

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: ARG550614 AFIN: 63-01212
 Permittee Name: Reed's Metals of Benton, AR, 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:	Reed's Metals of Benton, AR, Inc. 12655 I-30 South Benton, AR 72015	
Responsible Official:	Anthony Jasay, General Manager	or <i>Joey Taylor (Plant Manager)</i>
Responsible Official Email:	Anthony.Jasay@Reedsmetals.com	<i>joey.taylor@reedsmetals.com</i>
Cognizant Official:	David A. Meints, Operator/Consultant	
Cognizant Official Email:	david@meincowastewater.com	

1. Have you attached an updated disclosure statement? (Homeowners are exempt) Yes No N/A
2. Are the mailing and invoice addresses the same? (Homeowners are not subject to the annual fee) Yes No N/A
- If "No" please provide invoice address → _____

Outfall Currently Listed in ADEQ's Database*


Outfall ARG550614: Latitude 34° 32' 18.18" N; Longitude 92° 38' 42.71" W

* If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

Additional Comments: _____

"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 certify that I have read and will comply with all the requirements of the renewal Individual Treatment Facility Discharge General Permit (ARG550000).

Responsible Official Name: Joey Taylor Responsible Official Title: Plant Manager
 Responsible Official Signature:  Date: 5/3/19

Return the NOI form to the address below or send it electronically to water.permit.application@adeq.state.ar.us:

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

PERMIT TRANSFER FORM

PERMIT NUMBER: ARG550614

SELECT ALL OF THE FOLLOWING THAT APPLY:

- Permittee (legal name) change [CHANGE OF OWNERSHIP]
- Facility name change
- Permittee (legal name) change [NAME CHANGE ONLY]
- Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Reed's Metals of Benton, AR, LLC

Facility Name: Reed's Metals of Benton, AR, LLC

Responsible Official Name (see Section IV below): Joey Taylor

Is the permittee identified above, the owner of the facility? Yes No

If No, list owner name: _____

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Reed's Metals, LLC

Facility Name (if different from Permittee Name): Reed's Metals, LLC

Is the Permittee the owner of the facility? Yes No If No, list owner name: _____

Responsible Official Name (see Section IV below): Joey Taylor

Responsible Official Title: Plant Manager Permittee Type:

Responsible Official E-mail: joey.taylor@reedsmetals.com STATE PARTNERSHIP

Permittee Mailing Address: 12655 I-30 South FEDERAL PUBLIC

Permittee City: Benton CORPORATION/LLC

Permittee State: AR Zip: 72015 State of Incorporation: DE

Permittee Phone No.: 501-776-3825 SOLE PROPRIETORSHIP

OTHER: _____

Is the new permittee registered with the Arkansas Secretary of State? Yes No

If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.

A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: 12655 I-30 South Facility City: Benton

Facility State: AR Zip: 72015

Facility Contact Person Name: Joey Taylor Contact Person Title: Plant Manager

Phone Number: 501-776-3825 Fax Number: 501-776-1920 E-mail: joey.taylor@reedsmetals.com

Invoice Contact Person: Katie Scott City: Benton

Invoice Mailing Address: 12655 I-30 South State: AR Zip: 72015

Invoice Mailing Address: Katie @ Reedsmetals.com Phone: 501-776-3825

Cognizant Official Name*: David Meints Cognizant Official Title: Class III Operator

Phone Number: 501-821-3837 Fax Number: 501-821-4048 E-mail: david@meincowastewater.com

* Duly Authorized Representative as outlined in 40 CFR 122.22(b)

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: October 1, 2018

Current Permittee (Seller): Reeds Metals of Benton Inc.

Signature of Responsible Corporate Officer: [Signature]
Title of Responsible Corporate Officer: General Manager
Printed Name of Responsible Corporate Officer: Anthony Jasay
Date: 10-28-19

New Permittee (Buyer): Reeds Metals LLC.

Signature of Responsible Corporate Officer: [Signature]
Title of Responsible Corporate Officer: General Manager
Printed Name of Responsible Corporate Officer: Anthony Jasay
Date: 10-28-19

Disclosure Statement:

Disclosure Statement must be submitted for new permittee. **Disclosure Statement is not required for Stormwater Permits.**

Is Disclosure Statement enclosed: Yes No

Trust Fund Requirements:

If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:

<https://www.adeg.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

Land Use Contract:

For land application permits you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE (Responsible Official in Section II)

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: Anthony Jasay Title: General Manager
Signature: [Signature] Date: 10-28-19

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adeg.state.ar.us

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)

Reed's Metals LLC.

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

12655 I-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 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.)

[Empty response box for section 6]

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.)

[Empty response box for section 7]

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

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

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.)

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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: _____

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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: _____

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.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

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.

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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 EPOTAL:

I, Anthony Jasay, 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: _____



TITLE: _____

General Manager

DATE: _____

10-28-19