

Arkansas Department of Environmental Quality
NPDES Branch, Water Division
P. O. Box 8913
Little Rock, AR 72219
(501) 682-0622



AFIN 35-00059

NOTICE OF INTENT

Dischargers of Treated Groundwater/ Surface Water Resulting from Cleaning of
Groundwater/ Surface Water Which May Have Been Contaminated with Petroleum Fuels
GENERAL PERMIT ARG790000

ARG790058

1. Operator Information

Applicant (Operator) Name: Flowers Baking Company	Name of Facility: Flowers Baking Company
Mailing Address (permit and DMRs will be sent to this address): Flowers Baking Company c/o Pollution Management, Inc. 3512 South Shackleford Road	Facility Physical Address: 220 Tennessee Street
Mailing City: Little Rock State: AR Zip: 72205	Facility City: Pine Bluff State: AR Zip: 71611
Phone Number: 501-221-7122	
Fax Number: 501-221-7775	Applicant type (circle one): Private Federal Public State <input checked="" type="radio"/> Corp
E-mail (optional): djm@pollution-management.com	Other (describe):

2. Invoice Mailing Information

Invoice Contact Person: N/A <i>see operator info</i>	Invoice Mailing Address: N/A
Invoice Mailing Company: N/A	City: N/A State: N/A Zip: N/A
Telephone: N/A	Email (optional): N/A

3. Owner Name (if different from operator):

Flowers Baking Company
Owner Address: 2200 Tennessee Street
City: Pine Bluff State: AR Zip: 71611

4. Cognizant Official Name: Mr. Larry Ruth

Cognizant **Official Title:** President
Cognizant **Official Telephone:** 870-534-0221

5. Facility SIC Code : 5149

Description of Facility Operations

Bakery

6. Facility Location Information:

Latitude: 34 Degrees 13 Minutes 39 Seconds
Longitude: 91 Degrees 59 Minutes 56 Seconds
Section: 32 Township: 5s Range: 9w
County: *Jefferson*
Accuracy: 2 **Method:** 6 **Datum:** 2 **Scale:** 3
Description: 01099
Hydrologic Basin Code: 08020401

7. Construction permit

Number N/A

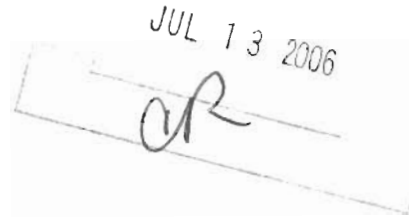
Date Issued N/A

P.O. Box 7413
Pine Bluff, Arkansas 71611
t 870.534.0221
f 870.534.4768

LR



June 26, 2006



Ms. Loretta Reiber, P.E.
NPDES Permits
ARKANSAS DEPARTMENT OF
ENVIRONMENTAL QUALITY
P.O. Box 8913
Little Rock, Arkansas 72219-8913

RE: Flowers Baking Company
220 Tennessee Street
Pine Bluff, Arkansas
Facility ID #35000165
Permit #ARG790058

Dear Ms. Reiber:

By copy of this letter, Flowers Baking authorizes all invoices, permits, and DMR's for Permit # ARG790058 to be sent directly to Pollution Management, Inc. (PMI). Further, PMI is authorized to sign the required forms on behalf of Flowers Baking Company.

Sincerely,

POLLUTION MANAGEMENT, INC.

A handwritten signature in black ink that reads "Larry Ruth".

Larry Ruth
Flowers Baking Company

DJM/th



POLLUTION MANAGEMENT, INC.

315
JUN - 9 2006
chp

June 5, 2006

Ms. Loretta Reiber, P.E.
Engineer, NPDES Permits
ARKANSAS DEPARTMENT OF
ENVIRONMENTAL QUALITY
P.O. Box 8913
Little Rock, Arkansas 72219-8913

RE: Notice of Intent (NOI) for Ground Water Cleanup- ARG790058
FLOWERS BAKING COMPANY
220 Tennessee Street
Pine Bluff, Arkansas

Dear Ms. Reiber:

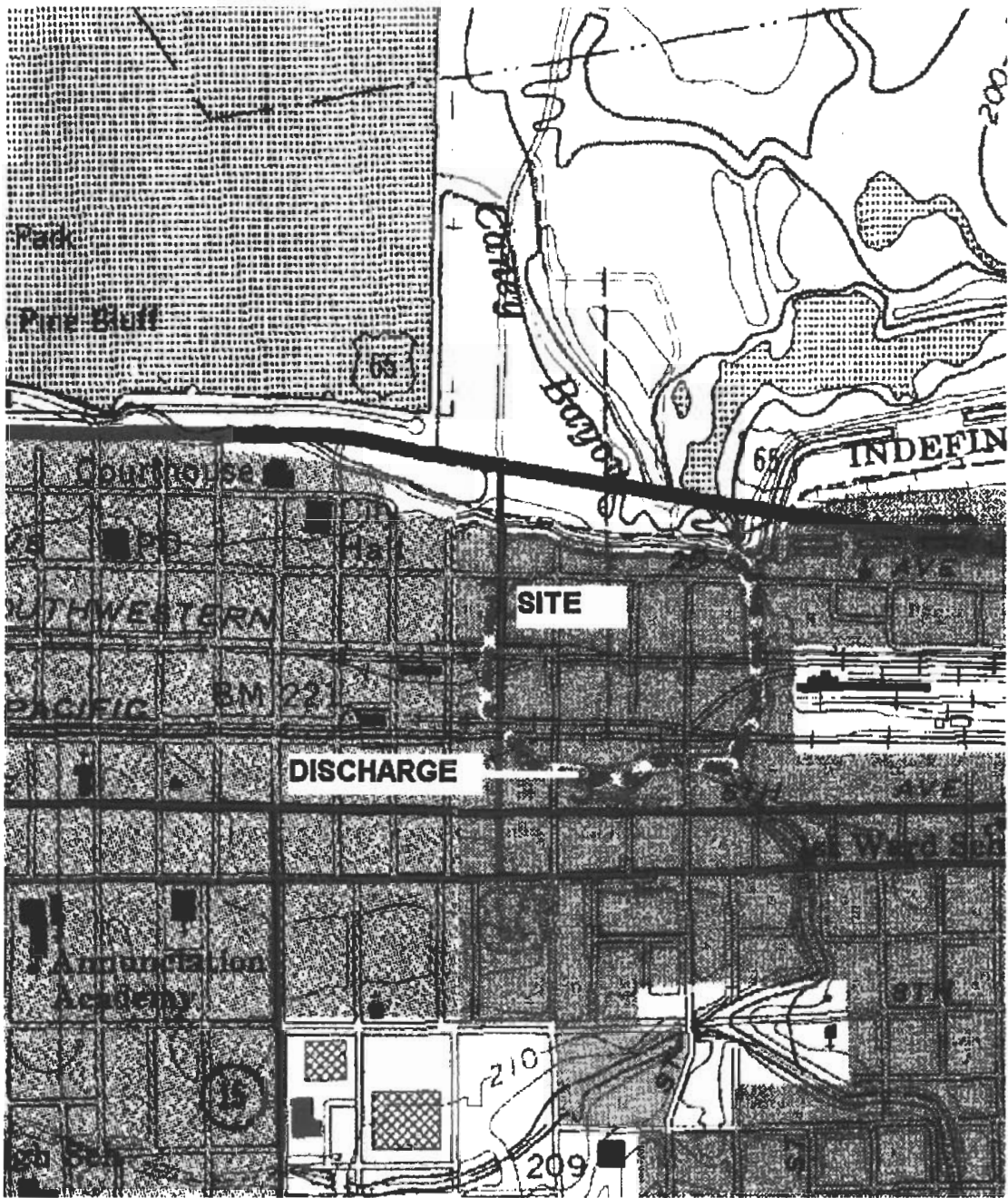
Enclosed please find a completed renewal NOI for the above referenced facility. Attached is a map showing the location of the discharge point and receiving stream. An Arkansas Disclosure Form for the facility, dated 2/15/1999, is on file with the Water Division of the Arkansas Department of Environmental Quality. Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

POLLUTION MANAGEMENT, INC.

Steven D. Patterson, P.G.
Project Geologist

SDP/



DRAWING NUMBER 1



POLLUTION MANAGEMENT INC.
 3512 SOUTH SHACKLEFORD
 LITTLE ROCK, ARKANSAS 72205

SITE LOCATION AND
 DISCHARGE POINT
 LADD ARKANSAS QUADRANGLE

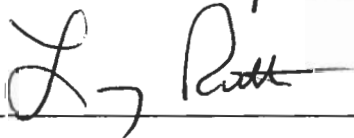
8. Outfall 101	
(a) Stream Segment: WA 3A	(b) Hydrologic Basin Code: 08020401
(c) Outfall Latitude: 34-13-40 Longitude: 91-59-58 Accuracy: 2 Method: 6 Datum: 2 Scale: 3 Description: 01099	(d) Section: 32 Township: 5s Range: 9w
(e) Receiving Stream: Caney Creek	(f) Flow (actual or projected): 0.007 MGD
(g) Type of treatment: Oil water separator combined with counter air-flow air stripper	

9. Facility has Individual NPDES Permit: (circle one) YES NO
 Permit Number: _____ (If YES, the operator or individual named in this Notice of Intent specifically requests termination of the NPDES Permit listed herein upon the effective date of coverage under this general permit.)

10. Applicant has previously submitted, or has on file with this Department, a complete Disclosure Form as required by Act 454 of 1991:
 If YES, date submitted: 2-15-1999 Division: Water
 If NO, Submit a Disclosure Form.

CERTIFICATION STATEMENT

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
 "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only 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 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."

Typed or Printed Name: Larry Ruth	Title: President
Signature: 	Date: 05/29/06

ADDITIONAL INFORMATION

1. Additional location description:
 2. Additional Comments: