Note: The legal name of the operator must be identical to the name list	ed with the Arkansa	s Secretary of State	2.
2.	. Operator Type: Private State Federal	Partnership	Corporation 🛛	Other
				_
	State of Incorporation: Delaware	<u> </u>		
3.	. Facility Name: <u>Caterpillar Inc.</u> , 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): <u>ARG NA</u>		*	
7.	. NPDES General Storm Water Permit Number (If Applicable): <u>NA</u>			
8.	. Permit Numbers and/or names of any permits issued by ADEQ or EPA f by the applicant or its parent or subsidiary corporation which are not listed.		d in Arkansas that	is presently held
	Permit Name Per	mit Number		Held by
	Minor Source Air Permit 220	9-A		Caterpillar Inc.
	Water Permit - Storm Runoff (Construction Activites) AR	R 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 runnoff associ	iated with industrial	activites.	
	Directions to facility - Facility is at the NE corner of the intersection of			
10.	0. Facility Physical Location: (Attach a map with location marked; street, r	oute no. or other spe	ecific identifier)	•
	Street: 9201 Faulkner Road	- Agentage and a		
	City: North Little Rock County: Pulaski	State: A	AR Zi	p: 72117

Page 2

1. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box	x):
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) 95:</harrison_jon_r@cat.com>	5 5400
* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to	
2. Neighboring States Within 20 Miles of the permitted facility (Check all that apply	
Oklahoma Missouri Tennessee Louisiana Texas	
3. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes	
	ees for primary processes
SIC Facility Activity under this SIC or NAICS:	
333120 NAICS Construction Machinery Manufacturing	
4. Design Flow: <u>NA</u> MGD Highest Monthly Average of the last two years Flow.	ow: <u>NA</u> MGD
5. Is Outfall equipped with a diffuser? Yes No	
6. Responsible Official (as described on the last page of this application):	
Name: Jon R. Harrison	Title: General Manager
	Title: General Manager
Address: 9201 Faulkner Lake Road Ph E-mail Address: Jon R. Harrison < Harrison_Jon_R@cat.com>	none Number: 501.955.5250
City: North Little Rock State: AR	Zip: 72117
7. Cognizant Official (Duly Authorized Representative of responsible official as described in the control of th	
Name: Jon R. Harrison .	Title: General Manager
Address: 9201 Faulkner Lake Road Ph E-mail Address: Jon R. Harrison < Harrison_Jon_R@cat.com>	none Number: 501.955.5250
City: North Little Rock State: AR	Zip: 72117
8. Name, address and telephone number of active consulting engineer firm (If none,	
	·
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
9. Wastewater Operator Information	
Wastewater Operator Name: NA License number	er: NA
Class of municipal wastewater operator: I 🔲 II 🔲 III 🔲 IV 🔲	
Class of industrial wastewater operator: Basic Advanced	

SECTION B: FACILITY AND OUTFALL INFORMATION

	ation (All info	amadon mi	ist oc oas		acor (Gair	y location of a	io raomity).			
at: <u>34</u> °	44 '	51.64	" Long	g: <u>92</u>	° 9	' 36.05	" County:	Pulaski	Nearest Town:	North Little Rock
. Outfall Loc	ation (The loc	ation of the	end of th	e pipe Disc	harge point.):				
Outfall No.	<u>001 -006</u> :	•			*			•		
Latitude: 34	<u>° 45</u>			Longitu est parking		° 9 orth Loading a	, <u>30.84</u> rea, <u>003 & 00</u>	" 4-Roof drain	is, 005-Petro	oleum
Where is the co	-					d North East p				
Name of Recei	ving Stream (i	.e. an unna	med tribut	ary of Mill	Creek, then	ce into Mill Ci	reek; thence in	ito Arkansas	River):	
Faulkner Lake			······································					000		
Outfall No.	<u>007</u> :							·		
Latitude: 34					' <u>'</u>	<u> </u>		"		
Where is the co										·
Name of Recei				-	Creek, then	ce into Mill Ci	reek; thence in	ito Arkansas	River):	
Unnamed drain	lage ditch, the	nce to Fauli	kner Lake			· · · · · · · · · · · · · · · · · · ·				
Monitoring	Location (If t	he monitor	ing is con	ducted at a	location dif	ferent than the	above Outfal	l location):		
Outfall No.	:									
Lat:	٥	•	"	Long:	o	6	**			
Outfall No.	:			<u> </u>						
Lat:	o	<u> </u>		Long:	· • –					
Outfall No.	:			•						
Lat:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Long:	° _					
. Type of Tre	atment system	(Included	all compo	nents of tre	atment syste	em and Attach	the process flo	ow diagram)	:	
NA - stormwat	er runoff asso	ciated with	Industrial		oil water co		_			
secondary cont				activities -	on water se	parator for sto	rmwater runof	f discharged	from AST	

5.	Do you ha	ave, or plan to hav	ve, automa	atic sampl	ing equipmen	t or continuous	waste	water flow	metering	g equipmo	ent at this f	acility?
	Current:	Flow Meterin Sampling Equip	_	Yes Yes	Type:			No No		N/A N/A		
	Planned:	Flow Meterin Sampling Equip		Yes Yes	Type: Type:		\boxtimes	No No		N/A N/A		
If y	es, please	indicate the prese	nt or futur	e location	of this equip	ment on the sev	wer sch	ematic and	d describe	the equi	pment belo	w:
_ <u>N</u>	Α											
6.	Is the pro	posed or existing	facility lo	cated abo	ve the 100-ye	ar flood level?		Yes		\boxtimes	No	
		<u>NOTE</u> : FEM	A Map m	ust be inc	luded with thi	s application.	Maps o	can be orde	ered at wy	vw.fema.	gov.	
		lo", what measure te Detention Pond					e eleva	ted to aboy	<u>e the 100</u>) year flo	od levels ar	<u>ıd two</u>
7.	Populatio	on for Municipal a	nd Domes	stic Sewer	Systems: NA	<u>4</u>						
8.	Backup P	. · Power Generation	for Treatr	nent Plant	S							•
	Are ther	re any permanent	backup ge	nerators?	Yes 🗌	No 🗌						
	If Yes, I	How many?	NA		Total Horespo	ower (hp)?						
	If No, P	lease 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.: <u>NA</u>
	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?
	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 S	ources (check as many as are applicable):
	Private Well - Distance from Discharge point: Within 5 miles Within 50 miles
\boxtimes	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 <u>financial assurance</u> in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

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

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

2. Disclosure Statement:

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

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

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SECTION F – INDUSTRIAL ACTIVITY

1.	Does an effluent guideline lir Section 304 of the Clean Wat			of the 40 CFR Effluent Lin	nit Guidelines) under
	YES 🛭 (Answer quest	ions 2 and 3)	по □		
2.	What Part of 40 CFR? NA (approximated through the city of			ial waste water discharge to	sanitary sewer are being
3.	What Subpart(s)?			,	
4.	Give a brief description of all necessary):	l operations at this fa	acility including primary pro	oducts or services (attach ad	lditional sheets if
	The Caterpillar facility in N The facility will include the coating of fabricated parts,	following operation	s: receipt of pre-fabricated	parts, fabrication of motor g	grader compoents, surface
	NPDES Application for stor	rm water runoff only	/		
5.	Production: (projected for ne	w facilities)			
		Last	t 12 Months	. Highest Production	Year of Last 5 Years
	Product(s) Manufactured]	lbs/day*	lbs/o	lay*
	(Brand name)	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 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.]

Vo.	Process Description	Average Flow (GPD)	w Maximum Flow (GPD)	Type of Discharge (batch, continuous, r	iona)
10.	1 locess Description	(GFD)	(GF <i>D</i>)	(batch, continuous, i	ione)
ΙA					_
		,			
	1				
Ift	oatch discharge occurs or will	occur, indicate: INew	facilities may estimate.	in the growing to	
	men assenage secure of win	rocour, moroator proces	ruemities may estimate.		
					•
NT	mahan af hatab disabansas			· (CDD)	•
Nu	mber of batch discharges:	per day A	Average discharge per batch	n: (GPD)	•
Nu	mber of batch discharges:	per day A	Average discharge per batch	n: (GPD)	•
				n: (GPD)	•
	mber of batch discharges:	a	ıt :	*	
				*	
		a	ıt :	*	
		a	ıt :	*	
Tir		a (days of week)	ıt :	*	
Tir	ne of batch discharges	a (days of week)	t (hours of day	*	

Answer questions 2, 3, and 4 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)
NA	,			
			·	
-				

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)
	<u> </u>	ŇA			
	Ifb	eatch discharge occurs or will occur	, indicate: [New facilit	ies may estimate.]	
	Nu	mber of batch discharges:	oer day Averag	ge discharge per batch:	(GPD)
	Tin	ne of batch discharges (days	of week)	(hours of day)	
	Flo	w rate: gallons/minute	Percent of total	discharge:	
3.	Do you	have, or plan to have, automatic sa	mpling equipment or c	ontinuous wastewater fl	ow metering equipment at this facility?
	Current	: Flow Metering	es Type: Yes Type:	No	□ N/A □ □ N/A □
	Planned	· -	es Type: Yes Type:		□ N/A □ □ N/A □
ſf y	es, pleas	e indicate the present or future loca	tion of this equipment	on the sewer schematic	and describe the equipment below:
N.	A				
4.	Are any	process changes or expansions pla	inned during the next tl	hree years that could alte	er wastewater volumes or characteristics?
		Yes No	(If no, skip Que	stion 5)	
5.	Briefly	describe these changes and their ef	fects on the wastewater	r volume and characteris	itics:
N.	A Storm	water Runoff only			

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.

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

N/A	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

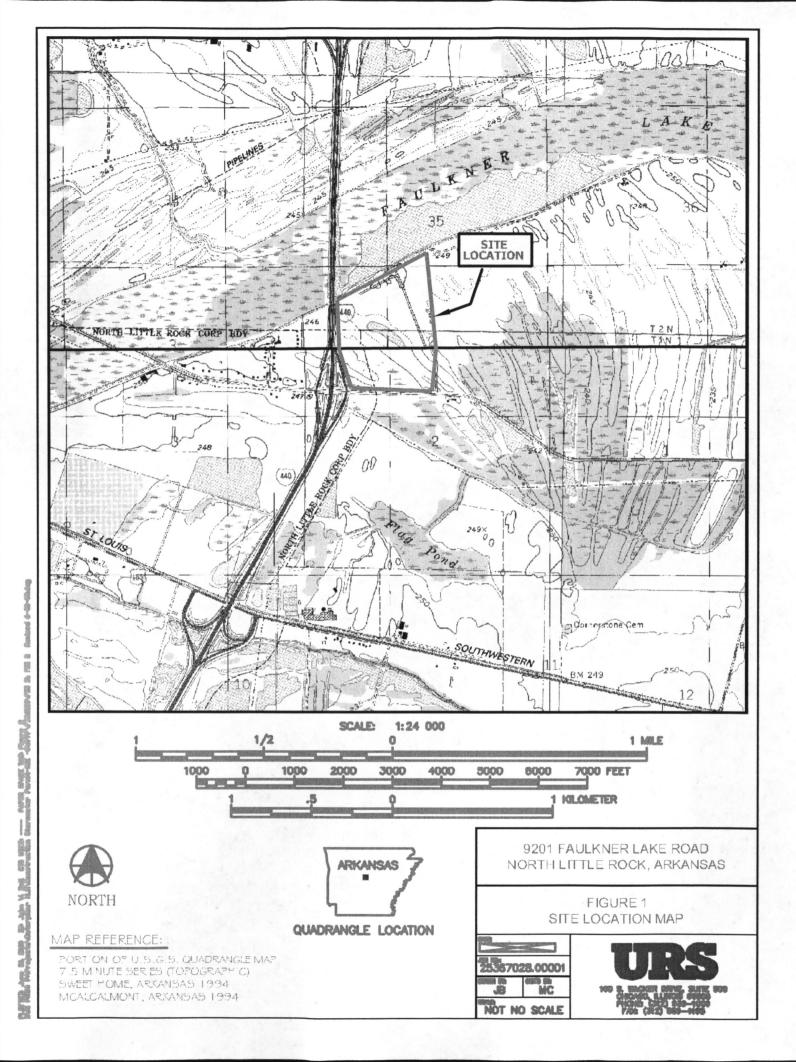
Cognizant Official (Duly Authorized Representative)

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);
- 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:	andh.	Date: 12/11/09
Printed name of Cognizant Official:	Jon R. Harrision	to an experience of the second
Official title of Cognizant Official:	General Manager	Telephone Number: 501.955.5250
Responsible Official		
The information contained in this form a applications" (40 CFR 122,22).	must be certified by a respon	usible official as defined in the "signatory requirements for permit
Responsible official is defined as follow	s:	•
Corporation, a principal officer of at lea Partnership, a general partner Sole proprietorship: the proprietor Municipal, state, federal, or other pub	•	•
provisions of 40 CFR 122.22(b)." NOT	E: If no duly authorized rep	ve is qualified to act as a duly authorized representative under the resentative is designated in this section, the Department considers ly reports, etc., signed by the applicant will be accepted by the
(Initial) "I certify that, if this fa the full name of the corporation if differ		registered with the Secretary of State in Arkansas. Please provide a A above."
with a system designed to assure that inquiry of the person or persons who information submitted is, to the best of penalties for submitting false information	qualified personnel properl manage the system, or thos my knowledge and belief, to in including the possibility of ported as less than detectab	ats were prepared under my direction or supervision in accordance y gather and evaluate the information submitted. Based on my the persons directly responsible for gathering the information, the true, accurate, and complete. I am aware that there are significant of fine and imprisonment for knowing violations. I further certify the in this application or attachments thereto were performed using the substance tested."
Signature of Responsible Official:	Joh Hot	Date: 12/11/09
Printed name of Responsible Official:	Jon R. Harrision	
Official title of Responsible Official:	Genéral Manager	Telephone Number: 501.955.5250



mined.

UNDEVELO	OPED COASTAL BARRIERS
	Floodplain Boundary
	Floodway Boundary
THE RESIDENCE OF THE PARTY OF T	Zone D Boundary
	Boundary Dividing Special Flood Hazard Zones, and Boundary Dividing Areas of Dif- ferent Coastal Base Flood Elevations Within Special Flood Hazard Zones.
513	Base Flood Elevation Line; Elevation in Feet*
$\langle D \rangle \longrightarrow \langle D \rangle$	Cross Section Line
(EL 987)	Base Flood Elevation in Feet Where Uniform Within Zone*
RM7 _×	Elevation Reference Mark
•M1.5	River Mile

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).

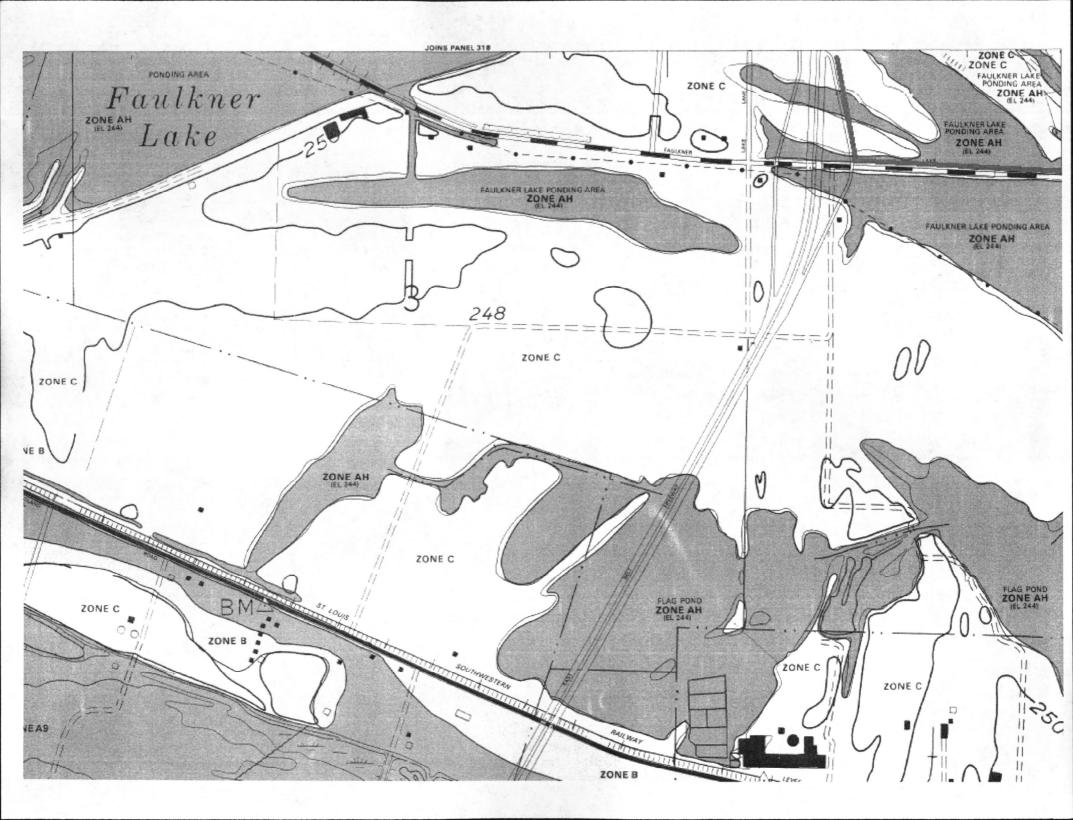
INITIAL IDENTIFICATION: NOVEMBER 2, 1973

FLOOD HAZARD BOUNDARY MAP REVISIONS: MARCH 4, 1977

JOINS PANEL DOC

^{*}Referenced to the National Geodetic Vertical Datum of 1929





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.

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

2F SEPA

U.S. Environmental Protection Agency Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water A. Outfall Number D. Receiving Water (list) B. Latitude C. Longitude (name) 001 34.00 13.88 92.00 9.00 40.77 Faulkner Lake 45.00 002 34.00 45.00 14.17 92.00 9.00 38.86 Faulkner Lake 003 15.37 34.00 45.00 92.00 9.00 36.08 Faulkner Lake 004 34.00 45.00 16.63 92.00 9.00 31.96 Faulkner Lake 005 18.,77 92.00 9.00 Faulkner Lake 34.00 45.00 30.84 34.00 006 45.00 20.82 92.00 9.00 25.62 Faulkner Lake

007 34.00 44.00 55.70 92.00 9.00 18.75 Unnamed drainage ditch thence to Faulkner Lake

II. Improvements

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

1. Identification of Conditions,	2. Affected Outfalls				4. Final Compliance Date		
Agreements, Etc.	number	source of discharge		Brief Description of Project	a. req.	b. proj.	
A	NA NA	A					
			NA	•			
*							
		•					
-							
	T	- · · ·					

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

III. Site Drainage Map

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

	Narrative D				
111/	Alarrativa II	のめぐていわりょく	in at Da	Histoph So	HITCAE

A. For each outfall, provide an estimate of the area (include units) of imperious 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 Súrface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Orained (provide units)
001 002 003,004 005	2.0 acres 1.7 acres 16.5 acres 7.5 acres	6.0 acres 3.4 acres 16.5 acres 10.9 acres	006 007	1.7 acres 0.70 acres	11.2 acres 6.7 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 None	NA
003.004	None.	NA
0'05	Oil Water separator	1-H
006	Oil Water separator	1-B
	None	NA

V. Nonstormwater Discharges

A. I certify under penalty of law hat 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 From 2E application for the outfall.

Name and Official Title (type or print)

Signature

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

Continued from Page 2

VII. Discharge Information				
	ceeding. Complete one set of tables for each outfall. e included on separate sheets numbers VII-1 and VII		te the outfall number in the s	pace provided.
	analysis – is any toxic pollutant listed in table 2F-2 emediate or final product or byproduct?	, 2F-3,	or 2F-4, a substance or a c	omponent of a substance which you
Yes (list all such pollutants t			No (go to Section IX)	
NA - New facility - Not operation				-
				All and an annual and a second a
VIII. Biological Toxicity Testing I	Data			
relation to your discharge within the last 3	•	oxicity h	_	discharges or on a receiving water in
Yes (list all such pollutants b			No (go to Section IX)	And the state of t
IX. Contract Analysis Informatio	n VII performed by a contract laboratory or consulting	firm?		
Yes (list the name, address,	and telephone number of, and pollutants laboratory or firm below)		No (go to Section X)	
A. Name	B: Address	(C. Area Code & Phone No.	D. Pollutants Analyzed
NA .	NA	Ж	·	NA.
X. Certification				
I certify under penalty of law that this do that qualified personnel properly gather a directly responsible for gathering the info	cument and all attachments were prepared under m nd evaluate the information submitted. Based on my ormation, the information submitted is, to the best o ng false information, including the possibility of fine a	inguiry f my kne	of the person or persons who owledge and belief, true, acc	manage the system or those persons urate, and complete. I am aware that
A. Name & Official Title (Type Or Print)			a Code and Phone No.	
Jon R Harrison, General M	lanager	(501	.) 955-5250	
C. Signature		D. Dat	te Signed 12 /11 /09	

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

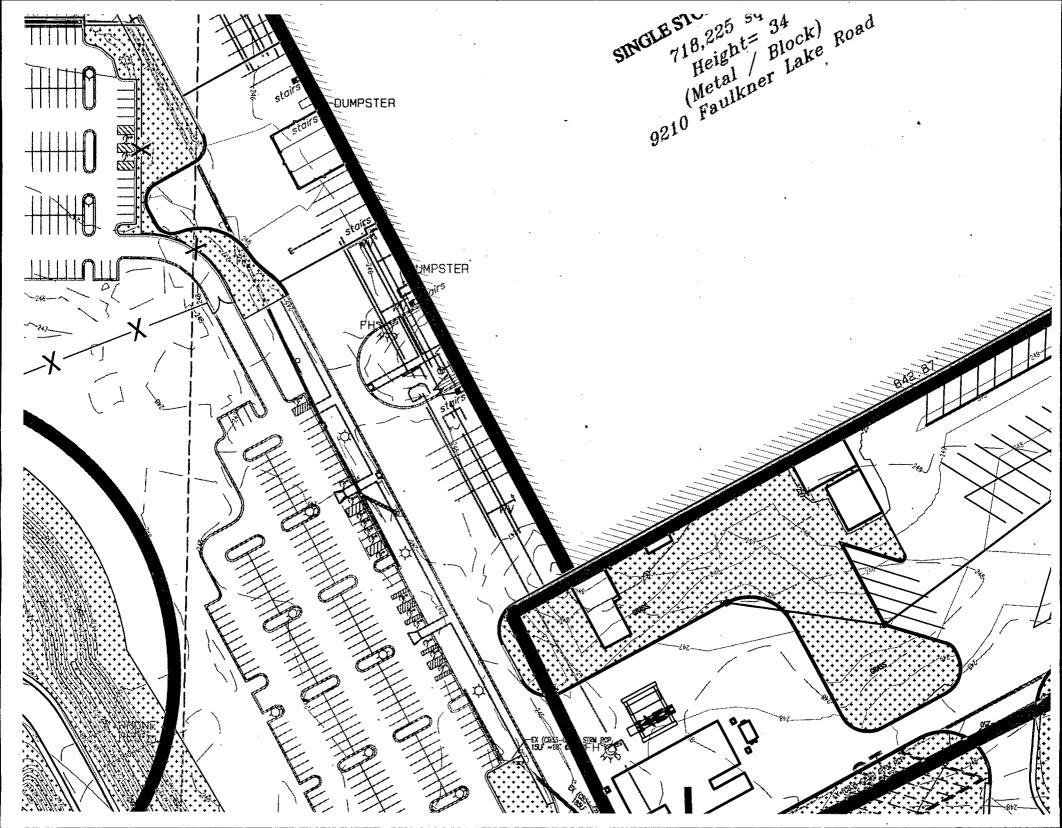
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

		Maximum Values (include units)		Average Values (include units)		
Pollutant and CAS Number (if available)	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	of Storm Events Sampled	Sources of Pollutants
Oil and Grease	NA	N/A				
Biological Oxygen Demand (BOD5)	NA	NA				
Chemical Oxygen Demand (COD)	NA					
Total Suspended Solids (TSS)	NA .	•				
Total Nitrogen	NA					
Total Phosphorus	NA					
рН	Minimum	Maximum	Minimum	Maximum		

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

Maximum Values (include units) Pollutant Grab Sample		Ave (in	erage Values	Number	
Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	of Storm Events Sampled	Sources of Pollutants
NA	NA	NA	NN		
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		-			
	Grab Sample Taken During First 20 Minutes	(include units) Grab Sample Taken During First 20 Minutes Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes Flow-Weighted Composite Frab Sample Taken During First 20 Flow-Weighted Composite Minutes	Grab Sample Taken During First 20 Minutes NA NA NA NA NA NA NA NA NA N	Grab Sample Taken During First 20 Minutes NA NA NA NA NA NA NA NA NA N

rec	Maximi	te one table for each ou ium Values ude units)	Ave	erage Values nclude units)	Number			
Pollutant and CAS Number (if available)	Grab Sample Taken During	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	of Storm Events Sampled	Sc	ources of Pollutants	
NA	NA	NA	NA	NA				
						1	-	
						†		
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Part D - Pr	ovide data for the st	orm event(s) which res	ulted in the maxim	num values for the flow weig	ghted composite			
1.	2.	3.		4.	Mavimu	5.	6.	
Date of	Duration	Total rain	nfall	Number of hours betwe beginning of storm meas	sured	m flow rate during rain event	Total flow from	
Storm	of Storm Event	during storn	m event	and end of previous	(gall	ons/minute or	rain event	
Event	(in minutes)	(in inch	<i>es)</i>	measurable rain even		pecify units)	(gallons or specify units)	
NA	AN	AN	•	NA	NA		NA	
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7 Provide a	description of the r	nethod of flow measurer	ment or estimate				<u></u>	
	acility - Not or		Ten or estimate.	<u>`</u>				
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Hand Delivered Mail Receipt

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