

**Recertification Notice of Intent (NOI)  
Car/Truck Washwater Discharge General Permit ARG750000**

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 ARG750000. You must submit this form no later October 31, 2019. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG750087      AFIN: 04-01031  
 Permittee Name: Scott Equipment Company, LLC

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.

	<u>Current Information in ADEQ's Database</u>	<u>Corrections (if needed)</u>
Facility Name:	Scott Equipment Company, LLC	_____
Facility Physical Address:	Scott Equipment Company, LLC 4831 Thompson Springdale, AR 72764	_____
Facility Contact:	<del>Gary Taylor</del>	<u>Cole Armand (carmand@scottcompanies.com)</u>
Facility Contact Email:		_____
Responsible Official:	Scott Cummins	_____
Responsible Official Email:	scummins@scottcompanies.com	_____
Cognizant Official:	Bobbie Bordelon	_____
Cognizant Official Email:	bbordelon@scottcompanies.com	_____

1. Have you attached an updated disclosure statement?      Yes  No   
 (This must be submitted)

2. Are the mailing and invoice addresses the same?      Yes  No

If "No" please provide invoice address → \_\_\_\_\_

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 Car/Truck Washwater Discharge General Permit (ARG750000).

Responsible Official Name: Scott Cummins      Responsible Official Title: President  
 Responsible Official Signature: [Signature]      Date: 10/20/19

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

# 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)

Scott Equipment Company L.L.C.

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

4831 North Thompson Street

3. CITY, STATE, AND ZIP CODE:

Springdale, AR 72764

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.)**

Scott Equipment Company L.L.C. currently holds two NPDES Permits with the state of Arkansas and has previously terminated 1 permit.

Permit numbers and store locations are listed below;

**CURRENT PERMITS IN THE STATE OF ARKANSAS**

Scott Equipment Company L.L.C (Springdale, AR)

4831 North Thompson St

Springdale, AR 72765

Permit number: ARG750087

Scott Equipment Company L.L.C (Fort Smith, AR)

6100 South Zero

Fort Smith, AR 72908

Permit number: ARG 760085

**TERMINATED PERMITS IN THE STATE OF ARKANSAS**

Scott Equipment Company L.L.C (Texarkana, AR)

6401 Sanderson Lane

Texarkana, AR 71854

Permit number: ARG750086

Last Discharge -- June 08, 2009

Permit Termination -- June 08, 2008

Scott Equipment Company currently hold 4 similar permits in Louisiana.

**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.)

N/A

\* 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: Scott Cummins TITLE: President

STREET: 1000 Martin Luther King Jr Dr

CITY, STATE, ZIP: Monroe, La 71203

NAME: Jim Bershen TITLE: Chief Executive Officer

STREET: 1000 Martin Luther King Jr Dr

CITY, STATE, ZIP: Monroe, La 71203

NAME: Bobbie Bordelon TITLE: Chief Financial Officer Executive VP

STREET: 1000 Martin Luther King Jr Dr

CITY, STATE, ZIP: Monroe, La 71203

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

NAME: Betty Cummins TITLE: Director

STREET: 188 Cummins Rd

CITY, STATE, ZIP: 188 Mangum, La 71259

NAME: Scott Cummins TITLE: President

STREET: 1000 Martin Luther King Jr. Dr.

CITY, STATE, ZIP: Monroe, LA 71203

NAME: Jim Bershen TITLE: Chief Executive Officer

STREET: 1000 Martin Luther King Jr. Drive

CITY, STATE, ZIP: Monroe, La 71259

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

NAME: N/A 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: Andy Beebe TITLE: Division Manager

STREET: 3007 MacArthur Drive

CITY, STATE, ZIP: Alexandria, LA 71303

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: Eric Goebel TITLE: Chief Operating Officer Executive VP  
STREET: 365 Canal St. Suite 2330  
CITY, STATE, ZIP: New Orleans, LA 70130

NAME: Curley Bordelon TITLE: Division Manager  
STREET: 1000 Martin Luther King Jr. Drive  
CITY, STATE, ZIP: Monroe, La 71203

NAME: Andy Beebe TITLE: Division Manager  
STREET: 3007 MacArthur Drive  
CITY, STATE, ZIP: Alexandria, LA 71303

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

NAME: Tim Nielson TITLE: Director  
STREET: 333 Texas St. Ste1525  
CITY, STATE, ZIP: Shreveport La 71101

NAME: Jeff Johnson TITLE: Director  
STREET: 12 Waters Edge Dr.  
CITY, STATE, ZIP: Monroe, LA 71203

NAME: Hugh McDonald TITLE: Director  
STREET: 2400 Pargood Landing  
CITY, STATE, ZIP: Monroe, La 71201

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: \_\_\_\_\_

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

NAME: Jimmy Woods TITLE: Senior VP Chief Credit Officer  
STREET: 1000 Martin Luther King Jr Dr  
CITY, STATE, ZIP: Monroe, LA 71203

NAME: Ken Hickingbottom TITLE: Assistant Credit Officer  
STREET: 1000 Martin Luther King Jr Dr  
CITY, STATE, ZIP: Monroe, LA 71203

NAME: Lance Pankey TITLE: VP Assistant Secretary  
STREET: 1000 Martin Luther King Jr Dr  
CITY, STATE, ZIP: Monroe, LA 71203

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

NAME: N/A 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: N/A 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: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: Shannon Wilson TITLE: Product Support Manager

STREET: 1000 Marting Luther King Jr Dr

CITY, STATE, ZIP: Monroe, La 71203

NAME: Gus Johnson TITLE: VP Inventory Manager

STREET: 1000 Marting Luther King Jr Dr

CITY, STATE, ZIP: Monroe, La 71203

NAME: Cade Armand TITLE: VP Safety Director

STREET: 100 Ida Road

CITY, STATE, ZIP: Broussard, LA 70518

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:

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NAME: TITLE:

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CITY, STATE, ZIP:

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NAME: TITLE:

STREET:

CITY, STATE, ZIP:

NAME: TITLE:

STREET:

CITY, STATE, ZIP:

NAME: TITLE:

STREET:

CITY, STATE, ZIP:

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

NAME: Joey Reeves TITLE: VP

STREET: 365 Canal St. Suite 2330

CITY, STATE, ZIP: New Orleans 7130

NAME: Roger Revia TITLE: VP

STREET: 1370 I-10 East

CITY, STATE, ZIP: Baytown, Tx 77522

NAME: Jim Johnson TITLE: VP

STREET: 10160 Airline Hwy

CITY, STATE, ZIP: Baton Rouge, La 70816

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: \_\_\_\_\_

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_



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

NAME: Fred Racca TITLE: VP

STREET: 6149 Hwy 90 East,

CITY, STATE, ZIP: Lake Charles 70615

NAME: Chad Mathews TITLE: VP

STREET: 100 Ida Road

CITY, STATE, ZIP: Broussard, La 70518

NAME: Dennis McMahon TITLE: VP

STREET: 10176 West Airline Hwy

CITY, STATE, ZIP: St. Rose 70087

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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

NAME: Raymond Huckeby TITLE: VP

STREET: 4515 Pidgeon Roost Road

CITY, STATE, ZIP: Memphis, TN 38118

NAME: Jay Kelly Cates TITLE: VP

STREET: 1231 Bridgestone Pkwy

CITY, STATE, ZIP: LaVergne TN 37086

NAME: Scott Shovan TITLE: VP

STREET: 3007 MacArthur Drive

CITY, STATE, ZIP: Alexandria 71303

**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: \_\_\_\_\_

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

NAME: Mark Lewis TITLE: VP

STREET: 945 North Market Street

CITY, STATE, ZIP: Shreveport, La 71107

NAME: Damon Jones TITLE: VP

STREET: 10923 I-30

CITY, STATE, ZIP: Mabelvale, Ar 72209

NAME: Todd Sanders TITLE: VP

STREET: 1002 Hwy 165 Bypass

CITY, STATE, ZIP: Monroe, La 71203

**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: \_\_\_\_\_

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

NAME: Chad Robertson TITLE: VP

STREET: 5401 Sanderson Lane

CITY, STATE, ZIP: Texarkana, Ar 71854

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:

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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: Scott Cummins TITLE: President

STREET: 1000 Martin Luther King Jr Dr.

CITY, STATE, ZIP: Monroe, La 71203

NAME: Mary Ellen Scott Thompson TITLE: \_\_\_\_\_

STREET: 18 Germay Court

CITY, STATE, ZIP: Little Rock, Ar 72223

NAME: Evelyn Scott Johnson TITLE: \_\_\_\_\_

STREET: 12 Waters Edge Dr.

CITY, STATE, ZIP: Monroe, LA 71203

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

NAME: N/A 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: N/A

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

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

NAME: N/A

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**Organizational Relationship:**

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

NAME: Tom H. Scott, III TITLE: \_\_\_\_\_

STREET: 1518 Garland Place

CITY, STATE, ZIP: Monroe, LA 71105

NAME: Volvo Financial Services TITLE: \_\_\_\_\_

STREET: 7025 Albert Pick Rd.

CITY, STATE, ZIP: Greensboro, NC 27409

NAME: Wells Fargo TITLE: \_\_\_\_\_

STREET: P.O. Box 858178

CITY, STATE, ZIP: Minneapolis, MN 55485-8178

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

NAME: N/A 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: N/A

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

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

NAME: N/A

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

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

NAME: Bank of America TITLE: \_\_\_\_\_

STREET: P.O. Box 100918

CITY, STATE, ZIP: Atlanta, GA 30381

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: N/A 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: N/A

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: N/A TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A 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.

Louisiana Department of Environmental Quality (LDEQ)



**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, Scott Cummins, 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:

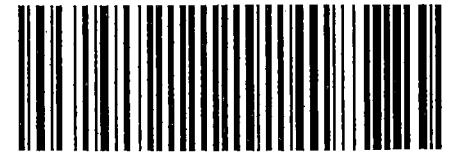
President

DATE:

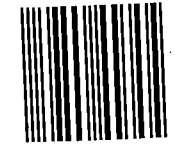
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