

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

**JULY 24, 2015**

## ENCLOSURES

- ADEQ Form 1
- EPA Form 2D
- EPA Form 2F
- Disclosure Statement
- Maps and Drawings
  - Location Map
  - Flow Diagram
  - FEMA Map
  - Stormwater Drainage Map

# **ADEQ Form 1**

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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](http://www.adeq.state.ar.us/water)

**PURPOSE OF THIS APPLICATION**

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

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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?  Yes  No

5. NPDES Permit Number (If Applicable): AR0049263 (Expired)

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

7. NPDES General Storm Water Permit Number (If Applicable): ARR00B588 (Expired)

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>
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None

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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

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

Street: 229 South Spur 8

City: Glenwood

County: Pike

State: AR

Zip: 71943

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

Name: Jason Goodale Title: Mill Superintendent  
Street: 229 South Spur 8 P.O. Box \_\_\_\_\_  
City: Glenwood State: AR Zip: 71943  
E-mail address\*: jasonagoodale@gmail.com Fax: \_\_\_\_\_

\* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant?  Yes  No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma  Missouri  Tennessee  Louisiana  Texas  Mississippi

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

2421 SIC Facility Activity under this SIC or NAICS:  
321113 NAICS Sawmill

14. Design Flow: \_\_\_\_\_ MGD Highest Monthly Average of the last two years Flow: 3.2 MGD

15. Is Outfall equipped with a diffuser?  Yes  No

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

Name: David Henderson Title: Managing Member of McB Caddo River, LLC, Member  
Address: 1127 Judson Road, Suite 126 Phone Number: 903-758-2370  
E-mail Address: dh@mcbinv.com  
City: Longview State: TX Zip: 75601

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

Name: Jason Goodale Title: Mill Superintendent  
Address: 229 South Spur 8 Phone Number: 707-499-2694  
E-mail Address: jasonagoodale@gmail.com  
City: Glenwood State: AR Zip: 71943

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

Contact Name: Raymond E. Wieda, PE  
Company Name: FTN Associates, Ltd  
Address: 3 Innwood Circle, Suite 220 Phone Number: (501) 833-0984  
E-mail Address: rew@ftn-assoc.com  
City: Little Rock State: AR Zip: 72211

19. Wastewater Operator Information

Wastewater Operator Name: See Page 3a License number: \_\_\_\_\_  
Class of municipal wastewater operator: I  II  III  IV   
Class of industrial wastewater operator: Basic  Advanced

Item A.19: Wastewater Operator Information

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 must be based on **front door (Gate)** location of the facility):

Lat: 34N ° 20 ' 13.09 " Long: 93W ° 33 ' 47.8 " County: Pike Nearest Town: Glenwood

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

**Outfall No. 001:**

Latitude: 34N ° 20 ' 2.40 " Longitude: 93W ° 33 ' 56.50 "

Where is the collection point? Outfall

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

**Outfall No. \_\_\_\_\_:**

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Where is the collection point? \_\_\_\_\_

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

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

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

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

Settling ponds

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:

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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](http://www.fema.gov).

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

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? \_\_\_\_\_ Total Horespower (hp)? \_\_\_\_\_

If No, Please explain? Treatment system does not require power

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## 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? \_\_\_\_\_

**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:  Within 5 miles  Within 50 miles

**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: Caddo River

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.adeg.state.ar.us/disclosure\\_stmt.pdf](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? 429

3. What Subpart(s)? Subpart I      \_\_\_\_\_

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

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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
Limitations are not based on production				

\* 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.  

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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: 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.

ba (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.

dy (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: 7-24-15  
 Printed name of Responsible Official: David Henderson  
 Official title of Responsible Official: Managing Member of McB Caddo River, LLC, Member Telephone Number: 903-758-2370



**EPA Form 2D**

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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 storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

YES (complete the following table)

NO (go to Section IV)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week (specify average)	b. Months Per Year (specify average)	a. Maximum Daily Flow Rate (in mgd)	b. Maximum Total Volume (specify with units)	c. Duration (in days)

**IV. Production**

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	A. Quantity Per Day	B. Units Of Measure	c. Operation, Product, Material, etc. (specify)
			Not applicable. No applicable production-based effluent guidelines.



CONTINUED FROM THE FRONT	EPA I.D. NUMBER (copy from Item 1 of Form 1)	
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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 Treatment**

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.  
 Report Available                       No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.


Name	Location

**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) David Henderson, Managing Member of MCB Caddo River, LLC, Member	B. Phone No. (903) 758-2370
C. Signature 	D. Date Signed 7-24-15

**EPA Form 2F**

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Continued from the Front

**IV. Narrative Description of Pollutant Sources**

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

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	1 acre (+/-)	30 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.


Materials with potential exposure to stormwater include logs, discarded equipment / machinery, scrap metal, fuel tanks and pumps, treated and/or scrap wood, sawdust, ash, drums, drip pads, bark, oil/water separators, and waste oil tank.  
 Drums will be stored indoors or under roofing where possible. Fuel tanks will be double-walled with adequate secondary containment and/or stored under roof.

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	Recirculation and sedimentation	1-U 1-F 4-A

**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
David Henderson, Managing Member		7-24-15

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.

**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.

None

Continued from Page 2

EPA ID Number (copy from Item 1 of Form 1)

**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)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?  
 Yes (list all such pollutants below)  No (go to Section IX)

**IX. Contract Analysis Information**


Were any of the 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

**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) David Henderson, Managing Member of McB Caddo River	B. Area Code and Phone No. (903) 758-2370
C. Signature 	D. Date Signed 7-24-15





# **Disclosure Statement**

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# 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) :

3. CITY, STATE, AND ZIPCODE:

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

5. Declaration of No Changes:

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

**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 additional 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 additional pages, if necessary.)**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_



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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

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

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

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

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

**18. VERIFICATION AND ACKNOWLEDGEMENT**

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

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

**COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:**

I, David Henderson, 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: David Henderson

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.

*Mark Martin*

Mark Martin  
Arkansas Secretary of State

By: *Regenia Smith*  
Regenia Smith

# **Texas Certificate of Good Standing**

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## 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.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

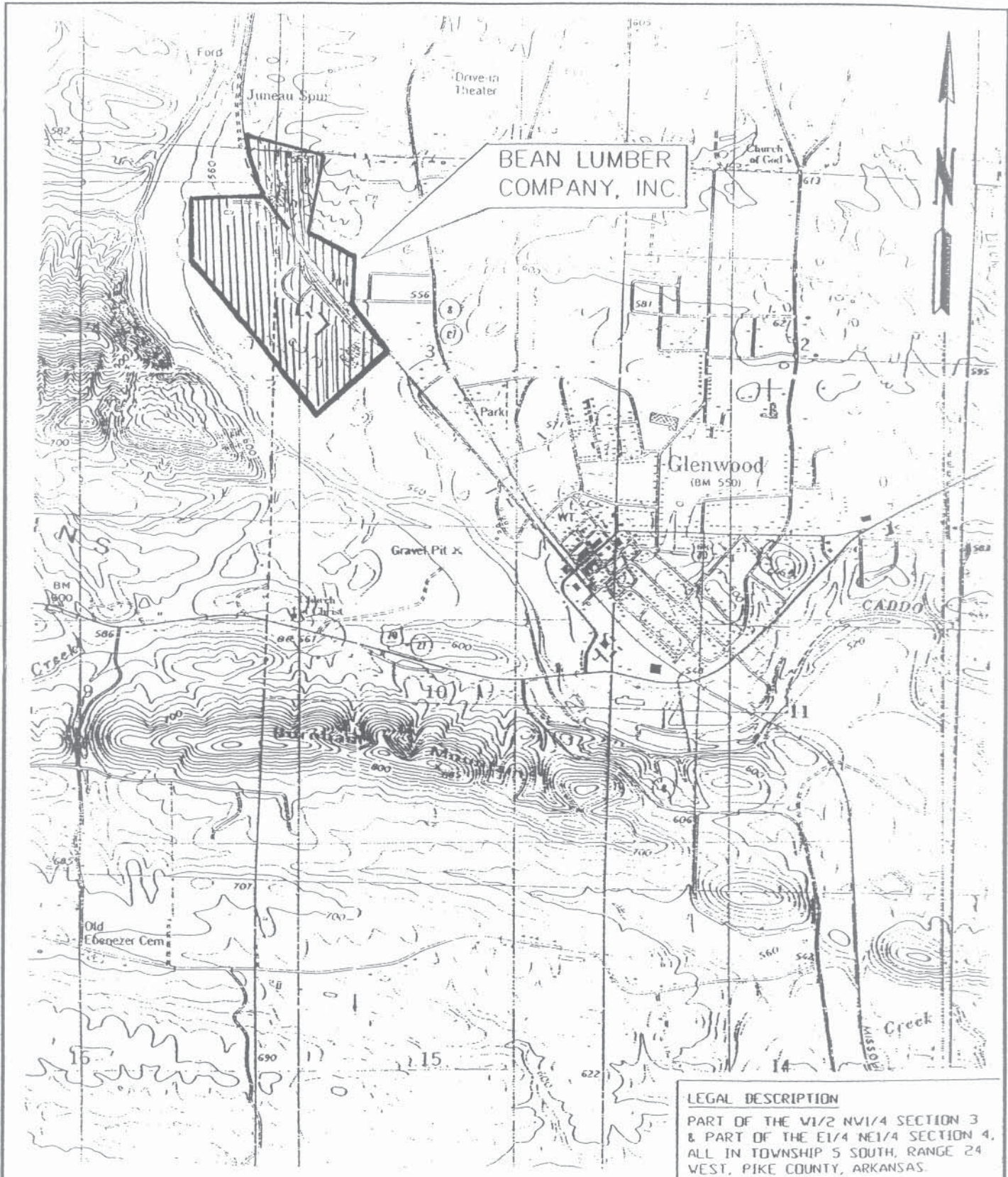
# **MAPS AND DRAWING**

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## **Location Map**

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**LEGAL DESCRIPTION**  
 PART OF THE 1/2 NW 1/4 SECTION 3  
 & PART OF THE E 1/4 NE 1/4 SECTION 4,  
 ALL IN TOWNSHIP 5 SOUTH, RANGE 24  
 WEST, PIKE COUNTY, ARKANSAS.

DWN.	SLF	02/07
CK.		
SURVEY	NA	NA
FIELD BOOK NO:	NA	

B&F ENGINEERING, INC.  
 928 AIRPORT RD., HOT SPRINGS, ARK. 71913 (PH) 501-767-2366 (FAX) 501-767-6859

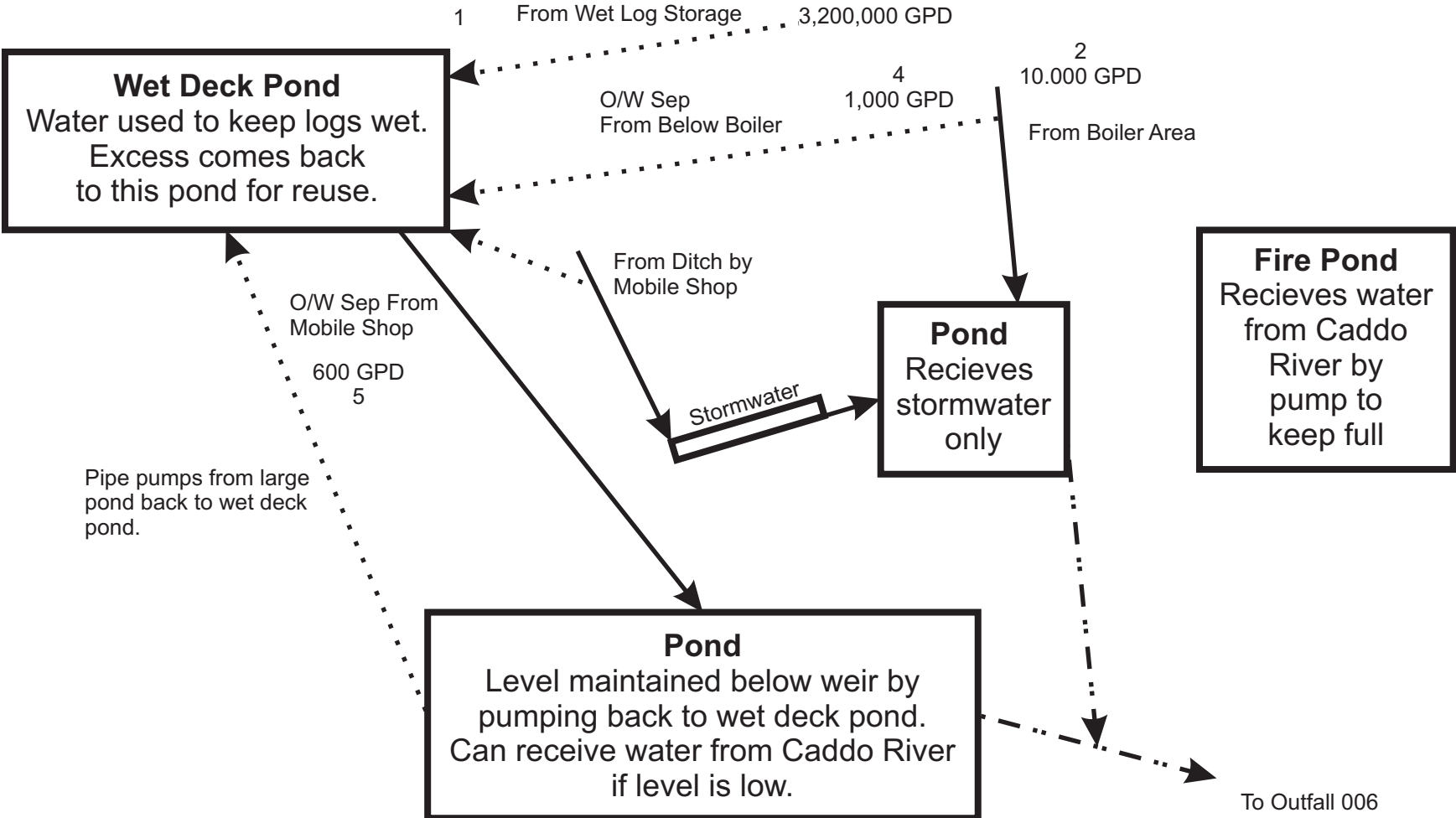
**AREA MAP**  
**NPDES Renewal**  
**CURT BEAN LUMBER CO. INC.**  
**PIKE COUNTY ARKANSAS**

**FIGURE 2**  
 REVISED: 02/05/07  
 JOB NO: 7-3655-0101  
 ACAD NO: NA  
 SCALE: N.T.S.  
 DATE: Feb 2007

## **Flow Diagram**

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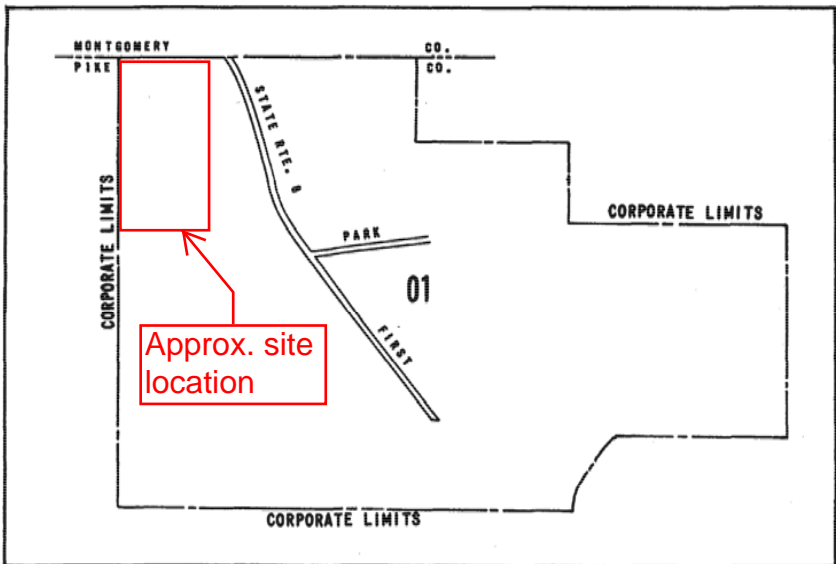
# PROCESS FLOW DIAGRAM



**LEGEND**

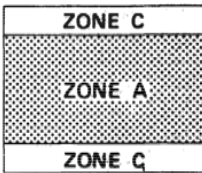
- Pipe  ➔
- Free Flow Through Ditches  ➔
- Free Flow to Outfall  ➔

# **Flood Insurance Map**



**KEY TO SYMBOLS**

**ZONE DESIGNATIONS\***



- Base Flood Elevation Line with elevation in feet ~ 513 ~
- Base Flood Elevation where uniform within zone (EL 987)
- Elevation Reference Mark RM7x
- River Mile = M1.5

**\*EXPLANATION OF ZONE DESIGNATIONS**

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

Zone	Explanation
A	Areas of 100-year flood, base flood elevations and flood hazard factors not determined.
A0	Areas of 100-year shallow flooding; flood depth 1 to 3 feet; product of flood depth (feet) and velocity (feet per second) less than 15
AH	Areas of 100-year shallow flooding where depths are between one (1) and three (3) feet; base flood elevations are shown, but no flood hazard factors are determined
A1-A30	Areas of 100-year flood, base flood elevations and flood hazard factors determined.
A99	Areas of 100-year flood to be protected by a flood protection system under construction; base flood elevations and flood hazard factors not determined
B	Area between limits of 100-year flood and 500-year flood; areas of 100-year shallow flooding where depths less than 1 foot.
C	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 RATE MAP EFFECTIVE date shown on this map to determine when actuarial 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

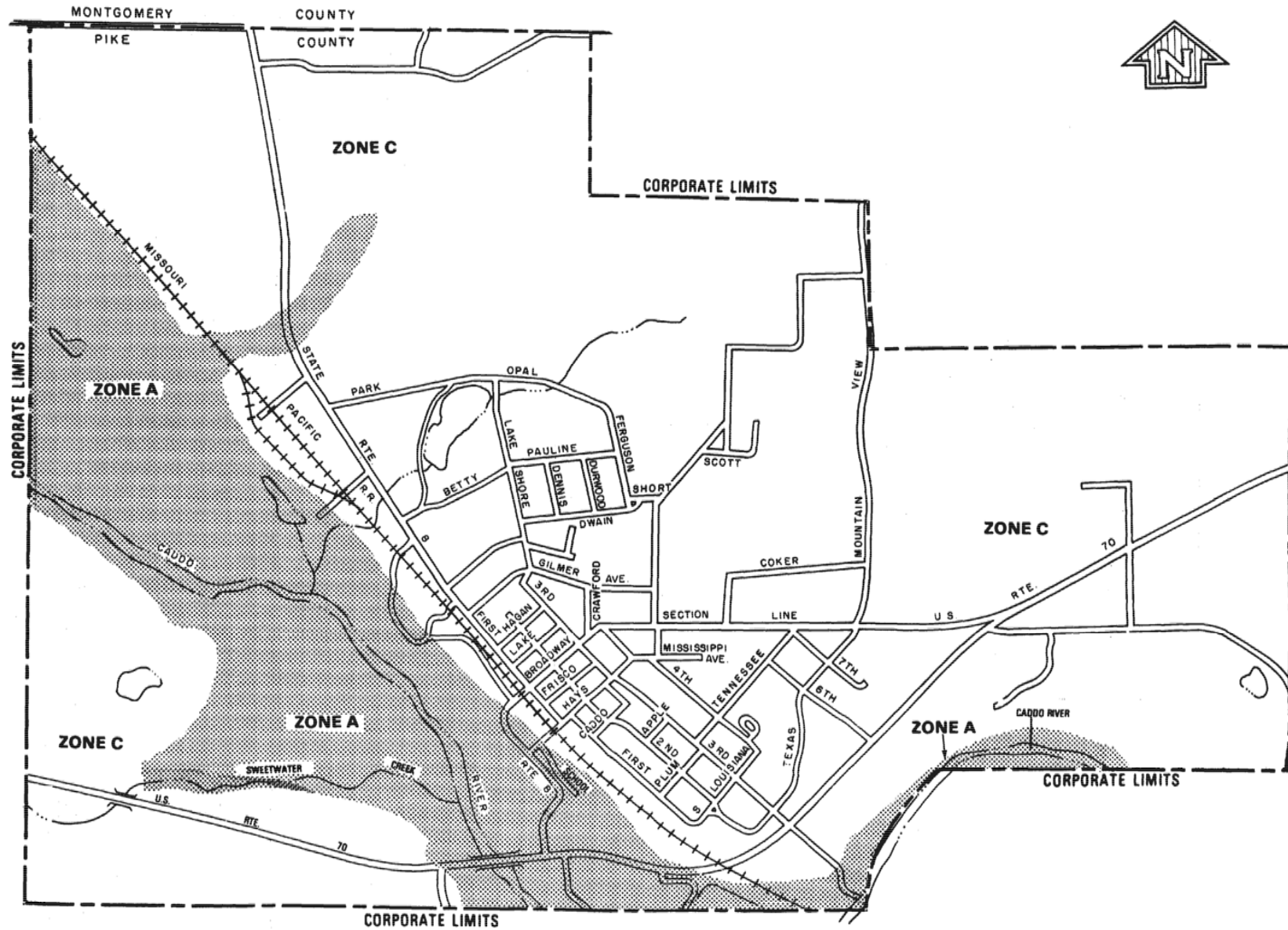
FLOOD INSURANCE RATE MAP REVISIONS:

federal emergency management agency



**FIRM**  
**FLOOD INSURANCE RATE MAP 01**  
**MAP INDEX**  
**CITY OF GLENWOOD, AR**  
 (PIKE CO.)

COMMUNITY NUMBER 050326 A



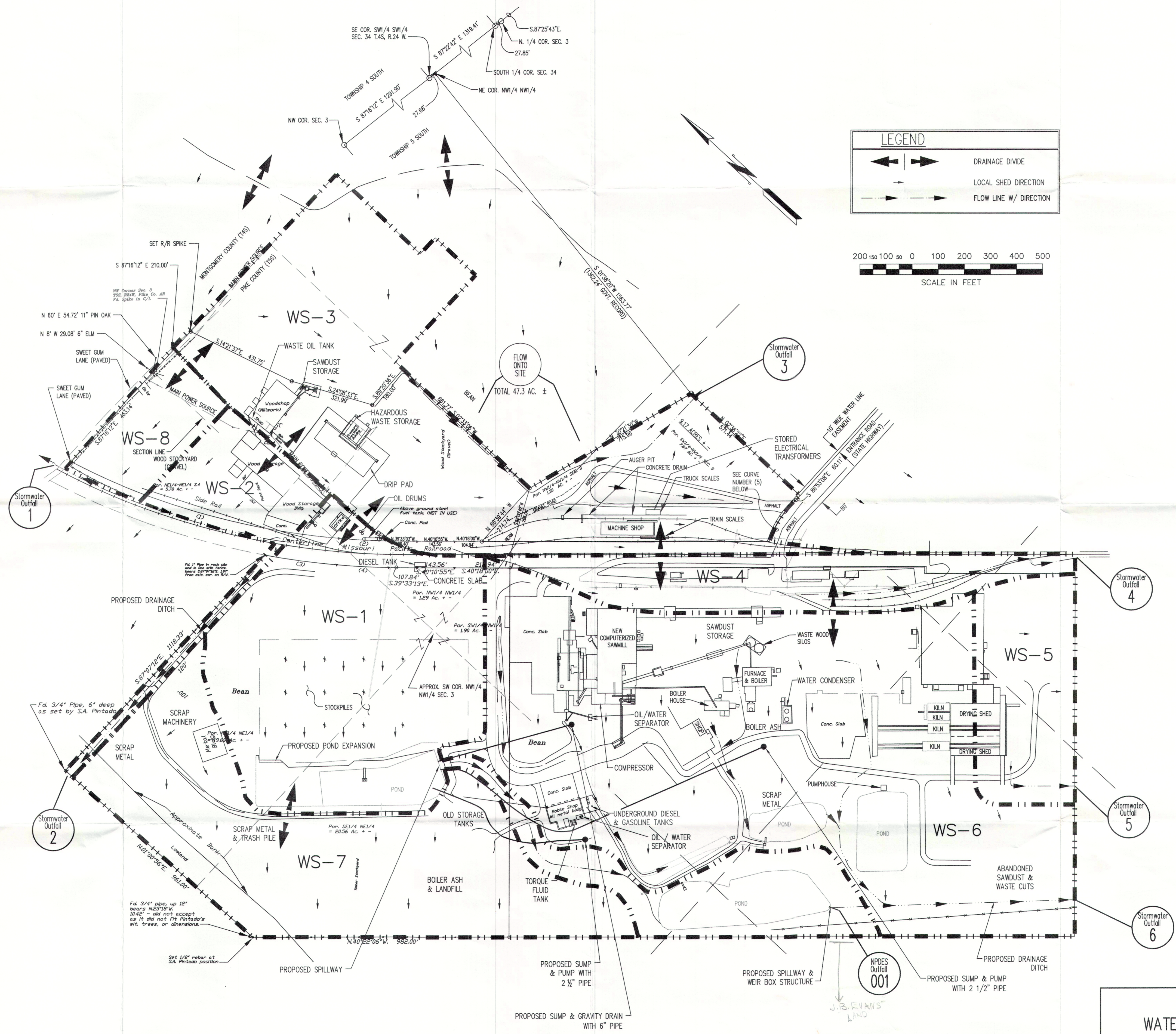
EFFECTIVE DATE  
JANUARY 3, 1986  
COMMUNITY NUMBER: 280000  
FLOOD INSURANCE RATE MAP

federal emergency management agency

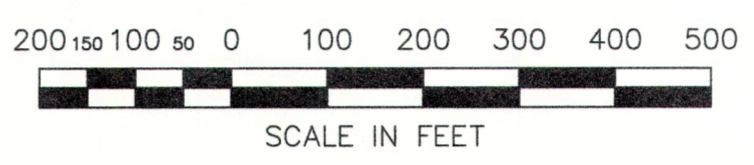
CITY OF GLENWOOD, AR  
(PIKE CO.)

# **Stormwater Drainage Map**





LEGEND	
	DRAINAGE DIVIDE
	LOCAL SHED DIRECTION
	FLOW LINE W/ DIRECTION



February 2000

WATERSHED AND POLLUTANT SOURCE MAP  
 BEAN LUMBER COMPANY, NPDES  
 GLENWOOD, ARKANSAS