

From: [Dillon Madden](#)
To: [Water Permit Application](#); [Ungerank, Colby](#)
Cc: [Brad Wingfield](#)
Subject: Pilgrim's Pride Boiler Blowdown Discharge - Nashville
Date: Wednesday, April 11, 2018 10:56:55 AM
Attachments: [RIND-11009 SIGNED NOI.pdf](#)

To Whom It May Concern,

This email and the attached document are meant to serve as the Notice of Intent (NOI) for boiler blowdown water from the Pilgrim's Pride facility near Nashville, Arkansas. A PDF version of the signed NOI document is attached, and a paper copy of the document will be delivered to ADEQ along with a check for the \$200 permit cost.

Best,

Dillon Madden, E.I.
Project Engineer
PMI
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Little Rock, AR 72205
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Cell: (870) 926-8438

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**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
NON-CONTACT COOLING WATER, COOLING TOWER AND BOILER BLOW DOWN
NPDES GENERAL PERMIT ARG250000**

Application Type: New Renewal **Permit #** ARG25 _____
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Pilgrims Pride Corporation **Operator Type:**
Permittee Mailing Address: 1770 Promontory Circle State Partnership
Permittee City: Greeley Federal Corporation*
Permittee State: Colorado **Zip:** 80634 Sole Proprietorship/Private
Permittee Telephone Number: 970-347-5730 *State of Incorporation: _____
Permittee Fax Number: NA The legal name of the Permittee must be
Permittee E-mail Address: Dave.Townsend@Pilgrims.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Hal McClain **City:** Marietta
Invoice Mailing Company: Rindt-McDuff Associates, Inc. **State:** Georgia **Zip:** 30060
Invoice Mailing Address: 334 Cherokee Street **Telephone:** 770 427 8123

III. FACILITY INFORMATION

Facility Name: Pilgrims Pride - Nashville, AR Ph. 2 **Facility Contact Person:** Ray Powell
Facility Address: State Route 369 **Contact Title:** _____
Facility County: Howard **Contact Telephone Number:** 540-578-4337
Facility City, State & Zip: Nashville, AR, 71852 **Contact E-mail:** Ray.Powell@pilgrims.com
Facility SIC Code: 2048 **Facility NAICS Code:** 311119 **Type of Business:** Feed Mill
Facility Latitude: 34 Deg 03 Min 50.73Sec **Facility Longitude:** 93 Deg 51 Min 49.79Sec
Accuracy: +100m **Method:** GE **Datum:** WGS84 **Scale:** Unknown **Description:** Facility Entrance
Section: 14/15 **Township:** 8S **Range:** 27W

IV. DISCHARGE INFORMATION

Outfall Number: 001 **Flow:** 10,000 gpd (Gallons per Day)
Stream Segment: 2G **Hydrologic Basin Code:** 8040103
Outfall Latitude: 34Deg 3 Min 33.2928Sec **Outfall Longitude:** 93Deg 51 Min 17.1216Sec
Accuracy: +100m **Method:** GE **Datum:** WGS84 **Scale:** Unknown **Description:** Release Point
Type of Treatment: pH adjustment, primarily to lower the pH level of the blowdown water (acid treatment)
Receiving Stream: Flows through Bluff Creek, Muddy Fork, Brushy Creek, and Blocker Creek before ultimately meeting the Ouachita River.

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

Outfall Number: NA Flow: NA gpd (Gallons per Day)
 Stream Segment: NA Hydrologic Basin Code: NA
 Outfall Latitude: NA Outfall Longitude: NA
 Accuracy: NA Method: NA Datum: NA Scale: NA Description: NA
 Type of Treatment: NA
 Receiving Stream: NA

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
 NPDES General Permit Number (If Applicable): ARG
 State Construction Permit Number(If Applicable): _____
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR155457

VI. OTHER INFORMATION:

Additional Location Description: _____
 Additional Comments: _____
 Consultant Contact Name: PMI – Brad Wingfield
 Consultant Email Address: bwingfield@pmico.com
 Consultant Address: 3512 S. Shackleford City: Little Rock State: AR Zip: 72205
 Consultant Phone Number: (501) 221-7122 Consultant Fax Number: (501) 221-7775

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_smt.pdf.

VII. EFFLUENT CHARACTERISTICS:

A. Existing Source- Provide measurements for the parameters listed in the table below.

B. New Discharges- Provide estimates for the parameters listed in the table below.

Type	Analyses						Additives * Yes/No
	Flow, MGD	COD, mg/l	TSS, mg/l	Temperature, ° F	O &G, mg/l	pH, s.u.	
Non-Contact Cooling Water	NA	NA	NA	NA	NA	NA	NA
Cooling Tower Blowdown	NA	NA	NA	NA	NA	NA	NA
Boiler Blowdown	0.010	10	10	85	0.0	6.0-9.0	Acid

* Enclose MSDS Sheets for Additives *

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VIII. CERTIFICATION OF OPERATOR

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

DT (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."

DT (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: David Townsend Title: VP Environmental
Responsible Official Signature: David Townsend Date: 3/26/18
Responsible Official Email: dave.townsend@pilgrims.com

Cognizant Official Printed Name: Eddie Halter Title: Complex Mgr.
Cognizant Official Signature: Eddie Halter Date: 4-10-18
Cognizant Official Email: eddie.halter@pilgrims.com Telephone: _____

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	