

ADEQ

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

November 16, 2018

Derek Ratchford, Plant Manager
Anthony Forest Products Company, LLC
P.O. Box 724
Strong, AR 71765

Re: Individual Treatment Facility Discharge General Permit
Renewal ARG550000, Anthony Forest Products Company, LLC - 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, 2019. If you wish to continue permit coverage under this general permit after June 30, 2019, please complete and return the Recertification Notice of Intent (NOI) **included on the back of this letter** to the address at the bottom of the page or send it electronically to water.permit.application@adeq.state.ar.us **NO LATER THAN May 31, 2019**. If the facility will no longer be in operation after June 30, 2019 and you wish not to renew your coverage, you must submit a Notice of Termination (NOT) before the expiration date of June 30, 2019. 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 **May 31, 2019 will run the risk of operating without a permit**, which would 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:
<https://www.adeq.state.ar.us/water/permits/npdes/nonstormwater/>.

Please contact the NPDES Permits Section at (501) 682-0623 if you have any questions.

Sincerely,



Bryan Leamons, P.E.
Senior Operations Manager
Office of Water Quality

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 May 31, 2019.** 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, LLC

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:	Anthony Forest Products Company, LLC - Urbana Sawmill 1236 Urbana Rd Urbana, AR 71768	
Responsible Official:	Derek Ratchford, Plant Manager	
Responsible Official Email:	dratchford@anthonyforest.com	
Cognizant Official:	Stephen Murphy	
Cognizant Official Email:	smurphy@anthonyforest.com	

1. Have you attached an updated disclosure statement? Yes No N/A
(Homeowners are exempt)
2. Are the mailing and invoice addresses the same? Yes No N/A
(Homeowners are not subject to the annual fee) If "No" please provide invoice address → _____

Outfall Currently Listed in ADEQ's Database*

Outfall ARG550398: Latitude 33° 9' 34.06" N; Longitude 92° 26' 37.11" W

* If a change to the above outfall is needed, please be sure to provide the correct 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 renewal 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:

**Office of Water Quality, Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317**