NPDES PERMIT RENEWAL APPLICATION
NPDES PERMIT NO. AR0046523
MAVERICK TUBE, LLC
MISSISSIPPI COUNTY, AR

APRIL 25, 2012

ADEQ FORM 1

Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

INSTRUCTIONS:

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item please continue on an attached sheet of paper.

2. Please complete the following Section (s):

Sections	A	B	C	D	E	F	G	H	I
POTW	X	X	X	X					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X				X	X
Modification	X	X	X	X	X	*	*	X	X
All Other Applicants	X	X	X	X	X				X

* As necessary

3. If you need help on SIC or NAICS go to www.osha.gov/oshstats/sicser.html

4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to www.adeq.state.ar.us/water. You may also contact :

Department	Information in Regard to	Telephone #
Arkansas Department of Health	Water Supply	501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

Form 2A - Municipal Dischargers
Form 2B - Concentrated Animal Feeding Operations
Form 2C - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
Form 2D - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
Form 2E - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)
Form 2F - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

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

Or by email to:

Water-Permit-Application@adeq.state.ar.us

NPDES PERMIT APPLICATION

FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Operator (Legal) Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

   Maverick Tube Corporation

   Note: The legal name of the operator must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☐ State ☐ Federal ☐ Partnership ☐ Corporation ☒ Other ☐

   State of Incorporation: Delaware

3. Facility Name: Maverick Tube

4. Is the operator identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR0046523

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): ARR0B986

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name	Permit Number	Held by
Air Permit	1763-AOP-R0	Maverick Tube
RCRA - Hazardous Waste Management	ARD983287764	Maverick Tube

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

   On North County Road 967 approximately 2 miles west of the Mississippi River levee

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

    Street: 4950 North County Road 967

    City: Blytheville County: Mississippi State: AR Zip: 72316

11. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Matt Gray Title: Environmental Manager

Street: 4950 North County Road 967 P.O. Box

City: Blytheville State: AR Zip: 72315

E-mail address*: mgray@tenaris.com Fax: 870-776-5191

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☒ Tennessee ☒ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

3317 SIC Facility Activity under this SIC or NAICS:

331210 NAICS Steel piping and tubing fabrication

14. Design Flow: 0.015 MGD Highest Monthly Average of the last two years Flow: _____ MGD

15. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: Hernan Brondino Title: Plant Manager

Address: 4950 North County Road 967 Phone Number: 870-776-5066

E-mail Address: hbrondino@tenaris.com

City: Blytheville State: AR Zip: 72315

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

Name: Matt Gray Title: Environmental Coordinator

Address: 4950 North County Road 967 Phone Number: 870-776-5202

E-mail Address: mgray@tenaris.com

City: Blytheville State: AR Zip: 72315

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: Ray Wieda, PE

Company Name: FTN Associates, Ltd.

Address: 3 Innwood Circle, Suite 220 Phone Number: 501-225-7779

E-mail Address: rew@ftn-assoc.com

City: Little Rock State: AR Zip: 72211

19. Wastewater Operator Information

Wastewater Operator Name: Matt Gray License number: 008909

Class of municipal wastewater operator: I ☐ II ☒ III ☐ IV ☐

Class of industrial wastewater operator: Basic ☒ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** location of the facility):

Lat: 35 ° 55 ‘ 30 “ Long: 89 ° 45 ‘ 30 “ County: Misissippi Nearest Town: Hickman

2. **Outfall** Location (The location of the end of the pipe Discharge point.):

Outfall No. 001:

Latitude: 35 ° 55 ’ 45.5 ” Longitude: 89 ° 45 ’ 7.9 ”

Where is the collection point? End of pipe to receiving ditch

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

unnamed tributary of Ditch No. 38, thence to Ditch No. 38, thence to Crooked Bayou, thence to Pemiscot Bayou (Ditch 29), thence to Little St. Francis River, thence to St. Francis River, thence to Mississippi River

Outfall No. _____:

Latitude: _____ ° _____ ’ _____ ” Longitude: _____ ° _____ ’ _____ ”

Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. 001:

Lat: 35 ° 55 ‘ 44.9 “ Long: 89 ° 45 ‘ 8.5 “

Outfall No. _____:

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

Outfall No. _____:

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

An aboveground packaged activated sludge plant consisting of influent flow screening, aeration chamber, aerobic sludge digester, final circular clarifier, chlorine contact chamber, effluent flow measuring facilities, and 2 blowers and associated aeration piping.

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☒	Yes	Type: Magnetrol STI 341	☐	No	☐	N/A	☐
	Sampling Equipment	☐	Yes	Type: _____	☒	No	☐	N/A	☐
Planned:	Flow Metering	☐	Yes	Type: _____	☒	No	☐	N/A	☐
	Sampling Equipment	☐	Yes	Type: _____	☒	No	☐	N/A	☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov .

If "No", what measures are (or will be) used to protect the facility? _____

7. Population for Municipal and Domestic Sewer Systems: _____

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☒ No ☐

If Yes, How many? One Total Horespower (hp)? 56

If No, Please explain? _____

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☐ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing**: Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ _____ Pipe: ☐ _____ Other: _____

☐ **Subsurface Disposal** (Lagooning):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☒ **Other** (Provide complete description): Biosolids are removed on a periodic basis from the sludge digester and are transported by a terra renewal to be land applied at the nearest permitted land application site.

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Blytheville

Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☐ **Surface Water**- Name of Surface Water Source: _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: _____ ° _____ ‘ _____ “ Long: _____ ° _____ ‘ _____ “

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – "The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years."

   The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

   The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

   A. Obtaining insurance that specifically covers operation and maintenance costs
   B. Obtaining a letter of credit;
   C. Obtaining a surety/performance bond;
   D. Obtaining a trust fund or an escrow account; or
   E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

   Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

   http://www.adeq.state.ar.us/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA (Link to a Listing of the 40 CFR Effluent Limit Guidelines) under Section 304 of the Clean Water Act (CWA) apply to your facility?

   YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____ _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

   The facility's operations are classified as steel piping and tubing fabrication. All process wastewater is handled in a closed loop system and is not discharged. This permit is for discharges from the sanitary wastewater system.

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months lbs/day*		Highest Production Year of Last 5 Years lbs/day*	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation

* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only**: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
1	Sanitary Wastewater	0.0117	0.015	Continuous

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, and 4 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering ☒ Yes Type: _Magnetrol STI 341_____ ☐ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☒ No ☐ N/A ☐

Planned: Flow Metering ☐ Yes Type: _____ ☒ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☒ No ☐ N/A ☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☒ No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics:

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

   _____

   _____

   _____

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:

   a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
   b. Specifications and complete design calculations.
   c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

(1) the authorization is made in writing by the applicant (or person authorized by the applicant);
(2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official: _____ Date: 4-27-2012

Printed name of Cognizant Official: Matt Gray

Official title of Cognizant Official: Environmental Coordinator Telephone Number: 870-776-5202

Responsible Official

The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president
Partnership, a general partner
Sole proprietorship: the proprietor
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

H.B *(Initial)* "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

H.B. *(Initial)* "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official: _____ Date: 5-4-2012.

Printed name of Responsible Official: Hernan Brondino

Official title of Responsible Official: Plant Manager Telephone Number: 870-776-5066

EPA FORM 2E

Please print or type in the unshaded areas only.	EPA ID Number (copy from Item 1 of Form 1) AR0046523	Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	35.0(	55.0(	40.0(	89.0(	45.0(	6.00	unnamed tributary to Ditch No. 38 to Ditch No. 38 to Pemiscot Bayou, to Little St. Francis River, to St. Francis River, to Mississippi River

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☑ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		*(3)* *(or)* Number of Measurements Taken *(last year)*	*(4)* Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	3.2 lb/day	20 mg/L	1.0 lb/day	< 10.6 mg/L	5.00	
Total Suspended Solids (TSS)	3.7 lb/day	24 mg/L	1.1 lb/day	11.4 mg/L	13.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	--	23 #/100mL	--	< 9 #/100mL	5.00	
Total Residual Chlorine *(if chlorine is used)*	0.42 lb/day	3 mg/L	0.42 lb/day	3 mg/L	1.00	
Oil and Grease	0.36 lb/day	2.6 mg/L	0.36 lb/day	2.6 mg/L	1.00	
*Chemical oxygen demand (COD)	N/A	N/A	N/A	N/A		
*Total organic carbon (TOC)	N/A	N/A	N/A	N/A		
Ammonia *(as N)*	< 0.2 lb/day	< 1 mg/L	< 0.1 lb/day	< 0.8 mg/L	5.00	
Discharge Flow	Value 0.024 MGD		0.012 MGD		104.00	
pH *(give range)*	Value 7.15		6.7		24.00	
Temperature *(Winter)*	°C		°C			
Temperature *(Summer)*	°C		°C			

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☐ Yes ☑ No

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

An aboveground packaged activated sludge plant consisting of influent flow screening, aeration chamber, aerobic sludge digester, final circular clarifier, chlorine contact chamber, effluent flow measuring facilities, and 2 blowers and associated aeration piping.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

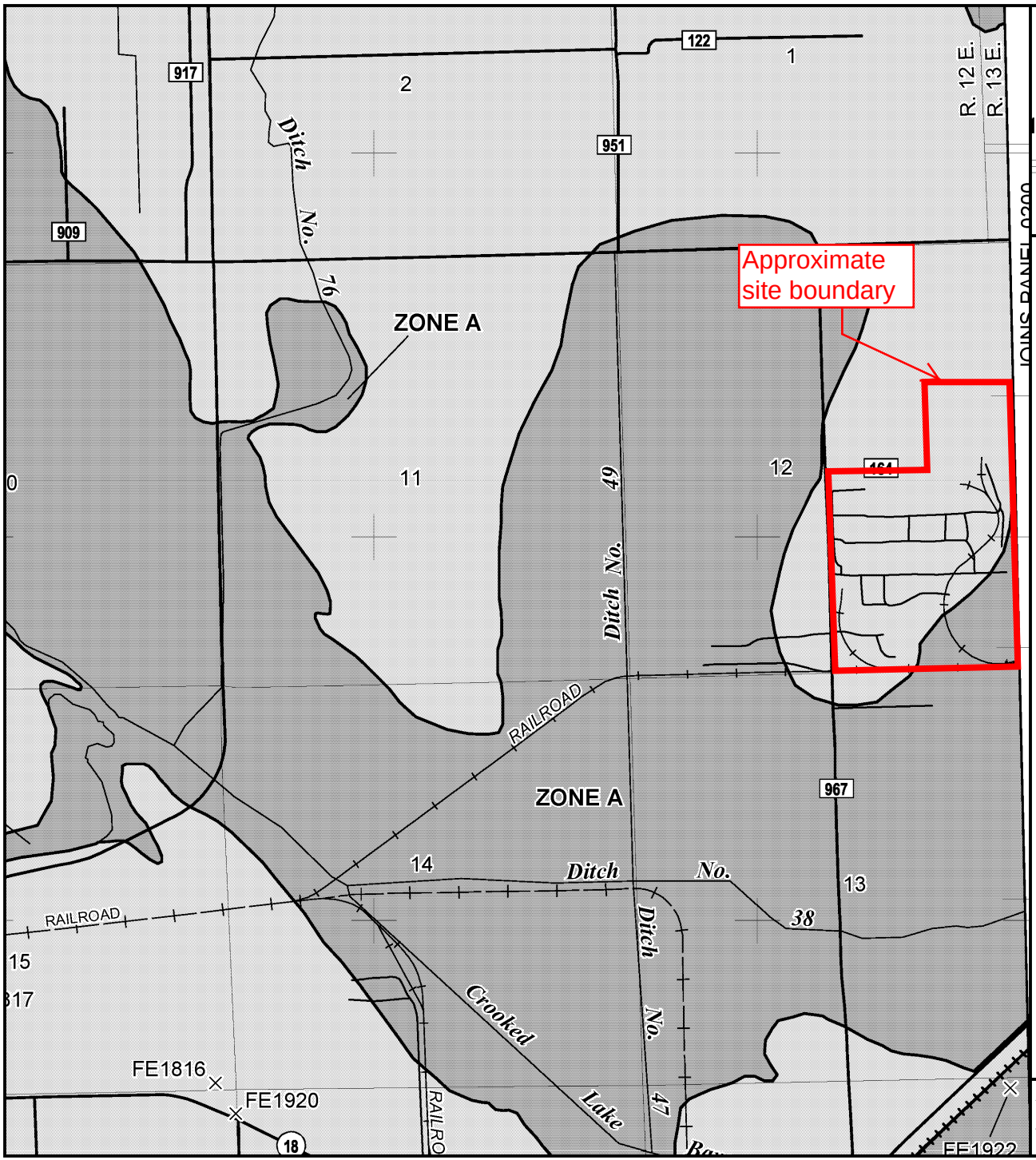
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Hernan Brondino, Plant Manager	(870) 776-5066
C. Signature	D. Date Signed
	05-04-2012

ATTACHMENTS

ATTACHMENT 1

Maps and Drawings



MAP SCALE 1" = 2000'

1000 0 2000 4000 FEET

0 600 1200 METE

PANEL 0175E

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

MISSISSIPPI COUNTY, ARKANSAS

AND INCORPORATED AREAS

PANEL 175 OF 650

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
MISSISSIPPI COUNTY	050452	0175	E
BLYTHEVILLE, CITY OF	050140	0175	E

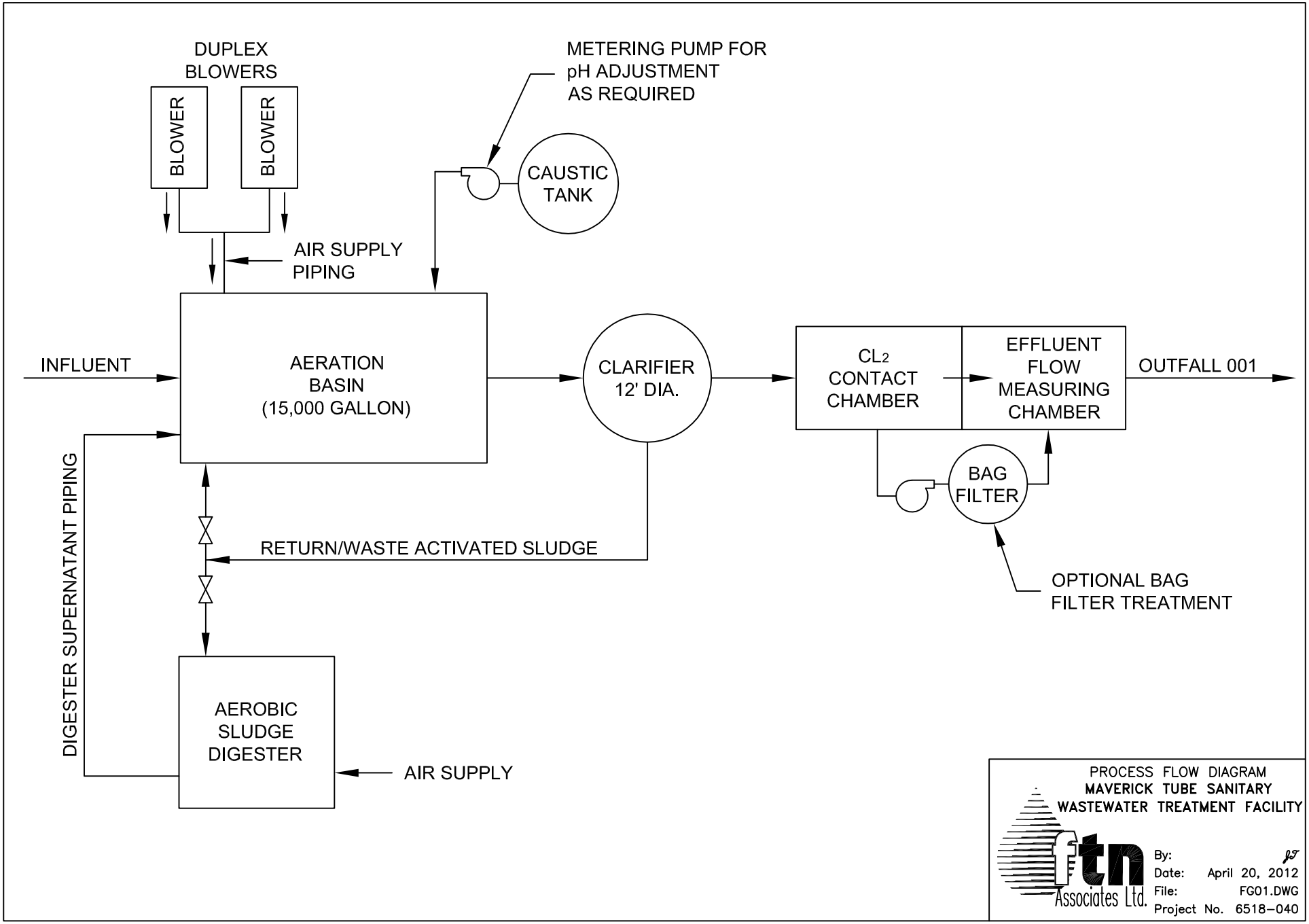
Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

MAP NUMBER
05093C0175E

EFFECTIVE DATE
JUNE 18, 2010

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov


DUPLEX
BLOWERS
BLOWER
BLOWER
METERING PUMP FOR
pH ADJUSTMENT
AS REQUIRED
CAUSTIC
TANK
AIR SUPPLY
PIPING
INFLUENT
AERATION
BASIN
(15,000 GALLON)
CLARIFIER
12' DIA.
CL2
CONTACT
CHAMBER
EFFLUENT
FLOW
MEASURING
CHAMBER
OUTFALL 001
BAG
FILTER
OPTIONAL BAG
FILTER TREATMENT
RETURN/WASTE ACTIVATED SLUDGE
DIGESTER SUPERNATANT PIPING
AEROBIC
SLUDGE
DIGESTER
AIR SUPPLY
PROCESS FLOW DIAGRAM
MAVERICK TUBE SANITARY
WASTEWATER TREATMENT FACILITY
ftn Associates Ltd.
By:
Date: April 20, 2012
File: FG01.DWG
Project No. 6518-040

SITE PLAN
MAVERICK TUBE CORPORATION
HICKMAN, ARKANSAS

tri-state associates, ltd.
water resources / environmental consultants

PIPE STORAGE YARD
STORMWATER POND NO.3
PIPE STORAGE YARD
RCRA/USED OIL STORAGE BUILDING
TO DITCH NO.38
WASTEWATER TREATMENT PLANT
OUTFALL 001 (APPROX. LOCATION)
RCRA/USED OIL STORAGE BUILDING
ENERGY PLANT EAST DRUM RACK
TULI HYDRO
HAZMAT AREA #6
PMC THREAD LINE
HAZMAT AREA #5
RUST PREVENTATIVE OIL (COVERED)
SCRAP BIN
PIPE STORAGE YARD
SL-6/PMC VARNISH LINE
TULI #1 THREAD LINE
ELECTRICAL TRANSFORMERS
SL-6 THREAD LINE
UPSETTER
HEAT TREAT #1
HAZMAT AREA #7
SL-65 THREAD LINE
SL-65 HYDRO TESTER
SL-65 OIL STORAGE RACK
STORMWATER POND NO.2
HEAT TREAT NO.4 BUILDING
2100 GALLON HYDRAULIC OIL
ENERGY PLANT
ELECTRICAL TRANSFORMERS
MILL 1 & 2 COOLANT PITS
ELECTRICAL TRANSFORMER
ELECTRICAL TRANSFORMERS
700 GALLON HYDRAULIC OIL
MILL 1 & 2 END WELDERS
ELECTRICAL TRANSFORMERS
ELECTRICAL TRANSFORMERS
700 GALLON HYDRAULIC OIL
ELECTRICAL TRANSFORMERS POWER ROOM #1
MILL ACCUMULATOR
ENERGY SLITTER
STORMWATER POND NO.1
OUTFALL SW-005
OUTFALL SW-002
TO DITCH NO.38
N. COUNTY ROAD #967
OUTFALL SW-003
DITCH NO.39
STORMWATER POND NO.4
PIPE STORAGE YARD
10,500 GALLON DIESEL TANK
FUELING CENTER W/COVER AND SECONDARY CONTAINMENT
2000 GALLON GASOLINE TANK
MAINTENANCE BUILDING
FBN LINE
MILL 6 DRUM STORAGE RACK (6 DRUMS)
COVER
250 GALLON DIESEL TANK WITH HDPE CONTAINMENT SYSTEM
MOBILE MAINTENANCE AND EQUIPMENT WASH
MILL 6 FINISHING
HAZMAT AREA #1
HPC PLANT
ELECTRICAL TRANSFORMER
HPC MAINTENANCE
HAZMAT AREA #2
ELECTRICAL TRANSFORMERS
HAZMAT AREA #4
CENTRAL STORE ROOM
HAZMAT AREA #8
MILL 6 HYDRO
MILL 6 BEVELLER
PIPE STORAGE
MILL 7 BLOW-OUT
MILL 6 BLOW-OUT
MILL 7 CUT-OFF
MILL 6 CUT-OFF
MILL 7 STRAIGHTENER
MILL 7 BEVELLER
LOD PLANT
PARKING AREA (ASPHALT)
MILL 7 DRUM STORAGE AREA (26 DRUMS)
ELECTRICAL TRANSFORMERS
MILL 7 HYDRO
MILL 7 MAINTENANCE
MILL 7 WELDER
MILL 6 WELDER
MILL 7 ACCUMULATOR
STORMWATER POND NO.5
LOD UNCOILER
LOD UNCOILER
HAZMAT AREA #3
PARKING AREA (ASPHALT)
STORMWATER POND NO.6
ELECTRICAL TRANSFORMERS
STRUCTURAL SLITTER AREA DRUM STORAGE RACK
STRUCTURAL PLANT
PARKING AREA (ASPHALT)
STRUCTURAL SLITTER
PARKING AREA (ASPHALT)

LEGEND
- BUILDING
- HAZMAT AREA
- EXISTING POND
- EXISTING RAILROAD
- EXISTING DRAIN
- PAVED ROAD
- UNPAVED ROAD
- FUEL STORAGE TANK (AST)
- OIL STORAGE TANK
- ELECTRICAL TRANSFORMER
- OUTFALL

N

DRAWN BY: JT	FILE NAME: BP02.DWG
APPROVED: DEW	PROJECT NO. 6518-040
SCALE: 1" = 120'	DATE: 04/12/12
SHEET NO. 1 OF 1	

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ATTACHMENT 2

Disclosure Statement

Maverick Tube Corporation is a wholly owned subsidiary of Tenaris. In lieu of a Disclosure Statement, electronic copies of the most recent Tenaris quarterly (10-Q) and annual (10-K) filings with the Securities and Exchange Commission have been included on the enclosed CD.

ATTACHMENT 3

Analytical Report

ETC
www.etcmemphis.com
ENVIRONMENTAL TESTING & CONSULTING, INC.
2790 Whitten Road Memphis, Tennessee 38133 (901) 213-2400 Fax (901) 213-2440
"A Laboratory Management Partner"

03217
Maverick Tube
Mr. Matt Gray
4950 North County Rd
Armorel , AR 72310

Project Information : Monthly

Report Date : 2/27/2012

Report Number : **12-052-0214**

REPORT OF ANALYSIS

Received : 2/21/2012

Lab No : **89996**
Sample ID : **Effluent #2**

Matrix: **Aqueous**
Sampled: **2/21/2012 9:00**

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Carbonaceous BOD - 5 day	<5	mg/L	5	1	02/21/12 12:30	EWB	5210-CBOD
Total Suspended Solids	**7**	mg/L	2	1	02/21/12 09:55	KAT	2540D

Lab No : **89997**
Sample ID : **Effluent #1**

Matrix: **Aqueous**
Sampled: **2/21/2012 9:00**

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Fecal Coliform	<10	cfu/100mL	10	1	02/21/12 14:15	LSK	9222-D

Qualifiers/ Definitions

* Outside QC limit
MQL Method Quantitation Limit
DF Dilution Factor

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03217
Maverick Tube
Mr. Matt Gray
4950 North County Rd
Armorel , AR 72310

Project Information : Analytical Testing

Report Date : 3/8/2012

Report Number : **12-062-0226**

REPORT OF ANALYSIS

Received : 3/2/2012

Lab No : **91621**
Sample ID : **Effluent**

Matrix: **Aqueous**
Sampled: **3/1/2012 14:00**

Test	Results	Units	MQL	DF	Date / Time Analyzed	By	Analytical Method
Ammonia Nitrogen	**0.108**	mg/L	0.100	1	03/08/12 09:27	EWB	4500-NH3D
Biochemical Oxygen Demand (5-day)	<5	mg/L	5	1	03/02/12 13:00	TKM	5210-BOD
Oil and Grease	**2.6**	mg/L	1.6	1	03/05/12 07:55	EBG	1664A

Qualifiers/ Definitions

* Outside QC limit
MQL Method Quantitation Limit
DF Dilution Factor