

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

Application Type: New Renewal (Permit # ARG79 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Miller-Claborn Oil Distributing Co., Inc Operator Type:
Permittee Mailing Address: 1113 Dudley Street State Partnership
Permittee City: Texarkana Federal Corporation*
Permittee State: Arkansas Zip: 71854 Sole Proprietorship/Private
Permittee Telephone Number: 870-898-5353 *State of Incorporation: AR
Permittee Fax Number: Na The legal name of the Permittee must be
Permittee E-mail Address: ccstone@valornet.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: David Diehl City: Hot Springs Village
Invoice Mailing Company: EPC, Inc. State: Arkansas Zip: 71910
Invoice Mailing Address: PO Box 8782 Telephone: 501-922-7156

III. FACILITY INFORMATION

Facility Name: Miller-Claborn Oil Distributing Co., Facility Contact Person: Eddy Johnston
Facility Address: 1113 Dudley Street Telephone Number: 870-898-5353
Driving Directions to Facility: na
Facility County: Miller Facility City, State & Zip: Texarkana, AR 71854
Facility Latitude: 33 Deg 25 Min 12.86 Sec Facility Longitude: 94 Deg 01 Min 55.29 Sec
Accuracy: +/- 100ft Method: _____ Datum: ukn Scale: na Description: facility Center
Facility SIC Code: _____ Facility NAICS: _____

IV. DISCHARGE INFORMATION

Does the discharge originate from groundwater cleanup? Yes No
Is the treatment system designed and constructed to provide adequate treatment of wastewater to meet the effluent limitations of the ARG790000? (If no, you are not eligible for this general permit.) Yes No
Is this a multi-component waste that is not solely from a gasoline/diesel spill? (If yes, you are not eligible for this general permit.) Yes No
Does the discharge from this facility enter a waterbody that has an established TMDL? If yes, please state the pollutant specified in the TMDL and the source of the information. Yes No

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeg.state.ar.us

Revised 6/2/2015

Outfall Number: 001 Estimated Flow: 0.001 MGD (Million Gallons per Day)
Outfall Description: Storm Water Line
Stream Segment: 1B Hydrologic Basin Code: 11140304
Outfall Latitude: 33 Deg 25 Min 12.86 Sec Outfall Longitude: 94 Deg 01 Min 55.29 Sec
Accuracy: +/- 100ft Method: _____ Datum: ukn Scale: na Description: Facility center
Receiving Stream: Red River

Outfall Number: 001 Flow: 0.001 MGD (Million Gallons per Day)
Stream Segment: 1B Hydrologic Basin Code: 11140304
Outfall Latitude: 33 Deg 25 Min 12.86 Sec Outfall Longitude: 94 Deg 01 Min 55.29 Sec
Accuracy: +/- 100ft Method: _____ Datum: ukn Scale: na Description: Facility center
Receiving Stream: Red River

V. CONSTRUCTION PERMIT REQUIREMENTS

Is this permit also covering construction of the treatment system? Yes No

If yes, have you included Arkansas Form 1 and design, plans and specifications stamped by a Professional Engineer registered in the State of Arkansas and an additional \$500 permit fee? Yes No

VI. FACILITY PERMIT INFORMATION

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

VII. OTHER INFORMATION:

Additional Location Description: _____
Type of Treatment System: Dual Phase Extraction
Additional Comments: _____
Consultant Contact Name: David Diehl
Consultant Email Address: epc.inc@suddenlink.net
Consultant Address: PO Box 8782 City: Hot Springs Village State: AR Zip: 71910
Consultant Phone Number: 501-922-7156 Consultant Fax Number: na

VIII. 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

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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."

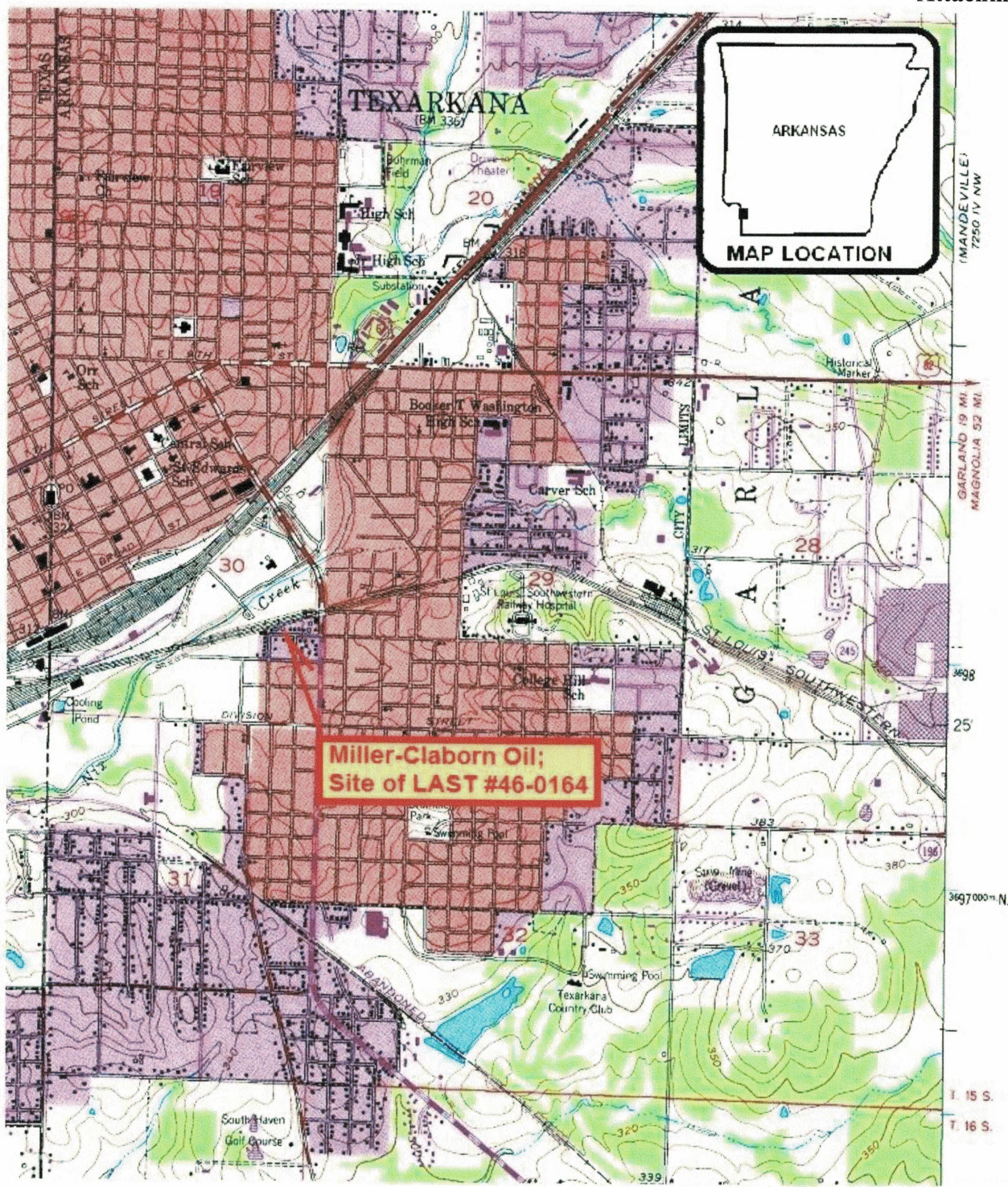
Responsible Official Printed Name: Eddy Johnston Title: President
 Responsible Official Signature: *Eddy Johnston* Date: 12-23-16
 Responsible Official Email: ccstone@valornet.com

Cognizant Official Printed Name: David Diehl Title: President
 Cognizant Official Signature: *David Diehl* Telephone: 501-922-7156
 Cognizant Official Email: Epc.inc@suddenlink.net

IX. PERMIT REQUIREMENT VERIFICATION

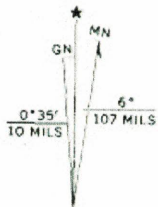
Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below, the application will be considered incomplete and cause a delay in the permitting process.

	Yes	No	
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: _____
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>010677</u>		



1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 .5 0 1 KILOMETER

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AND ARKANSAS GEOLOGICAL COMMISSION, LITTLE ROCK, ARKANSAS 72204



LEGEND

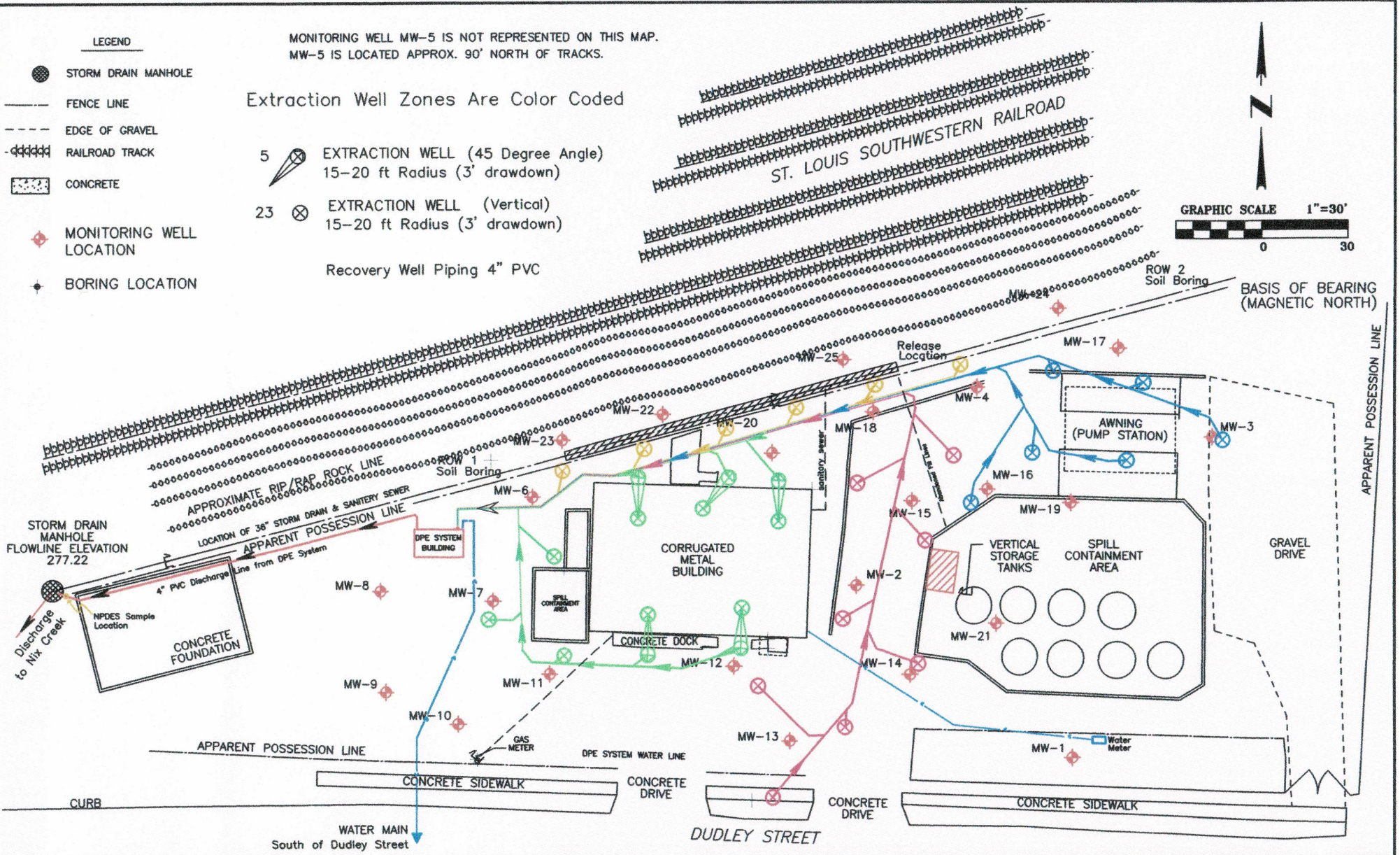
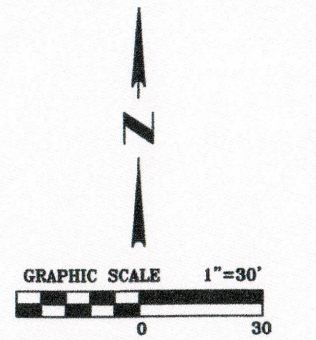
- STORM DRAIN MANHOLE
- FENCE LINE
- - - EDGE OF GRAVEL
- - - - RAILROAD TRACK
- ▨ CONCRETE
- ◆ MONITORING WELL LOCATION
- ⊕ BORING LOCATION

MONITORING WELL MW-5 IS NOT REPRESENTED ON THIS MAP.
MW-5 IS LOCATED APPROX. 90' NORTH OF TRACKS.

Extraction Well Zones Are Color Coded

- 5 ⊙ EXTRACTION WELL (45 Degree Angle)
15-20 ft Radius (3' drawdown)
- 23 ⊗ EXTRACTION WELL (Vertical)
15-20 ft Radius (3' drawdown)

Recovery Well Piping 4" PVC



SUBMITTED BY: D. DIEHL	DATE: 9-2-10
DRAWN BY: MTG ENGINEERS	REVISION: 9-12-14
CHECKED BY: D. DIEHL	FILE NAME: MILLER-CLABORN

SCALE: 1" = 30'	MILLER-CLABORN OIL DIST. CO. INC. 1113 DUDLEY STREET TEXARKANA, ARKANSAS 71854 FACILITY ID# 46001501; LUST CASE# 46-0164
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CORRECTIVE ACTION PLAN DPE SYSTEM EXTRACTION WELL SCHEMATIC LAYOUT

DRAWING 2 NUMBER
