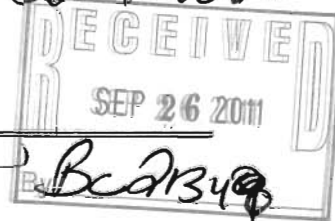


CLETex
AR 4220088

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000



Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Anthony Forest Products Company Operator Type:
Permittee Mailing Address: PO Box 724 State Partnership
Permittee City: Strong Federal Corporation*
Permittee State: AR Zip: 71765 Sole Proprietorship/Private
Permittee Telephone Number: 870-962-3291 *State of Incorporation: _____
Permittee Fax Number: 870-962-3320 The legal name of the Permittee must be
Permittee E-mail Address: smurphy@anthonyforest.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: Stephen Murphy City: Strong
Invoice Mailing Company: Anthony Forest Products-Urbana Sawmill State: AR Zip: 71765
Invoice Mailing Address: P.O. Box 724 Telephone: 870-962-3291

III. FACILITY INFORMATION

Facility Name: Anthony Forest Products Company- Urbana Sawmill Facility Contact Person: Kelly Olivier
Facility Address: 1236 Urbana Rd. Telephone Number: 870-962-3291
Facility County: Union Facility City, State & Zip: Urbana, AR, 71768
Facility Latitude: 33 Deg 09 Min 34.06Sec Facility Longitude: 92 Deg 26 Min 37.68Sec
Accuracy: Un Method: Un Datum: Un Scale: Un Description: Un

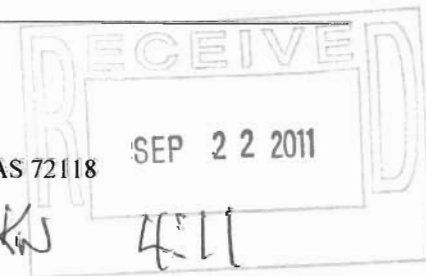
IV. DISCHARGE INFORMATION

Outfall Number: One Flow: 500 gpd (Gallons per Day)
Stream Segment: 2E Hydrologic Basin Code: 8040202
Outfall Latitude: 33 Deg 09 Min 34.06Sec Outfall Longitude: 92Deg 26Min 37.11Sec
Accuracy: Un Method: Un Datum: Un Scale: Un Description: Un
Type of Treatment: Pretreatment Aeration Chlorination
Receiving Stream: Ouachita River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0047384
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us



VI. OTHER INFORMATION:

Operator Name: Mike O'Connor
Operator License Number: 010202 License Class: II

Consultant Contact Name: Mike O'Connor
Consultant Email Address: Michael@ArkansasSeptic.com
PO Box
Consultant Address: 992 City: Cabot State: AR Zip: 72023
Consultant Phone Number: 501-517-7198 Consultant Fax Number: 501-843-2546

Has this treatment system been approved by AHD? Yes No

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

SM (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
SM (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."
SM (Initial) "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 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."

Responsible Official Printed Name: Stephen Murphy Title: General Manager
Responsible Official Signature: *Stephen Murphy* Date: 9-13-11
Responsible Official Email: smurphy@anthonyforest.com
Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Telephone: _____
Cognizant Official Email: _____

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

| | Yes | No | * If No is answered for any of the questions, then a permit can not be issued! |
|-----------------------------------|--------------------------|--------------------------|--|
| Submittal of Complete NOI? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Required Permit Fee? | <input type="checkbox"/> | <input type="checkbox"/> | Check Number: _____ |
| Submittal of AHD Form EHP-19? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Site Map? | <input type="checkbox"/> | <input type="checkbox"/> | |