CADDO RIVER FOREST PRODUCTS (FORMER BEAN LUMBER FACILITY) NPDES PERMIT APPLICATION

JULY 24, 2015

ENCLOSURES

- ADEQ Form 1
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- Maps and Drawings
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 - FEMA Map
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ADEQ Form 1

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

PURPOSE OF THIS APPLICATION

INITIAL PERMIT APPLICATION FOR <u>NEW</u> FACILITY
 INITIAL PERMIT APPLICATION FOR <u>EXISTING</u> 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 (who has ultimate decision making responsibility over the operation of a facility or activity):

	Caddo River LLC								
	Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.								
2.	Operator Type: Private State Federal Partnership Corporation Other								
	State of Incorporation: 1exas								
3.	. Facility Name: Caddo River Forest Products- Glenwood Sawmill (formerly Bean Lumber Company)								
4.	Is the legal applicant identified in number 1 above, the owner of the facility? Xes No								
5.	NPDES Permit Number (If Applicable): <u>AR0049263 (Expired)</u>								
6.	NPDES General Permit Number (If Applicable): <u>ARG</u>								
7.	. NPDES General Storm Water Permit Number (If Applicable): <u>ARR00B588 (Expired)</u>								
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								
	None								
9.	Give driving directions to the wastewater treatment plant with respect to known landmarks:								
	Along south side of Sweet Gum Lane and Caddo Valley Railroad approximately 1/4 mile west of Highways 8 & 27 northeast of								
	Glenwood, Arkansas								
10.	Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)								
	Street: 229 South Spur 8								

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

	Name: Ja	ason Goodale			Title:	Mill Superintendent
	Street: 2	29 South Spur 8			P.O. Box	
	City: G	Henwood		State:	AR	Zip: 71943
	E-mail addr	ess*: jasonagooda	le@gmail.com	Fax:		
	* Is emailing	g all documents (per	mit, letters, DMRs, inv	voices, etc.) acce	ptable to the applicant?	🛛 Yes 🗌 No
12.	Neighboring S	States Within 20 Mi	es of the permitted fac	ility (Check all	that apply):	
	Oklahoma	a 🗌 Missouri 🗌	Tennessee	Louisiana 🗌	Texas 🗌 🛛 M	Iississippi 🗌
13.	Indicate applie	cable Standard Indu	strial Classification (Sl	(C) Codes and N	AICS codes for primary	y processes
	2421	SIC F	Facility Activity under	this SIC or NAI	CS:	
	321113	NAICS S	awmill			
14.	Design Flow	/: MGD	Highest Monthly Ave	erage of the last	two years Flow: 3.2 M	GD
15.	Is Outfall equ	uipped with a diffuse	er? 🗌 Yes	🛛 No		
16.	Responsible C	Official (as described	l on the last page of thi	s application):		
						Managing Member of McB
	Name: <u>E</u>	David Henderson			Title:	Caddo River, LLC, Member
	Address: 1	127 Judson Road, S	uite 126		Phone Number:	903-758-2370
	E-mail Add	Iress: <u>dh@mcbi</u>	nv.com			
	City: <u>L</u>	Longview		State: TX	Zip:	75601
17.	Cognizant Off	ficial (Duly Authoriz	zed Representative of 1	esponsible offic	ial as describe on the la	st page of this application):
	Name: J	ason Goodale			Title:	Mill Superintendent
	Address: 2	229 South Spur 8			Phone Number:	707-499-2694
	E-mail Add	lress: jasonagooda	le@gmail.com			
	City: <u>C</u>	Glenwood		State: <u>AR</u>	Zip:	71943
18.	Name, address	s and telephone nur	ber of active consultin	ig engineer firm	(If none, so state):	
	Contact N	Name: Raymond E	. Wieda, PE			
	Company N	Name: FTN Assoc	iates, Ltd			
	Ade	dress: <u>3 Innwood</u>	Circle, Suite 220		Phone Numb	er: (501) 833-0984
	E-mail Add	dress: rew@ftn-as	soc.com			
		City: Little Rock		State: AR	Z	ip: <u>72211</u>
19.	Wastewater O)perator Information				
	Wastewater	Operator Name: <u>S</u>	ee Page 3a	Licer	nse number:	
	Class of mur	nicipal wastewater o	perator: I 🗌 II 🗌		2	
	Class of indu	ustrial wastewater oj	perator: Basic	Advanced 🗌		

ADEQ Form 1

Caddo River LLC has contracted with FTN Associates, Ltd. to provide wastewater operator services to the Caddo River Forest Products – Glenwood Sawmill. FTN employs several licensed wastewater operators (see table below) any of which may serve as operator for the Glenwood Sawmill at any time.

License No.	Licensee	License Level	Discipline
009082	Joey R. Reynolds	Advanced	Industrial
008231	Matt Burnham	Advanced	Industrial
008230	Nathan Siria	Advanced	Industrial
008040	Charles W. Bramlett	Advanced	Industrial
010709	Cody M. Ford	Class 1	Municipal
010709	Cody M. Ford	Basic	Industrial
008009	Rex Robbins	Advanced	Industrial
011162	Ronald Jacob Davis	Basic	Industrial
011161	Ronald Jay Davis	Basic	Industrial
004758	Kenneth Carmichael	Class 2	Municipal
004758	Kenneth Carmichael	Basic	Industrial

SECTION B: FACILITY AND OUTFALL INFORMATION

1.	Facility Location	(All information m	ust be based on front	door (Gate) loca	tion of the facility):
----	-------------------	--------------------	-----------------------	------------------	------------------------

Lat:	34N	° 20	' <u>1</u> 3	3.09	" Loi	ng: 93W	°_33		' 47.8	"	County:	Pike	N J	earest Γown:	Glenwo od
2.	Outfall	Location (The locati	on of th	e end of	he pipe Di	ischarge p	ooint.):							
	Outfall	No. <u>001</u> :													
La W	titude: here is tl	34N ne collectio	° <u>20</u> n point?	, , 	2.40 fall	" Longi	itude: <u>9</u>	3W	° <u>33</u>	,	56.50	,,			
Na	ame of R	eceiving St	tream (i.e.	an unna	med trib	utary of M	ill Creek,	thence	into Mill	Creek	; thence i	nto Arka	ansas Rive	r):	
un	named t	ributary to 1	the Caddo	River, t	hence to	Caddo Riv	ver, thenc	e to Ou	achita Riv	ver					
	Outfall	No	:												
La	titude:		o	,		" Longi	itude:		o	,		<i>,,</i>			
W	here is the	ne collectio	n point?												
Na	ame of R	eceiving St	tream (i.e.	an unna	med trib	utary of M	lill Creek,	thence	into Mill	Creek	; thence i	nto Arka	ansas Rive	r):	
3.	Monito	ring Locat	ion (If the	monitor	ring is co	nducted at	a locatio	n differ	ent than th	ne abor	ve Outfa	II locatio	on):		
	Outfall	No	<u>.</u>		8										
La	ıt:	o		۰		Long:		o	،		"				
	Outfall	No	:												
La	ıt:	o		۰		Long:		o	· •		"				
	Outfall	No	:												
La	ıt:	o		۰		Long:		o	٤						
4.	Type of	Treatment	system (I	ncluded	all comp	onents of	treatment	system	and Attac	ch the	process f	low diag	gram):		
Se	ettling po	nds													

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

	Current:	Flow Metering [Sampling Equipment	Yes Yes	Type: 5 Type:		\boxtimes	No No		N/A N/A	
	Planned:	Flow Metering [Sampling Equipment	Yes Yes	Туре: s Туре:		\boxtimes	No No		N/A N/A	
If y	ves, please i	ndicate the present or	future locatior	n of this equipn	nent on the sev	wer sch	ematic and	describe	the equip	oment below:
6.	Is the prop	posed or existing facili	ty located abo	ve the 100-yea	r flood level?	\boxtimes	Yes			No
	<u>NOTE</u> : FEMA Map must be included with this application. Maps can be ordered at <u>www.fema.gov</u> .									
	If "No	o", what measures are	(or will be) us	ed to protect th	ne facility?					
7.	Population	n for Municipal and D	omestic Sewer	Systems: <u>NA</u>	<u>.</u>					
8.	. Backup Power Generation for Treatment Plants									
	Are there any permanent backup generators? Yes 🗌 No 🖂									
	If Yes, H	How many?		Total Horespor	wer (hp)?					
	If No, Pl	lease explain? Trea	atment system	does not requi	re power					

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 (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?
\boxtimes	Other (Provide complete description): Sediments generated are retained in settling ponds

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

	Private Well - Distance from Discharge point: U Within 5 miles Within 50 miles					
\boxtimes	Municipal Water Utility (Specify City): City of Glenwood					
	Distance from Discharge point: 🛛 Within 5 miles 🗌 Within 50 miles					
Surface Water- Name of Surface Water Source: <u>Caddo River</u>						
	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. Arkansas Code Annotated § 8-4-203 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.adeq.state.ar.us/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

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

YES \boxtimes (Answer questions 2 and 3) NO \square

- 2. What Part of 40 CFR? <u>429</u>
- 3. What Subpart(s)? <u>Subpart I</u>
- 4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

Production of pine dimension lumber

5. Production: (projected for new facilities)

	Last	12 Months	Highest Production Year of Last 5 Years			
Product(s) Manufactured]	bs/day*	lbs/day*			
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation		
Limitations are not						
based on production						

* 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.]

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 di	scharge per batch:	(GPD)
Time of batch discharges	(days of week)	at	(hours of day)	

Flow rate: _____ gallons/minute

Percent of total discharge: _____

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

		Average Flow	Maximum Flow	Type of Discharge
No.	Regulated Process	(GPD)	(GPD)	(batch, continuous, none)
	Wet Log Storage	3,200,000	3,200,000	Occasional

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	Boiler Blowdown	10,000	10,000	Occasional
	Oil / Water Separator	1,000 / 600	1,000 / 600	Occasional

	No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	
	If ba	atch discharge occurs or will occur	, indicate: [New facilit	ties may estimate.]		
	Nun	nber of batch discharges:]	per day Averag	ge discharge per batch:	(GPD)	
	Tim	e of batch discharges (days	of week)	(hours of day)		
	Flov	v rate: gallons/minute	Percent of total	discharge:		
3.	Do you l	nave, or plan to have, automatic sa	mpling equipment or c	continuous wastewater flo	ow metering equipment at this facility?	
	Current:	Flow Metering Sampling Equipment	es Type: Yes Type:	No	□ N/A □ □ N/A □	
	Planned:	Flow Metering Sampling Equipment	es Type: Yes Type:	No	□ N/A □ □ N/A □	
If y	es, please	indicate the present or future loca	tion of this equipment	on the sewer schematic a	and describe the equipment below:	
4.	Are any	process changes or expansions pla	nned during the next th	hree years that could alte	r wastewater volumes or characteristics?	,
		Yes No	(If no, skip Que	estion 5)		
5.	Briefly d	escribe these changes and their ef	fects on the wastewate	r volume and characteris	tics:	

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 duly authorized representative only if:

- 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:	Jas Hoe	Date: 7/27/15
Printed name of Cognizant Official:	Jason Goodale	
Official title of Cognizant Official:	Mill Superintendent	Telephone Number:707-499-2694

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:	Viellula	Date:7-24-15
Printed name of Responsible Official:	David Henderson	

Official title of Responsible Official: Rive

David Henderson	
Managing Member o	f McB Caddo
River, LLC, Member	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -

Telephone Number: 903-758-2370

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Revised April 2012

EPA Form 2D

Please print or type in the unshaded areas only

2D NPDES EPA I.D. NUMBER (copy from Item 1 of Form 1)

New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

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. Latitude Longitude Receiving Water (name) **Outfall Number** (list) Deg. Min. Sec. Deg. Min. Sec. unnamed tributary of Caddo River 001 34.00 20.00 2.00 93.00 33.00 48.00 **II. Discharge Date** (When do you expect to begin discharging?)

III. Flows, Sources of Pollution, and Treatment Technologies

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

Outfall Number	1. Operations Contributing Flow (List)	2. Average Flow (Include Units)	3. Treatment (Description or List codes from Table 2D-1)
001	Wet log storage	3,200,000 gpd	1U, 1F
001	Boiler blowdown	10,000 gpd	1U, 1F
001	Oil / water separator	1,000 gpd	1U, 4C
001	Oil / water separator	600 gpd	1U, 1F

В.	B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.								
C.	Except for st	torm runoff, leaks, or sp S (complete the followi	oills, will an	y of the discl	harges o	described in Items II	I-A be intermittent or	seasonal?	
			ing table)		1. Frec			2. Flow	
		Outfall		a. Day	/s	b. Months	a. Maximum Daily	b. Maximum	
		Number		Per We (specify av	ek e <i>rage)</i>	Per Year (specify average)	Flow Rate (<i>in mgd</i>)	Total Volume (specify with units)	c. Duration <i>(in day</i> s)
IV. P	Production								
lf ti pro	here is an ap duction level	pplicable production-ba l, not design), expresse	ased efflue ed in the te	nt guideline erms and un	or NSP	S, for each outfall I I in the applicable e	list the estimated lever fillent guideline or fillent guideline or fillent guideline or fillent states the second se	vel of production (pro NSPS, for each of th	pjection of actual e first 3 years of
ope	eration. If pro	auction is likely to vary,	, you may a	aiso submit a	aiternativ	ve estimates (attach	a separate sheet).		
<u> </u>	Year	A. Quantity Per Day	B. Units (Of Measure	37	c. Op	eration, Product, Mat	terial, etc. <i>(specify)</i>	
					Not ap	plicable. No app	plicable productio	n-based effluent o	guidelines.

CONTINUED FROM THE FRONT	EPA I.D. NUM	BER (copy from Item 1	of Form 1)	Outfall Number 001						
V. Effluent Characteristics										
A and B: These items require you to report estimated amounts (<i>both concentration and mass</i>) of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.										
General Instructions (See table 2D-2 for Each part of this item requests you to pre- for all pollutants in Group A, for all outfalls B should be reported only for pollutants indirectly through limitations on an indicat	General Instructions (See table 2D-2 for Pollutants) Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.									
1. Pollutant	2. Maximum Daily Value <i>(include units)</i>	3. Average Daily Value (include units)		4. Source (see instructions)						
BOD	<60 mg/L	<40 mg/L								
COD	<75 mg/L	<50 mg/L								
TSS	<150 mg/L	<100 mg/L								
рН	<9 s.u.	>6 s.u.								
Temperature	ambient	ambient								
Oil and Grease	<15 mg/L	<10 mg/L								

CONTINUED FROM THE FRONT	EPA I.D. NUMBER (copy from Item 1 of Form 1)									
C. Use the space below to list any of the po discharged from any outfall. For every pollu	C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.									
1. Pollutant	2. Reason for Discharge									
None										
VI. Engineering Report on Wastewater Treatn	nent									
A. If there is any technical evaluation conce	rning your wastewater treatment, including engineering reports or pilot plant studies, check the									
appropriate box below.	V No Report									
B Provide the name and location of any exis	ting plant(s) which to the best of your knowledge resembles this production facility with respect to									
production processes, wastewater constitue	ints, or wastewater treatments.									
Name	Location									

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

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

VIII. 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 and Official Title (type or print)	B. Phone No.
David Henderson, Managing Member of McB Caddo River, LLC, Member	(903) 758-2370
C. Signature	D. Date Signed
Dail Unler	7-24-15

EPA Form 3510-2D (Rev. 8-90)

EPA Form 2F

Please print or type in the unshaded areas only.



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 t	the latitude an	nd longitude c	of its location f	to the nearest	t 15 seconds a	and the name	e of the receiving water.
A. Outfall Number (<i>list</i>)		B. Latitude			C. Longitude		D. Receiving Water (<i>nam</i> e)
001	34.00	20.00	2.00	93.00	33.00	48.00	unnamed tributary of Caddo River
II. Improvements							

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

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

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.

EPA Form 3510-2F (1-92)

Continued from the Front

A. For each drained	outfall, provide an estimate of the area (inclu by the outfall.	de units) of imperious surface	es (including p	aved areas and building roofs) drained to the outfall, and a	n estimate of the total surface area
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	1 acre (+/-)	30 acres (+/-)			
B. Provide to storm storm w applied.	a narrative description of significant ma water; method of treatment, storage, ater runoff; materials loading and acce	terials that are currently o or disposal; past and pre ss areas, and the locatior	I or in the past sent materia n, manner, a	three years have been treated, stored or disposed Is management practices employed to minimize co nd frequency in which pesticides, herbicides, soil c	in a manner to allow exposure ontact by these materials with onditioners, and fertilizers are
aterials umps, tre rums will ontainmen	with potential exposure to st ated and/or scrap wood, sawdu be stored indoors or under n t and/or stored under roof.	ormwater include lo st, ash, drums, dr: coofing where possil	ogs, disca ip pads, k ole. Fuel	arded equipment / machinery, scrap met wark, oil/water separators, and waste o tanks will be double-walled with ade	al, fuel tanks and pil tank. quate secondary
C. For eac descrip	ch outfall, provide the location and a c tion of the treatment the storm water re	escription of existing structures, including the sch	uctural and n edule and ty	nonstructural control measures to reduce pollutants pe of maintenance for control and treatment measures	s in storm water runoff; and a ures and the ultimate disposal
Outfall		T	reatment		List Codes from Table 2F-1
)01	Recirculation and sedimentat	ion	reatment		1-U 1-F 4-A
/. Nonsto	rmwater Discharges				
A. I certify nonstor	under penalty of law hat the outfall(s) mwater discharged from these outfall(s	covered by this application) are identified in either an	on have beer n accompany	n tested or evaluated for the presence of nonstorm ying Form 2C or From 2E application for the outfall.	water discharges, and that all
Name and O	fficial Title (type or print) Sig	gnature		D	ate Signed
David Hend	erson, Managing Member	Sillelin	-		7-24-15
B. Provide	a description of the method used, the	date of any testing, and th	ne onsite drai	nage points that were directly observed during a te	st.
/I. Signifi	cant 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.					
Ione					

Continued from Dags 2	EPA ID Number (copy from Item	1 of Form 1)		
VII Discharge Information				
VII. Discharge information				
A, B, C, & D: See instructions before proc Table VII-A, VII-B, VII-C are	eeding. Complete one set of tables for each outfall. included on separate sheets numbers VII-1 and VI	Annotate the outfall number in the s -2.	pace provided.	
E. Potential discharges not covered by an currently use or manufacture as an intern	nalysis – is any toxic pollutant listed in table 2F-2 mediate 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 be	elow)	✓ No (go to Section IX)		
VIII. Biological Toxicity Testing Da	ata			
Do you have any knowledge or reason to be	elieve that any biological test for acute or chronic to	exicity has been made on any of you	r discharges or on a receiving water in	
Yes (list all such pollutants bei	low)	✓ No (go to Section IX)		
IX. Contract Analysis Information				
Were any of the analyses reported in Item V	/II performed by a contract laboratory or consulting	firm?		
Yes (list the name, address, a	nd telephone number of, and pollutants	No (go to Section X)		
analyzed by, each such la	aboratory or tirm below)	C Area Code & Phone No.	D. Pollutants Analyzed	
A. Name	D. Address	C. Alea Code & Fliolle No.		
X. Certification				
that qualified personnel properly gather and directly responsible for gathering the inform there are significant penalties for submitting	ment and all attachments were prepared under my d evaluate the information submitted. Based on my mation, the information submitted is, to the best of g false information, including the possibility of fine al	A direction or supervision in accordating the person or persons where the person or persons where my knowledge and belief, true, accord imprisonment for knowing violation.	nce with a system designed to assure o manage the system or those persons curate, and complete. I am aware that ns.	
A. Name & Official Title (Type Or Print)		B. Area Code and Phone No.		
David Henderson, Managing Member of McB Caddo River (903) 758-2370				
C. Signature D. Date Signed				
Deid buln		7-24-15		

EPA Form 3510-2F (1-92)

Part A – You must	provide the results of	at least one analysis for	every pollutant in	/	table for each ou	Itfall. See instructions for additional details
	Maximum Values (include units)		Average Values (include units)		Number	
Pollutant and CAS Number <i>(if available)</i>	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		N/A				
Biological Oxygen Demand (BOD5)						
Chemical Oxygen						
Total Suspended Solids (TSS)						
Total Nitrogen						
Total Phosphorus						
pН	Minimum	Maximum	Minimum	Maximum		
Part B – List e waste	ach pollutant that is levater (if the facility is	imited in an effluent gui s operating under an ex	deline which the t isting NPDES per	facility is subject to or an mit). Complete one table	ny pollutant liste e for each outfall	d in the facility's NPDES permit for its process . See the instructions for additional details and
	Maxim (inclu	um Values ide units)	Ave (in	erage Values	Number	
Pollutant and CAS Number (<i>if available</i>)	Grab Sample Taken During First 20 Minutes	Flow-Weighted	Grab Sample Taken During First 20 Minutes	Flow-Weighted	of Storm Events Sampled	Sources of Pollutants
(windles	Composite	Minutes	Composite		

ſ

Continued from the Front

Part C - List each pollutant shown in Table 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.							
-	Maximum Values Av		erage Values				
Pollutant	(<i>inciu</i> Grab Sample	de units)	(<i>in</i> Grab Sample	ciude units)	Number	Number of	
and CAS Number	Taken During First 20	Flow-Weighted	Taken During First 20	Flow-Weighted	Storm Events		
(if available)	Minutes	Composite	Minutes	Composite	Sampled	So	urces of Pollutants
Part D – Pr	ovide data for the sto	orm event(s) which resu	Ited in the maxim	um values for the flow wei	ghted composi	te sample.	
1	2	3		4.		5.	6
Date of	Duration	Total rair	fall	beginning of storm meas	ured	rain event	Total flow from
Event	(in minutes)	during storm (in inche	es)	measurable rain ever	nt (ga	pecify units)	(gallons or specify units)
7. Provide a description of the method of flow measurement or estimate							
1.1100000							

Disclosure Statement

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)
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :
2 CITY STATE AND 7DCODE.
5. CITT, STATE, AND ZIFCODE:

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. Division:
Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste

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.)

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.)

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add addition	al pages, if necessary.)	
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
9. List all directors of the Applicant. (Add addition	nal 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 additi	onal pages, if necessary.)	
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
11 List all parsons amplayed by the Applicant in s	supervisory capacity or with authority over operations of the facil	lity subject to this application
11. Elst an persons employed by the Applicant in 2	supervisory capacity of with authority over operations of the fact	nty subject to this application.
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME	TITLE.	
STRFFT.	· · · · · · · · · · · · · · · · · · ·	
CITY, STATE, ZIP:		
,~		
	TTTLE:	
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 Applicar	t holds a debt or equity interest of more than five percent (5%).
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
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
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14. List any parent company of the Applicant. NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Desc	Describe the parent company's ongoing organizational relationship with the Applicant.
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16. List any person who is not now in compliance o jurisdiction and who through relationship by blood the Applicant in a manner which could adversely a	r has a history of noncompliance with the environmental laws or regulations of this state or any other l or marriage or through any other relationship could be reasonably expected to significantly influence ffect the environment.
NAME: STREET: CITY, STATE, ZIP:	TITLE:
NAME: STREET: CITY, STATE, ZIP:	TITLE:

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, <u>David Henderson</u>, 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: Did buln

TITLE: Managing Member of McB Caddo River, LLC, Member

DATE: 7-24-15

Arkansas Certificate of Good Standing



Arkansas Secretary of State Mark Martin

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501.682.3409

CERTIFICATE OF GOOD STANDING

I, Mark Martin, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

CADDO RIVER LLC

formed and governed under the laws of Texas, USA, and authorized to transact business in the State of Arkansas as a Foreign Limited Liability Company, was granted a Application for Registration of Limited Liability Company by this office July 17, 2015.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of July, 2015.

Martin

Mark Martin Arkansas Secretary of State

By: Regenia (Smith

Texas Certificate of Good Standing

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Caddo River LLC (file number 802248773), a Domestic Limited Liability Company (LLC), was filed in this office on July 07, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 14, 2015.



Culle

Carlos H. Cascos Secretary of State

MAPS AND DRAWING

Location Map



Flow Diagram

PROCESS FLOW DIAGRAM



Flood Insurance Map

KEY TO SYMBOLS ZONE C **ZONE DESIGNATIONS®** ZONE A ZONE C - 513-**Base Flood Elevation Line with elevation in feet** Base Flood Elevation where uniform within zone (EL 987) RM7× **Elevation Reference Mark** • M1.5 **River Mile** *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 Δ Areas of 100-year flood, base flood elevations and flood hazard factors not determined: Areas of 100-year shallow flooding; flood depth 1 to 3 feet; product of flood depth (feet) and A0 velocity (feet per second) less than 15 Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet, base AH 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. Areas of 100-year flood to be protected by a flood protection system under construction; base A99 flood elevations and flood hazard factors not determined Area between limits of 100-year flood and 500-year flood, areas of 100-year shallow flooding R where depths less than 1 foot CORPORATE LIMITS С Areas outside 500-year flood 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 factor 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 Refer to the FLOOD INSURANCE BATE MAP FEFECTIVE date shown on this map to determine when acturial rates apply to structures in the zones where elevations or depths have been established. To determine if flood insurance is available in this community, contact your insurance agent, or call the National Flood Insurance Program, at (800) 638-6620 INITIAL IDENTIFICATION: APRIL 18, 1975 FLOOD HAZARD BOUNDARY MAP REVISIONS: NONE FLOOD INSURANCE RATE MAP EFFECTIVE: JANUARY 3, 1986 FLOOD INSURANCE RATE MAP REVISIONS: federal emergency management agency FIRM FLOOD INSURANCE RATE MAP 01 **MAP INDEX** CITY OF GLENWOOD, AR (PIKE CO.) COMMUNITY NUMBER 050326 A





Stormwater Drainage Map

