

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
GROUNDWATER CLEAN-UP DISCHARGE
NPDES GENERAL PERMIT ARG790000

C6 M09
00356404

Application Type: New X Renewal (Permit # ARG79)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Flash Oil Co. of Arkansas, Inc. Operator Type: BC 2011
Permittee Mailing Address: P.O. Box 2389 State Partnership
Permittee City: West Memphis Federal
Permittee State: Arkansas Zip: 72303 Sole Proprietorship/Private
Permittee Telephone Number: 870-732-2263 *State of Incorporation: Arkansas
Permittee Fax Number: 870-732-0454 The legal name of the Permittee must be
Permittee E-mail Address: pstanfield@flashmarketinc.com identical to the name listed with the
Arkansas Secretary of State.



II. INVOICE MAILING INFORMATION

Invoice Contact Person: Paula Stanfield City: West Memphis
Invoice Mailing Company: Flash Oil Co. of Arkansas, Inc. State: Arkansas Zip: 72303
Invoice Mailing Address: P.O. Box 2389 Telephone: 870-732-2263

III. FACILITY INFORMATION

Facility Name: Flash Market #182 Facility Contact Person: David Diehl
Facility Address: 1903 Fayetteville Road Telephone Number: 501-922-7156
Driving Directions to Facility: Facility is approximately 250 feet north of Interstate 40 at Exit 5.
Facility County: Crawford Facility City, State & Zip: Van Buren, AR 72956
Facility Latitude: 35 Deg 27 Min 50.6 Sec Facility Longitude: 94 Deg 21 Min 24.6 Sec
Accuracy: 5 meters Method: Position Datum: NAD 83 Scale: 1:24,000 Description: Point
Facility SIC Code: 5411 Facility NAICS: 44710

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: 0.864 MGD (Million Gallons per Day)
Outfall Description: Outfall will be a 2.0 inch PVC pipe flowing into the burrow ditch along Arkansas Highway 59.
Stream Segment: 3H Hydrologic Basin Code: 11140106
Outfall Latitude: 35 Deg 27 Min 50.4 Sec Outfall Longitude: 94 Deg 21 Min 23.6 Sec
Accuracy: 5 meters Method: Position Datum: NAD 83 Scale: 1:24,000 Description: Point
Receiving Stream: Arkansas River
Outfall Number: _____ Flow: _____ MGD (Million Gallons per Day)
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: _____ Deg _____ Min _____ Sec
Outfall Longitude: _____ Deg _____ Min _____ Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Receiving Stream: _____



ARKANSAS
 SECRETARY OF STATE
Mark Martin

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LLC Member information is now confidential per Act 865 of 2007

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For service of process contact the [Secretary of State's office](#).

Corporation Name	FLASH OIL CO. OF ARKANSAS, INC.
Fictitious Names	
Filing #	100087014
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	
Reg. Agent	TIMOTHY W. GROOMS TIMOTHY W. GROOMS
Agent Address	P O BOX 2389 WEST MEMPHIS, AR 72301
Date Filed	12/06/1990
Officers	HERSHEL OWENS , Tax Preparer LYNDA PATTERSON , Controller JAMIE PATTERSON , President T S PATTERSON , Secretary SHANE PATTERSON , Vice-President T S PATTERSON , Treasurer SEE FILE, Incorporator/Organizer
Foreign Name	N/A
Foreign Address	
State of Origin	N/A
Purchase a Certificate of Good Standing for this Entity	Pay Franchise Tax for this corporation

ADEQ has removed the submitted disclosure statement, to protect confidential information.

It has been scanned into a secure location.

A redacted copy will be added as a separate document by Legal Division.

AHQDV

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Accuracy: Less than 5 meters Method: GPS Precise Position Datum: NAD 83 Scale: 1:24,000 Description: Point Treatment/Storage: Point
Facility SIC Code: 5411 Facility NAICS: 44710

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Accuracy: Less than 5 meters Method: GPS Precise Position Datum: NAD 83 Scale: 1:24,000 Description: Point Monitoring Point
Receiving Stream: Lake Louemma - Arkansas River
Outfall Number: _____ Flow: _____ MGD (Million Gallons per Day)
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: _____ Deg _____ Min _____ Sec Outfall Longitude: _____ Deg _____ Min _____ Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Receiving Stream: _____

revised copy rec'd 10/5/11 kay

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG790000
State Construction Permit Number: ARG16
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
NPDES Industrial Stormwater General Permit Number: ARR00
Other Department Permits: _____

VI. OTHER INFORMATION:

Additional Location Description: NA
Additional Comments: NA
Consultant Contact Name: Environmental Pollution Consultants, Inc. Mr. David Diehl, P.G.
Consultant Email Address: epc.inc@suddenlink.net
Consultant Address: Hot Springs
P.O. Box 8782 City: Village State: AR Zip: 71910
Consultant Phone Number: 501-922-7156 Consultant Fax Number: 501-922-9742

VII. CERTIFICATION OF OPERATOR

"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."

Responsible Official Printed Name: [Signature] Title: President
Responsible Official Signature: Shane Patterson Date: _____
Responsible Official Email: _____

Cognizant Official Printed Name: DAVID DIEHL Title: President
Cognizant Official Signature: [Signature] Telephone: 501-922-7156
Cognizant Official Email: epc.inc@suddenlink.net

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

	Yes	No	
Submittal of Complete NOI?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: _____
Submittal of Topographic Map?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	_____		

revised copy rec'd 10/5/11 kay

Yarberry, Katherine

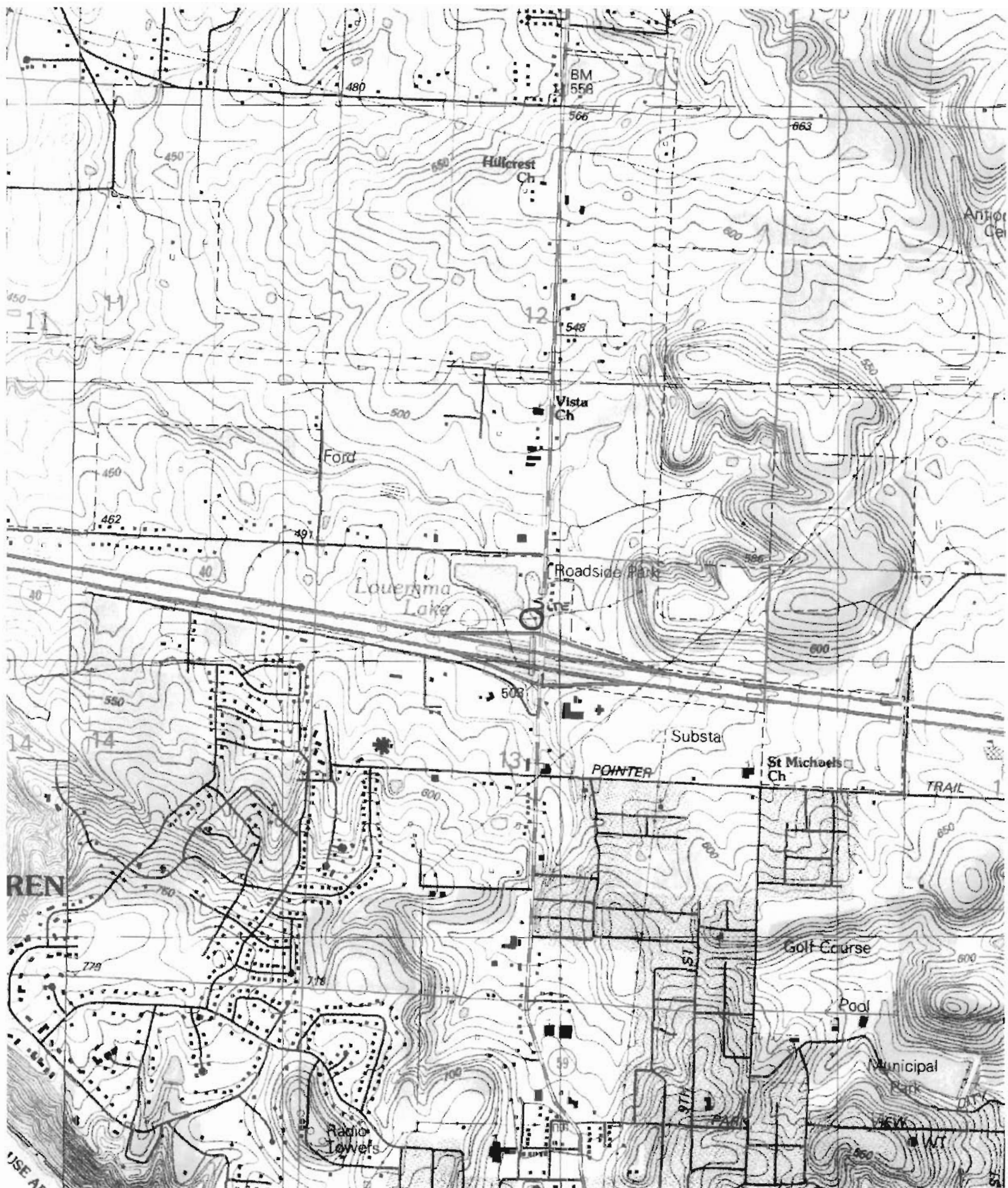
From: Miller, Roger
Sent: Friday, August 26, 2011 8:52 AM
To: Yarberry, Katherine
Subject: Flash Mkt. GW treatment - ARG790102

Hey Katherine-

I just checked over the NOI for the proposed discharge and didn't find anything of concern, so it's good to go as far as I'm concerned.

-Roger M.

PS - I do think there's a decimal error or something on the estimated flow, though. It would be tough to put 600 gpm through a 2-inch pipe!



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