Recertification Notice of Intent (NOI) Individual Treatment Facility Discharge General Permit ARG550000

You must complete, certify, and sign this Recertification Notice of Intent (NOI) form and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form no later May 31, 2019. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550598

AFIN: 63-01200

Permittee Name: Grant Garrett Excavating, Inc.

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

| | Current Information in ADEQ's Database | Corrections (if needed) |
|---|--|--|
| Facility Address: | Garrett Excavating | |
| racinty Address: | 12913 I-30 Benton, AR 72015 | |
| Responsible Official: | Grant Garrett, Owner | |
| Responsible Official Email: | grant@garrettx.com | |
| Cognizant Official: | David A. Meints | |
| Cognizant Official Email: | david@meincowastewater.com | |
| Have you attached an upda (Homeowners are exempt) Are the mailing and invoic (Homeowners are not subj | the addresses the same? Sect to the annual fool | |
| Outfall Currently Listed | in ADEO's Database* | |
| | | |
| Outfall ARG55059 | 8: Latitude 34° 32' 23.56" N; Lor | ngitude 92° 38' 40.36" W |
| * If a change to the abo | ove outfall is needed, please be sure to provide the | correct coordinates, and an explanation of the required changes. |
| Additional Comments: | | |
| of the person or persons who is submitted is, to the best of my submitting false information, in | manage the system, or those persons directly knowledge and belief, true, accurate, and concluding the possibility of fine and imprisonmill comply with all the requirements of the ren | prepared under my direction or supervision in accordance devaluate the information submitted. Based on my inquiry responsible for gathering the information, the information implete. I am aware that there are significant penalties for lent for knowing violations." The ewal Individual Treatment Facility Discharge General seponsible Official Title: |
| Responsible Official Signat | Chant Good | |
| and they form to the a | ddress below or send it electronically to wa | iter.permit.application@adeq.state.ar.us:////// |
| Office of Water Qual | lity, Permits Branch | |

Office of Water Quality, Permits Branch Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

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) |
| Gerald Gregory |
| 2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route) 12913 Interstate 30 South |
| 3. CITY, STATE, AND ZIPCODE: |
| Benton, AR 72015 |
| |
| 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 Tirc Program |
| |
| 5. <u>Declaration of No Changes:</u> 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 MA |

| I/A | | | •, | | |
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| 8. List all officers of the Applicant. (add additions | |
|---|--|
| | TITLE; President |
| STREET: 12913 Interstate 30 South | |
| CITY, STATE, ZIP: Benton, AR 72015 | |
| | |
| | Vice-President |
| STREET: 12913 Interstate 30 South | THE CONTRACTOR OF THE CONTRACT |
| CITY, STATE, ZIP: Benton, AR 72015 | |
| | |
| NAME: | TITLE: |
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| 9. List all directors of the Applicant. (Add addition | nal pages, if necessary.) |
| NAME: | TITLE: |
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| | |
| CITT, STATE, Zar. | |
| NAME: | TITLE: |
| STREET: | 77-7-00-00-00-00-00-00-00-00-00-00-00-00 |
| CITY, STATE, ZIP: | |
| | TITLE: |
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| 10. List all partners of the Applicant. (Add additio | ngl nages if necessary) |
| | TITLE: |
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| CITT, STATE, ZIF: | |
| NAME: | |
| STREET: | |
| CITY, STATE, ZIP: | |
| NIABATE. | |
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| CITY, STATE, ZIP: | |
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| 11. List all persons employed by the Applicant in a | supervisory capacity or with authority over operations of the facility subject to this application. |
| NAME: | TITLE: |
| STREET: | |
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| | TITLE: |
| | |
| CITY, STATE, ZIP: | |
| | |
| NAME: | • |
| | TITLE: |
| STREET: | • |

| | control more than five percent (5%) of the Applicant's debt or equity. |
|---|--|
| NAME: | TITLE: |
| STREET: | |
| CITY, STATE, ZIP: | |
| | TITLE: |
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| CITT, STATE, Zar: | |
| NAME: | TITLE: |
| STREET: | |
| CITY, STATE, ZIP: | |
| | |
| 13. List all legal entities, in which the Applicant | holds a debt or equity interest of more than five percent (5%). |
| NAME: | TITLE: |
| STREET: | |
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| | |
| CITT, STATE, ZIF: | |
| NAME: | TITLE: |
| STREET: | |
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| 14. List any parent company of the Applicant. D | escribe the parent company's ongoing organizational relationship with the Applicant. |
| | |
| NAME: | |
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| NAME:STREET:CITY, STATE, ZIP: | |
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| STREET: CITY, STATE, ZIP: Organizational Relationship: | |
| STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Describe | e the subsidiary's ongoing organizational relationship with the Applicant. |
| STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Describe NAME: | e the subsidiary's ongoing organizational relationship with the Applicant. |
| STREET: | e the subsidiary's ongoing organizational relationship with the Applicant. |
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| STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Describen NAME: STREET: CITY, STATE, ZIP: | e the subsidiary's ongoing organizational relationship with the Applicant. |

| 16. List any person who is not now in complianc jurisdiction and who through relationship by ble Applicant in a manner which could adversely af | e or has a history of noncompliance with the environmental law or regulations of this state or any other nood or marriage or through any other relationship could be reasonably expected to significantly influence the fect the environment. |
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| NAME: | TITLE: |
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| NAME: | TITLE: |
| STREET: | |
| CITY, STATE, ZIP: | |
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| 17. List all federal environmental agencies and a | ny other environmental agencies outside this state that have or have had regulatory responsibility over the |
| Applicant. | |
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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:

| / | , certify under penalty of law that this document and |
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| | or supervision in accordance with a system designed to |
| assure that qualified personnel properly gather and inquiry of the person or persons who manage the sy | stem, 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 pena possibility of fines and imprisonment for knowing v | |
| | |
| APPLICANT SIGNATURE: | |
| TITLE: COO | |
| DATE: 6/24/2019 | |
| | |