

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

JUL 20 2006

AFIN 10-00272

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

ARG79 0079

1. Operator Information

Applicant (Operator) Name: SHEPHERDS AUTO SALES, INC			Name of Facility: SHEPHERDS QUICK STOP		
Mailing Address (permit and DMRs will be sent to this address): 3034 PINE STREET			Facility Physical Address: 3120 PINE STREET		
Mailing City: ARCADEPLHIA	State: AR	Zip: 71923	Facility City: ARCADELPHIA	State: AR	Zip: 71923
Phone Number: 1-870-246-3910					
Fax Number:			Applicant type (circle one): Private Federal Public State Corp		
E-mail (optional):			Other (describe):		

2. Invoice Mailing Information

Invoice Contact Person: TOM SHEPHERD			Invoice Mailing Address: 3034 PINE STREET		
Invoice Mailing Company: SHEPHERDS AUTO SALES, INC			City: ARCADELPHIA	State: AR	Zip: 71923
Telephone: 1-870-246-3910			Email (optional):		

3. Owner Name (if different from operator):

NA

4. Cognizant Official Name: T.O. Shepherd or
DAVID DIEHL (see signature)

Owner Address:

Cognizant Official Title: PRESIDENT - EPC, INC.

City: State: Zip:

Cognizant Official Telephone: 1-501-922-9742

5. Facility SIC Code : 5541

Description of Facility Operations
Convenience Store/Gas Station

6. Facility Location Information:

Latitude: N34 Degrees 4 Minutes 5 Seconds
Longitude: W93 Degrees 5 Minutes 42.5 Seconds
Section: 24 Township: 7S Range: 20W 43
County: Clark
Accuracy: _____ Method: _____ Datum: _____ Scale: _____
Description: _____
Hydrologic Basin Code: 8040102

7. Construction permit (if applicable)

Number NA

Date Issued _____

8. Outfall 101	
(a) Stream Segment: 2F	(b) Hydrologic Basin Code: 8040102
(c) Outfall Latitude: N ³⁴ 35° 7' 5" Longitude: W 93° 5' ⁴³ 42.5" Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____	(d) Section: 24 Township: 7S Range: 20W
(e) Receiving Stream: Roadside ditch to unnamed stream to private pond to Ouachita River. SW ditch to Little Deciper Creek	(f) Flow (actual or projected): Avg. 0.005 MGD
(g) Type of treatment: Groundwater Treatment to Air Stripper to Carbon Polish	

9. Facility has Individual NPDES Permit: (circle one) YES NO
 Permit Number: ARG790079 (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. Yes _____ NO X)

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: 3-25-04 Division: WATER
 If NO, Submit a Disclosure Form.

CERTIFICATION STATEMENT

____ (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above."

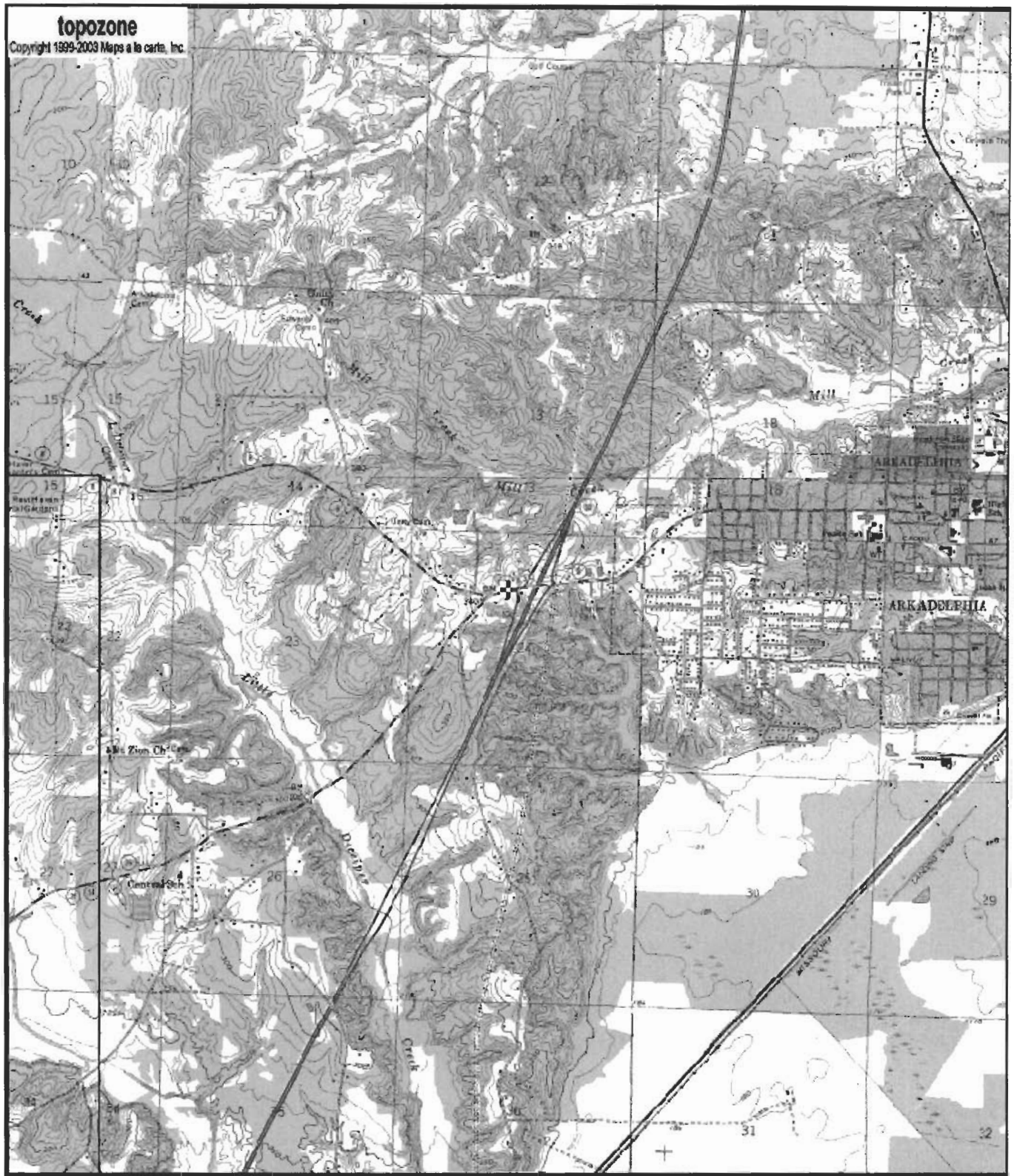
____ (Initial) "I certify that the cognizant official designated in this Notice of Intent is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the 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."

Printed Name: T. D. Shepherd Title: GES
 Signature: T. D. Shepherd Date: 7/19/06

COGNIZANT OFFICIAL

Printed Name: DAVID D. DITTEL Title: PRESIDENT, EPC, INC.
 Signature: David Dittel Telephone: 501-922-9742



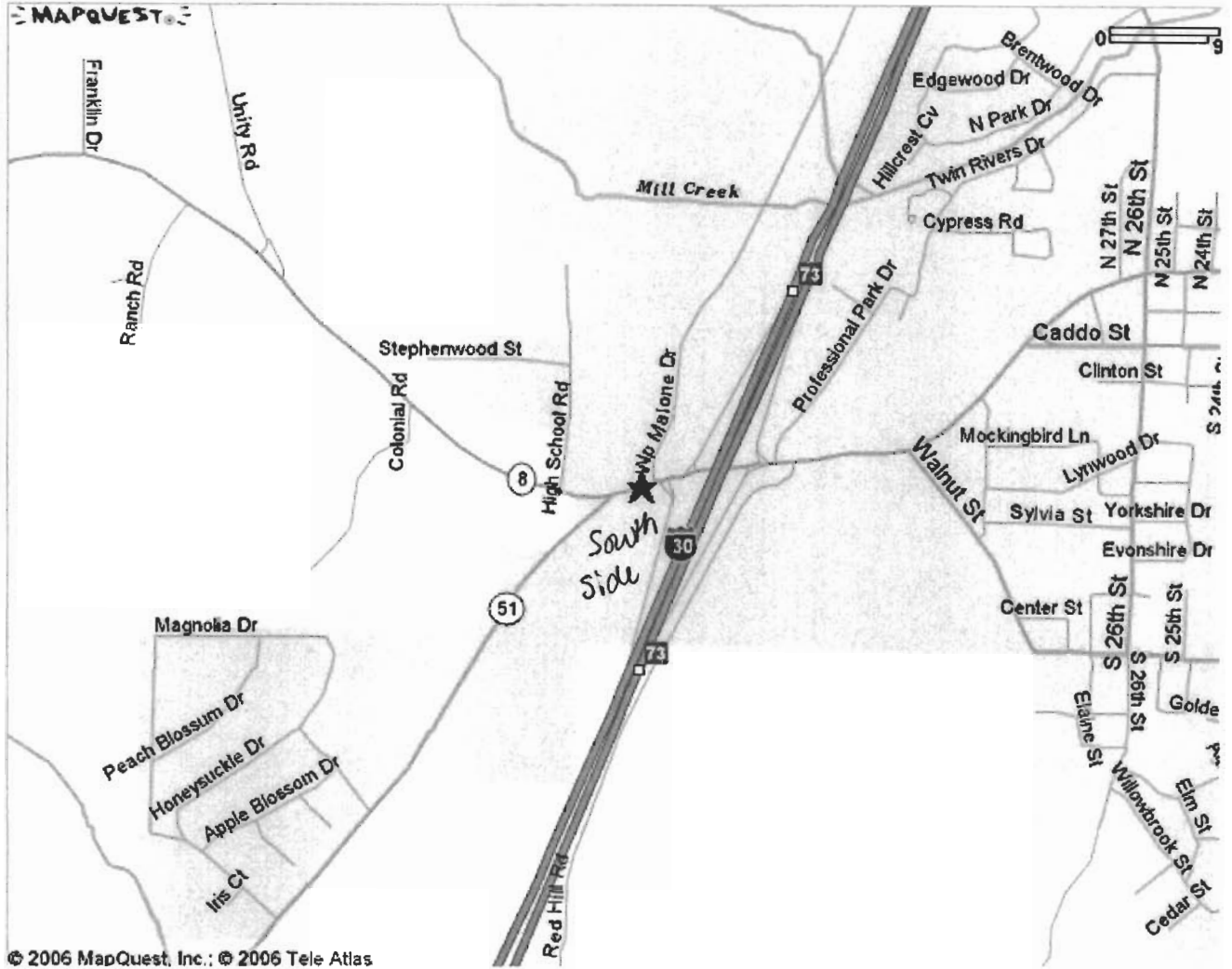
0 0.6 1.2 1.8 2.4 3 km
0 0.4 0.8 1.2 1.6 2 mi
Map center is 34° 07' 05"N, 93° 05' 42"W (WGS84/NAD83)
Arkadelphia quadrangle
Projection is UTM Zone 15 NAD83 Datum

Mk
M=-0.463
G=-0.053



★ 3120 Pine St

Arkadelphia, AR 71923-5203, US



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