

ARG250000 Notice of Intent for Non-Contact Cooling Water, Cooling Tower, and Boiler Blow Down

version 1.29

(Submission #: HNS-JVXK-TQBT3, version 1)

Details

Form Alias	ARG250000 Notice of Intent for Non-Contact Cooling Water, Cooling Tower, and Boiler Blow Down		
Form Started	9/6/2019 10:32 AM by Todd Williams		
Form Submitted	9/18/2019 8:57 AM by Todd Williams		
Submission #	HNS-JVXK-TQBT3		
Submission Reason	New		
Status	In Review		
Active Steps	Public Notice		
AFIN:	16-01819	Reference #	ARG250022
Description	ARG250022- Franklin Partnership Building		
Fee	\$200.00 (Due)		

Form Input

Common Information

Facility Information

Please provide the following information about the Facility.

Facility Name
Franklin Partnership Building

North American Industry Classification System (NAICS)

Please provide the NAICS codes and descriptions for your facility.

[Click here to search for and review the NAICS Codes via the Census Bureau NAICS Lookup](#)

Primary NAICS Code and Description

541110

Secondary NAICS Code and Description

NONE PROVIDED

Tertiary NAICS Code and Description

NONE PROVIDED

Facility Physical Address**Contact****Prefix**

Mr.

First Name

Todd

Last Name

Williams

Title

Managing Partner

Organization Name

Franklin Partnership

Phone Type

Business

Number

870-932-8357

Extension**Email**

twilliams@snellgrovefirm.com

Fax

870-932-5488

Physical Address

111 E HUNTINGTON AVE

Commercial building

JONESBORO, AR 72401

Craighead, United States

Facility Physical Location Latitude and Longitude

35.8401279,-90.70433249999996

NONE PROVIDED

Facility Mailing Address**Contact****Prefix***Mr.***First Name**

Todd

Last Name*Williams***Title***Managing Partner***Organization Name***Franklin Partnership***Phone Type**

Business

Number

870-932-8357

Extension**Email**

twilliams@snellgrovefirm.com

Fax

870-932-5488

Mailing Address

111 E HUNTINGTON AVE

JONESBORO, AR 72401

United States

Owner Information

Please provide the following information for the owner. If the owner is a corporation it must exactly match the name registered with the Secretary of State. Please use the following link to reference the Secretary of State registered name listing.

[Click here to view the Secretary of State registered name listing](#)

Secretary of State's Filing Number

NONE PROVIDED

Legal Organization

General Partnership (requires names of partners)

Owner Type

Private Industry

Owner Information**Contact****Prefix***Mr.***First Name**

Todd

Last Name*Williams***Title***Managing Partner***Organization Name***NONE PROVIDED***Phone Type**

Business

Number

870-932-8357

Extension**Email**

twilliams@snellgrovefirm.com

Fax

870-932-5488

Owner Address

111 E HUNTINGTON AVE

JONESBORO, AR 72401

United States

Billing Information

Please provide the following information for the Billing contact for this permit application.

Billing Information**Billing Contact****Prefix***Mr.***First Name**

Todd

Last Name*Williams***Title***Managing Partner***Organization Name***Franklin Partnership***Phone Type**

Business

Number

870-932-8357

Extension**Email**

twilliams@snellgrovefirm.com

Fax

870-932-5488

Billing Address

111 E HUNTINGTON AVE

JONESBORO, AR 72401

United States

Other Information**Permittee (Legal Name)**

Franklin Partnership

State of Incorporation

NONE PROVIDED

Primary SIC Code

8111

Secondary SIC Code

NONE PROVIDED

Tertiary SIC Code

NONE PROVIDED

Current Facility Permit Information

NPDES General Permit Number ARG

Consultant Information**Contact****Prefix***Mr.***First Name**

Blake

Last Name*Brasher***Title***President***Organization Name***RGB Mechanical Contractors***Phone Type**

Business

Number

870-972-8360

Extension**Email**

blake@rgbmechanical.com

Fax

NONE PROVIDED

Address

4221 E JOHNSON AVE

JONESBORO, AR 72405

United States

Additional Information

NONE PROVIDED

Discharge Information (1 of 1)**Outfall Number**

001

Estimated Flow (Gallons per day)

22,000

Map showing Stream Segments and Hydrologic Basin Codes

If you need assistance determining the Stream Segment and/or Hydrologic Basin Code for this location, please use the map at the link provided below.

The Stream Segment is a number followed by a letter.

The Hydrologic Basin Code is a seven or eight digit number.

[Map Showing Stream Segments and Hydrologic Basin Codes](#)

Stream Segment

4B

Hydrologic Basin Code

08020302

Outfall Latitude and Longitude

35.8401279,-90.70433249999996

NONE PROVIDED

Receiving Stream

White River

Type of Treatment

City Sewer

Effluent Characteristics (1 of 1)**Effluent Characteristics Table**

Type		Analyses					Additives
	Flow, MGD	COD, mg/l	TSS, mg/l	Temperature, F	O&G, mg/l	pH, s.u.	Yes/No
Non-Contact Cooling Water	0.02304	5	0.2	65	4.3	5.5	No
Cooling Tower Blowdown							
Boiler Blowdown							

Required Attachments**Site Map Attachment**[Sitemap.pdf - 09/06/2019 11:36 AM](#)**Comment**

NONE PROVIDED

Disclosure Statement (or both 10Q and 10K) Attachment[disclosure.pdf - 09/06/2019 11:37 AM](#)**Comment**

NONE PROVIDED

Proof of Good Standing

NONE PROVIDED

Comment

NONE PROVIDED

Responsible and Cognizant Official Information

Responsible Official Signatory Requirements

The information contained in this form must be certified by a RESPONSIBLE OFFICIAL as defined below:

Corporation: principal officer at least the level of vice president

Partnership: a general partner

Sole Proprietorship: the proprietor/owner

Municipal, State, Federal, or other public facility: principal executive officer, or ranking elected official

Responsible Official First Name

Todd

Responsible Official Last Name

Williams

Responsible Official Job Title

Managing Partner

Responsible Official Email Address

twilliams@snellgrovefirm.com

Cognizant Official Requirements

A COGNIZANT OFFICIAL is an individual that is given signature authority from the Responsible Official.

Cognizant Official First Name

Mike

Cognizant Official Last Name

Mullally

Cognizant Official Email Address

mmullally@snellgrovefirm.com

Attachments

Date	Attachment Name	Context	User
10/7/2019 7:44 AM	ir.pdf	Submission	Kealey Burrow
10/3/2019 3:30 PM	AR.pdf	Submission	Kealey Burrow
10/3/2019 8:57 AM	ARG250022 Form Checklist.pdf	Submission	Zachary Carroll
10/2/2019 4:26 PM	CorrectionOfLegalName&pH.pdf	Submission	Zachary Carroll
9/6/2019 11:37 AM	disclosure.pdf	Attachment	Todd Williams
9/6/2019 11:36 AM	Sitemap.pdf	Attachment	Todd Williams

Status History

	User	Processing Status
9/6/2019 10:32:19 AM	Todd Williams	Draft
9/18/2019 8:57:13 AM	Todd Williams	Submitted
9/18/2019 4:22:51 PM	Zachary Carroll	In Review
9/20/2019 11:22:09 AM	Zachary Carroll	Action Required
10/2/2019 4:26:54 PM	Zachary Carroll	In Review

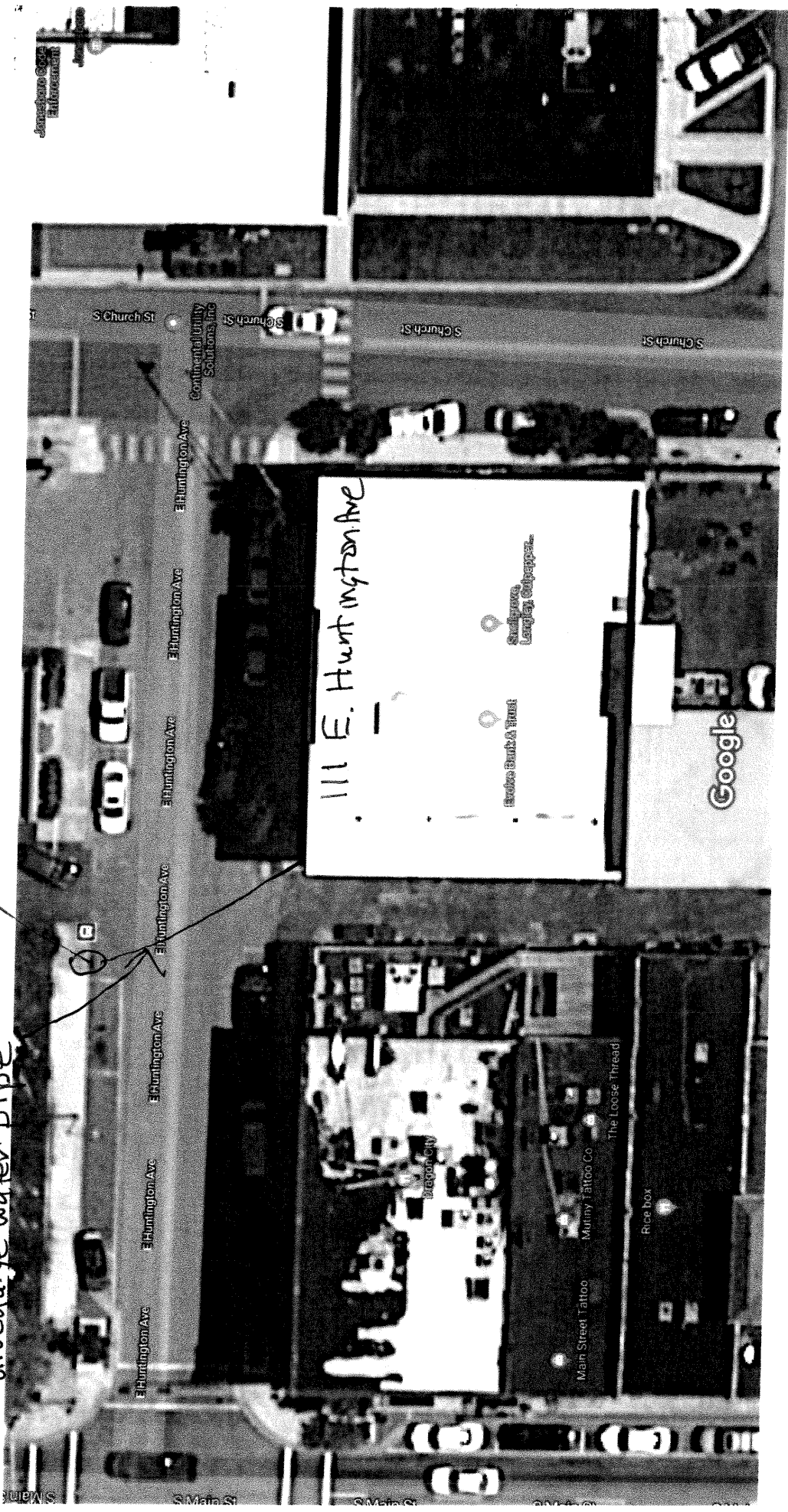
Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Todd Williams	9/18/2019 8:57:13 AM
Assign Tracking Number	Kealey Burrow	9/18/2019 9:20:58 AM
Completeness and Technical Review	Zachary Carroll	10/3/2019 8:58:21 AM
AFIN Request	Kealey Burrow	10/3/2019 12:38:04 PM
Complete Invoice Request Form and Submit Invoice Request	Kealey Burrow	10/3/2019 3:32:40 PM
Update PDS and NPDES database with AFIN info	Kealey Burrow	10/3/2019 3:32:43 PM
Engineer Supervisor Review- Delete Planning/Associate Director steps if not applicable!	Carrie McWilliams	10/4/2019 11:56:11 AM

Step Name	Assigned To/Completed By	Date Completed
Public Notice	Kealey Burrow	
Senior Operations Manager Review	Bryan Leamons	
Prepare Authorization Letter and appropriate attachments	Kealey Burrow	
Engineer Review NOC	Zachary Carroll	
Engineer Supervisor Review NOC	Carrie McWilliams	
Enter Permit Status/Effective Date into PDS & NPDES database	Kealey Burrow	
Email NOC to David Ramsey	Kealey Burrow	
Mail NOC to applicant.	Kealey Burrow	

Site Map

Google Maps Underground discharge water pipe



Map data ©2019, Map data ©2019 20 ft

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Franklin Partnership, LLP

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

P.O. Box 1346, 111 E. Huntington

3. CITY, STATE, AND ZIPCODE:

Jonesboro, AR 72403

4a. Applicant Type:

☐ Individual ☒ Corporate or Other Entity

4b. Reason for Submission:

☒ Permit ☐ License ☐ Certification ☐ Operational Authority

☒ New Application ☐ Modification ☐ Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

☐ Air ☒ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste ☐ Used Tire Program

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

None. Property owner needing permit for water drainage to storm drain.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

None

8. List all officers of the Applicant. (add additional pages, if necessary.)

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: Todd Williams TITLE: managing partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

NAME: Mike Mullally TITLE: partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

NAME: Chad Owens TITLE: partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: Todd Williams TITLE: managing partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

NAME: Mike Mullally TITLE: partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

NAME: Chad Owens TITLE: partner

STREET: 111 E. Huntington

CITY, STATE, ZIP: Jonesboro, AR 72401

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

N/A

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

N/A

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

N/A

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

N/A

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, Todd Williams, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violation.

APPLICANT
SIGNATURE:

Todd Williams

TITLE: managing partner

DATE: 4-30-19