



December 9, 2021

NPDES Permits Section
Arkansas Department of Energy and Environment
Division of Environmental Quality, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: ARG55 Permits Modification
Anthony Forest Products - Urbana (ARG550398 (Outfall 001) & ARG550540 (outfall 002)
1236 Urbana Road, Urbana, AR 71730

Dear Sir or Madam:

On behalf of Canfor Southern Pine, the owner of the Anthony Forest Products Urbana, Arkansas sawmill, Environmental Management Services, Inc. (EMS) has prepared permit modification documents for ARG55 permits - ARG550398 & ARG550504 at the referenced site. This modification involves replacing various undersized septic tanks with larger septic tanks and concurrently replacing existing aerobic treatment units with an Orenco AdvanTex® AX-25 Treatment Unit at Outfall 001 and an AX-100 treatment unit at Outfall 002.

Attached documents include

- Notices of Intent (NOI) for the modification of both permits,
- Disclosure Statement,
- Arkansas Department of Health Review Packages for both treatment systems including:
 - Site maps
 - Orenco manufacturer equipment information
- ADEE Conditional Approval of Orenco AX-100 treatment unit. (Note that the wastewater flows to the Orenco AX-100 are not expected to exceed 1,500 gallons per day.)

If you have any questions, please contact me at (601) 832-6509 or email me at kruckstuhl@env-mgt.com.

Sincerely,
Environmental Management Services, Inc.



Kenneth D. Ruckstuhl

Kenneth D. Ruckstuhl, RPG.
Senior Geologist/Project Manager

Enclosures

c: Phil Witter, Canfor Southern Pine
Chris Johnson, PE, EMS



ARKANSAS
Department of Environmental Quality

**NOTICE OF INTENT
NPDES GENERAL PERMIT ARG550000
INDIVIDUAL TREATMENT FACILITIES**

The attached form can be used by all persons desiring coverage under NPDES general permit ARG550000 (Individual Treatment Facilities). The form should be completed and submitted to this Department no later than thirty (30) days prior to the date coverage is desired.

All information must be provided. If a question does not apply, place "NA" in that space. Do not leave questions blank.

Be sure to read the Individual Treatment Facilities General Permit, ARG550000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit.

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 a duly authorized representative only if the authorization is made in writing by the applicant (or person authorized by the applicant); the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equal responsibility for environmental matters for the company; the written authorization is submitted to the Director. This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG550000 permit information or Notice of Intent, please contact Permits Branch of this Department at (501) 682-0623. For the purpose of this permit a Home Owner is an individual owning a single residence.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG550000). (Home owners are exempt.)
5. A Disclosure form as required by ACA 8-1-106. (Home owners are exempt.)
6. **Written approval from the Arkansas Department of Health (ADH) (EHP-19Form) must be submitted with the NOI.**
7. Please call the following number if you have any questions on this Form:

<u>Topic</u>	<u>Contact person</u>	<u>Phone Number</u>
Area Map and USGS Hydrologic Unit Code	Department of the Interior United States Geological Survey	(501)296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501)661-2623
General Information	Permits Branch	(501)682-0623

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



INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserver-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal **Accuracy** Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection **Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	



AR KANSAS
Department of Environmental Quality

Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point **Description** - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: 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).

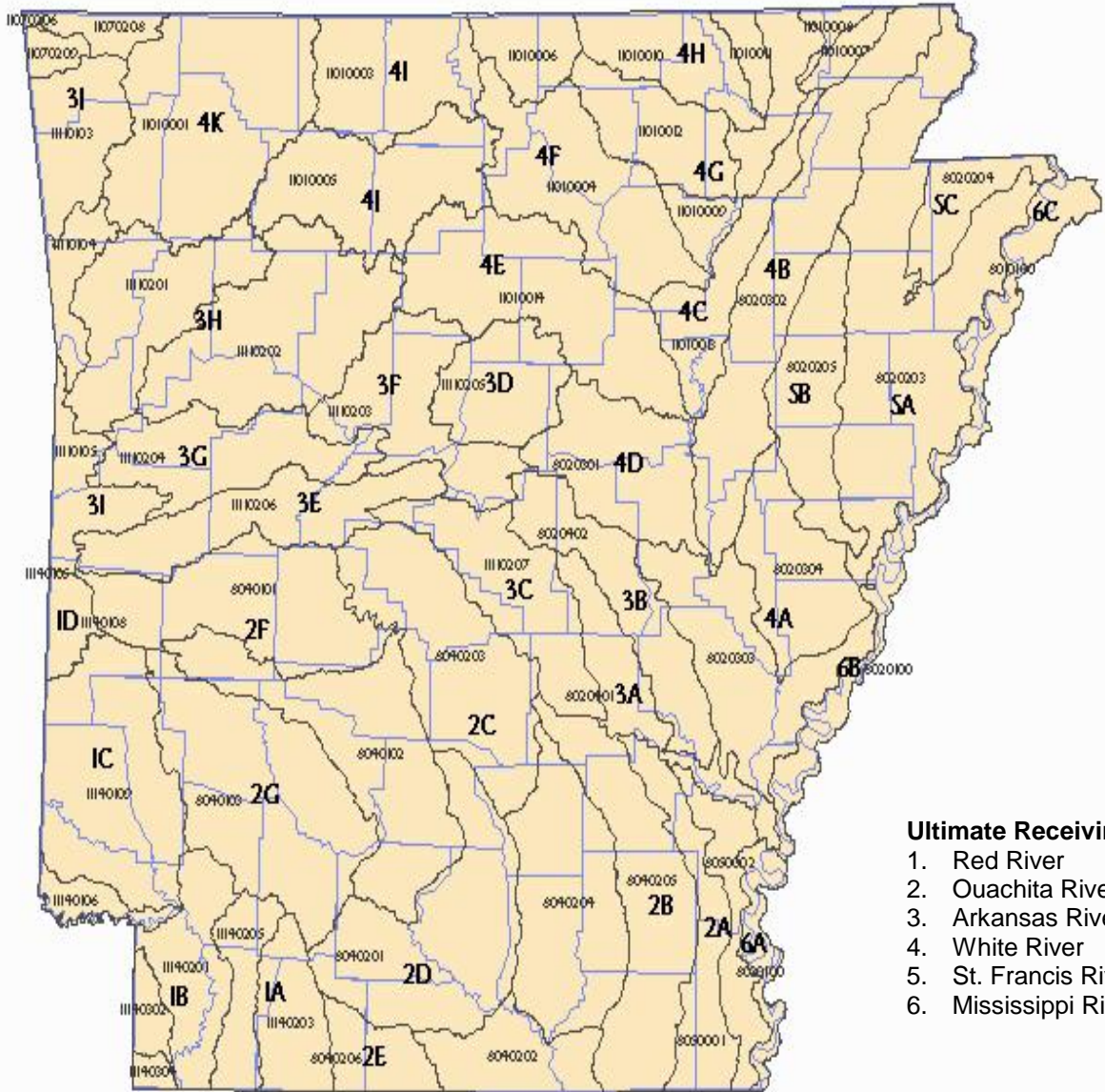
Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president, treasurer

Partnership, a general partner

Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official



Ultimate Receiving Waters

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

**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): _____ Operator Type:
Permittee Mailing Address: _____ State Partnership
Permittee City: _____ Federal Corporation*
Permittee State: _____ Zip: _____ Sole Proprietorship/Private
Permittee Telephone Number: _____ *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: _____ identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: _____ City: _____
Invoice Mailing Company: _____ State: _____ Zip: _____
Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: _____ Facility Contact Person: _____
Facility Address: _____ Telephone Number: _____
Facility County: _____ Facility City, State & Zip: _____
Facility Latitude: _____ Deg Min Sec Facility Longitude: _____ Deg Min Sec
Accuracy: _____ Method: Google Earth Datum: _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: _____ Flow: _____ gpd (Gallons per Day)
Stream Segment: _____ Hydrologic Basin Code: 8040202
Outfall Latitude: _____ Deg Min Sec Outfall Longitude: _____ Deg Min Sec
Accuracy: _____ Method: Google Earth Datum: _____ Scale: _____ Description: _____
Type of Treatment: _____
Receiving Stream: _____

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Operator Name: Kenneth Robertson, Jr.
 Operator License Number: 008684 License Class: Class 4

Consultant Contact Name: Environmental Management Services, Inc.
 Consultant Email Address: kruckstuhl@env-mgt.com
 Consultant Address: 3103 W Hillsboro City: El Dorado State: AR Zip: 71730
 Consultant Phone Number: (601) 832-6509 Consultant Fax Number: (601) 919-2674

Has this treatment system been approved by AHD? Yes No

Disclosure Statements:

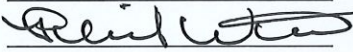
Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure 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

PW (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

PW (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."

PW (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: Phil Witter Title: Corporate Environmental Manager
 Responsible Official Signature:  Date: 12-3-21
 Responsible Official Email: _____
 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?
- Submittal of Required Permit Fee? Check Number: Not Applicable for Modification
- Submittal of AHD Form EHP-19?
- Submittal of Site Map?
- Submittal of Disclosure Statement?