

# ADEQ

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

May 6, 2014

Walter Hixson, Vice President  
Hixson Lumber Sales  
P.O. Box 1466  
Magnolia, AR 71754

**RE: Compliance Inspection (Columbia Co)**  
**AFIN: 14-00209**                      **NPDES Permit No.: ARR00B367**

Dear Mr. Hixson:

On April 15, 2014, I performed an industrial stormwater compliance inspection of Hixson Lumber Sales in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. A copy of the inspection report is enclosed for your records.

**Please refer to the “Summary of Findings” section of the attached inspection report and provide a written response for each violation that was noted.** This response should be mailed to the attention of the Water Division Inspection Branch at the address at the bottom of this letter or e-mailed to [Water-Inspection-Report@adeq.state.ar.us](mailto:Water-Inspection-Report@adeq.state.ar.us). This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentation (i.e. photos) is due by **May 20, 2014.**

If I can be of any assistance, please contact me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us) or 501-837-2073.

Sincerely,



Michael D. Young  
District 8 Field Inspector  
Water Division



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

## WATER DIVISION INSPECTION REPORT

AFIN: <b>14-00209</b>		PERMIT #: <b>ARR00B367</b>	
COUNTY: <b>14 Columbia</b>		PDS #: <b>077622</b>	MEDIA: <b>WN</b>
GPS LOCATION: LAT: <b>33.240955</b> LONG: <b>-93.245857</b>			
<input type="checkbox"/> Outfall / <input checked="" type="checkbox"/> General Area / <input type="checkbox"/> Entrance / <input type="checkbox"/> Sample Point			

FACILITY INFORMATION	INSPECTION INFORMATION
NAME: <b>Hixson Lumber Sales</b>	DATE(S): <b>4/15/2014</b>
LOCATION: <b>2500 S. Washington</b>	ENTRY TIME: <b>14:21</b>
	EXIT TIME: <b>16:38</b>
CITY: <b>Magnolia, AR 71753</b>	INSPECTION TYPE: <b>Industrial Stormwater</b>
RESPONSIBLE OFFICIAL	INSPECTOR ID#: <b>10153 S - State</b>
CONTACTED DURING INSPECTION: <b>No</b>	FACILITY TYPE: <b>2 - Industrial</b>
NAME: <b>Walter Hixson</b>	PERMIT EFFECTIVE DATE: <b>12/3/2010</b>
TITLE: <b>Vice President</b>	PERMIT EXPIRATION DATE: <b>6/30/2014</b>
COMPANY: <b>Hixson Lumber Sales</b>	FACILITY EVALUATION RATING: <b>3 - Satisfactory</b>
MAILING P.O. Box 1466	FAYETTEVILLE SHALE RELATED: <b>N</b>
ADDRESS:	FAYETTEVILLE SHALE VIOLATIONS: <b>N</b>
CITY, STATE, ZIP: <b>Magnolia, AR 71753</b>	INSPECTION PARTICIPANTS
PHONE & EXT: <b>870-234-7820</b>	NAME/TITLE/PHONE/FAX/EMAIL/ETC.:
FAX: <b>870-234-5991</b>	<b>David Duke/HR Safety/870-234-7820</b>
EMAIL:	<b>Ricky Geiggar/Safety/870-234-7820</b>
OTHER:	

AREA EVALUATIONS					
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Applicable/Evaluated)					
<b>M</b>	PERMIT	<b>N</b>	FLOW MEASUREMENT	<b>S</b>	STORMWATER
<b>M</b>	RECORDS/REPORTS	<b>S</b>	LABORATORY	<b>S</b>	FACILITY SITE REVIEW
<b>S</b>	OPERATION & MAINTENANCE	<b>S</b>	EFFLUENT/RECEIVING WATER	<b>M</b>	SELF-MONITORING PROGRAM
<b>M</b>	SAMPLING	<b>N</b>	SLUDGE HANDLING/DISPOSAL	<b>N</b>	PRETREATMENT
<b>**</b>	OTHER:				

### SUMMARY OF FINDINGS

- 1.) Hixson Lumber Sales' SWPPP did not contain the SIC and NAICS codes on the cover page. This is a violation of permit condition 4.6.1.
- 2.) The site map did not include the number of acres. This is a violation of permit condition 4.6.4.a.
- 3.) The site map did not include locations of existing structural control measures; i.e. pipes, swales and ditches. This is a violation of permit condition 4.6.4.d.
- 4.) The site map did not include locations of all receiving waters in the immediate vicinity of the facility. In particular, there is a perennial stream that conveys stormwater from Hixson Lumber Sales once leaving the property. This is a violation of permit condition 4.6.4.e.
- 5.) The SWPPP did not include a summary of existing discharge sampling data. Lab reports were available for 2013 and 2012; however, 2011 was not available. It is required to keep all lab reports and COCs for the entire permit period. It is also required to summarize the discharge sampling data and have available in the SWPPP. This is a violation of permit condition 4.6.5.4.
- 6.) The SWPPP did not include an annual comprehensive site compliance evaluation for 2011, 2012 or 2013. Annual comprehensive site compliance evaluations were received by ADEQ and are available on the PDS tracker; however, copies must be kept with the SWPPP for the entire permit period. This is a violation of permit condition 4.6.10.2.
- 7.) Samples collected on April 18, 2013 were not indicated to be collected during a rain event. An examination of rainfall data available in the SWPPP indicated that rainfall of 0.75 inches fell on April 16, 2013 and no rainfall was reported for April 18, 2013. This is a violation of permit condition 3.7.2.b.
- 8.) The corrective action for TSS benchmark exceedance for sampling period January-June 2013 stated, "Review of BMPs and SWPPP on 12/25/2012." This corrective action is not appropriate for correcting

exceedances for January-June 2013 sampling because the review was before the reported exceedance. Additionally, there were no corrective actions for exceedances of copper for both sampling periods in 2013. This is a violation of permit condition 3.11.2.

9.) DMRs were not available in the SWPPP. You are required to keep copies of all DMRs submitted to ADEQ. This is a violation of permit condition 3.12.3.a.

10.) There was not a copy of the annual comprehensive evaluation in the SWPPP for 2011, 2012 or 2013. This is a violation of permit condition 3.12.3.b.

11.) There was not a copy of corrective actions in the SWPPP for benchmark exceedances in 2011, 2012 or 2013. This is a violation of permit condition 4.6.10.1.

**GENERAL COMMENTS**

Hixson Lumber Sales updated their SWPPP and site map in November 2012. When updating the site map, the consulting company used by Hixson Lumber Sales added Outfall 002 to the site map and completed sampling in 2013. However, the sample point for collection of stormwater at Outfall 002 is not representative of stormwater from Hixson Lumber Sales. Samples for Outfall 002 were indicated by Mr. Duke to be collected in a perennial stream that is ~60 yards from the property boundary of Hixson Lumber Sales. I advised Mr. Duke to speak with the consulting firm and visit the location of the proposed Outfall 002 during heavy rainfall to locate where the outfall is draining the property. There were no indications of heavy flow off of the property at proposed Outfall 002; however, there were indications of standing water in the area. It is recommended that Hixson Lumber Sales evaluates the location to ensure sampling is being performed appropriately. If it is determined that Outfall 002 needs to be added to ensure compliance, this outfall needs to be added to the application for coverage following the expiration of the current permit (expires 6/30/14).

Samples for Outfall 001 were indicated to be collected at the confluence of an additional drainage area that included drainage from off-site. It was recommended that the sample location be moved upstream to capture only stormwater off Hixson Lumber Sales property.

Mr. Duke informed me that pH paper was being used to measure pH. This method is not appropriate; however, it was indicated by Mr. Duke that a pH meter has been ordered.

As a reminder to Hixson Lumber Sales, permit condition 3.12.1. states, "The permittee shall retain records of all monitoring information, inspections reports, SWPPP, NOI and any other documentation of compliance with permit requirements for a period of at least 3 years from the date that coverage under this permit expires or is terminated. Such information shall include all calibration and maintenance records and all original recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit." Please keep all records for current permit cycle and for 3 years from the date that coverage expires.


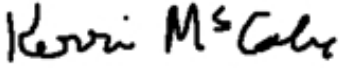
INSPECTOR'S SIGNATURE:  Michael D. Young	DATE: 04/16/2014
SUPERVISOR'S SIGNATURE:  Kerri McCabe	DATE: 5/5/2014

Figure 1. Overview of Hixson Lumber Sales with property boundary and outfall locations indicated.





### Inspection Form Legend:

S = Satisfactory, M = Marginal, U = Unsatisfactory, Y = Yes, N = No, NI = Not Implemented, NA = Not Applicable,  
NE = Not Evaluated –

*If Y and a NI are checked it means it is in the SWPPP but not implemented in the field which is a violation.*

#### SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

**Comments: Outfall 002 is not recognized as a permitted discharge. ADEQ does not have record of amendments to the site plan and SWPPP to include Outfall 002. However, Outfall 002 location was questionable during site visit. See general comments.**

#### SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION

PERMITTEE SWPPP MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Is the SWPPP available for review by ADEQ? (Part 4.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Does the SWPPP contain facility name, general permit tracking number, facility physical address, and SIC and NAICS codes? (Part 4.6.1)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Pollution Prevention Team	
A. Does the SWPPP identify specific individuals or positions?(Part 4.6.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Does the SWPPP outline the responsibilities of each member of the Pollution Prevention Team? (Part 4.6.2)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Does the SWPPP contain a facility description (process diagram, general layout, storage of raw materials, the flow of goods and materials through the facility and seasonal variations)? (Part 4.6.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
5. Does the facility site map contain the following items?	
A) The size of the property in acres? (Part 4.6.4.a)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
B) The location and extent of significant structures and impervious surfaces? (Part 4.6.4.b)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
C) The direction of stormwater flow using arrows? (Part 4.6.4.c)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
D) The locations of all existing structural control measures? (Part 4.6.4.d)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
E) The locations of all receiving waters in the immediate vicinity of the facility? (Part 4.6.4.e)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
F) The locations of all stormwater conveyances including ditches, pipes, and swales? (Part 4.6.4.f)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
G) The locations of potential pollutant sources? (Part 4.6.4.g)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
H) The locations of all stormwater monitoring points? (Part 4.6.4.h)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
I) The locations of stormwater inlets and outfalls with unique identification code for each outfall with indications if one or more outfall is being treated as "substantially identical" and an approximate outline of the areas draining to each outfall? (Part 4.6.4.i)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
J) Where the stormwater discharges to municipal separate storm sewer system (MS4), if applicable? (Part 4.6.4.j)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
K) The locations and descriptions of all non-stormwater discharges identified in the SWPPP? (Part 4.6.4.k)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
L) The locations of the following activities if they are exposed to precipitation? (Part 4.6.4.l)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Fueling Stations	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
Vehicle and equipment maintenance and/or cleaning areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Loading and unloading areas	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Locations used for the treatment, storage, or disposal of waste	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Liquid storage tanks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Processing and storage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
Transfer areas for substances in bulk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
Machinery	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE

M) The locations and sources of run-on to the site from adjacent property that contains significant quantities of pollutants? (Part 4.6.4.m)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
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- |                                                                                                                                                                                                                                                             |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>6. A description of potential pollutant sources</b>                                                                                                                                                                                                      |                                                                                                                                                      |
| A) An inventory of industrial activities which have been or may potentially be sources of significant amounts of pollutants? (Part 4.6.5.1)                                                                                                                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B) An inventory of all types of materials handled at the site that might potentially be exposed to precipitation? (Part 4.6.5.2)                                                                                                                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C) A list of significant spills and significant leaks of toxic or hazardous pollutants that have occurred in areas exposed to precipitation or drained to a stormwater conveyance for three years prior to the effective date of the permit. (Part 4.6.5.3) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| D) A summary of existing discharge sampling data (Part 4.6.5.4)                                                                                                                                                                                             | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| E) Risk Identification and Summary of Potential Pollutant Sources (Part 4.6.5.5)                                                                                                                                                                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |

- |                                                                               |                                                                                                                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>7. Measures and Controls –SWPPP must describe how these are used.</b>      |                                                                                                                                                      |
| A) Best Management Practices (BMPs) (Part 4.6.6.1)                            | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B) Exposure Minimization (Part 4.6.6.2)                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C) Good Housekeeping (Part 4.6.6.3)                                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| D) Preventative Maintenance (Part 4.6.6.4)                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| E) Spill Prevention and Response Procedures (Part 4.6.6.5)                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| F) Employee Training Procedures (Part 4.6.6.6)                                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| G) Erosion and Sediment Control (Part 4.6.6.7)                                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| H) Management of Run-on and Runoff (Part 4.6.6.8)                             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| I) Additional Requirements for Salt Storage (Part 4.6.6.9)                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. Authorized Non-stormwater Discharges (Part 4.6.7) – list must be in SWPPP. | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |

- |                                                                                                                                     |                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9. Evaluations and Inspections (Part 4.6.10)</b>                                                                                 |                                                                                                                                                      |
| A) Visual Site Inspections (minimum 4/year) (Part 4.6.10.1)                                                                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| At least one visual inspection conducted during a rain event                                                                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| Inspections recorded and include: date of inspection, person doing inspection; major observations, and corrective actions required. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B) Comprehensive Site Compliance Evaluation (Annual) (Part 4.6.10.2)                                                                | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |

**Comments:**

**SECTION C: MONITORING**

PERMITTEE MONITORING MEETS PERMIT REQUIRMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
-----------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

- |                                                                                                                                                                                            |                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Is the facility one of the four Effluent Guideline Facilities in the Permit? (Cement MFG, Fertilizer MFG, Steam Electric coal pile, or Paving and Roofing Materials)(Part 3.1.1)</b> |                                                                                                                                                      |
|                                                                                                                                                                                            | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| A) Are all outfalls from the regulated process being sampled? (Part 3.1.3)                                                                                                                 | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| B) If coal pile run off is monitored, are all other stormwater flows excluded? (Part 3.1.1)                                                                                                | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| <b>2 Which of the monitoring categories is this facility subject to: (Part 3.3)</b>                                                                                                        |                                                                                                                                                      |
| A) Are samples being collected for each semi-annual monitoring period (Part 3.5)                                                                                                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B) Are samples being collected from the location specified in the NOI and SWPPP (Part 3.6)                                                                                                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| C) Has the permittee determined that some of the outfalls are similar? (Part 3.7.1)                                                                                                        | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| Are the conditions on the ground still the same as documented for the similar outfalls (Part 3.7.1)                                                                                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| D) Are all parameters for the monitoring category being sampled and analyzed? (Part 3.7.2)                                                                                                 | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| E) Were the samples collected during a measureable storm event? (Part 3.7.2.b)                                                                                                             | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| F) Were the samples properly preserved and analyzed? (Part 3.7.2)                                                                                                                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| G) Are the sample locations suitable for the collection of a representative sample? (Part 3.3)                                                                                             | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| <b>3. Has any of the monitoring revealed an exceedance of the benchmark values for this facility?(Part 3.11.2)</b>                                                                         |                                                                                                                                                      |
| A) Has a process to develop a corrective action plan been started within 30 days of exceedances? (Part 3.11.2)                                                                             | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |
| B) If four monitoring periods have passed without an exceedance of a benchmark value, has the permittee requested a reduction in monitoring? (Part 3.11.1)                                 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE |

**Comments:**

**SECTION D: RECORD KEEPING AND REPORTING**

PERMITTEE RECORD KEEPING AND REPORTING MEETS PERMIT REQUIREMENTS	<input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Have DMRs for the previous year of monitoring been submitted to ADEQ and is a copy in the file? (Part 3.12.3.a)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Are the DMRs properly completed?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Does the permittee have copies of lab reports and chain of custody records?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
Are the appropriate records of the measureable storm event and sampling being kept? (Part 3.7.2.e)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Has a copy of the annual comprehensive evaluation been submitted to the agency and is a copy on file? (Part 3.12.3.b)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Is permittee keeping copies of inspections and corrective actions on file? (Part 4.6.10.1)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Are copies of training records being kept on file? (Part 4.6.6.6)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
5. Is there a list of significant spills and leaks being maintained? (Part 4.6.5.3)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>Comments: Annual comprehensive evaluations and DMRs were submitted to ADEQ but not kept in file.</b>	
<b>SECTION E: FACILITY TOUR</b>	
PERMITTEE FACILITY TOUR MEETS PERMIT REQUIREMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
1. Any evidence of spills or leaks that have not been properly cleaned up as required by the SWPPP?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Any evidence of erosion or un-stabilized ground?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
3. Any controls, structures, or storage areas that are not as identified in the SWPPP?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
4. Any non-stormwater discharges <u>not</u> identified in the SWPPP? (see Part 1.7 of permit for list of allowable non-stormwater discharges)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
5. Any non-stormwater discharges that are not allowed under this permit? (see Part 1.7 of permit for list of allowable non-stormwater discharges)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
6. Are BMPs being properly operated and maintained? (Part 6.1)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
7. Are housekeeping procedures being implemented and are they sufficient?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NI <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>Comments:</b>	

**From:** [Nancy Morgan](#)  
**To:** [Water-Inspection-Report](#)  
**Subject:** response to adeq insp 4-15-14.pdf - Adobe Acrobat Standard  
**Date:** Monday, May 19, 2014 2:10:37 PM  
**Attachments:** [response to adeq insp 4-15-14.pdf](#)

---

Dear Mr. Young,

On behalf of Hixson Lumber sales located in Magnolia, AR, please find attached the response to the violations noted during the inspection conducted on April 15, 2014.

As you will see all corrective actions have been completed and documented.

Please let me know if I can provide any additional information.

Sincerely,

Nancy

*Nancy Farris*  
ENVIRONMENTAL SERVICES GROUP, INC.  
2300 Cottondale Ln., Suite 260  
Little Rock AR 72202  
501-663-4731 (ph)  
501-663-7798 (fax)



This email is free from viruses and malware because [avast! Antivirus](#) protection is active.





**Environmental Services Group Incorporated**

Safety / Health / Environmental / Regulatory Services

May 19, 2014

Arkansas Department of Environmental Quality  
Water Division, Enforcement Branch  
5301 Northshore Drive  
North Little Rock, Arkansas 72118

RE: Response to compliance inspection at Hixson Lumber on April 15, 2014.  
Permit #: ARRO0B367, AFIN: 14-00209

Dear Mr. Young:

In response to the compliance inspection performed at Hixson Lumber located in Magnolia, AR, the following answers and corrective actions are given:

Corrective Actions to Findings:

- 1.) The NAICS code has been added to the plan and both the NAICS and SIC codes have been added to the cover page (Appendix A)
- 2.) Number of acres has been added to the site map. (Appendix B)
- 3.) The location of existing structural control measures have been added to the site map. (Appendix B)
- 4.) Receiving waters in the immediate vicinity of the facility were added to the site map. (Appendix B)
- 5.) A copy of the 2011 sampling analysis and chain of custody has been added to the SWPPP, a copy is included in this response. (Appendix C)
- 6.) A copy of the annual comprehensive site compliance evaluation (report) for 2011, 2012 and 2013 have been added to the SWPPP, a copy is included in this response. (Appendix D)
- 7.) The sample was collected on April 18, 2013, when the event was recorded in the rain log the wrong date was written by mistake. The rain log has been corrected and initialed. A copy of the corrected rain log is included in this response along with a copy of the Chain of Custody showing the date of collection. (Appendix E)
- 8.) A more detailed corrective action report has been submitted to ADEQ, a copy of corrective action is included in this response. (Appendix F)

9.) A copy of the DMRs submitted to ADEQ have been added to the SWPPP, a copy of all DMRs is included in this response (Appendix G)

10.) A copy of 2012 and 2013 annual comprehensive evaluation has been added to the SWPPP and a copy is included in this response (Appendix H). A comprehensive evaluation was not completed in 2011, the facility recognized that there were areas they needed assistance with complying with permit and contracted ESGI to help with in these areas.

11.) A copy of the Annual compliance report for 2011, 2012 and 2013 has been added to the SWPPP; each of these reports include the corrective actions for benchmark exceedances. A copy of each of these reports is included in this response. (Appendix D)

A review of the site map and the sampling outfalls was conducted by Hixson Lumber Sales and ESGI, the consulting company. It was determined that the updated site map in 2012 had outfall 001 incorrectly labeled it should have been placed where outfall 002 was named. It was also determined that there is not a second outfall and to remove it from the site map and continue sampling from outfall 001, with continued monitoring. The site map has been revised and placed in the SWPPP. (Appendix B)

Also, it was noted that Mr. Duke had ordered a pH meter to ensure proper monitoring of pH was conducted. Mr. Duke confirmed that the pH meter was received and will be used for all future analysis.

If you have any questions about this response or need additional information, please contact Gary Ingle at (501) 663-4731 or by e-mail at [info@esgisafety.com](mailto:info@esgisafety.com).

Sincerely,

Gary Ingle  
President/CEO  
Environmental Services Group, Inc.

## **Appendix A**



# STORM WATER POLLUTION PREVENTION PLAN

**Hixson Lumber Sales, Inc.**  
**2500 South Washington Street**  
**Magnolia, AR, 71753**  
**ARR00B367**  
SIC: 2491, NAICS: 32114

**NOVEMBER, 2012**

Prepared By:  
**ENVIRONMENTAL SERVICES GROUP, INC.**  
WindRiver Office Building, Suite 260  
2300 Cottdale Lane  
Little Rock, AR 72202  
(501) 663-4731 Telephone  
1-800-887-6752 Toll Free  
(501) 663-7798 Facsimile

## INTRODUCTION

### 1.1 Purpose of the Plan

On September 14, 1998, the Environmental Protection Agency (EPA) authorized the State of Arkansas to implement its ADEQ/National Pollutant Discharge Elimination System (NPDES) program. ADEQ/NPDES is a state program to carry out the National Pollutant Discharge Elimination System (NPDES), a federal regulatory program to control discharges of pollutants to surface waters of the United States. This Storm Water Pollution Prevention Plan (SWP3) for **Hixson Lumber Sales, Inc., Magnolia, AR**, fulfills the requirements of the Arkansas Commission on Environmental Quality (ADEQ) NPDES General Permit Number ARR00B367 Relating to Storm Water Discharges associated with Industrial Activity. As required by 40 CFR 122.46(a), ADEQ reissues NPDES every 5 years. The NPDES finalized General Permit number ARR00B367 in June, 2009. The general permit provides authorization for point source discharges of storm water associated with certain industrial activities to water in the State of Arkansas. **Storm Water Tracking Number is ARR00B367.**

The Magnolia Site is eligible for coverage under this general permit since the primary Standard Industrial Classification (SIC) code for the facility is **2491** North American Industry Classification System (NAICS) code **32114**, “**Wood Preserving**”, falls into the designated **Sector A**, sub-sector **A2**, meets the general conditions covered under the general permit. The Magnolia Site has submitted a **Notice of Intent (Appendix A) to be covered under the General Permit**. This SWP3 has been developed in accordance with Parts I, through Part VII of the Permit. Pertinent excerpts from the General Permit are included in Appendix B to this SWP3.

The SWP3 identifies potential sources of pollution that may reasonably be expected to affect the quality of storm water discharges associated with industrial activity from the Site. The SWP3 further describes the implementation of practices to reduce pollutants and the potential for pollutants in storm water discharges associated with industrial activity at the facility and to ensure compliance with the terms and conditions of the NPDES General Permit.

Hixson Lumber Sales, Inc., Magnolia, AR has submitted a signed Notice of Intent (NOI), along with the \$200 application fee to the ADEQ, to be covered under the NPDES General Permit ARR00B367. A copy of the complete, signed NOI is to be provided to the Pollution Prevention Team Leader designated in Table 1 within 3 days of signing. Should Hixson Lumber Sales, Inc., Magnolia, AR decide to terminate coverage under the Storm Water General Permit, it is the responsibility of Hixson Lumber Sales, Inc., Magnolia, AR, to complete and submit a Notice of Termination (NOT) to the ADEQ according to Part 1.8, of the permit with a copy provided to the Pollution Prevention Team Leader within 5 days of submittal to the ADEQ.

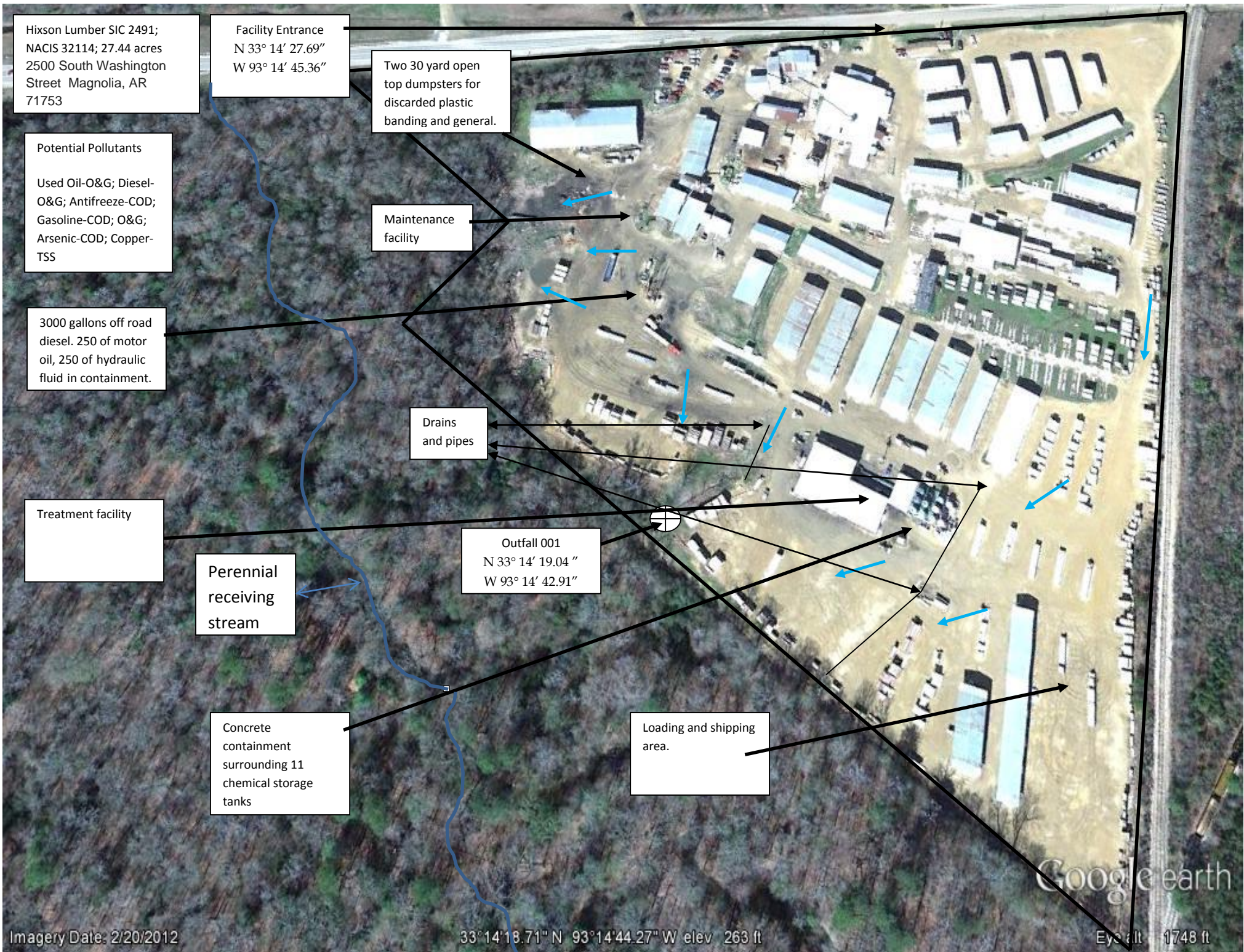
### 1.2 Definitions

#### **Storm Water Pollution Prevention Plan (SWP3):**

A SWP3 includes a series of steps and activities to identify sources or potential sources of pollution that may affect the quality of storm water discharges from the facility. This SWP3 includes selection and implementation of actions, or Best Management Practices (“BMP’s”), to prevent or control pollution and

## **Appendix B**





Hixson Lumber SIC 2491;  
NACIS 32114; 27.44 acres  
2500 South Washington  
Street Magnolia, AR  
71753

Facility Entrance  
N 33° 14' 27.69"  
W 93° 14' 45.36"

Two 30 yard open  
top dumpsters for  
discarded plastic  
banding and general.

Potential Pollutants

Used Oil-O&G; Diesel-  
O&G; Antifreeze-COD;  
Gasoline-COD; O&G;  
Arsenic-COD; Copper-  
TSS

3000 gallons off road  
diesel. 250 of motor  
oil, 250 of hydraulic  
fluid in containment.

Maintenance  
facility

Drains  
and pipes

Treatment facility

Perennial  
receiving  
stream

Outfall 001  
N 33° 14' 19.04 "  
W 93° 14' 42.91"

Concrete  
containment  
surrounding 11  
chemical storage  
tanks

Loading and shipping  
area.

Google earth

## **Appendix C**





220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

February 11, 2011

Mr. David Duke  
Hixson Lumber Company  
2500 S. Washington Street  
Magnolia, AR. 71753

RE: Storm Water 2011

Dear Mr. Duke:

Your DMR report should be signed by the permit holder and submitted no later than January 31, 2012, to:

NPDES Permits Branch/Storm Water  
Arkansas Department of Environmental Quality  
5301 North Shore Drive  
North Little Rock, Arkansas 72118-5317

The information listed in the DMR report is from the storm event on February 1, 2011, only. If additional storm water samples were collected during this reporting period, the DMR report will need to be amended.

**Please note:** The COD value reported for this storm water event exceeds current ADEQ guidelines listed as parameter benchmark values for Outfall 001.

The Parameter Benchmark Values of your required analyses are:

pH 6.0-9.0 s.u.	COD 120 mg/L	Arsenic 0.169 mg/L
Oil and Grease 15 mg/L	TSS 100 mg/L	Copper 0.0756 mg/L

If you have any questions, please call me at (479) 968-6767 or (800) 530-7968.

Sincerely,

Mike Cole  
Laboratory Supervisor

Enclosures

# EEG

**Environmental  
Enterprise Group, Inc.**

220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

February 8, 2011  
Control No. 145086  
Page 3 of 4

Hixson Lumber Company  
2500 S. Washington  
Magnolia, AR

## ANALYTICAL RESULTS

AIC No. 145086-1

Sample Identification: L988-043946 0211020 Outfall 001 2-1-11 9:00am

Analyte	Result	RL	Units	Qualifier
Total Suspended Solids USGS 3765	28	4	mg/l	
	Prep: 07-Feb-2011 0947 by 292	Analyzed: 08-Feb-2011 0830 by 292	Batch: W35231	

AIC No. 145086-2

Sample Identification: L988-043946 0211021 Outfall 001 2-1-11 9:10am

Analyte	Result	RL	Units	Qualifier
COD HACH 8000	290	10	mg/l	
	Prep: 07-Feb-2011 1603 by 285	Analyzed: 08-Feb-2011 0913 by 285	Batch: W35240	

AIC No. 145086-3

Sample Identification: L988-043946 0211022 Outfall 001 2-1-11 9:20am

Analyte	Result	RL	Units	Qualifier
Oil and Grease EPA 1664A	< 5	5	mg/l	
	Prep: 03-Feb-2011 1334 by 100	Analyzed: 03-Feb-2011 1628 by 100	Batch: B6732	

AIC No. 145086-4

Sample Identification: L988-043946 0211023 Outfall 001 2-1-11 9:30am

Analyte	Result	RL	Units	Qualifier
Arsenic EPA 200.7	< 0.05	0.05	mg/l	
	Prep: 03-Feb-2011 1342 by 297	Analyzed: 03-Feb-2011 1737 by 270	Batch: S29442	
Copper EPA 200.7	0.0064	0.006	mg/l	
	Prep: 03-Feb-2011 1342 by 297	Analyzed: 04-Feb-2011 1223 by 270	Batch: S29442	

# EEG

Environmental  
Enterprise Group, Inc.

220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

February 8, 2011  
Control No. 145086  
Page 4 of 4

Hixson Lumber Company  
2500 S. Washington  
Magnolia, AR

### DUPLICATE RESULTS

Analyte	AIC No.	Result	RPD	RPD Limit	Preparation Date	Analysis Date	Dil	Qual
Oil and Grease	145057-1	< 5 mg/l			03Feb11 1334 by 100	03Feb11 1626 by 100		
	Batch: B6732 Duplicate	< 5 mg/l	0.00	20.0	03Feb11 1334 by 100	03Feb11 1626 by 100		
Total Suspended Solids	145075-1	9.6 mg/l			07Feb11 0947 by 292	08Feb11 0830 by 292		
	Batch: W35231 Duplicate	9.8 mg/l	2.06	20.0	07Feb11 0948 by 292	08Feb11 0830 by 292		
Total Suspended Solids	145078-2	22 mg/l			07Feb11 0947 by 292	08Feb11 0830 by 292		
	Batch: W35231 Duplicate	22 mg/l	1.80	20.0	07Feb11 0948 by 292	08Feb11 0830 by 292		

### LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	100 mg/l	99.4	85.0-115			W35240	07Feb11 1603 by 285	08Feb11 0913 by 285		
Arsenic	5 mg/l	97.7	85.0-115			S29442	03Feb11 1046 by 297	03Feb11 1650 by 270		
Copper	0.5 mg/l	92.8	85.0-115			S29442	03Feb11 1046 by 297	04Feb11 1138 by 270		
Oil and Grease	40 mg/l	98.5	78.0-114			B6732	03Feb11 1334 by 100	03Feb11 1626 by 100		

### MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	145023-1	100 mg/l	97.2	80.0-120	W35240	07Feb11 1603 by 285	08Feb11 0913 by 285		
	145023-1	100 mg/l	97.2	80.0-120	W35240	07Feb11 1603 by 285	08Feb11 0913 by 205		
	Relative Percent Difference:		0.00	10.0	W35240				
Arsenic	144919-1	5 mg/l	95.1	75.0-125	S29442	03Feb11 1622 by 297	03Feb11 1652 by 270		
	144919-1	5 mg/l	94.0	75.0-125	S29442	03Feb11 1622 by 297	03Feb11 1656 by 270		
	Relative Percent Difference:		1.15	20.0	S29442				
Copper	144919-1	0.5 mg/l	95.6	75.0-125	S29442	03Feb11 1622 by 297	04Feb11 1141 by 270		
	144919-1	0.5 mg/l	96.4	75.0-125	S29442	03Feb11 1622 by 297	04Feb11 1144 by 270		
	Relative Percent Difference:		0.440	20.0	S29442				

### LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
COD	< 10 mg/l	10	10	W35240-1	07Feb11 1603 by 285	08Feb11 0913 by 285	
Total Suspended Solids	< 4 mg/l	4	4	W35231-1	07Feb11 0948 by 292	08Feb11 0830 by 292	
Arsenic	< 0.05 mg/l	0.05	0.05	S29442-1	03Feb11 1046 by 297	03Feb11 1647 by 270	
Copper	< 0.006 mg/l	0.006	0.006	S29442-1	03Feb11 1046 by 297	04Feb11 1135 by 270	
Oil and Grease	< 5 mg/l	5	5	B6732-1	03Feb11 1334 by 100	03Feb11 1626 by 100	

**EEG**Environmental  
Enterprise Group, Inc.220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

**Client:** Hixson Lumber Sales - Magnolia  
**Date of Sample:** 2/1/11  
**Time of Sample:** 0900  
**Date Received:** 2/2/11  
**Sample Collected From:** Outfall 001  
**Sample Collected By:** David Duke  
**Sample Matrix:** Storm Water

**Job Number:** L988-043946  
**Date of Report:** 2/8/2011  
**P.O. Number:** Not Given  
**Control Number:** 0211020  
**Sample I.D.:** 001  
**Sample Delivered By:** UPS

**ANALYSIS REPORT**

Parameter	Init.	Date	Time	Concentration	Units	Method	Edition Or Ref.
pH	AR	2/2/11	1325	8.0		4500 H+	18 <sup>th</sup>

**QUALITY CONTROL DATA**

Parameter	Orig. Value	Dup. Value	Rel. % Difference
pH	6.4	6.4	0.00

All instruments have been calibrated on a daily basis. Each day, Quality Control procedures have been performed on 10% of all analysis.

*Sumner*  
 \_\_\_\_\_  
 Reviewed By

*Wh Wh*  
 \_\_\_\_\_  
 Reviewed By





Environmental Enterprise Group, Inc.  
 PROVIDING CUSTOMIZED SERVICES WORLDWIDE

1988-043946

145086

Environmental Enterprise Group, Inc.  
 220 North Knoxville  
 Russellville, Arkansas 72801  
 (479) 968-6767 Fax (479) 968-1956

Phone #: 870-234-7820

Address: Hixson Lumber Sales

2500 S. Washington, Magnolia, AR

Project Name or Number:

Storm Water

Sampling Personnel Signature(s):

*David Duce* Printed: 2-1-11 David Duce

Sample I.D.	Date	Time	Comp	Grab	Cont. Type		# of Containers	Method Preserved						Sample Matrix					TSS, T. Arsenic, T. Copper	Laboratory Control Number	Remarks (Please note special detection limits below.)				
					Plast.	Glass		CO2	CON	HOX	CH	g	g	Water	Soil	Air	Sludge	Other							
1 Outlet 001	2-1-11	9:00am	X	X	X		1						X	X	X	X	X	X			0211020		pH: 8.0 @ 1325 Temp: 6.4 @ 1/11 Pg: AR		
2 Outlet 001	2-1-11	9:10am	X	X	X		1						X	X	X	X	X	X			0211021				
3 Outlet 001	2-1-11	9:20am	X	X	X		1						X	X	X	X	X	X			0211022				
4 Outlet 001	2-1-11	9:30am	X	X	X		1						X	X	X	X	X	X			0211023				
Relinquished by:	<i>WJ</i>																								
Received by:																									
Relinquished by:	<i>Emily Katschke</i>																								
Received by:																									
Relinquished by:	<i>Emily Katschke</i>																								
Received by:																									
Comments:	Fed-X (200) 9689366 15000904																								

## Appendix D

**Arkansas Department of Environmental Quality (ADEQ)**  
 5301 Northshore Drive  
 North Little Rock, AR 72118-5317

**Industrial Stormwater General Permit (ARR000000) Annual Report Form**

Permit No. ARR-00 B 367	
Permittee Name: David Duke / Randy Norris	
Facility Name: Hixson Lumber Sales	
Facility Physical Address (not mailing address): 2500 S. Washington	
Facility City: Magnolia	Zip Code: 71753

Facility Contact Name: David Duke	Title: HIR - Safety
Facility Contact Phone Number: 870 234 7800	Facility Contact Email: dduke@hlsmagnolia.com
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> 2011 (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before January 31<sup>st</sup>. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> - Dec 31<sup>st</sup>)? Note: If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

- Yes  - Complete Sections 2, 3, 4, 5 and 6.  
 No  - Complete Section 2, 3, 5 and 6.

Include any additional comments here:



**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	2/1/11
Visual Site Inspection #2 Date	4/25/11
Visual Site Inspection #3 Date	7/8/11
Visual Site Inspection #4 Date	10/14/11
Comprehensive Site Compliance Evaluation Date	12/16/11

**3. Stormwater Problems Identified At the Facility**

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- If no problems were identified, put N/A for Not Applicable.

Date Problem Discovered:	Describe the Problem: N/A
Date Problem Discovered:	Describe the Problem:
Date Problem Discovered:	Describe the Problem:
Date Problem Discovered:	Describe the Problem:

## 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan - Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan completed during the previous calendar year and include the dates you completed the corrective actions.

The COD was exceeded. When visual inspections were done, corrective action is to Re Sample and Continue to monitor the out fall and if there becomes a Problem take the appropriate Measures to Correct

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan initiated during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

2<sup>nd</sup> Sampling period (July - Dec)  
I Apologize there was no sample taken during The Second half of year, due to the lack of Rainfall (Drought). Corrective action will be to Make Sure Sampling Criteria is Met for the year 2012.

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

David Duke H/R - Safety 1-30-12  
Printed Name Title Date

Signature\* 

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return the signed document to the address below. Make sure you retain a copy for your records.

Arkansas Department of Environmental Quality  
Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
[WaterPermitApplication@adeq.state.ar.us](mailto:WaterPermitApplication@adeq.state.ar.us)



**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A OUTFALL NO: 001 REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	290		mg/L
Total Suspended Solids (TSS)	100	28		mg/L
Oil and Grease (O&G)	15	<5		mg/L
pH	6.0-9.0	8.0		S.U.
Arsenic	0.169	<0.05		mg/L
Copper	0.0756	0.0064		mg/L

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER
Date of Storm Event Sampled:	2-1-2011	
Duration of Event:	5	hours
Estimate of Rainfall Event:	0.5	inches
Time Since Last Measurable Event:	21	days
Estimate of Total Discharged Volume:	110,846	gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 2-11-11  
Signature & Date

David Duke H/R - Safety  
Printed Name & Title of Official

**Arkansas Department of Environmental  
Quality (ADEQ)**  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**Industrial Stormwater General Permit  
(ARR000000) Annual Report Form**

Permit No. ARR-00 <u>B367</u>	
Permittee Name: Hixson Lumber Sales	
Facility Name: Hixson Lumber Sales	
Facility Physical Address ( <u>not</u> mailing address): 2500 South Washington	
Facility City: Magnoila, AR	Zip Code: 71753

Facility Contact Name: David Duke	Title: H/R - Safety
Facility Contact Phone Number 870-234-7820	Facility Contact Email:
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> <u>2012</u> (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31<sup>st</sup>**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)? **Note:** If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

Yes  - **Complete Sections 2, 3, 4, 5 and 6.**

No  - **Complete Section 2, 3, 5 and 6.**

Include any additional comments here:

**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	-
Visual Site Inspection #2 Date	-
Visual Site Inspection #3 Date	-
Visual Site Inspection #4 Date	-
Comprehensive Site Compliance Evaluation Date	1/8/13

### 3. Stormwater Problems Identified At the Facility

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- **If no problems were identified, put N/A for Not Applicable.**

<b>Date Problem Discovered:</b>	<b>Describe the Problem: N/A</b>
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem: N/A</b>
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem: N/A</b>
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem: N/A</b>
---------------------------------	----------------------------------

#### 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Arsenic benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP on 12/25/12

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP on 12/25/12

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

RX Date/Time 01/30/2013 11:48 5016637798  
 01/29/2013 22:25 5016637798 ESGI

P.002  
 PAGE 02/02

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

David Duke HR/Safety 1-30-13  
 Printed Name Title Date

Signature\* 

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- In the case of corporations, by a principal executive officer of at least the level of vice president.
- In the case of a partnership, by a general partner of a partnership.
- In the case of sole proprietorship, by the proprietor.
- In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- The authorization is made in writing by a person described above and submitted to ADEQ.
- The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return the signed document to the address below. Make sure you retain a copy for your records.

Arkansas Department of Environmental Quality  
 Water Division, General Permits Section  
 5301 Northshore Dr.  
 North Little Rock, AR 72118  
 Water.Permit.Applications@adeq.state.ar.us



**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2012

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	46	44	mg/L
Total Suspended Solids (TSS)	100	19	7.3	mg/L
Oil and Grease (O&G)	15	<5	0.7	mg/L
pH	6.0-9.0	6.0	6.0	S.U.
Arsenic	0.169	<0.05	0.19	mg/L
Copper	0.0756	0.0048	0.151	mg/L

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	3/20/12	12/25/12	
Duration of Event:	24		hours
Estimate of Rainfall Event:	4.5		inches
Time Since Last Measurable Event:	9		days
Estimate of Total Discharged Volume:	994,374		gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 3/30/12  
Signature & Date

David Duke - HR/Safety  
Printed Name & Title of Official

**Arkansas Department of Environmental  
Quality (ADEQ)  
5301 Northshore Drive  
North Little Rock, AR 72118-5317**

***Industrial Stormwater General Permit  
(ARR000000) Annual Report Form***

Permit No. ARR-00 <u>B367</u>	
Permittee Name: Hixson Lumber Sales	
Facility Name: Hixson Lumber Sales	
Facility Physical Address ( <u>not</u> mailing address): 2500 South Washington	
Facility City: Magnolia, AR	Zip Code: 71753

Facility Contact Name: David Duke	Title: H/R - Safety
Facility Contact Phone Number 870-234-7820	Facility Contact Email:
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> <u>2013</u> (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31<sup>st</sup>**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)? **Note:** If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

Yes  - **Complete Sections 2, 3, 4, 5 and 6.**

No  - **Complete Section 2, 3, 5 and 6.**

Include any additional comments here:

**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	02/14/13
Visual Site Inspection #2 Date	04/18/13
Visual Site Inspection #3 Date	08/17/13
Visual Site Inspection #4 Date	12/06/13
Comprehensive Site Compliance Evaluation Date	1/29/13

#### 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** TSS benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark, summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP; Install a section of silt fencing in an attempt to reduce sediment values in the sample. Continue to let the vegetation grow around the sampling area.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

David Duke      H/R Safety      1/29/14  
Printed Name      Title      Date

Signature\* [Handwritten Signature]

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return the signed document to the address below. Make sure you retain a copy for your records.

Arkansas Department of Environmental Quality  
Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: Hixson Lumber Sales  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 South Washington  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2013

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	90.000	44.000	mg/L
Total Suspended Solids (TSS)	100	289.400	4.000	mg/L
Oil and Grease (O&G)	15	1.500	1.200	mg/L
pH	6.0-9.0	6.000	6.000	S.U.
Arsenic	0.169	0.050	0.069	
Copper	0.0756	0.200	0.281	

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	04/18/13	12/06/13	
Duration of Event:	4	6	hours
Estimate of Rainfall Event:	3/4	3/4	inches
Time Since Last Measurable Event:	12	14	days
Estimate of Total Discharged Volume:			gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 1/29/14  
Signature & Date

David Duke H/E Safety  
Printed Name & Title of Official

## Appendix E



Facility Hixson Lumber

2013

2014

Rain Log

Date	Time	Rain Amount	Name	Duration in hours
1/3	7AM	.25"	Duke	3
1/8	10pm	.50"	Duke	4
1/13	2am	1.4"	Duke	6
1/26	10am	.25"	Duke	4
2/10	4am	1"	Duke	6
2/18	5pm	.25	Duke	2
2/25	7AM	.85	Duke	1
3/10	6AM	1"	Duke	6
4/4	2pm	1"	Duke	6
4/18	12pm	3/4"	Duke	4
5/2	5AM	1/4"	Duke	2
5/9	7:00am	1/10"	Duke	2
5/15	4:45pm	1"	Duke	6
5/22	3:00pm	1"	Duke	8
6/1	5:00pm	.3"	Duke	9
6/16	12 pm	1.5"	Duke	5
6/13	11 am	2"	Duke	6
6/16	10:45	2"	Duke	3
6/17	11:45am	1/4"	Duke	2
7/23	9:00pm	3"	Duke	5.
9/20	4 AM	6.0"	Duke	13
10/6	8pm	1.5'	Duke	6
10/26	4pm	1/4	Duke	3
11/1	7pm	3	Duke	10
11/19	4AM	1/4	Duke	12
11/15	7AM	3	Duke	4
11/22	7AM	1	Duke	12
12/6	7am	3/4	Duke	6
12/20	8am	2 1/2	Duke	12

DBD

H2O sample

Date	Time	Rain Amount	Name	Duration in hours
2/2/14	10AM	1 1/2"	Duke	11
2/12/14	6pm	3"	Duke	8
4/3/14	10:30am	1"	Duke	4
4/6/14	11 AM	2"	Duke	6
4/10/14	4 AM	.25"	Duke	2 HR
4/12/14	8 pm	1/2"	Duke	4 HR
4/13	8 AM	1/4"	Duke	6 HR
4/21	8 AM	1/2"	Duke	4 HR
4/24	3 PM	1/2"	Duke	4 HR
4/28	4 AM	1/2"	Duke	3 1/2 HR
5/8	5pm	1 3/4"	Duke	10 HR
5/18	6 am	1 1/4"	Duke	9 HR

TEST 50

**SORRELLS RESEARCH ASSOCIATES, INC**  
8100 NATIONAL DRIVE, LITTLE ROCK, AR 72209  
501-562-8139 800-331-8139  
FAX 501-562-7025

Rain Event 4/18/13 1:15pm  
3 1/4" Rain Fall

### CHAIN OF CUSTODY RECORD

FOR LAB/OFFICE USE ONLY

STANDARD METHODS PRESERVATION PER EPA 40 CFR

- C4= COOL TO 4°C
- SQ= SULFURIC ACID TO pH2
- M2= NITRIC ACID TO pH<2
- T= THIOSULFATE FOR DECHLORINATION
- W= WINKLER AZIDE MODIFICATION
- P= MEMBRANE ELECTRODE
- NaOH= pH >12

TURN AROUND TIME  
RUSH ZHR. 48 HR.  
S DAY (REG)  
OTHER \_\_\_\_\_

LAB # 158867001

CLIENT # 15130

P.O.# Duke

SAMPLER(S) NAME: (PRINT)

David Duke

PROJECT NO:

Out Fall 1

NAME OF COMPANY, CITY, OR PROJECT

Hixson Lumber Sales  
Magdalena AR

SAMPLE NO.	SAMPLE ID AND/OR COLLECTION LOCATION	FIELD ANALYSIS				CONTAINER TYPE		ANALYSIS REQUIRED			
		START DATE/TIME	END DATE/TIME	COMP (CIR)	PH	TEMP	FLOW		CLZ	D.O (M)	D.O (P)
1	Out Fall 1	1:10pm	1:40pm	6						Amber Glass	OEG
2										14gal plastic	TSS
3										Boz plastic	COD
4										50ml plastic	Metals, As, Cu

METHOD OF SHIPMENT (CIRCLE)  
FED EX WALKIN SRA (CPS) OTHER

TYPE OF SAMPLE(S): (CIRCLE)  
WATER SOIL W/W SLUDGE OTHER

NOTES/COMMENTS/OBSERVATIONS

FIELD ANALYSIS CONDUCTED BY: (CIRCLE) SRA CLIENT

REQUISITIONED BY: David Duke DATE/TIME: 1:45pm 4/18/13 RECEIVED BY: Danny Riddle DATE/TIME: 4:13  
REQUISITIONED BY: David Duke DATE/TIME: 1:45pm 4/18/13 ED BY: Danny Riddle DATE/TIME: 4:13

## **Appendix F**

#### 4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** TSS benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark, summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP; Install a section of silt fencing in an attempt to reduce sediment values in the sample. Continue to let the vegetation grow around the sampling area.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

## **Appendix G**

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A OUTFALL NO: 001 REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	290		mg/L
Total Suspended Solids (TSS)	100	28		mg/L
Oil and Grease (O&G)	15	<5		mg/L
pH	6.0-9.0	8.0		S.U.
Arsenic	0.169	<0.05		mg/L
Copper	0.0756	0.0064		mg/L

	JANUARY-JUNE	JULY-DECEMBER	
Sampling Period:	2-1-2011		
Date of Storm Event Sampled:	5		hours
Duration of Event:	0.5		inches
Estimate of Rainfall Event:	21		days
Time Since Last Measurable Event:	110,846		gallons
Estimate of Total Discharged Volume:			

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 2-11-11  
Signature & Date

David Duke H/R - Safety  
Printed Name & Title of Official



**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2012

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	46	44	mg/L
Total Suspended Solids (TSS)	100	19	7.3	mg/L
Oil and Grease (O&G)	15	<5	0.7	mg/L
pH	6.0-9.0	6.0	6.0	S.U.
Arsenic	0.169	<0.05	0.19	mg/L
Copper	0.0756	0.0048	0.151	mg/L

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	3/20/12	12/25/12	
Duration of Event:	24		hours
Estimate of Rainfall Event:	4.5		inches
Time Since Last Measurable Event:	9		days
Estimate of Total Discharged Volume:	994,374		gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 3/30/12  
Signature & Date

David Duke - HR/Safety  
Printed Name & Title of Official

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: Hixson Lumber Sales  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 South Washington  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2013

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	90.000	44.000	mg/L
Total Suspended Solids (TSS)	100	289.400	4.000	mg/L
Oil and Grease (O&G)	15	1.500	1.200	mg/L
pH	6.0-9.0	6.000	6.000	S.U.
Arsenic	0.169	0.050	0.069	
Copper	0.0756	0.200	0.281	

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	04/18/13	12/06/13	
Duration of Event:	4	6	hours
Estimate of Rainfall Event:	3/4	3/4	inches
Time Since Last Measurable Event:	12	14	days
Estimate of Total Discharged Volume:			gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

*[Signature]* 1/29/14  
Signature & Date

David Duke H/E Safety  
Printed Name & Title of Official

## Appendix H

# NPDES Compliance Inspection Report

Section A: National Data System Coding						
Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type	Remarks
1 ___ 2 ___ 3 ___	11 12	17 18		19	20	

Inspection Work Days	Facility Evaluation Rating	B1	QA	-----Reserved-----
67 ___ 69	70	71 ___ 72	73 ___ 74	75 ___ 80

Section B: Facility Data		
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <i>Hixson Lumber Sales 2500 South Washington Street Magnolia, AR, 71753</i>	Entry Time/Date <i>1-8-13</i>	Permit Effective Date <i>12-03-10</i>
	Exit Time/Date <i>1-8-13</i>	Permit Expiration Date <i>06-30-14</i>
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <i>David Duke, HR/Safety P 870-234-7820</i>		Quarterly Visual Site Inspection Dates: #1 <i>NONE</i> #2 <i>"</i> #3 <i>"</i> #4 <i>"</i>
Name, Address of Responsible Official/Title/Phone and Fax Number <i>Same As Above</i>		Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Section C: Areas Evaluated During Inspection							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)							
S	Permit	N	Flow Measurement	S	Operations /Maintenance	S	Sampling
M	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters		Laboratory		Storm Water	N	Other:

Section D: Summary of Findings/comments (Attach additional sheets if necessary)
<i>Maintain Log of Quarterly Visual Sampling Clean up spills and remove contaminated soil.</i>


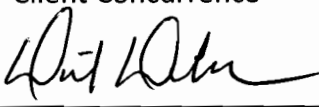
Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone/Fax	Date
<i>[Signature] &amp; Bruce Hestig</i>	<i>ES6T</i>	<i>1-8-13</i>
Signature of Reviewer	Agency/Office/Telephone/Fax	Date
<i>[Signature]</i>		<i>1-8-13</i>

ADEQ Water NPDES Inspection      AFIN: 14-00209      Permit #: AR0003367

<b>SECTION A: PERMIT VERIFICATION</b>	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION</b>	
PERMITTEE SWPPP MEETS PERMIT REQUIRMENTS	<input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
<b>1. Pollution Prevention Team</b>	
A. Identify specific individuals	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Outline their responsibilities	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>2. Description of potential pollutant sources, including:</b>	
A. Site map indicating:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A1) Drainage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A2) Drainage patterns/outfalls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A3) Structural and non-structural controls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A4) Surface waters	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A5) Significant materials exposed to precipitation	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A6) The location of leaks or spills that have occurred in the last 3 years.	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A7) Location of industrial activities exposed to precipitation including:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
i. Fueling stations	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ii. Vehicle/equipment maintenance or cleaning areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
iii. Loading/unloading areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
iv. Waste treatment, storage, or disposal areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
v. Liquid storage tanks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
vi. Processing areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
vii. Storage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. A list of pollutants likely to be present in the discharges	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Description of significant materials handled, treated, stored, or disposed of such that exposure to storm water occurred in the last 3 years.	
C1) Description of the method and location of storage or disposal	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
C2) Description of all material management practices	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
C3) Description and location of existing structural and non-structural controls	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
D. List of significant spills and leaks that occurred in the 3 years prior to the effective date of this Permit	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
E. Summary of existing storm water sampling data	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
F. Description of areas with a high erosion potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
G. A narrative summarizing potential pollutant sources	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>3. A description of appropriate measures and controls, including:</b>	
A. Good housekeeping procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Preventive maintenance procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Spill prevention and response procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Inspection procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Employee training program	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
F. Recordkeeping and internal reporting procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
G. Non- storm water discharge certification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
H. Identify authorized non-storm water discharges and appropriate controls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
I. Erosion and sediment controls for areas with a high erosion potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
J. A narrative consideration of traditional storm water management practices	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
K. Plans for implementation and maintenance of traditional measures found reasonable and appropriate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE

ADEQ Water NPDES Inspection	AFIN: 14-00209	Permit #: ARR 00837
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<b>4. Annual Site Compliance Evaluation Reports which include:</b>		
A. A summary of the scope of the inspection	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Personnel making the inspection	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Major Observations	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Actions taken to revise the Pollution Prevention Plan	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Certification of compliance or a list of non-compliance incidents	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>5. If discharging to a large or medium municipal separate storm sewer, Compliance with applicable requirements in the municipal storm water management program.</b>		
	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>6. Consistency of the SWPPP with other plans</b>		
	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>7. Additional requirements for facilities subject to Emergency Planning and Community Right to Know Act (EPCRA) Section 313 requirements</b>		
A. A description of the measures used in areas where Section 313 water priority chemicals are stored, processed, or otherwise handled to:		
A1) Minimize the potential contact or storm water runoff with the chemicals	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A2) Prevent exposure of the chemicals to storm water and wind	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B. A discussion of the measures taken to minimize the discharge of Section 313 water priority chemicals from the following areas:		
B1) Liquid storage areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B2) Non-liquid storage areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B3) Truck and railcar loading areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B4) Truck and railcar loading areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B5) Transfer, processing, or handling areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B6) Other areas	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B7) Preventive maintenance and housekeeping	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B8) Facility security	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B9) Training	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B10) Professional Engineer (PE) certification every 3 years	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>8. Assurance that any salt storage piles present onsite are covered or enclosed</b>		
	<input type="checkbox"/> Y	<input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Inspector Signature & Date	Client Concurrence
 1-8-13	

NPDES Compliance Inspection Report

ARR00B367

Section A: National Data System Coding						
Transaction Code	NPDES	Yr/Mo/Day	Inspection Type	Inspector	Fac Type	
3		11 12	17 18	19	20	
Remarks						

Inspection Work Days: 67 69  
 Facility Evaluation Rating: 70  
 B1 QA Reserved  
 71 72 73 74 75 80

Section B: Facility Data			
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <b>Hixson Lumber Sales, Inc 2500 South Washington Street Magnolia AR 71753</b>	Entry Time/Date	Permit Effective Date	
	Exit Time/Date	Permit Expiration Date	
	<b>1-29-14 / 1:30</b>		
	<b>3:30 / 1-29-14</b>		

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <b>David Duke 7820 870-234-7280</b>	Visual Inspections
Name, Address of Responsible Official/Title/Phone and Fax Number <b>David Duke H/R Safety</b>	1. <b>2-14-13</b>
Contacted Yes <input type="checkbox"/> No <input type="checkbox"/>	2. <b>4-18-13</b>
	3. <b>8-17-13</b>
	4. <b>12-06-13</b>

Section C: Areas Evaluated During Inspection.  
 (S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

S	Permit	N	Flow Measurement	S	Operations /Maintenance	S	Sampling
S	Records/Reports	S	Self-Monitoring Program	N	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
N	Effluent/Receiving Waters	N	Laboratory	S	Storm Water	N	Oilier:

Section D: Summary of Findings/comments (Attach additional sheets if necessary)

Received 1st half of year SW Test Kit in April of 2013; 2nd half came in late October or early November. Client conducts monthly inspections of facility. Explained the requirements of the quarterly visual sampling. Explained the new requirement to use a digital pH meter. Looked @ outfall #2: because of changes to facility grounds, I don't think that this outfall is needed any longer. Discussed addition of sedges or monkey grass at outfall to filter TSS.

Name(s) and Signature(s) of Inspector(s) <b>David M. Trigg</b> <i>David M. Trigg</i>	Agency/Office/Telephone/Fax <b>ESGI</b>	Date <b>1-29-2014</b>
Signature of Reviewer	Agency/Office/Telephone/Fax	Date

DEQ Water NPDES Inspection	AFIN:	Permit #:
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SECTION A: PERMIT VERIFICATION	
PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. CORRECT NAME AND MAILING ADDRESS OF PERMITEE:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
4. ALL DISCHARGES ARE PERMITTED:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION	
PERMITEE SWPPP MEETS PERMIT REQUIRMENTS	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
DETAILS:	
1. Pollution Prevention Team	
A. Identify specific individuals	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Outline their responsibilities	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
2. Description of potential pollutant sources, including:	
A. Site map indicating:	
A1) Drainage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A2) Drainage patterns/outfalls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A3) Structural and non-structural controls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A4) Surface waters	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A5) Significant materials exposed to precipitation	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A6) The location of leaks or spills that have occurred in the last 3 years.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
A7) Location of industrial activities exposed to precipitation including:	
i. Fueling stations	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
ii. Vehicle/equipment maintenance or cleaning areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
iii. Loading/unloading areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
iv. Waste treatment, storage, or disposal areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
v. Liquid storage tanks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
vi. Processing areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
vii. Storage areas	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. A list of pollutants likely to be present in the discharges	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Description of significant materials handled, treated, stored, or disposed of such that exposure to storm water occurred in the last 3 years.	
C1) Description of the method and location of storage or disposal	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C2) Description of all material management practices	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C3) Description and location of existing structural and non-structural controls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. List of significant spills and leaks that occurred in the 3 years prior to the effective date of this Permit	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
E. Summary of existing storm water sampling data	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
F. Description of areas with a high erosion potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
G. A narrative summarizing potential pollutant sources	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
3. A description of appropriate measures and controls, including:	
A. Good housekeeping procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Preventive maintenance procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Spill prevention and response procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Inspection procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Employee training program	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
F. Recordkeeping and internal reporting procedures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
G. Non-storm water discharge certification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
H. Identify authorized non-storm water discharges and appropriate controls	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
I. Erosion and sediment controls for areas with a high erosion potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
J. A narrative consideration of traditional storm water management practices	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
K. Plans for implementation and maintenance of traditional measures found reasonable and appropriate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE



ADEQ Water NPDES Inspection      AFIN:      Permit #:

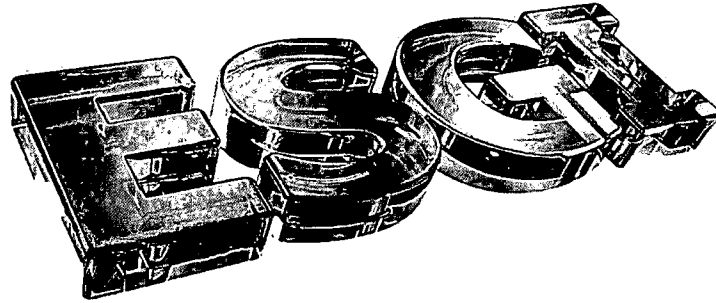
<b>4. Annual Site Compliance Evaluation Reports which include:</b>		
A. A summary of the scope of the inspection		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Personnel making the inspection		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Major Observations		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Actions taken to revise the Pollution Prevention Plan		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Certification of compliance or a list of non-compliance incidents		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>5. If discharging to a large or medium municipal separate storm sewer. Compliance with applicable requirements in the municipal storm water management program:</b>		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>6. Consistency of the SWPPP with other plans</b>		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>7. Additional requirements for facilities subject to Emergency Planning and Community Right to Know Act (EPCRA) Section 313 requirements</b>		
A. A description of the measures used in areas where Section 313 water priority chemicals are stored, processed, or otherwise handled to:		
A1) Minimize the potential contact or storm water runoff with the chemicals		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A2) Prevent exposure of the chemicals to storm water and wind		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B. A discussion of the measures taken to minimize the discharge of Section 313 water priority chemicals from the following areas:		
B1) Liquid storage areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B2) Non-liquid storage areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B3) Truck and railcar loading areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B4) Truck and railcar unloading areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B5) Transfer, processing, or handling areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B6) Other areas		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B7) Preventive maintenance and housekeeping		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B8) Facility security		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B9) Training		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B10) Professional Engineer (PE) certification every 3 years		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>8. Assurance that any salt storage piles present onsite are covered or enclosed</b>		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Inspector Signature & Date <i>Darwin M. Ruiz 1/29/14</i>	Client Concurrence <i>Wat Dube 1/29/14.</i>
-------------------------------------------------------------	------------------------------------------------

## Storm Water Compliance Checklist

	Action	Date	Initials
<b>First Half of the year (Jan. – June)</b>	<input checked="" type="checkbox"/> Storm water sample collected and sent to lab <input checked="" type="checkbox"/> Results received <input checked="" type="checkbox"/> pH tested and recorded on site by Stormwater team		
<b>First Quarter of the year (Jan. – March)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> First Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Second Quarter of the Year (April - June)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Second Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Second Half of the year (July – Dec.)</b>	<input checked="" type="checkbox"/> Storm water sample collected and sent to lab <input checked="" type="checkbox"/> Results received <input checked="" type="checkbox"/> pH tested and recorded on site by Stormwater team		
<b>Third Quarter of the Year (July – Sept.)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Third Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Fourth Quarter of the Year (Oct. – Dec.)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Fourth Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Annually</b>	<input checked="" type="checkbox"/> Employee Training <input checked="" type="checkbox"/> Comprehensive Site Compliance Evaluation and Report <input type="checkbox"/> Annual compliance report submitted to ADEQ (by ESGI) <input type="checkbox"/> DMR submitted to ADEQ (by ESGI)		

**\*Updates should be made to the plan as needed** (i.e. any changes to the site, team members, and best management practices)

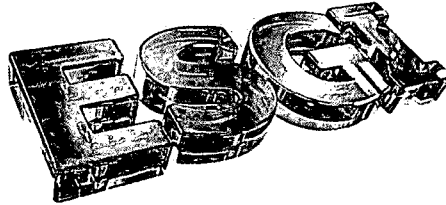


**ENVIRONMENTAL SERVICES GROUP, INC.**

RECEIVED  
MAY 19 2014  
KD 4130

Response to compliance inspection  
Hixson Lumber Sales on April 15, 2014.  
Permit #: ARR00B367, AFIN: 14-00209

ENVIRONMENTAL SERVICES GROUP, INC.  
2300 Cottdale Lane, Suite 260  
Little Rock, AR 72202  
(501) 663-4731 Telephone • (800) 887-6752 • (501) 663-7798 Facsimile  
[www.esgisafety.com](http://www.esgisafety.com)



**Environmental Services Group Incorporated**

Safety / Health / Environmental / Regulatory Services

May 19, 2014

Arkansas Department of Environmental Quality  
Water Division, Inspection Branch  
5301 Northshore Drive  
North Little Rock, Arkansas 72118

RE: Response to compliance inspection at Hixson Lumber on April 15, 2014.  
Permit #: AR00B367, AFIN: 14-00209

Dear Mr. Young:

In response to the compliance inspection performed at Hixson Lumber located in Magnolia, AR, the following answers and corrective actions are given:

Corrective Actions to Findings:

- 1.) The NAICS code has been added to the plan and both the NAICS and SIC codes have been added to the cover page (Appendix A)
- 2.) Number of acres has been added to the site map. (Appendix B)
- 3.) The location of existing structural control measures have been added to the site map. (Appendix B)
- 4.) Receiving waters in the immediate vicinity of the facility were added to the site map. (Appendix B)
- 5.) A copy of the 2011 sampling analysis and chain of custody has been added to the SWPPP, a copy is included in this response. (Appendix C)
- 6.) A copy of the annual comprehensive site compliance evaluation (report) for 2011, 2012 and 2013 have been added to the SWPPP, a copy is included in this response. (Appendix D)
- 7.) The sample was collected on April 18, 2013, when the event was recorded in the rain log the wrong date was written by mistake. The rain log has been corrected and initialed. A copy of the corrected rain log is included in this response along with a copy of the Chain of Custody showing the date of collection. (Appendix E)
- 8.) A more detailed corrective action report has been submitted to ADEQ, a copy of corrective action is included in this response. (Appendix F)

9.) A copy of the DMRs submitted to ADEQ have been added to the SWPPP, a copy of all DMRs is included in this response (Appendix G)

10.) A copy of 2012 and 2013 annual comprehensive evaluation has been added to the SWPPP and a copy is included in this response (Appendix H). A comprehensive evaluation was not completed in 2011, the facility recognized that there were areas they needed assistance with complying with permit and contracted ESGI to help with in these areas.

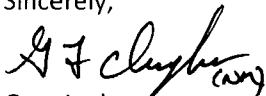
11.) A copy of the Annual compliance report for 2011, 2012 and 2013 has been added to the SWPPP; each of these reports include the corrective actions for benchmark exceedances. A copy of each of these reports is included in this response. (Appendix D)

A review of the site map and the sampling outfalls was conducted by Hixson Lumber Sales and ESGI, the consulting company. It was determined that the updated site map in 2012 had outfall 001 incorrectly labeled it should have been placed where outfall 002 was named. It was also determined that there is not a second outfall and to remove it from the site map and continue sampling from outfall 001, with continued monitoring. The site map has been revised and placed in the SWPPP. (Appendix B)

Also, it was noted that Mr. Duke had ordered a pH meter to ensure proper monitoring of pH was conducted. Mr. Duke confirmed that the pH meter was received and will be used for all future analysis.

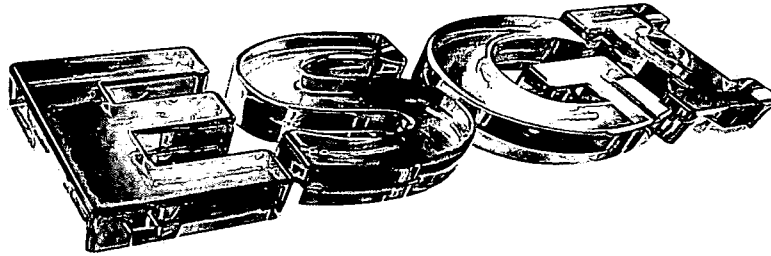
If you have any questions about this response or need additional information, please contact Gary Ingle at (501) 663-4731 or by e-mail at [info@esgisafety.com](mailto:info@esgisafety.com).

Sincerely,



Gary Ingle  
President/CEO  
Environmental Services Group, Inc.

## Appendix A



# STORM WATER POLLUTION PREVENTION PLAN

**Hixson Lumber Sales, Inc.**  
**2500 South Washington Street**  
**Magnolia, AR, 71753**  
**ARR00B367**  
**SIC: 2491, NAICS: 32114**

**NOVEMBER, 2012**

Prepared By:  
**ENVIRONMENTAL SERVICES GROUP, INC.**  
WindRiver Office Building, Suite 260  
2300 Cottdale Lane  
Little Rock, AR 72202  
(501) 663-4731 Telephone  
1-800-887-6752 Toll Free  
(501) 663-7798 Facsimile

## INTRODUCTION

### 1.1 Purpose of the Plan

On September 14, 1998, the Environmental Protection Agency (EPA) authorized the State of Arkansas to implement its ADEQ/National Pollutant Discharge Elimination System (NPDES) program. ADEQ/NPDES is a state program to carry out the National Pollutant Discharge Elimination System (NPDES), a federal regulatory program to control discharges of pollutants to surface waters of the United States. This Storm Water Pollution Prevention Plan (SWP3) for **Hixson Lumber Sales, Inc., Magnolia, AR**, fulfills the requirements of the Arkansas Commission on Environmental Quality (ADEQ) NPDES General Permit Number ARR00B367 Relating to Storm Water Discharges associated with Industrial Activity. As required by 40 CFR 122.46(a), ADEQ reissues NPDES every 5 years. The NPDES finalized General Permit number ARR00B367 in June, 2009. The general permit provides authorization for point source discharges of storm water associated with certain industrial activities to water in the State of Arkansas. **Storm Water Tracking Number is ARR00B367.**

The Magnolia Site is eligible for coverage under this general permit since the primary Standard Industrial Classification (SIC) code for the facility is **2491** North American Industry Classification System (NAICS) code **32114**, "**Wood Preserving**", falls into the designated **Sector A**, sub-sector **A2**, meets the general conditions covered under the general permit. The Magnolia Site has submitted a **Notice of Intent (Appendix A) to be covered under the General Permit**. This SWP3 has been developed in accordance with Parts I, through Part VII of the Permit. Pertinent excerpts from the General Permit are included in Appendix B to this SWP3.

The SWP3 identifies potential sources of pollution that may reasonably be expected to affect the quality of storm water discharges associated with industrial activity from the Site. The SWP3 further describes the implementation of practices to reduce pollutants and the potential for pollutants in storm water discharges associated with industrial activity at the facility and to ensure compliance with the terms and conditions of the NPDES General Permit.

Hixson Lumber Sales, Inc., Magnolia, AR has submitted a signed Notice of Intent (NOI), along with the \$200 application fee to the ADEQ, to be covered under the NPDES General Permit ARR00B367. A copy of the complete, signed NOI is to be provided to the Pollution Prevention Team Leader designated in Table 1 within 3 days of signing. Should Hixson Lumber Sales, Inc., Magnolia, AR decide to terminate coverage under the Storm Water General Permit, it is the responsibility of Hixson Lumber Sales, Inc., Magnolia, AR, to complete and submit a Notice of Termination (NOT) to the ADEQ according to Part 1.8, of the permit with a copy provided to the Pollution Prevention Team Leader within 5 days of submittal to the ADEQ.

### 1.2 Definitions

#### **Storm Water Pollution Prevention Plan (SWP3):**

A SWP3 includes a series of steps and activities to identify sources or potential sources of pollution that may affect the quality of storm water discharges from the facility. This SWP3 includes selection and implementation of actions, or Best Management Practices ("BMP's"), to prevent or control pollution and



**Appendix B**



Hixson Lumber SIC 2491;  
NACIS 32114; 27.44 acres  
2500 South Washington  
Street Magnolia, AR  
71753

Facility Entrance  
N 33° 14' 27.69"  
W 93° 14' 45.36"

Two 30 yard open  
top dumpsters for  
discarded plastic  
banding and general.

Potential Pollutants  
Used Oil-O&G; Diesel-  
O&G; Antifreeze-COD;  
Gasoline-COD; O&G;  
Arsenic-COD; Copper-  
TSS

3000 gallons off road  
diesel. 250 of motor  
oil, 250 of hydraulic  
fluid in containment.

Maintenance  
facility

Drains  
and pipes

Treatment facility

Perennial  
receiving  
stream

Outfall 001  
N 33° 14' 19.04 "  
W 93° 14' 42.91"

Concrete  
containment  
surrounding 11  
chemical storage  
tanks

Loading and shipping  
area.



## Appendix C



220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

February 11, 2011

Mr. David Duke  
Hixson Lumber Company  
2500 S. Washington Street  
Magnolia, AR. 71753

RE: Storm Water 2011

Dear Mr. Duke:

Your DMR report should be signed by the permit holder and submitted no later than January 31, 2012, to:

NPDES Permits Branch/Storm Water  
Arkansas Department of Environmental Quality  
5301 North Shore Drive  
North Little Rock, Arkansas 72118-5317

The information listed in the DMR report is from the storm event on February 1, 2011, only. If additional storm water samples were collected during this reporting period, the DMR report will need to be amended.

**Please note:** The COD value reported for this storm water event exceeds current ADEQ guidelines listed as parameter benchmark values for Outfall 001.

The Parameter Benchmark Values of your required analyses are:

pH 6.0-9.0 s.u.	COD 120 mg/L	Arsenic 0.169 mg/L
Oil and Grease 15 mg/L	TSS 100 mg/L	Copper 0.0756 mg/L

If you have any questions, please call me at (479) 968-6767 or (800) 530-7968.

Sincerely,

Mike Cole  
Laboratory Supervisor

Enclosures



220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.cegonline.com

February 8, 2011  
Control No. 145086  
Page 3 of 4

Hixson Lumber Company  
2500 S. Washington  
Magnolia, AR

### ANALYTICAL RESULTS

AIC No. 145086-1

Sample Identification: L988-043946 0211020 Outfall 001 2-1-11 9:00am

Analyte	Result	RL	Units	Qualifier
Total Suspended Solids USGS 3765	28	4	mg/l	
	Prep: 07-Feb-2011 0947 by 292	Analyzed: 08-Feb-2011 0830 by 292	Batch: W35231	

AIC No. 145086-2

Sample Identification: L988-043946 0211021 Outfall 001 2-1-11 9:10am

Analyte	Result	RL	Units	Qualifier
COD HACH 8000	290	10	mg/l	
	Prep: 07-Feb-2011 1603 by 285	Analyzed: 08-Feb-2011 0913 by 285	Batch: W35240	

AIC No. 145086-3

Sample Identification: L988-043946 0211022 Outfall 001 2-1-11 9:20am

Analyte	Result	RL	Units	Qualifier
Oil and Grease EPA 1664A	< 5	5	mg/l	
	Prep: 03-Feb-2011 1334 by 100	Analyzed: 03-Feb-2011 1628 by 100	Batch: B6732	

AIC No. 145086-4

Sample Identification: L988-043946 0211023 Outfall 001 2-1-11 9:30am

Analyte	Result	RL	Units	Qualifier
Arsenic EPA 200.7	< 0.05	0.05	mg/l	
	Prep: 03-Feb-2011 1342 by 297	Analyzed: 03-Feb-2011 1737 by 270	Batch: S29442	
Copper EPA 200.7	0.0064	0.006	mg/l	
	Prep: 03-Feb-2011 1342 by 297	Analyzed: 04-Feb-2011 1223 by 270	Batch: S29442	



220 North Knoxville Russellville, Arkansas 72801  
 Phone (479) 968-6767 Fax (479) 968-1956  
 www.eegonline.com

February 8, 2011  
 Control No. 145086  
 Page 4 of 4

Hixson Lumber Company  
 2500 S. Washington  
 Magnolia, AR

### DUPLICATE RESULTS

Analyte	AIC No.	Result	RPD	RPD Limit	Preparation Date	Analysis Date	Dil	Qual
Oil and Grease	145057-1	< 5 mg/l			03Feb11 1334 by 100	03Feb11 1626 by 100		
	Batch: B6732 Duplicate	< 5 mg/l	0.00	20.0	03Feb11 1334 by 100	03Feb11 1626 by 100		
Total Suspended Solids	145075-1	9.6 mg/l			07Feb11 0947 by 292	08Feb11 0830 by 292		
	Batch: W35231 Duplicate	9.8 mg/l	2.06	20.0	07Feb11 0948 by 292	08Feb11 0830 by 292		
Total Suspended Solids	145078-2	22 mg/l			07Feb11 0947 by 292	08Feb11 0830 by 292		
	Batch: W35231 Duplicate	22 mg/l	1.80	20.0	07Feb11 0948 by 292	08Feb11 0830 by 292		

### LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	100 mg/l	99.4	85.0-115			W35240	07Feb11 1603 by 285	08Feb11 0913 by 285		
Arsenic	5 mg/l	97.7	85.0-115			S29442	03Feb11 1046 by 297	03Feb11 1650 by 270		
Copper	0.5 mg/l	92.8	85.0-115			S29442	03Feb11 1046 by 297	04Feb11 1138 by 270		
Oil and Grease	40 mg/l	98.5	78.0-114			B6732	03Feb11 1334 by 100	03Feb11 1626 by 100		

### MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
COD	145023-1	100 mg/l	97.2	80.0-120	W35240	07Feb11 1603 by 285	08Feb11 0913 by 285		
	145023-1	100 mg/l	97.2	80.0-120	W35240	07Feb11 1603 by 285	08Feb11 0913 by 285		
	Relative Percent Difference:		0.00	10.0	W35240				
Arsenic	144919-1	5 mg/l	95.1	75.0-125	S29442	03Feb11 1622 by 297	03Feb11 1652 by 270		
	144919-1	5 mg/l	94.0	75.0-125	S29442	03Feb11 1622 by 297	03Feb11 1656 by 270		
	Relative Percent Difference:		1.15	20.0	S29442				
Copper	144919-1	0.5 mg/l	95.6	75.0-125	S29442	03Feb11 1622 by 297	04Feb11 1141 by 270		
	144919-1	0.5 mg/l	96.4	75.0-125	S29442	03Feb11 1622 by 297	04Feb11 1144 by 270		
	Relative Percent Difference:		0.440	20.0	S29442				

### LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
COD	< 10 mg/l	10	10	W35240-1	07Feb11 1603 by 285	08Feb11 0913 by 285	
Total Suspended Solids	< 4 mg/l	4	4	W35231-1	07Feb11 0948 by 292	08Feb11 0830 by 292	
Arsenic	< 0.05 mg/l	0.05	0.05	S29442-1	03Feb11 1046 by 297	03Feb11 1647 by 270	
Copper	< 0.006 mg/l	0.006	0.006	S29442-1	03Feb11 1046 by 297	04Feb11 1135 by 270	
Oil and Grease	< 5 mg/l	5	5	B6732-1	03Feb11 1334 by 100	03Feb11 1626 by 100	



Environmental  
Enterprise Group, Inc.

220 North Knoxville Russellville, Arkansas 72801  
Phone (479) 968-6767 Fax (479) 968-1956  
www.eegonline.com

Client: Hixson Lumber Sales - Magnolia  
Date of Sample: 2/1/11  
Time of Sample: 0900  
Date Received: 2/2/11  
Sample Collected From: Outfall 001  
Sample Collected By: David Duke  
Sample Matrix: Storm Water

Job Number: L988-043946  
Date of Report: 2/8/2011  
P.O. Number: Not Given  
Control Number: 0211020  
Sample I.D.: 001  
Sample Delivered By: UPS


### ANALYSIS REPORT

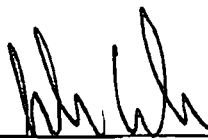
Parameter	Init.	Date	Time	Concentration	Units	Method	Edition Or Ref.
pH	AR	2/2/11	1325	8.0		4500 H+	18 <sup>th</sup>

### QUALITY CONTROL DATA

Parameter	Orig. Value	Dup. Value	Rel. % Difference
pH	6.4	6.4	0.00

All instruments have been calibrated on a daily basis. Each day, Quality Control procedures have been performed on 10% of all analysis.

  
Reviewed By

  
Reviewed By

145086

011



Environmental Enterprise Group, Inc.  
PROVIDING CUSTOMIZED SERVICES NATIONWIDE

L988-043946

Environmental Enterprise Group, Inc.  
220 North Knoxville  
Russellville, Arkansas 72801  
(479) 968-6767 Fax (479) 968-1956

Company Name: Hixson Lumber Sales		Phone #: 870-234-7820		Requested Analysis										Laboratory Control Number	pH: 8.0 @1325 Temp: 6.4 4/2/11 By: AR  Remarks (Please note special detection limits below.)									
Address: 2500 S. Washington, Magnolia, AR																								
Project Name or Number: Storm Water																								
Sampling Personnel Signature(s): <i>David Duke</i>				Printed: Z-1-11 David Duke																				
Sample I.D.	Date	Time	Cont. Type		# of Containers	Method Preserved										Sample Matrix	TSS, BY	COD	O&G	T. Arsenic, T. Copper				
			Comp	Grab		H2SO4	HNO3	NaOH	HCL	ICE	None	Water	Soil	Air	Siludge						Other			
① Outfall 001	2-1-11	9:00AM	X	X	1						X	X						X					0211020	
② Outfall 001	2-1-11	9:10AM	X	X	1	X					X	X						X					0211021	
③ Outfall 001	2-1-11	9:20AM	X		1	X					X	X						X					0211022	
④ Outfall 001	2-1-11	9:30AM	X	X	1		X				X	X						X					0211023	
Relinquished by: <i>David Duke</i>				Date: 2/1/11		Time: 10:05		Received by: <i>Stacy New</i>				Date: 2-2-11		Time: 1320										
Received by: <i>Cindy Ratzphangthorn</i>				Date: 2-2-11		Time: 1320		Relinquished by: <i>Stacy New</i>				Date: 2-2-11		Time: 1600										
Relinquished by: <i>Cindy Ratzphangthorn</i>				Date: 2-2-11		Time: 1320		Received by, Laboratory: <i>Lugan Haydon</i>				Date: 2-3-11		Time: 1030										
Comments: Fed-X (20c) 9689366 15000904																								

HIXSON LUMBER CO

05/13/2014 08:52 FAX 8702345891



Arkansas Department of Environmental  
Quality (ADEQ)  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Industrial Stormwater General Permit  
(ARR000000) Annual Report Form

Permit No. ARR-00 B 367	
Permittee Name: David Duke / Randy Norris	
Facility Name: Hixson Lumber Sales	
Facility Physical Address (not mailing address): 2500 S. Washington	
Facility City: Magnolia	Zip Code: 71753

Facility Contact Name: David Duke	Title: H/R - Safety
Facility Contact Phone Number: 870 234 7800	Facility Contact Email: dduke@hlsmagnolia.com
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> 2011 (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before January 31<sup>st</sup>. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

### 1. Benchmarks Exceeded

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> - Dec 31<sup>st</sup>)? Note: If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

Yes  - Complete Sections 2, 3, 4, 5 and 6.

No  - Complete Section 2, 3, 5 and 6.

Include any additional comments here:

### 2. Evaluations and Inspections

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	2/1/11
Visual Site Inspection #2 Date	4/25/11
Visual Site Inspection #3 Date	7/8/11
Visual Site Inspection #4 Date	10/14/11
Comprehensive Site Compliance Evaluation Date	12/16/11

**3. Stormwater Problems Identified At the Facility**

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- If no problems were identified, put N/A for Not Applicable.

Date Problem Discovered:	Describe the Problem: N/A
--------------------------	------------------------------

Date Problem Discovered:	Describe the Problem:
--------------------------	-----------------------

Date Problem Discovered:	Describe the Problem:
--------------------------	-----------------------

Date Problem Discovered:	Describe the Problem:
--------------------------	-----------------------

4. Corrective Actions Planned or Taken

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan - Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

Pollutant Parameter: benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan completed during the previous calendar year and include the dates you completed the corrective actions.

The COD was Exceeded. When visual inspections were done. Corrective action is to Re Sample and Continue to monitor the out fall and if there becomes a Problem take the Appropriate Measura to Correct

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan initiated during the previous calendar year, but have not yet been completed. Identify the date you expect to complete corrective actions.

2nd Sampling period (July - Dec)

I Apologize there was no Sample taken during The Second half of year, due to the lack of Rainfall (Drought). Corrective action will be to Make Sure Sampling Criteria is Met for the year 2012.

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

David Duke                      H/R - Safety                      1-30-12  
Printed Name                      Title                      Date

Signature\* *David Duke*

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

Please return the signed document to the address below. Make sure you retain a copy for your records.

Arkansas Department of Environmental Quality  
Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
WaterPermitApplication@adeq.state.ar.us

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A OUTFALL NO: 001 REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	290		mg/L
Total Suspended Solids (TSS)	100	28		mg/L
Oil and Grease (O&G)	15	<5		mg/L
pH	6.0-9.0	8.0		S.U.
Arsenic	0.169	<0.05		mg/L
Copper	0.0756	0.0064		mg/L

	JANUARY-JUNE	JULY-DECEMBER	
Sampling Period:	2-1-2011		
Date of Storm Event Sampled:	5		hours
Duration of Event:	0.5		inches
Estimate of Rainfall Event:	21		days
Time Since Last Measurable Event:	110,846		gallons
Estimate of Total Discharged Volume:			

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 2-11-11  
Signature & Date

David Duke H/R - Safety  
Printed Name & Title of Official

**Arkansas Department of Environmental  
Quality (ADEQ)**  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**Industrial Stormwater General Permit  
(ARR000000) Annual Report Form**

Permit No. ARR-00 <u>B367</u>	
Permittee Name: Hixson Lumber Sales	
Facility Name: Hixson Lumber Sales	
Facility Physical Address ( <u>not</u> mailing address): 2500 South Washington	
Facility City: Magnoila, AR	Zip Code: 71753

Facility Contact Name: David Duke	Title: H/R - Safety
Facility Contact Phone Number 870-234-7820	Facility Contact Email:
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> <u>2012</u> (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31<sup>st</sup>**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

<p>Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)? <b>Note:</b> If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:</p> <p>Yes <input checked="" type="checkbox"/> - Complete Sections 2, 3, 4, 5 and 6.</p> <p>No <input type="checkbox"/> - Complete Section 2, 3, 5 and 6.</p> <p>Include any additional comments here:</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.	
Visual Site Inspection #1 Date	-
Visual Site Inspection #2 Date	-
Visual Site Inspection #3 Date	-
Visual Site Inspection #4 Date	-
Comprehensive Site Compliance Evaluation Date	1/8/13

### 3. Stormwater Problems Identified At the Facility

Instructions: Based on the best available information, briefly describe any potential or actual stormwater pollution problem(s) you identified during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>) comprehensive site evaluation and quarterly visual site inspections.

- Sources of available information may also include (but may not be limited to): SWPPP reviews, audits made by consultants or providers of technical assistance, inspection reports or other notification made by federal/state/local authorities, visual observations, and/or your facility's monthly site inspections (self-inspections).
- For each problem identified, provide the date you discovered the problem (estimate if necessary).
- Do not include problems discovered through stormwater sampling. This information is covered in Section 4.
- **If no problems were identified, put N/A for Not Applicable.**

<b>Date Problem Discovered:</b>	<b>Describe the Problem:</b> N/A
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem:</b> N/A
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem:</b> N/A
---------------------------------	----------------------------------

<b>Date Problem Discovered:</b>	<b>Describe the Problem:</b> N/A
---------------------------------	----------------------------------

**4. Corrective Actions Planned or Taken**

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Arsenic benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP on 12/25/12

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.



Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP on 12/25/12

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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 fines and imprisonment for knowing violations."

David Duke HR/Safety 1-30-13  
Printed Name Title Date

Signature\* [Handwritten Signature]

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

A person is a duly authorized representative only if:

- 1. The authorization is made in writing by a person described above and submitted to ADEQ.
- 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility, such as the position of plant manager, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters.

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Arkansas Department of Environmental Quality  
Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
WaterPermitApplication@adeq.state.ar.us

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2012

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	46	44	mg/L
Total Suspended Solids (TSS)	100	19	7.3	mg/L
Oil and Grease (O&G)	15	<5	0.7	mg/L
pH	6.0-9.0	6.0	6.0	S.U.
Arsenic	0.169	<0.05	0.19	mg/L
Cooper	0.0756	0.0048	0.151	mg/L

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	3/20/12	12/25/12	
Duration of Event:	24		hours
Estimate of Rainfall Event:	4.5		inches
Time Since Last Measurable Event:	9		days
Estimate of Total Discharged Volume:	994.374		gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 3/30/12  
Signature & Date

David Duke - HR/Safety  
Printed Name & Title of Official

Arkansas Department of Environmental  
Quality (ADEQ)  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

*Industrial Stormwater General Permit  
(ARR000000) Annual Report Form*

Permit No. ARR-00 <u>B367</u>	
Permittee Name: Hixson Lumber Sales	
Facility Name: Hixson Lumber Sales	
Facility Physical Address ( <u>not</u> mailing address): 2500 South Washington	
Facility City: Magnoila, AR	Zip Code: 71753

Facility Contact Name: David Duke	Title: H/R - Safety
Facility Contact Phone Number 870-234-7820	Facility Contact Email:
Reporting Period: January 1 <sup>st</sup> to December 31 <sup>st</sup> <u>2013</u> (Year)	

This Form may be used to submit your annual report to ADEQ. All facilities must submit a signed annual report each year on or before **January 31<sup>st</sup>**. DMRs for each monitored outfall must be submitted with the annual report. Retain a copy of your submitted report onsite.

**1. Benchmarks Exceeded**

Did the facility exceed the benchmark for any parameter during the previous calendar year (Jan 1<sup>st</sup> – Dec 31<sup>st</sup>)? **Note:** If a parameter was sampled at a discharge point more than once then all the samples needs to be reported and evaluated individually:

Yes  - **Complete Sections 2, 3, 4, 5 and 6.**

No  - **Complete Section 2, 3, 5 and 6.**

Include any additional comments here:

**2. Evaluations and Inspections**

Facilities are required to complete a minimum of 4 visual site inspections and 1 comprehensive site compliance evaluation per year. Please include the dates of these inspections below. If more than the minimum number of inspections and evaluations were completed, please just include dates for 4 visual site inspections and 1 comprehensive site compliance evaluation.

Visual Site Inspection #1 Date	02/14/13
Visual Site Inspection #2 Date	04/18/13
Visual Site Inspection #3 Date	08/17/13
Visual Site Inspection #4 Date	12/06/13
Comprehensive Site Compliance Evaluation Date	1/29/13

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

**4. Corrective Actions Planned or Taken**

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** TSS benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark, summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP; Install a section of silt fencing in an attempt to reduce sediment values in the sample. Continue to let the vegetation grow around the sampling area.

For the each pollutant parameter exceeding the benchmark, summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed.** Identify the date you expect to complete corrective actions.

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

5. Are the DMRs included with this report? Yes  No

6. Certification by Permittee

"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."

David Duke                      H/R Safety                      1/29/14  
Printed Name                      Title                      Date

Signature\* [Handwritten Signature]

\* Federal regulations require this report to be signed by the following person, or a duly authorized representative:

- A. In the case of corporations, by a principal executive officer of at least the level of vice president.
- B. In the case of a partnership, by a general partner of a partnership.
- C. In the case of sole proprietorship, by the proprietor.
- D. In the case of a municipality, state, federal, or other public facility: by either a principal executive officer or ranking elected official.

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Water Division, General Permits Section  
5301 Northshore Dr.  
North Little Rock, AR 72118  
[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)



**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: Hixson Lumber Sales

FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 South Washington  
Magnolia, AR 71753

INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2013

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	90.000	44.000	mg/L
Total Suspended Solids (TSS)	100	289.400	4.000	mg/L
Oil and Grease (O&G)	15	1.500	1.200	mg/L
pH	6.0-9.0	6.000	6.000	S.U.
Arsenic	0.169	0.050	0.069	
Copper	0.0756	0.200	0.281	

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	04/18/13	12/06/13	
Duration of Event:	4	6	hours
Estimate of Rainfall Event:	3/4	3/4	inches
Time Since Last Measurable Event:	12	14	days
Estimate of Total Discharged Volume:			gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

*David Duke* 1/29/14  
Signature & Date

David Duke H/E Safety  
Printed Name & Title of Official

## Appendix E

Facility Hixson Lumber

2013

2014

Rain Log

Date Time Rain Amount Name Duration in hours

Date Time Rain Amount Name Duration in hours

1/3	7 AM	.25"	Duke	3
1/8	10 am	.50"	Duke	4
1/13	2 am	1.4"	Duke	6
1/26	10 am	.25"	Duke	4
2/10	4 am	1"	Duke	6
2/18	5 pm	.25"	Duke	2
2/25	7 AM	.25"	Duke	1
3/10	6 am	1"	Duke	6
4/4	2 pm	1"	Duke	6
4/18	11:30 am	3/4"	Duke	4
5/2	5 AM	1/4"	Duke	2
5/9	7:00 am	1/10"	Duke	2
5/15	4:45 pm	1"	Duke	6
5/22	3:00 pm	1"	Duke	8
6/1	5 pm	.3"	Duke	9
6/16	12 pm	1.5"	Duke	5
6/13	11 am	2"	Duke	6
6/16	10:45	2"	Duke	3
6/17	11:45 am	1/4"	Duke	2
7/23	9:00 pm	3"	Duke	5
9/20	4 AM	6.0"	Duke	13
10/6	8 pm	1.5"	Duke	6
10/26	4 pm	1/4"	Duke	3
11/1	7 pm	3"	Duke	10
11/9	4 am	8/4"	Duke	12
11/15	7 am	3"	Duke	4
11/22	7 am	1"	Duke	12
12/4	7 am	3/4"	Duke	6
12/20	8 am	2 1/2"	Duke	12

DBD

H<sub>2</sub>O sample

2/2/14	10 AM	1 1/2"	Duke	11
2/12/14	6 pm	3"	Duke	8
4/3/14	10:30 am	1"	Duke	4
4/6/14	11 am	2"	Duke	6
4/10/14	4 AM	.25"	Duke	2 HR
4/12/14	8 pm	1/2"	Duke	4 HR
4/13	8 AM	1/4"	Duke	6 HR
4/21	8 AM	1/2"	Duke	4 HR
4/24	3 PM	1/2"	Duke	4 HR
4/28	4 AM	1/2"	Duke	3 1/2 HR
5/8	5 pm	1 3/4"	Duke	10 HR
5/13	6 am	1 1/4"	Duke	9 HR

TEST 50

**SORRELLS RESEARCH ASSOCIATES, INC**  
 8100 NATIONAL DRIVE, LITTLE ROCK, AR 72209  
 501-562-8139 800-331-8139  
 FAX 501-562-7025

Rain Event 4/18/13 1:15pm 3/4" Rain Fall

P.004/007

(FAX) 18709017999

05/19/2014 11:06 Hixson Lumber

**CHAIN OF CUSTODY RECORD**

TURN AROUND TIME  
 RUSH 24HR. 48 HR.  
 5 DAY  REG  
 OTHER \_\_\_\_\_

FOR LAB/OFFICE USE ONLY

LAB # 158862001  
 CLIENT # 15130  
 P.O.# Duke

STANDARD METHODS PRESERVATION PER EPA 40 CFR  
 C4= COOL TO 4.C  
 S2= SULFURIC ACID TO pH<2  
 N2= NITRIC ACID TO pH<2  
 T= THIOSULFATE FOR DECHLORINATION  
 W= WINKLER AZIDE MODIFICATION  
 P= MEMBRANE ELECTRODE  
 NaOH= pH >12

NAME OF COMPANY, CITY, OR PROJECT

PROJECT NO:

SAMPLER(S) NAME (PRINT)

TAB0102

Hixson Lumber Sales  
 Magnolia AR

Out Fall 1

David Duke

SAMPLE NO.	SAMPLE ID AND/OR COLLECTION LOCATION	START DATE/TIME	END DATE/TIME	COMP. <input checked="" type="radio"/> GRAB	FIELD ANALYSIS				D.O (M)	CONTAINER TYPE PRESERVATIVE	ANALYSIS REQUIRED
					pH	TEMP	FLOW	CLZ			
1	Out Fall 1	1:10pm	1:40pm		6					Amber Glass <sup>H2SO4</sup>	OEG
2		↓	↓		↓					1gal plastic	TSS
3		↓	↓		↓					8oz plastic <sup>H2SO4</sup>	COD
4										5ml plastic <sup>AM3</sup>	Metals, As, Cu
METHOD OF SHIPMENT (CIRCLE)		FIELD CALIBRATION RECORD			NOTES/COMMENTS/OBSERVATIONS						
FED EX WALKIN SRA <input checked="" type="radio"/> UPS OTHER		pH 7									
		pH 4									
		pH 10									
		D.O									
TYPE OF SAMPLE(S): (CIRCLE)					FIELD ANALYSIS CONDUCTED BY: (CIRCLE) SRA CLIENT						
<input checked="" type="radio"/> WATER <input type="radio"/> SOIL <input type="radio"/> W/W SLUDGE OTHER											

RELINQUISHED BY: David Duke DATE/TIME: 1:45pm 4/18/13 RECEIVED BY: Jimmy Riddle DATE/TIME: 4-9-13  
 RELINQUISHED BY: David Duke DATE/TIME: 1:45pm 4/18/13 ED BY LAB: Jimmy Riddle DATE/TIME: 4-9-13

**Appendix F**

**4. Corrective Actions Planned or Taken**

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** TSS benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

Review of BMP's and SWPPP; Install a section of silt fencing in an attempt to reduce sediment values in the sample. Continue to let the vegetation grow around the sampling area.

For the each pollutant parameter exceeding the benchmark summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed.** Identify the date you expect to complete corrective actions.

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark, summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark, summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's

Instructions: Complete this section for each pollutant parameter (e.g., turbidity, copper) that exceeded a benchmark during the previous calendar year (Jan – Dec). If the parameter benchmark value is exceeded, the facility must investigate the cause of each parameter exceedance and determine a corrective action plan. To do this, indicate below in which sampling period an exceedance occurred. If more than one sample was taken at a sample location, indicate all sample results that exceeded the benchmark. Note: If the facility exceeded the benchmark for more than one parameter (e.g., turbidity & zinc), make additional copies of Section 4 and complete one for each parameter.

**Pollutant Parameter:** Copper benchmark was exceeded during the following sampling period (check all that apply):

1<sup>st</sup> Sampling period (January-June)

2<sup>nd</sup> Sampling Period (July-December)

For the each pollutant parameter exceeding the benchmark, summarize below any corrective actions plan **completed** during the previous calendar year and include the dates you completed the corrective actions.

For the each pollutant parameter exceeding the benchmark, summarize any corrective actions plan **initiated** during the previous calendar year, but have **not yet been completed**. Identify the date you expect to complete corrective actions.

Review of BMP's



**Appendix G**

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A OUTFALL NO: 001 REPORTING YEAR: 2011

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	290		mg/L
Total Suspended Solids (TSS)	100	28		mg/L
Oil and Grease (O&G)	15	<5		mg/L
pH	6.0-9.0	8.0		S.U.
Arsenic	0.169	<0.05		mg/L
Copper	0.0756	0.0064		mg/L

	JANUARY-JUNE	JULY-DECEMBER	
Sampling Period:	2-1-2011		
Date of Storm Event Sampled:	5		hours
Duration of Event:	0.5		inches
Estimate of Rainfall Event:	21		days
Time Since Last Measurable Event:	110,846		gallons
Estimate of Total Discharged Volume:			

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 2-11-11  
Signature & Date

David Duke H/R - Safety  
Printed Name & Title of Official

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
STORMWATER DISCHARGE MONITORING REPORT  
(DMR)**

PERMIT NUMBER: ARR00B367 PERMITTEE NAME: David Duke  
 FACILITY NAME: Hixson Lumber Sales FACILITY PHYSICAL ADDRESS: 2500 S. Washington St.  
Magnolia, AR 71753  
 INDUSTRIAL SECTOR: A2 OUTFALL NO: 001 REPORTING YEAR: 2012

PARAMETER	Benchmark Value	QUALITY OR CONCENTRATION		UNITS
		JANUARY-JUNE	JULY-DECEMBER	
Chemical Oxygen Demand (COD)	120	46	44	mg/L
Total Suspended Solids (TSS)	100	19	7.3	mg/L
Oil and Grease (O&G)	15	<5	0.7	mg/L
pH	6.0-9.0	6.0	6.0	S.U.
Arsenic	0.169	<0.05	0.19	mg/L
Cooper	0.0756	0.0048	0.151	mg/L

Sampling Period:	JANUARY-JUNE	JULY-DECEMBER	
Date of Storm Event Sampled:	3/20/12	12/25/12	
Duration of Event:	24		hours
Estimate of Rainfall Event:	4.5		inches
Time Since Last Measurable Event:	9		days
Estimate of Total Discharged Volume:	994.374		gallons

Comments: \_\_\_\_\_

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

David Duke 3/30/12  
Signature & Date

David Duke - HR/Safety  
Printed Name & Title of Official



## Appendix H

# NPDES Compliance Inspection Report

Section A: National Data System Coding							
Transaction Code	NPDES	Yr/Mo/Day	Inspec. Type	Inspector	Fac. Type	Remarks	
1	2	3	11 12	17 18	19	20	

Inspection Work Days	Facility Evaluation Rating	B1	QA	-----Reserved-----
67	69	70	71 72	73 74 75 80

Section B: Facility Data		
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) <i>Hisson Lumber Sales 2500 South Washington Street Magnolia, AR, 71753</i>	Entry Time/Date	Permit Effective Date
	Exit Time/Date	Permit Expiration Date
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) <i>David Duke, HR/Safety P 870-234-7820</i>		Quarterly Visual Site Inspection Dates: #1 <i>NONE</i> #2 <i>"</i> #3 <i>"</i> #4 <i>"</i>
Name, Address of Responsible Official/Title/Phone and Fax Number <i>Same As Above</i>	Contacted Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection							
(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)							
<i>S</i>	Permit	<i>N</i>	Flow Measurement	<i>S</i>	Operations /Maintenance	<i>S</i>	Sampling
<i>M</i>	Records/Reports	<i>S</i>	Self-Monitoring Program	<i>N</i>	Sludge Handling/Disposal	<i>S</i>	Pollution Prevention
<i>S</i>	Facility Site Review	<i>S</i>	Compliance Schedules	<i>N</i>	Pretreatment	<i>N</i>	Multimedia
<i>N</i>	Effluent/Receiving Waters		Laboratory		Storm Water	<i>N</i>	Other:

Section D: Summary of Findings/comments (Attach additional sheets if necessary)
<i>Maintain Log of Quarterly Visual Sampling Clean up spills and remove contaminated soil.</i>

Name(s) and Signature(s) of Inspector(s) <i>[Signature] &amp; Bruce Hestig</i>	Agency/Office/Telephone/Fax <i>ES&amp;T</i>	Date <i>1-8-13</i>
Signature of Reviewer <i>[Signature]</i>	Agency/Office/Telephone/Fax	Date <i>1-8-13</i>

ADEQ Water NPDES Inspection

AFIN:

14-00209

Permit #:

AR0003367

**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

S M U NA NE

DETAILS:

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: Y N NA NE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: Y N NA NE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: Y N NA NE
- 4. ALL DISCHARGES ARE PERMITTED: Y N NA NE

**SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION**

PERMITTEE SWPPP MEETS PERMIT REQUIRMENTS

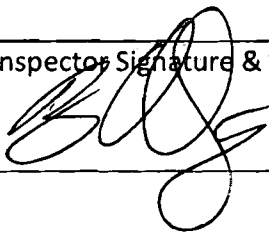
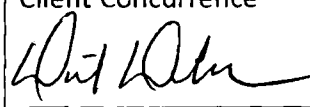
S M U NA NE

DETAILS:

- 1. **Pollution Prevention Team**
  - A. Identify specific individuals Y N NA NE
  - B. Outline their responsibilities Y N NA NE
- 2. **Description of potential pollutant sources, including:**
  - A. Site map indicating: Y N NA NE
    - A1) Drainage areas Y N NA NE
    - A2) Drainage patterns/outfalls Y N NA NE
    - A3) Structural and non-structural controls Y N NA NE
    - A4) Surface waters Y N NA NE
    - A5) Significant materials exposed to precipitation Y N NA NE
    - A6) The location of leaks or spills that have occurred in the last 3 years. Y N NA NE
    - A7) Location of industrial activities exposed to precipitation including:
      - i. Fueling stations Y N NA NE
      - ii. Vehicle/equipment maintenance or cleaning areas Y N NA NE
      - iii. Loading/unloading areas Y N NA NE
      - iv. Waste treatment, storage, or disposal areas Y N NA NE
      - v. Liquid storage tanks Y N NA NE
      - vi. Processing areas Y N NA NE
      - vii. Storage areas Y N NA NE
  - B. A list of pollutants likely to be present in the discharges Y N NA NE
  - C. Description of significant materials handled, treated, stored, or disposed of such that exposure to storm water occurred in the last 3 years.
    - C1) Description of the method and location of storage or disposal Y N NA NE
    - C2) Description of all material management practices Y N NA NE
    - C3) Description and location of existing structural and non-structural controls Y N NA NE
  - D. List of significant spills and leaks that occurred in the 3 years prior to the effective date of this Permit Y N NA NE
  - E. Summary of existing storm water sampling data Y N NA NE
  - F. Description of areas with a high erosion potential Y N NA NE
  - G. A narrative summarizing potential pollutant sources Y N NA NE
- 3. **A description of appropriate measures and controls, including:**
  - A. Good housekeeping procedures Y N NA NE
  - B. Preventive maintenance procedures Y N NA NE
  - C. Spill prevention and response procedures Y N NA NE
  - D. Inspection procedures Y N NA NE
  - E. Employee training program Y N NA NE
  - F. Recordkeeping and internal reporting procedures Y N NA NE
  - G. Non- storm water discharge certification Y N NA NE
  - H. Identify authorized non-storm water discharges and appropriate controls Y N NA NE
  - I. Erosion and sediment controls for areas with a high erosion potential Y N NA NE
  - J. A narrative consideration of traditional storm water management practices Y N NA NE
  - K. Plans for implementation and maintenance of traditional measures found reasonable and appropriate Y N NA NE

ADEQ Water NPDES Inspection	AFIN: 14-00209	Permit #: ARR 001537
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<b>4. Annual Site Compliance Evaluation Reports which include:</b>	
A. A summary of the scope of the inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Personnel making the inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Major Observations	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Actions taken to revise the Pollution Prevention Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Certification of compliance or a list of non-compliance incidents	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
<b>5. If discharging to a large or medium municipal separate storm sewer, Compliance with applicable requirements in the municipal storm water management program.</b>	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>6. Consistency of the SWPPP with other plans</b>	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>7. Additional requirements for facilities subject to Emergency Planning and Community Right to Know Act (EPCRA) Section 313 requirements</b>	
A. A description of the measures used in areas where Section 313 water priority chemicals are stored, processed, or otherwise handled to:	
A1) Minimize the potential contact or storm water runoff with the chemicals	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A2) Prevent exposure of the chemicals to storm water and wind	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B. A discussion of the measures taken to minimize the discharge of Section 313 water priority chemicals from the following areas:	
B1) Liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B2) Non-liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B3) Truck and railcar loading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B4) Truck and railcar loading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B5) Transfer, processing, or handling areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B6) Other areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B7) Preventive maintenance and housekeeping	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B8) Facility security	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B9) Training	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B10) Professional Engineer (PE) certification every 3 years	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
<b>8. Assurance that any salt storage piles present onsite are covered or enclosed</b>	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Inspector Signature & Date	Client Concurrence
 1-8-13	



NPDES Compliance Inspection Report

ARRDOB367

Section A: National Data System Coding

Inspection Code	NPDES	Yr/Mo/Day	Inspection Type	Inspector	Fac. Type
3		11 12	17 18	19	20
Remarks					

Inspection Work Days	Facility Evaluation Rating	B1	QA	Reserved
67 69	70	71 72	73 74 75	80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Aixson Lumber Sales, Inc 2500 South Washington Street Magnolia AR 71253	Entry Time/Date 1-29-14 / 1:30	Permit Effective Date
	Exit Time/Date 3:30 / 1-29-14	Permit Expiration Date

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) David Duke 7820 870-234-7780	Visual Inspections 1. 2-14-13 2. 4-18-13 3. 8-17-13 4. 12-06-13
Name, Address of Responsible Official/Title/Phone and Fax Number David Duke H/R Safety	Contacted Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C: Areas Evaluated During Inspection

(S=Satisfactory, M=Marginal, U=Unsatisfactory, N=Not Evaluated)

S Permit	N Flow Measurement	S Operations /Maintenance	S Sampling
S Records/Reports	S Self-Monitoring Program	N Sludge Handling/Disposal	S Pollution Prevention
S Facility Site Review	S Compliance Schedules	N Pretreatment	N Multimedia
N Effluent/Receiving Waters	N Laboratory	S Storm Water	N Other:

Section D: Summary of Findings/comments (Attach additional sheets if necessary)

Received 1st half of year SW Test Kit in April of 2013; 2nd half came in late October or early November. Client conducts monthly inspections of facility. Explained the requirements of the quarterly visual sampling. Explained the new requirement to use a digital pH meter. Looked @ outfall #2: because of changes to facility grounds, I don't think that this outfall is needed any longer. Discussed addition of sedges or monkey grass at outfall to filter TSS.

Name(s) and Signature(s) of Inspector(s) David M. Trigg David M. Trigg	Agency/Office/Telephone/Fax ESGI	Date 1-29-2014
Signature of Reviewer	Agency/Office/Telephone/Fax	Date

DEC Water NPDES Inspection	AFIN:	Permit #:
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**SECTION A: PERMIT VERIFICATION**

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS  YES  NO  N/A  ONE

DETAILS:

- 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE:  YES  NO  N/A  ONE
- 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES:  YES  NO  N/A  ONE
- 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT:  YES  NO  N/A  ONE
- 4. ALL DISCHARGES ARE PERMITTED:  YES  NO  N/A  ONE

**SECTION B: STORM WATER POLLUTION PREVENTION PLAN EVALUATION**

PERMITTEE SWPPP MEETS PERMIT REQUIRMENTS  YES  NO  N/A  ONE

DETAILS:

- 1. Pollution Prevention Team
  - A. Identify specific individuals  YES  NO  N/A  ONE
  - B. Outline their responsibilities  YES  NO  N/A  ONE
- 2. Description of potential pollutant sources, including:
  - A. Site map indicating:
    - A1) Drainage areas  YES  NO  N/A  ONE
    - A2) Drainage patterns/outfalls  YES  NO  N/A  ONE
    - A3) Structural and non-structural controls  YES  NO  N/A  ONE
    - A4) Surface waters  YES  NO  N/A  ONE
    - A5) Significant materials exposed to precipitation  YES  NO  N/A  ONE
    - A6) The location of leaks or spills that have occurred in the last 3 years.  YES  NO  N/A  ONE
    - A7) Location of industrial activities exposed to precipitation including:
      - i. Fueling stations  YES  NO  N/A  ONE
      - ii. Vehicle/equipment maintenance or cleaning areas  YES  NO  N/A  ONE
      - iii. Loading/unloading areas  YES  NO  N/A  ONE
      - iv. Waste treatment, storage, or disposal areas  YES  NO  N/A  ONE
      - v. Liquid storage tanks  YES  NO  N/A  ONE
      - vi. Processing areas  YES  NO  N/A  ONE
      - vii. Storage areas  YES  NO  N/A  ONE
  - B. A list of pollutants likely to be present in the discharges  YES  NO  N/A  ONE
  - C. Description of significant materials handled, treated, stored, or disposed of such that exposure to storm water occurred in the last 3 years.
    - C1) Description of the method and location of storage or disposal  YES  NO  N/A  ONE
    - C2) Description of all material management practices  YES  NO  N/A  ONE
    - C3) Description and location of existing structural and non-structural controls  YES  NO  N/A  ONE
  - D. List of significant spills and leaks that occurred in the 3 years prior to the effective date of this Permit  YES  NO  N/A  ONE
  - E. Summary of existing storm water sampling data  YES  NO  N/A  ONE
  - F. Description of areas with a high erosion potential  YES  NO  N/A  ONE
  - G. A narrative summarizing potential pollutant sources  YES  NO  N/A  ONE
- 3. A description of appropriate measures and controls, including:
  - A. Good housekeeping procedures  YES  NO  N/A  ONE
  - B. Preventive maintenance procedures  YES  NO  N/A  ONE
  - C. Spill prevention and response procedures  YES  NO  N/A  ONE
  - D. Inspection procedures  YES  NO  N/A  ONE
  - E. Employee training program  YES  NO  N/A  ONE
  - F. Recordkeeping and internal reporting procedures  YES  NO  N/A  ONE
  - G. Non-storm water discharge certification  YES  NO  N/A  ONE
  - H. Identify authorized non-storm water discharges and appropriate controls  YES  NO  N/A  ONE
  - I. Erosion and sediment controls for areas with a high erosion potential  YES  NO  N/A  ONE
  - J. A narrative consideration of traditional storm water management practices  YES  NO  N/A  ONE
  - K. Plans for implementation and maintenance of traditional measures found reasonable and appropriate  YES  NO  N/A  ONE

ADEQ Water NPDES Inspection      AFIN:      Permit #:

4. Annual Site Compliance Evaluation Reports which include:	
A. A summary of the scope of the inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
B. Personnel making the inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
C. Major Observations	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
D. Actions taken to revise the Pollution Prevention Plan	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
E. Certification of compliance or a list of non-compliance incidents	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE
5. If discharging to a large or medium municipal separate storm sewer: Compliance with applicable requirements in the municipal storm water management program.	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
6. Consistency of the SWPPP with other plans	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
7. Additional requirements for facilities subject to Emergency Planning and Community Right to Know Act (EPCRA) Section 313 requirements	
A. A description of the measures used in areas where Section 313 water priority chemicals are stored, processed, or otherwise handled to:	
A1) Minimize the potential contact or storm water runoff with the chemicals	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
A2) Prevent exposure of the chemicals to storm water and wind	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B. A discussion of the measures taken to minimize the discharge of Section 313 water priority chemicals from the following areas:	
B1) Liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B2) Non-liquid storage areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B3) Truck and rail car loading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B4) Truck and rail car unloading areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B5) Transfer, processing, or handling areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B6) Other areas	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B7) Preventive maintenance and housekeeping	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B8) Facility security	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B9) Training	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
B10) Professional Engineer (PE) certification every 3 years	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE
8. Assurance that any salt storage piles present onsite are covered or enclosed	
	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE

Inspector Signature: <i>David M. Nuz</i> Date: <i>1/29/14</i>	Client Concurrence: <i>Wat Duke 1/29/14.</i>
---------------------------------------------------------------	----------------------------------------------

## Storm Water Compliance Checklist

	Action	Date	Initials
<b>First Half of the year (Jan. – June)</b>	<input checked="" type="checkbox"/> Storm water sample collected and sent to lab <input checked="" type="checkbox"/> Results received <input checked="" type="checkbox"/> pH tested and recorded on site by Stormwater team		
<b>First Quarter of the year (Jan. – March)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> First Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Second Quarter of the Year (April - June)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Second Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Second Half of the year (July – Dec.)</b>	<input checked="" type="checkbox"/> Storm water sample collected and sent to lab <input checked="" type="checkbox"/> Results received <input checked="" type="checkbox"/> pH tested and recorded on site by Stormwater team		
<b>Third Quarter of the Year (July – Sept.)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Third Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Fourth Quarter of the Year (Oct. – Dec.)</b>	<input checked="" type="checkbox"/> 1st Monthly Site Inspection <input checked="" type="checkbox"/> 2nd Monthly Site Inspection <input checked="" type="checkbox"/> 3rd Monthly Site Inspection <input checked="" type="checkbox"/> Fourth Quarterly Visual Inspection <input checked="" type="checkbox"/> Each rainfall event measured with on site rain gauge and recorded <input checked="" type="checkbox"/> Updates to site plan if needed <input checked="" type="checkbox"/> Records maintained		
<b>Annually</b>	<input checked="" type="checkbox"/> Employee Training <input checked="" type="checkbox"/> Comprehensive Site Compliance Evaluation and Report <input type="checkbox"/> Annual compliance report submitted to ADEQ (by ESGI) <input type="checkbox"/> DMR submitted to ADEQ (by ESGI)		

\*Updates should be made to the plan as needed (i.e. any changes to the site, team members, and best management practices)

# ADEQ

ARKANSAS  
Department of Environmental Quality

June 5, 2014

Walter Hixson, Vice President  
Hixson Lumber Sales  
P.O. Box 1466  
Magnolia, AR 71754

**RE: Response to Inspection (Columbia Co)**  
**AFIN: 14-00029** **NPDES Permit No.: ARR00B367**

Dear Mr. Hixson:

I have reviewed the response pertaining to my routine compliance inspection of the Hixson Lumber Sales facility. The information provided sufficiently addresses the violations referenced in my inspection report. At this time, the Department has no further comment concerning this particular inspection. Acceptance of this response by the Department does not preclude any future enforcement action deemed necessary at this site or any other site.

If we need further information concerning this matter, we will contact you. Thank you for your attention to this matter. Should you have any questions, feel free to contact me at (501) 837-2073 or you may e-mail me at [youngm@adeq.state.ar.us](mailto:youngm@adeq.state.ar.us).

Sincerely,



Michael D. Young  
District 8 Field Inspector  
Water Division