

ADEQ

A R K A N S A S
Department of Environmental Quality

December 20, 2013

Stephen Murphy
Anthony Forest Products Company
P.O. Box 724
Strong, AR 71765

Re: Individual Treatment Facility Discharge General Permit
Renewal ARG550000, Anthony Forest Products Company- Urbana Sawmill
Permit Tracking Number, ARG550398, AFIN 70-00473

Dear Permittee:

The Department has issued the renewal of the Individual Treatment Facility Discharge General Permit (ARG550000) with an effective date of July 1, 2014. If you wish to continue permit coverage under this general permit after June 30, 2014, please complete and return the Recertification Notice of Intent (NOI) included on the back of this correspondence to the address at the bottom of the page or send it electronically to water.permit.application@adeq.state.ar.us **NO LATER THAN June 30, 2014**. If the facility will no longer be in operation after June 30, 2014 and you wish not to renew your coverage, you must submit a Notice of Termination (NOT) before the expiration date of June 30, 2014. Failure to submit either an NOT or a Recertification NOI could result in enforcement action.

Permittees who fail to make a written request to the Director to be covered by this general permit by **June 30, 2014 will be operating without a permit** which will be in violation of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. § 8-4-101 *et seq.*), and the Clean Water Act (33 U.S.C. § 1251 *et seq.*).

A copy of the Permit, NOI, and the NOT forms can be obtained at the following website:
http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm

Please contact Jessica Temple or Sarah Cousins of the General Permits Section at 501-682-0623 if you have any questions.

Sincerely,

John Bailey

John Bailey, P.E.
Permits Section Branch Manager
Water Division

Enclosure: Recertification NOI

**Recertification Notice of Intent (NOI)
Individual Treatment Facility Discharge General Permit ARG550000**

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form **no later June 30, 2014**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550398 AFIN: 70-00473
Permittee Name: Anthony Forest Products Company

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections, If Needed
Facility Address:	P.O. Box 724	_____
	Strong, AR 71765	_____
Responsible Official:		_____
Responsible Official Email:		_____
Cognizant Official:	Stephen Murphy	_____
Cognizant Official Email:	smurphy@anthonyforest.com	_____

1. Have you attached an updated disclosure statement? Yes or No or N/A
(Individual Homeowners are not required to submit a disclosure statement.)
2. Are the mailing and invoice addresses the same? Yes or No If "No" please provide _____
(Individual Homeowners will not receive an invoice) invoice address _____

Outfall Currently Listed in ADEQ's Database*

Outfall	Latitude			Longitude		
	001	33°	9'	34.06"	-92°	26'

* If a change to the above outfall is needed, please be sure to provide the outfall number, coordinates, and an explanation of the required changes.

Additional Comments: _____

"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 certify that I have read and will comply with all the requirements of the Individual Treatment Facility Discharge General Permit ARG550000.

Responsible Official Name: _____
Responsible Official Title: _____
Responsible Official Signature: _____
Date: _____

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

**Water Division, General Permits Section
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317**