

70-00473

ARG550000 Checklist

ARG55 0450 New Renewal Modification
 Business Disclosure Statement Secretary of State Check Permit Fee
 Financial Assurance (Arkansas Code Annotated 8-4-203b): No Yes
 Individual Homeowner

Discharges to unnamed trib → North Lapile creek → Lapile Creek → Ouachita Riv
 HUC: 08040202 Planning Segment: 2D

Ecologically Sensitive Water (ESW): No Yes Distance: _____
 Extraordinary Resource Water (ERW): No Yes Distance: _____
 Natural Scenic Waterway (NSW): No Yes Distance: _____
 Potential Losing Stream: No Yes

303(d) Impaired: No Yes Category 5 Waterbody: Ouachita River Cause: Zinc + Copper more than 20 mi
 Category 4a Waterbody: Ouachita River Cause: Mercury

Pathogens Nutrients Dissolved Oxygen N/A

Name of Operator: Mike O'Connor License Number: 010202

Class of municipal wastewater operator: I II III IV

ADH Approval (EHP-19 Form):

Multiple Discharges: No Yes

Less than 1000 GPD: No Yes

Site Map: No Yes

Approved System:

	Company Name	System Name	Design Flow (gpd)
<input type="checkbox"/>	Orenco Systems, Inc.	Advantex AX20, Advantex RT20	500
<input type="checkbox"/>	Ecological Tank, Inc.	AquaSafe 500	500
<input checked="" type="checkbox"/>	Norweco, Inc.	Norweco (Singluair) 960	500/1000
<input type="checkbox"/>	Norweco, Inc.	Norweco (Singluair) TNT-500	500
<input type="checkbox"/>	Clearstream Wastewater Systems, Inc.	Clearstream 500N+1100 Effluent Filter or a post aeration tank	500
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	MultiFlo FTB-0.5	500
<input type="checkbox"/>	EnviroGuard	ENV-0.75	750
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	Nyadic M6-A	500
<input type="checkbox"/>	Bio-Microbics, Inc.	MicroFast @ 0.5/With UV Disinfection and Post Aeration	500
<input type="checkbox"/>	Aero-Tech	AT-500 Treatment System with UV Disinfection	500

New Treatment System: No Yes

NSF Data:

Design Specifications (PE):

Additional Treatment: _____

Other Comments: 1-10-17 2:10 pm emailed Amanda Gallagher about outfall coordinates

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

RECEIVED

JAN - 9 2013

K. S. G. R.

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Anthony Forest Products Company, LLC Operator Type:
Permittee Mailing Address: P.O. Box 724 State Partnership
Permittee City: Strong Federal Corporation*
Permittee State: AR Zip: 71765 Sole Proprietorship/Private
Permittee Telephone Number: 870-962-3206 *State of Incorporation: Deleware
Permittee Fax Number: 870-962-3320 The legal name of the Permittee must be
Permittee E-mail Address: Derek.Ratchford@canfor.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Derek Ratchford City: Strong
Invoice Mailing Company: Anthony Forest Products Company State: AR Zip: 71765
Invoice Mailing Address: P.O. Box 724 Telephone: 870-962-3206

III. FACILITY INFORMATION

Facility Name: Anthony Forest Products Company- Urbana Sawmill Facility Contact Person: Randy Evans
Facility Address: 1236 Urbana Road Telephone Number: 870-962-3206
Facility County: Union Facility City, State & Zip: Urbana, AR 71768
Facility Latitude: 33 Deg 09 Min 36.6 Sec Facility Longitude: 92 Deg 26 Min 46.2 Sec
Accuracy: Unknown Method: Unknown Datum: Unknown Scale: Unknown Description: Front Gate

IV. DISCHARGE INFORMATION

Outfall Number: 002 Flow: 1000 gpd (Gallons per Day)
Stream Segment: 2E Hydrologic Basin Code: 8040202
Outfall Latitude: 33 Deg 09 Min 33.6 Sec Outfall Longitude: 92 Deg 26 Min 46.2 Sec
Accuracy: Unknown Method: Unknown Datum: Unknown Scale: Unknown Description: Outfall
Type of Treatment: Norweco Singular 960 Aerobic Treatment Unit with Chlorination
Receiving Stream: Unnamed Ditch, to North Lapile Creek, to Lapile Creek, and then to the Ouachita River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0047384
NPDES General Permit Number (If Applicable): ARG550398
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'Conner
Operator License Number: 010202 License Class: 2

Consultant Contact Name: Amanda Gallagher
Consultant Email Address: agallagher@gbincassoc.com
Consultant Address: 219 Brown Ln City: Bryant State: AR Zip: 72022
Consultant Phone Number: 501-847-7077 Consultant Fax Number: _____

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

DR (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
DR (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."
DR (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: Derek Ratchford Title: Plant Manager
Responsible Official Signature: *Derek Ratchford* Date: 01-06-2017
Responsible Official Email: Derek.ratchford@canfor.com
Cognizant Official Printed Name: Randy Evans Title: EHS Manager
Cognizant Official Signature: *Randy Evans* Telephone: 870-962-3206
Cognizant Official Email: Randy.evans@canfor.com

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: _____
Submittal of AHD Form EHP-19?

Submittal of Site Map?
Submittal of Disclosure Statement?

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

RE ARG550450 Anthony Forest Products Company- Urbana Sawmill
From: Amanda Gallagher <agallagher@gbmcassoc.com>
Sent: Tuesday, January 10, 2017 2:12 PM
To: Temple, Jessica
Subject: RE: ARG550450, Anthony Forest Products Company- Urbana Sawmill

Follow Up Flag: Follow up
Flag Status: Flagged

Jessica,

It should be
Outfall Latitude:
33 Deg 09 Min 36.6 Sec
Outfall Longitude:
92 Deg 26 Min 46.2 Sec

36.6 on the latitude vs 33.6.

Amanda Gallagher, P.E.
GBMc & Associates
219 Brown Lane
Bryant, AR 72022
Phone: (501) 847-7077

From: Temple, Jessica [mailto:TEMPLEJ@adeq.state.ar.us]
Sent: Tuesday, January 10, 2017 2:10 PM
To: Amanda Gallagher <agallagher@gbmcassoc.com>
Subject: ARG550450, Anthony Forest Products Company- Urbana Sawmill

Amanda,

The Department is in receipt of the NOI, permit fee, and additional information for the Norweco Singular 960 system discharge at the Urbana Sawmill facility located in Urbana, AR. Can you please double check the outfall coordinates for Outfall 002? It doesn't seem to match up with the site map provided in the application. The Google Earth image below shows the location as provided on the NOI.

Thanks,
Jessica Temple, PE
Engineer
ADEQ-Office of Water Quality
501-682-0621

Corporation Name	ANTHONY FOREST PRODUCTS COMPANY, LLC
Fictitious Names	
Filing #	811089937
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVE, STE 1900 LITTLE ROCK, AR 72201
Date Filed	11/17/2015
Officers	NSLC DARLINGTON, INC., Manager FREDRICK T. STIMPSON III, Incorporator/Organizer CHANTLE SELMAN , Tax Preparer
Foreign Name	N/A
Foreign Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
State of Origin	DE

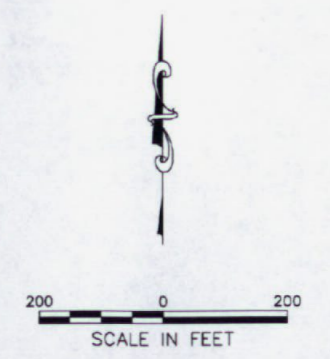
Purchase a Certificate of Good

Pay Franchise Tax for this

Facility Map



SAMPLING OUTFALLS: 003, 007, 008
 SIMILAR OUTFALLS: 007: 002, 004, 010
 008: 005, 006, 009, 011, 012
 RECEIVING STREAMS: WOODWARD CREEK & NORTH LAPILE CREEK



- DRAINAGE AREA BOUNDARY
- CREEK
- DRAINAGE DITCH
- APPROX. PROPERTY BOUNDARY
- SHEET FLOW
- CULVERT
- WS-6 WATERSHED DRAINAGE AREA
- OUTFALL
- ++++ RAILROAD TRACKS

1. RENTAL HOUSE
2. NEW PACKAGING PLANT
3. SHOP BATHROOM
4. BREAK ROOM

2010.000.G1

ARG55
 LOCATION MAP

ANTHONY FOREST PRODUCTS - URBANA PLANT
 EL DORADO, ARKANSAS

Approved by:	AAG	GBM STRATEGIC ENVIRONMENTAL SERVICES 218 Brown Lane Bryant, AR 72022	Project No.:	2010-01-010
Checked by:	AAG		Date:	01/06/2017
Drawn by:	IT		Scale:	SHOWN

AHD EHP-19 Form



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

20741278

Non-Individual Onsite Wastewater System Permit Application

Permit Type New Installation Alteration / Repair

DR Environmental I.D. #

0 0 2 9 0 0 0 1 7 7

Part 1 Treatment Type (check one)

Disposal Method (check one)

<input type="checkbox"/> STD = Standard Septic Tank	<input checked="" type="checkbox"/> ATU = Aerobic Treatment Plant	<input type="checkbox"/> STD = Standard Absorption Field	<input type="checkbox"/> LPD = Low Pressure Distribution
<input type="checkbox"/> ISF = Intermittent Sand Filter	<input type="checkbox"/> RSF = Re-circulating Sand Filter	<input checked="" type="checkbox"/> SUR = Surface Discharge	<input type="checkbox"/> HLD = Holding Tank
<input type="checkbox"/> PMF = Proprietary Media Filter	<input type="checkbox"/> RGF = Re-circulating Gravel Filter	<input type="checkbox"/> CPF = Capping Fill	<input type="checkbox"/> SRL = Serial Distribution
<input type="checkbox"/> OTH = Other (Describe)	<input type="checkbox"/> HLD = Holding Tank	<input type="checkbox"/> OTH = Other	<input type="checkbox"/> DRP = Drip Irrigation

1. Owner's/Applicant's Name ANTHONY FOREST PRODUCTS Co., LLC		2. Phone Number 1-870-962-3206	
3. Mailing Address P.O. BOX 724, STRONG, AR 71765		4. County UNION COUNTY	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.) 1236 URBANA ROAD, URBANA, AR 71768			
6. Subdivision Name N/A	7. Approval Date N/A	8. Date Recorded N/A	9. Lot Number N/A
10. Lot Dimensions SEE ATTACHED DRAWING	11. Total Area (Acres) 18.53 AC.	12. # Bedrooms \# 2 BR People/GPD 40 @ 15G/D	13. Daily Flow (GPD) 870 GAL/DAY
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.) SECTION 16, T 18 S, R 13 W, (NE 1/4 OF THE NE 1/4) UNION COUNTY, AR			
15. Water Supply (Specify supplier if Public Water.) LAWSON URBANA WATER ASSOC.		16. GPS Coordinates 33° 09' 34.38" N 92° 26' 47.20" W	

17. Loading Rates	gpd	18. System Size	gal	f. Trench Depth	inches	
Primary Site	UNUSUABLE FOR SOIL ABSORPTION TRENCHES	a. Size of Septic Tank		g. Trench Spacing	feet	
Secondary Site		b. Size of Dose Tank		h. Trench Media	i. Trench Width	
Percolation Test		c. Absorption Area	ft ²			in.
Primary Site Ave		d. Number of Field Lines				in.
Secondary Site		e. Length of Field Lines	ft			

NOTE: NORWIECO TREATMENT PLANT MODEL 960 HAS BEEN DESIGNATED FOR THIS SITE

TO THE OWNER
The authorization for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) must revalidate a permit more than one (1) year old prior to the start of any construction.

19. Utilization Verification
I hereby attest that item 12, the number of bedrooms, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non-individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature *[Signature]* **RANDY EVAN** Date 10/10/2016

20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

[Signature] **EDDIE SULLIVAN** Designated Representative Signature
EDDIE SULLIVAN Print Name
DESIGNATED REP. 173 ID Number
10-24-16 Date
870-836-4565 HOME Phone Number
870-833-2001 CELL Phone Number

21. Authorization of Health Authority
The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

[Signature] **700** Environmental Specialist Signature
12-9-16 Date
700 ID Number



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

22. Soil Determination (Primary Area)								Indicate the depth to items a-f, if observed in the soil, designate in inches.											
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)												
23. Soil Determination (Secondary Area)								Indicate the depth to items a-f, if observed in the soil (designate inches).											
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)												
24. Soil Profile Information																			
Primary Site (SWT)				Matrix				Redoximorphic Features				Soil Texture							
Brief	inches																		
Mod.	inches																		
Long	inches																		
Secondary Site (SWT)								Redoximorphic Features				Soil Texture							
Brief	inches																		
Mod.	inches																		
Long	inches																		
25. Soil Series (Do not use Soil Series to determine Seasonal Water Tables)																			
26. Percolation Test (min/in)																			
Primary Site Rate for Hole 1				Primary Site Rate for Hole 2				Primary Site Rate for Hole 3				Primary Site Average Percolation Rate (1-3)				Secondary Site Percolation Rate			
Comments																			

Part 2 Installation Inspection

Septic tank manufacturer		Other information	
Septic tank material		Trench media and width	
Dose tank manufacturer		Depth of interceptor drain	
Dose tank material		Depth of settled fill	
Pump Information			
Name of Installer			License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter) (check one or see below)			
_____ Signature		_____ ID Number	
_____ Date		_____ Date	
System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.			
_____ Installer Signature		_____ ID Number	
_____ Date		_____ Date	

Part 3 Permit for Operation

The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.			
Environmental Health Specialist		_____ Signature	
_____ Date		_____ ID Number	
Comments			
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter) (check one)			
_____ Signature		_____ ID Number	
_____ Date		_____ Date	

SEE PAGE 14



SEE PAGE 32

VICINITY MAP

* Optional System Utilization Verification Form



Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

0 0 2 9 0 0 0 1 7 7

Homeowner

Builder/Developer

Fee Schedule for Structures	✓
Structures 1500 sq ft or less \$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft \$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft \$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft \$150.00	<input type="checkbox"/>
Alteration and Repair \$ 30.00	<input checked="" type="checkbox"/>


TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 1236 URBANA ROAD, URBANA, AR 71765
(Address of Proposed System, City, State, Zip)

I hereby attest there are 2 bedrooms (40 number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature  RANDY EVANS

Date 10-24-16

This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.



Arkansas Department of Health

4815 West Markham, Slot 46
Little Rock, Arkansas 72205-3867

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, *ABGs), and Drip Dispersal Systems. *Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.
2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.
4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.
5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.
6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.
7. Subsurface systems with flows ≥ 3000 gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).
8. That, on the sale of the property, the owner of the property must disclose to the perspective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.

SIGNED: 
(Property Owner)

SIGNED: 
(Health Department)

DATE: 10-29-16

DATE: 12-9-16

Onsite Maintenance Contract

Date 10-24-16
Homeowner ANTHONY FOREST PRODUCTS Co.
Property address 1236 URBANA ROAD
URBANA, AR 71765
Contact number 870-962-3206

Items to be reviewed, at minimum, each 6 months for 2 years. After 2 years, this contract is renewable for a yearly fee.

- Chlorine residual
- PH
- Evaluation of system components, motor, wiring, alarm, etc
- Document findings, and file necessary paper work with Health Department

This contract does not include the cost of chlorine tablets, replacement ozone bulbs, or any damaged components.

OMP Mike O'Connor
Clear Flow
P.O. Box 992
Cabot, Arkansas 72023

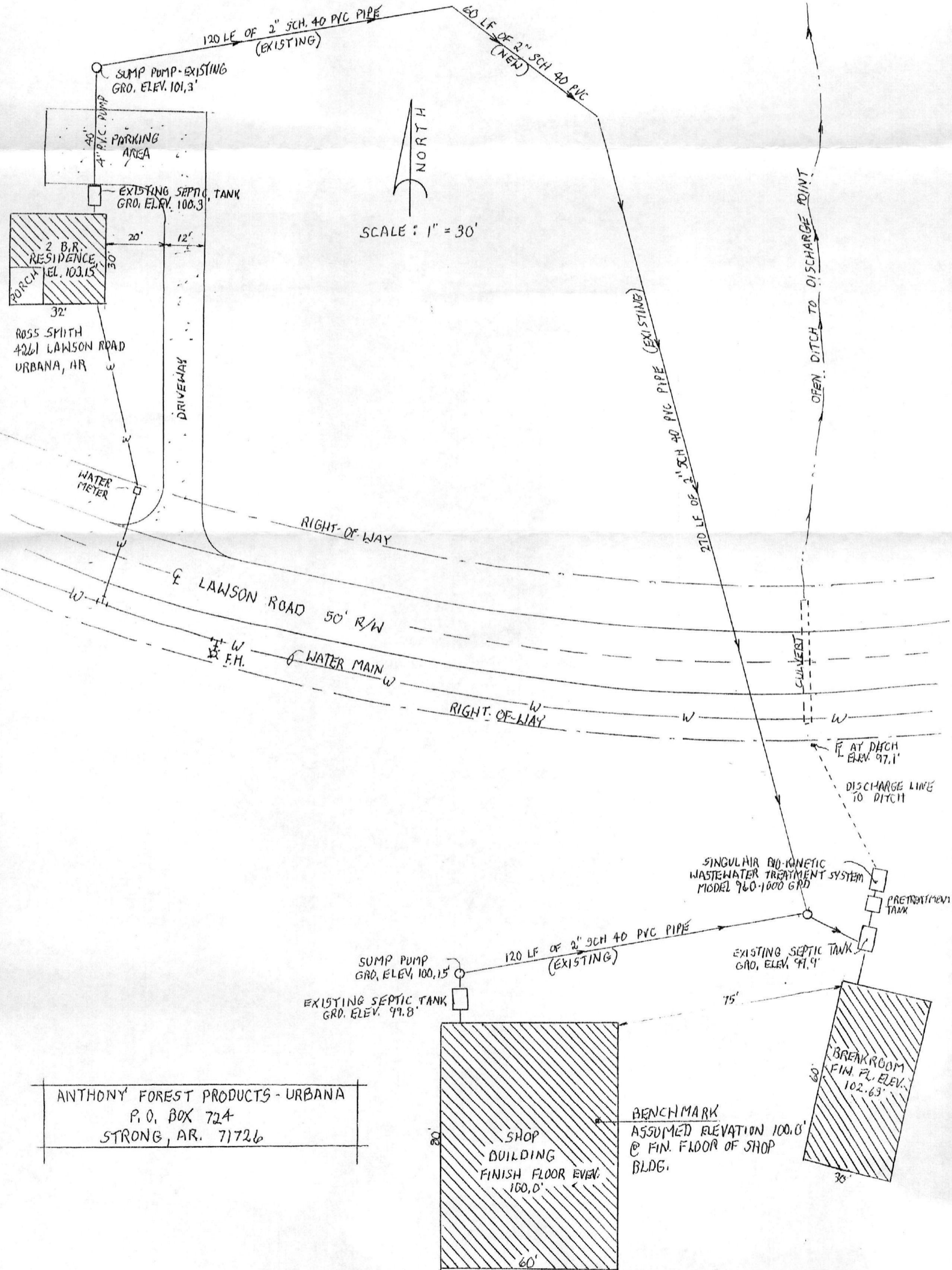
Office phone: 501-843-8202
Mobile phone: 501-517-7198

Signature

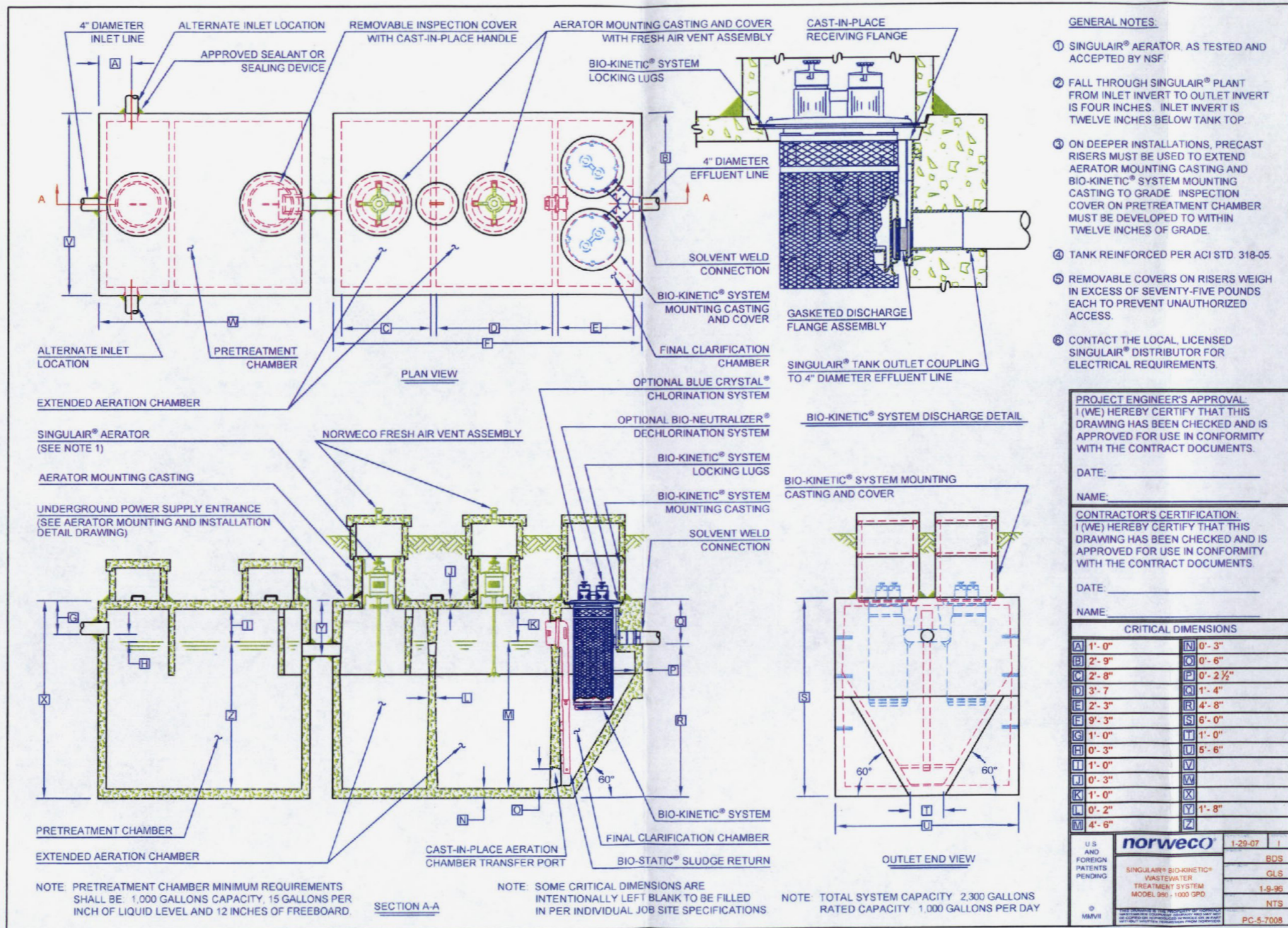
Mike O'Connor

INDUSTRIAL NPDES # AR0047384
 IND. STORMWATER # AR000977
 DOMESTIC NPDES # ARG550398

500' TO DISCHARGE POINT



ANTHONY FOREST PRODUCTS - URBANA
 P.O. BOX 724
 STRONG, AR. 71726



- GENERAL NOTES:**
- ① SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF
 - ② FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP
 - ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
 - ④ TANK REINFORCED PER ACI STD 318-05.
 - ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
 - ⑥ CONTACT THE LOCAL LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____
 NAME: _____

CONTRACTOR'S CERTIFICATION:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____
 NAME: _____

CRITICAL DIMENSIONS

A	1'-0"	N	0'-3"
B	2'-9"	O	0'-6"
C	2'-8"	P	0'-2 1/2"
D	3'-7"	Q	1'-4"
E	2'-3"	R	4'-8"
F	9'-3"	S	6'-0"
G	1'-0"	T	1'-0"
H	0'-3"	U	5'-6"
I	1'-0"	V	
J	0'-3"	W	
K	1'-0"	X	
L	0'-2"	Y	1'-8"
M	4'-6"	Z	

NOTE: PRETREATMENT CHAMBER MINIMUM REQUIREMENTS SHALL BE: 1,000 GALLONS CAPACITY, 15 GALLONS PER INCH OF LIQUID LEVEL AND 12 INCHES OF FREEBOARD.

NOTE: SOME CRITICAL DIMENSIONS ARE INTENTIONALLY LEFT BLANK TO BE FILLED IN PER INDIVIDUAL JOB SITE SPECIFICATIONS.

NOTE: TOTAL SYSTEM CAPACITY: 2,300 GALLONS. RATED CAPACITY: 1,000 GALLONS PER DAY.

U.S. AND FOREIGN PATENTS PENDING

norweco 1-29-07 1

SINGLAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM MODEL 990 - 1000 GPD

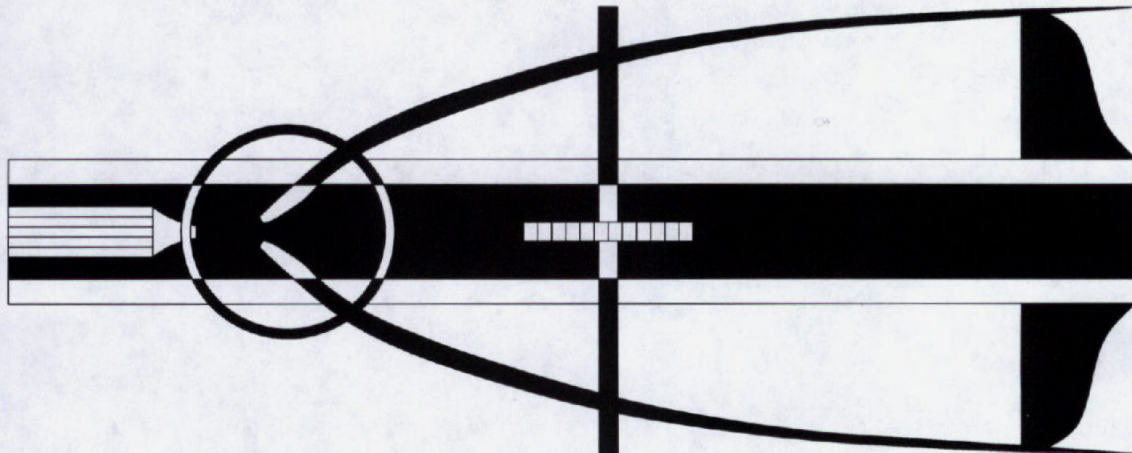
BDS
 GLS
 1-8-95
 NTS
 PC-5-7008

norweco[®]

**SINGULAIR[®] BIO-KINETIC[®]
WASTEWATER TREATMENT SYSTEM
MODEL 960**

GENERAL SPECIFICATIONS

The contractor shall furnish and install one complete Singulair Bio-Kinetic wastewater treatment system with all necessary parts and equipment as described in the following specifications. Treatment of the domestic wastewater shall be accomplished by the extended aeration process with non-mechanical flow equalization, pretreatment of the influent and filtration of the final effluent. The treatment system shall provide primary, secondary and tertiary treatment of the wastewater flow, and if required, chlorination and dechlorination of the effluent prior to discharge. All treatment processes shall be contained within reinforced precast concrete tankage meeting the requirements of ACI Standard 318. The wastewater treatment system shall be a Singulair Model 960 as manufactured by Norweco, Inc., Norwalk, Ohio, USA.



The wastewater treatment system shall include precast concrete tankage providing separate pretreatment, aeration and final clarification chambers. The tankage shall be furnished with cast-in-place inlets, submerged transfer ports, aerator mounting casting with removable cover, cast-in-place molded plastic vent assembly, cast-in-place outlet coupling and Bio-Kinetic system mounting casting with removable cover. Principal items of electro-mechanical equipment supplied with the Singulair system shall be a 1725 RPM mechanical aerator, UL Listed Service Pro electrical control center with MCD technology, Bio-Static sludge return and Bio-Kinetic tertiary treatment device for flow equalization and final filtration of system effluent.

SPECIFICATIONS

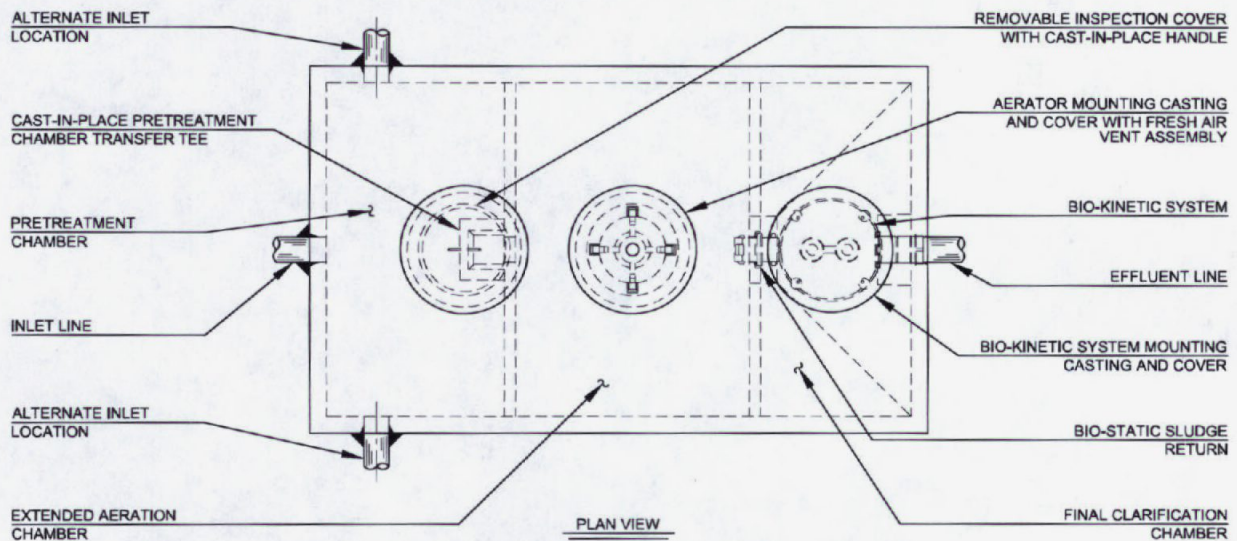
SINGULAIR®

OPERATING CONDITIONS

Total holding capacity of the system shall provide a minimum of 48 hour retention of the daily flow. The pretreatment chamber shall provide at least 18 hour retention, the extended aeration chamber shall provide at least 24 hour retention and the clarification chamber shall provide at least 6 hour retention. The non-mechanical flow equalization device shall increase each individual chamber and total system retention time in direct proportion to loading. Design of the system shall include a compartmented tank and non-mechanical flow equalization device to insure successful treatment performance without upset even when the significant runoff period is six hours. Hydraulic design considerations of the system and flow equalization device shall be such that intermittent peak flow factors as high as four shall not upset hydraulic reliability within the system. Capability of the system to perform as outlined, when built by an approved manufacturer, shall be certified by an independent testing laboratory and approved for use by the local governing regulatory agency.

PRETREATMENT CHAMBER

The pretreatment chamber shall be an integral part of the wastewater treatment system. All domestic wastewater shall be preconditioned and flow equalized while passing through the pretreatment chamber prior to being introduced to the extended aeration chamber. The outlet of the pretreatment chamber shall be equipped with a discharge tee that extends vertically into the liquid so that only the preconditioned equalized flow from the center area of the chamber is displaced to the extended aeration chamber. The discharge tee and transfer port shall be of adequate size to handle a peak flow factor of four without restricting the outlet and disturbing hydraulic displacement to the extended aeration chamber. A removable inspection cover shall be cast into the top of the pretreatment chamber to allow tank and transfer tee inspection. As a safety measure, the uncovered opening shall be small enough to insure that the tank cannot be entered for inspection or service.



AERATION CHAMBER

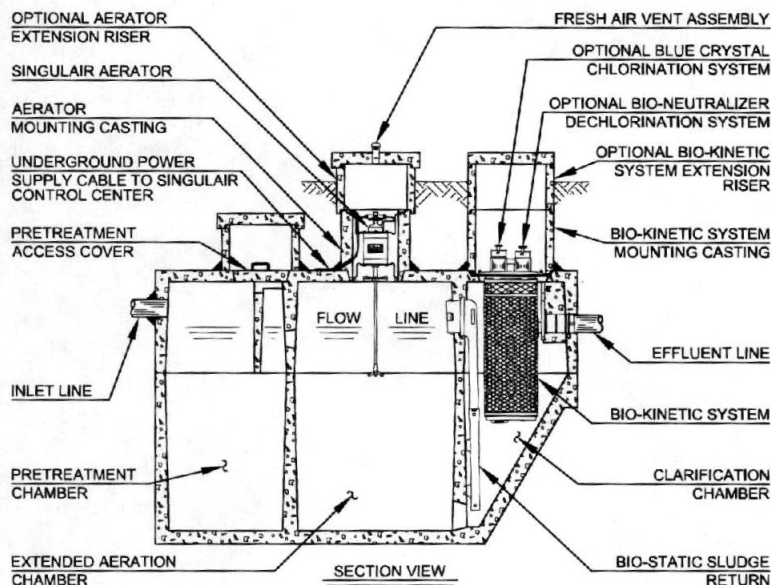
The extended aeration chamber shall provide in excess of 24 hour retention of the equalized daily flow. The chamber shall be of sufficient size to provide a minimum of 80 cubic feet of tank capacity per pound of applied BOD. The aeration chamber length-width-depth ratio shall be designed to insure uniform tank mixing and provide optimum treatment. The aeration chamber(s) shall be an integral part of the system flow path and constructed of properly reinforced 5,000 PSI, 28 day compression strength precast concrete. All castings used to construct the precast concrete tankage shall be monolithic units with external and internal walls incorporated into each section.

FINAL CLARIFICATION CHAMBER

The final clarification chamber shall consist of 5 functionally independent zones operating together to provide satisfactory settling and clarification of the equalized flow. An inlet zone shall be provided and shall dissipate transfer turbulence at the flow inlet of the clarification chamber. Its performance shall also eliminate turbulence in other zones of the clarifier. Liquid shall be hydraulically displaced from the inlet zone to the sludge return zone. Hydraulic currents shall sweep settled sludge from the hopped walls and return these solids via the inlet zone to the aeration chamber. As solids are removed, liquid is displaced to the hopper zone of the clarifier. In this zone, settling by gravity takes place. Three of the four sidewalls are slanted to form a hopper which directs all settled material back to the sludge return zone. Clarified liquid from the hopper zone shall be displaced into the final settling zone to provide additional clarification of the liquid. The liquid is finally displaced to the outlet zone for final filtration and discharge from the system. Non-mechanical equalization of the flow, through all 5 independent zones, shall provide optimal settling and clarification.

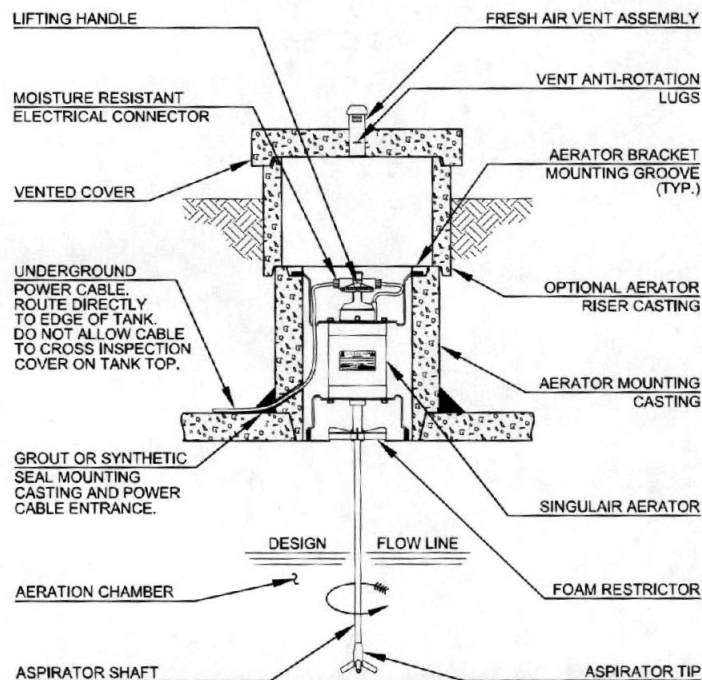
BIO-STATIC® SLUDGE RETURN

A Bio-Static sludge return shall be installed into the cast-in-place opening(s) in the aeration/clarification chamber wall to provide positive return of settled solids. Aeration chamber hydraulic currents shall enter the sludge return(s) and be directed into the sludge return zone of the clarification chamber. The Bio-Static sludge return shall accomplish resuspension and return of settled solids without disturbing the clarified liquid in the final settling zone and outlet zone.



MECHANICAL AERATOR

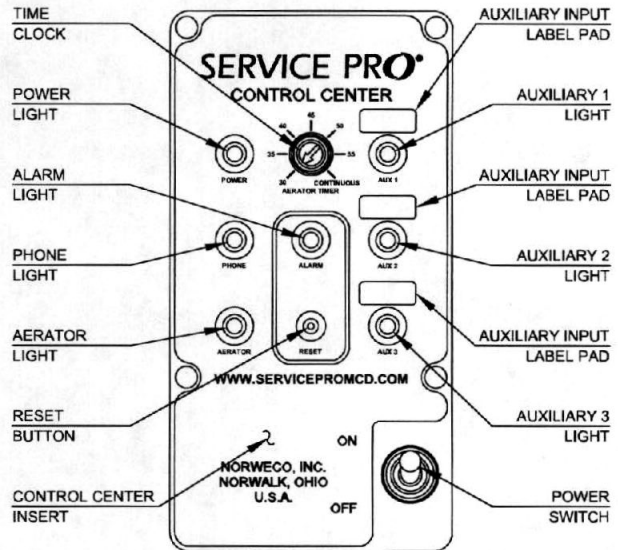
Each Singulair aerator shall be installed in a concrete aerator mounting casting above the aeration chamber. Fresh air shall be supplied through a molded plastic vent assembly cast into the concrete access cover above the aerator. The Singulair aerator shall include plated mounting brackets, NEMA 6 rated electrical connector, UL recognized fractional horsepower motor, molded plastic lifting handle, molded plastic air intake screens, molded plastic foam restrictor, stainless steel aspirator shaft and molded glass-filled nylon aspirator tip. The motor shall contain precision manufactured o-ring type seals installed between the motor shell and the machined aluminum endbells to insure watertight integrity is maintained. Molded Viton elastomer shaft seals shall be utilized to protect the bearings from contamination. Only the stainless steel aspirator shaft and glass-filled nylon aspirator tip shall be installed in contact with the liquid. There shall be no submerged electrical motors, bearings or fixed air piping in the aeration system. Singulair aerator motors shall be designed not to exceed the motor nameplate rating when installed and operated as recommended for the system. The fractional horsepower aerator motor shall be equipped with a foam restrictor to protect the motor against high water and foam. The motor shall be 4 pole, 1725 RPM, 115 volt, 60 Hertz, single phase, ball bearing constructed with a 1.0 service factor. It shall draw less than 4.0 amps when operating at the rated nameplate voltage. Aerator motors without UL recognition have not demonstrated compliance with international electrical standards for safety and reliability and shall not be considered for this application.



BIO-KINETIC®

SERVICE PRO® ELECTRICAL CONTROL CENTER

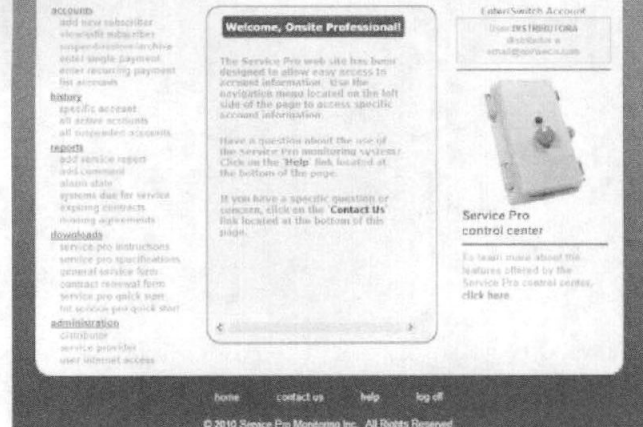
The Service Pro electrical control center with MCD technology shall provide Monitoring, Compliance and Diagnostic functions for the Singulair treatment plant using a microprocessor based platform. The Service Pro control center shall contain nonvolatile memory to prevent loss of programming in the event of a power failure. The pre-wired controls shall be mounted in a lockable NEMA rated enclosure designed specifically for outdoor use. Each Service Pro control center shall be a UL Listed assembly and shall include a time clock, alarm light, reset button, power switch, power light, phone light, aerator alarm light and three auxiliary alarm lights. The control center shall monitor all treatment system operating conditions including aerator over current, aerator under current and open motor circuit. In the event the control center detects one of these conditions, power to the aerator shall be interrupted, a diagnostic sequence shall begin and the visual alarm shall activate. After a programmed recovery interval, an automatic restart attempt shall be initiated. If normal aerator operation does not resume during 24 programmed recovery and restart cycles, the audible alarm shall activate and the telemetry system shall report the specific condition to the Service Pro monitoring center.



In the event that any of the auxiliary inputs detect abnormal operation of the treatment system auxiliary equipment, the audible and visual alarms shall immediately activate and the telemetry system shall report the alarm condition to the monitoring center. The service provider shall automatically be notified by the Service Pro monitoring center of the specific alarm condition using phone, fax or email.

TIME CLOCK

The aerator run cycle shall be controlled by an adjustable, pre-wired time clock. The minimum setting shall not permit the aerator to be "off" for more than 30 minutes per hour. It shall be adjustable in 5 minute increments and designed such that any adjustment results in additional run time up to "continuous" operation (60 minutes per hour). Use of a time clock can seriously affect system performance and operating cost. Systems that have not been performance certified at the minimum time clock setting by an independent testing laboratory shall not be considered for this application.



www.servicepromcd.com

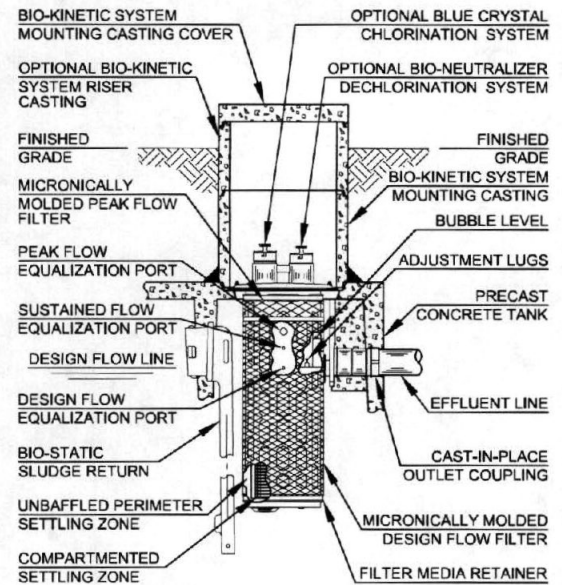
SERVICE PRO® MONITORING CENTER

The Service Pro monitoring center shall include a 128 bit encrypted password protected website for interface with the monitoring center database. Access to the secure website shall be obtained through a unique user name and password that provides tiered access to data from monitored treatment systems. Access level tiers shall include distributors, service providers, regulatory agencies and individual system owners. Distributors and service providers shall be able to create accounts, maintain service records and grant regulatory agencies access to the information. Individual system owners shall be able to view information regarding their own systems, as well as download instructional information. Integrity of stored data shall be maintained through the use of multiple servers operating in geographically isolated locations.

SPECIFICATIONS

BIO-KINETIC® SYSTEM

A Bio-Kinetic system shall be installed in the mounting casting(s) above the clarification chamber. Each Bio-Kinetic system shall provide non-mechanical flow equalization through all plant processes including pretreatment, aeration, clarification, tertiary filtration, chlorination and dechlorination. The assembly shall be supplied with locking lugs and removable moisture/vapor shield and shall consist of a design flow and peak flow micronically molded filter, baffled perimeter settling zone, flow distribution deck, lifting handles, level indicator, adjustment lugs, optional chlorination feed tube, un baffled perimeter settling zone, solids contact zone, vertical inlet zone, compartmented settling zone consisting of 42 baffled chamber plates, effluent stilling well, final discharge zone, adjustable outlet weir, optional dechlorination feed tube, outlet zone and gasketed discharge flange. All components shall be manufactured from inert synthetic materials or rubber, assembled in circular fashion and connected to a plastic outlet coupling. The outlet coupling shall accept a 4" diameter, Schedule 40, PVC pipe. Each Bio-Kinetic system shall be installed with the inverts of the design flow equalization ports located at the normal liquid level of the clarifier. If intermittent flow rates exceed the capacity of the design flow ports, flow shall be held upstream until the intermittent flow dissipates. If the intermittent flow continues to increase, the liquid level may reach a pair of sustained flow equalization ports. With four ports in use, flow through the system increases while continuing to provide flow equalization to all upstream and downstream processes. Peak flow equalization ports are supplied but should not be required in a properly sized system. Optional Blue Crystal and Bio-Neutralizer tablet feed tubes shall be positioned such that the flow-activated chemical cannot make contact with the liquid upstream of the feed tubes.



FLOW EQUALIZATION

The wastewater treatment system shall include a non-mechanical, demand use, flow equalization device. The device shall control normal residential flow rates and reduce typical residential flow surges. The flow equalization rate shall be dependent upon the specific loading pattern and the duration of flow surges. At the 600 gallon per day NSF Standard 40 design loading schedule, minimum performance of the device shall equalize daily flow an average of 50%.

BLUE CRYSTAL® CHLORINATION SYSTEM (Optional)

The Singlair system shall be furnished complete with a tablet feeder and a six month supply of Blue Crystal disinfecting tablets. Blue Crystal tablets shall be specifically formulated for consistent chlorine dosage and effluent disinfection to the sustained, variable and intermittent flows that are typical of domestic wastewater treatment systems. The tablets shall be manufactured from pure calcium hypochlorite and contain a minimum of 70% available chlorine. Each tablet shall be 2⁵/₈" diameter, compressed to a 1" thickness, weigh approximately 5 ounces and be white in color with blue crystals for easy identification. The tablets shall dissolve in direct proportion to the flow rate, releasing controlled amounts of chlorine.

BIO-NEUTRALIZER® DECHLORINATION SYSTEM (Optional)

The Singlair system shall be furnished complete with a tablet feeder and a six month supply of Bio-Neutralizer dechlorination tablets. The dechlorination tablets shall contain active ingredients specially formulated to chemically neutralize both free and combined chlorine. Each tablet shall be 2⁵/₈" diameter, compressed to a 1³/₁₆" thickness, weigh approximately 5 ounces and be green in color for easy identification. The tablets shall dissolve slowly, releasing controlled amounts of chemical for the instantaneous removal of residual chlorine from the system effluent.

WARRANTY AND EXCHANGE PROGRAM

The manufacturer shall provide a three year limited warranty for each Singulair aerator, Service Pro control center and Bio-Kinetic system purchased from the manufacturer. A comprehensive exchange program offers Singulair owners a lifetime of equipment protection. The distributor shall provide warranty and exchange program details to the regulatory agency, contractor and customer as required.



EQUIPMENT MANUFACTURER

The equipment specified herein shall be the product of a manufacturer having a minimum of seven years experience in the construction of prefabricated wastewater treatment equipment and systems. Bids shall be prepared on the basis of the equipment and material specified herein for purposes of determining the low bid. This is not done, however, to eliminate other products or equipment of equal quality and efficiency. If equipment is to be substituted, approval of such substitution must be made prior to execution of any order. It is assumed that substitution will result in a reduction of cost to the contractor and that if accepted, these savings will be passed along by a reduction in the base bid.

SINGULAIR® MODEL 960 DATA CHART

Designation: Model 960-	500 GPD	750 GPD	1000 GPD	1250 GPD	1500 GPD
Daily Treatment Capacity (Gallons Per Day)	500/600	750/800	1000	1250	1500
Total System Capacity (Gallons)	1300	1600	2300	2850	3400
Number of Singulair Aerators	1	1	2	2	2
Number of Bio-Kinetic Systems	1	2	2	3	3
Number of Bio-Static Sludge Returns	1	1	1	2	2
Drawing Number (PC-5-)	7006	7007	7008	7009	7010

PROGRESS THROUGH SERVICE SINCE 1906

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and wastewater treatment*

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Certificates of Good Standing



ARKANSAS
SECRETARY OF STATE

Mark Martin

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LLC Member information is now confidential per Act 865 of 2007

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Corporation Name	ANTHONY FOREST PRODUCTS COMPANY, LLC
Fictitious Names	
Filing #	811089937
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVE, STE 1900 LITTLE ROCK, AR 72201
Date Filed	11/17/2015
Officers	NSLC DARLINGTON, INC., Manager FREDRICK T. STIMPSON III, Incorporator/Organizer CHANTLE SELMAN , Tax Preparer
Foreign Name	N/A
Foreign Address	2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808
State of Origin	DE

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

State Of Delaware

Entity Details

12/7/2016 4:44:12PM

File Number: 634430

Incorporation Date / Formation Date: 12/20/1965

Entity Name: ANTHONY FOREST PRODUCTS COMPANY, LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 9/23/2015

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

Disclosure Statement

INSTRUCTIONS FOR DISCLOSURE STATEMENT

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.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, *et. seq.*;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000;**
- **Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, *et. seq.*);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;**
- **Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and**
- **Asbestos Certification Renewals, as defined in Regulation 21.**

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.

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) Anthony Forest Products Company, LLC
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : P.O. Box 1663
3. CITY, STATE, AND ZIPCODE: Mobile, Alabama 36630

4a. Applicant Type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission: <input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division: <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> 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.)

Current Arkansas Permits Held:

- Air permit 1681-AOP-R12
- Air permit 1675-AR-6
- Industrial Stormwater General Permit ARR00B474
- Industrial Stormwater General Permit ARR000977
- Individual Treatment Systems General Permit ARG550398
- NPDES Wastewater Permit AR0047384

Applicant also holds the following permits in other states:

- Georgia: air, stormwater, inactive RCRA Hazardous Waste Generator
- Texas: air quality permit-by-rule, stormwater
- Louisiana: air quality small source exemption; stormwater
- Ontario, Canada: environmental compliance approval

The owner of 100% of the Applicant's equity, NSLC Darlington, Inc., also holds environmental permits in South Carolina.

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.)

3 failed stack tests and Consent Administrative Orders (CAO) were issued by ADEQ as follows:

(a) CAO of 3/31/2009 with a fine of \$1,556.25 for exceedance of PM₁₀ emission from boiler SN-16. The limit was 2.7 pounds per hour for PM₁₀ and the average tested emissions were 3.7 pounds per hour of PM₁₀.

(b) CAO of 11/6/2010 with a fine of \$1,666.25 for exceedance of PM₁₀ emission from boiler SN-16. The limit was 2.7 pounds per hour for PM₁₀ and the average tested emissions were 5.04 pounds per hour of PM₁₀.

(c) CAO of 9/18/2013 with a fine of \$600 for exceedance of Formaldehyde emissions from the Dual Path Kiln #2. The permitted emission was 0.5392 lb/hr of Formaldehyde and the average tested emission was 0.8161 lb/hr of Formaldehyde.

The owner of 100% of the Applicant's equity, NSLC Darlington, Inc., has been subject to Consent Orders dated 6/1/2009, 1/28/2013, and 6/18/2014 with SC DHEC regarding air quality matters. These consent orders have resulted in cumulative fines of \$14,000. There is also a pending action relating to air quality matters.

* 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: Frederick T. Stimpson, III TITLE: President

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

NAME: See attached. TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: NSLC Darlington, Inc. TITLE: Sole Manager (equivalent of Director)

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

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: N/A 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: Randy Evans TITLE: Environmental Health and Safety Mgr

STREET: P.O. Box 724

CITY, STATE, ZIP: Strong, Arkansas 71765

NAME: Stephen Murphy TITLE: General Manager

STREET: P.O. Box 724

CITY, STATE, ZIP: Strong, Arkansas 71765

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: NSLC Darlington, Inc. TITLE: Owns 100% of the Applicant's equity

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

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: N/A 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: NSLC Darlington, Inc.

STREET: P.O. Box 1663

CITY, STATE, ZIP: Mobile, Alabama 36630

Organizational Relationship:

NSLC Darlington, Inc. owns 100% of Applicant's equity.

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

NAME: N/A

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.

Louisiana Department of Environmental Quality
Georgia Environmental Protection Division
Texas Commission on Environmental Quality
Ontario, Canada Ministry of the Environment and Climate Change
US EPA

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, Frederick T. Stimpson, III, 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: Frederick T. Stimpson III

TITLE: President

DATE: 11/18/15

Disclosure Statement Attachment
Anthony Forest Products Company, LLC
Question 8

Officers of the Applicant:

Frederick T. Stimpson, III	President
Robert M. Shackelford, III	Executive Vice President
Aubra H. Anthony, Jr.	Executive Vice President
Russ D. Anthony	Executive Vice President
Ronnie Clay	Vice President, Finance and Treasurer
Steve Barham	Vice President, Forest Management and Procurement
Kerlin Drake	Vice President, Marketing
David M. Calabrigo	Secretary
Chantle Selman	Controller and Assistant Treasurer