

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): Russ Workman Operator Type:  
Permittee Mailing Address: P.O. Box 2593  State  Partnership  
Permittee City: Alma, AR 72921  Federal  Corporation\*  
Permittee State: AR Zip: 72921  Sole Proprietorship/Private  
Permittee Telephone Number: 479-806-2606 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 479-632-0443 The legal name of the Permittee must be  
Permittee E-mail Address: almatravelmart identical to the name listed with the  
@sbcglobal.net Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Russ Workman City: Alma  
Invoice Mailing Company: Russ Workman State: AR Zip: 72921  
Invoice Mailing Address: P.O. Box 2593 Telephone: 479-806-2606

III. FACILITY INFORMATION

Facility Name: Alma Travel Mart Facility Contact Person: Russ Workman  
Facility Address: 300 Highway 71 N Telephone Number: 479-806-2606  
Driving Directions to Facility: Facility is located on the southeast corner of the intersection of Interstate 40 and Highway 71 N  
Facility County: Crawford Facility City, State & Zip: Alma, AR 72921  
Facility Latitude: 35 Deg 29 Min 17.2 Sec Facility Longitude: 94 Deg 13 Min 31.5 Sec  
Accuracy: Meters Method: Address Datum: NAD83 Scale: NA Description: Street Address  
Facility SIC Code: 541103 Facility NAICS: 447110

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? Yes  No   
(If no, you are not eligible for this general permit.)  
Is this a multi-component waste that is not solely from a gasoline/diesel spill? Yes  No   
(If yes, you are not eligible for this general permit.)

Outfall Number: 001 Estimated Flow: 0.02 MGD (Million Gallons per Day)  
Outfall Description: 2 Inch PVC pipe emptying into drain ditch  
Stream Segment: 3H Hydrologic Basin Code: 11110201  
Outfall Latitude: 35 Deg 29 Min 13.7 Sec Outfall Longitude: 94 Deg 13 Min 31.6 Sec  
Accuracy: Meters Method: GPS Datum: Unknown Scale: unknown Description: Terra server  
Receiving Stream: Arkansas River

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeg.state.ar.us](http://www.adeg.state.ar.us)  
Revised 1/28/2015

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: \_\_\_\_\_

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
 NPDES General Permit Number (If Applicable): ARG 79 000  
 State Construction Permit Number: ARG16 C  
 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: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Consultant Contact Name: Thomas Scott Kempf The Southern Company  
 Consultant Email Address: SKempf@TheSoco.com  
 Consultant Address: 1201 Cypress St. City: N. Little Rock State: AR Zip: 72114  
 Consultant Phone Number: 501 351 2588 Consultant Fax Number: 501 376 8715

**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: Russ Workman Title: Owner  
 Responsible Official Signature: Russ Workman Date: 11/26/2016  
 Responsible Official Email: almatravelmart@sbcglobal.net  
 Cognizant Official Printed Name: Russ Workman Title: Owner  
 Cognizant Official Signature: Russ Workman Telephone: 479-806-2606  
 Cognizant Official Email: almatravelmart@sbcglobal.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 checked="" type="checkbox"/>	<input type="checkbox"/>
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>006868</u>	

**New Permittees Only** Check Number: 34680

# ARG790000 Checklist

ARG79 0111

New

Renewal

Modification

Discharges to 0.94 unnamed trib, 1.35 Little Frog Bayou, 4.68 Frog Bayou, 8.98 Arkansas River

HUC 11110201

Stream Segment 3H

Ecologically Sensitive Waterbody (ESW): No  Yes

Extraordinary Resource Water (ERW): No  Yes

Natural and Scenic Waterway (NSW): No  Yes

Losing Stream Area: No  Yes

Reservoir: No  Yes

303(d) list: No  Yes  Arkansas River 18.26

Pollutant: TDS  Cat 4  Cat 5

Is the waste solely from a gasoline/diesel spill? Yes  No

Does the facility require Financial Assurance? Yes  No

Is the facility in significant non-compliance with another permit? Yes  No

Site Map

- Location
- Treatment Areas
- Outfalls

Actual / projected wastewater flow: 0.02 MGD

Name of Operator: Thomas Scott Kempf Basic Industrial License Number: 006868

Secretary of State  N/A

Permit Fee

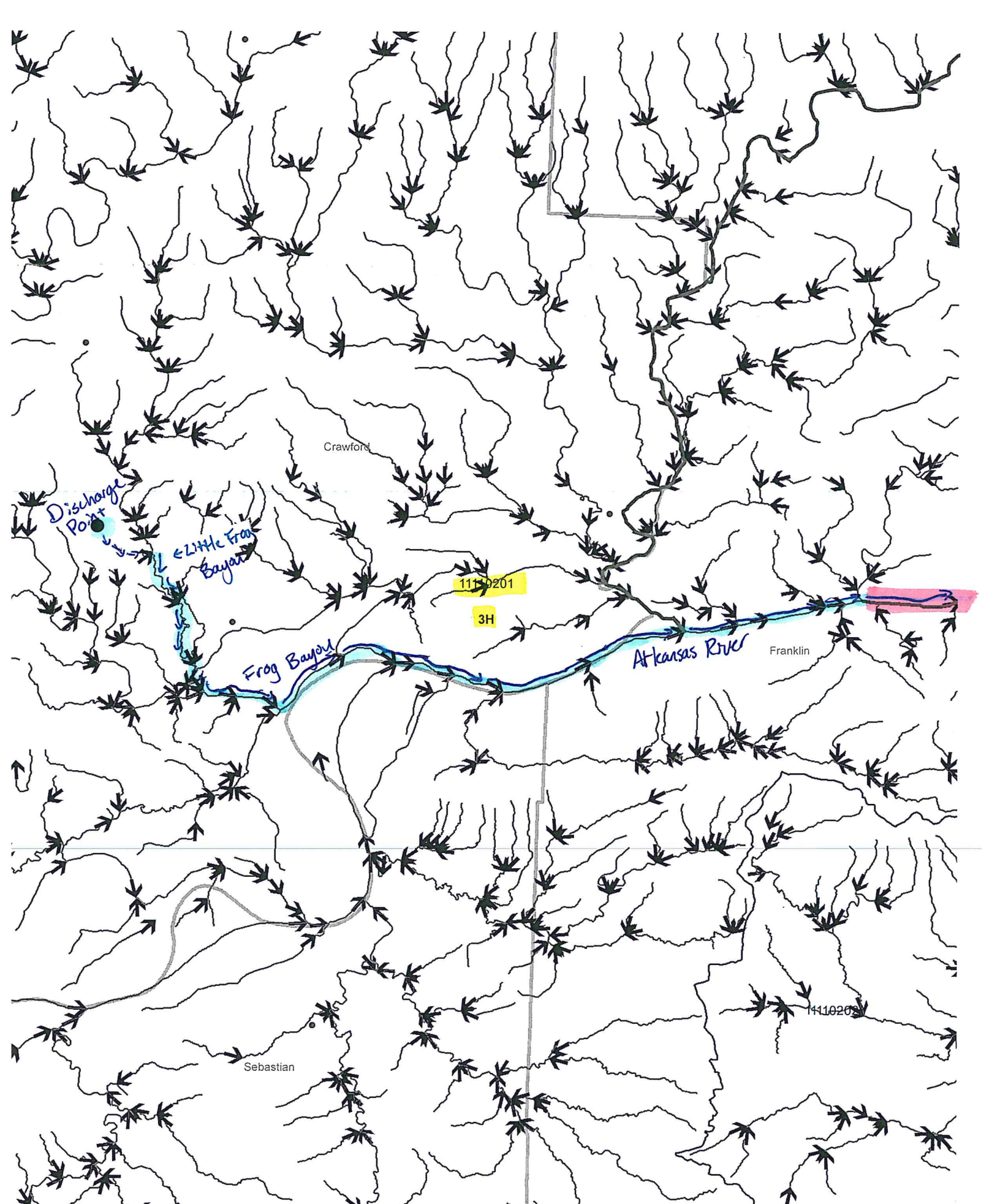
Disclosure Statement

RST

Water Planning Geologist  → part of routing process

Information entered in Access

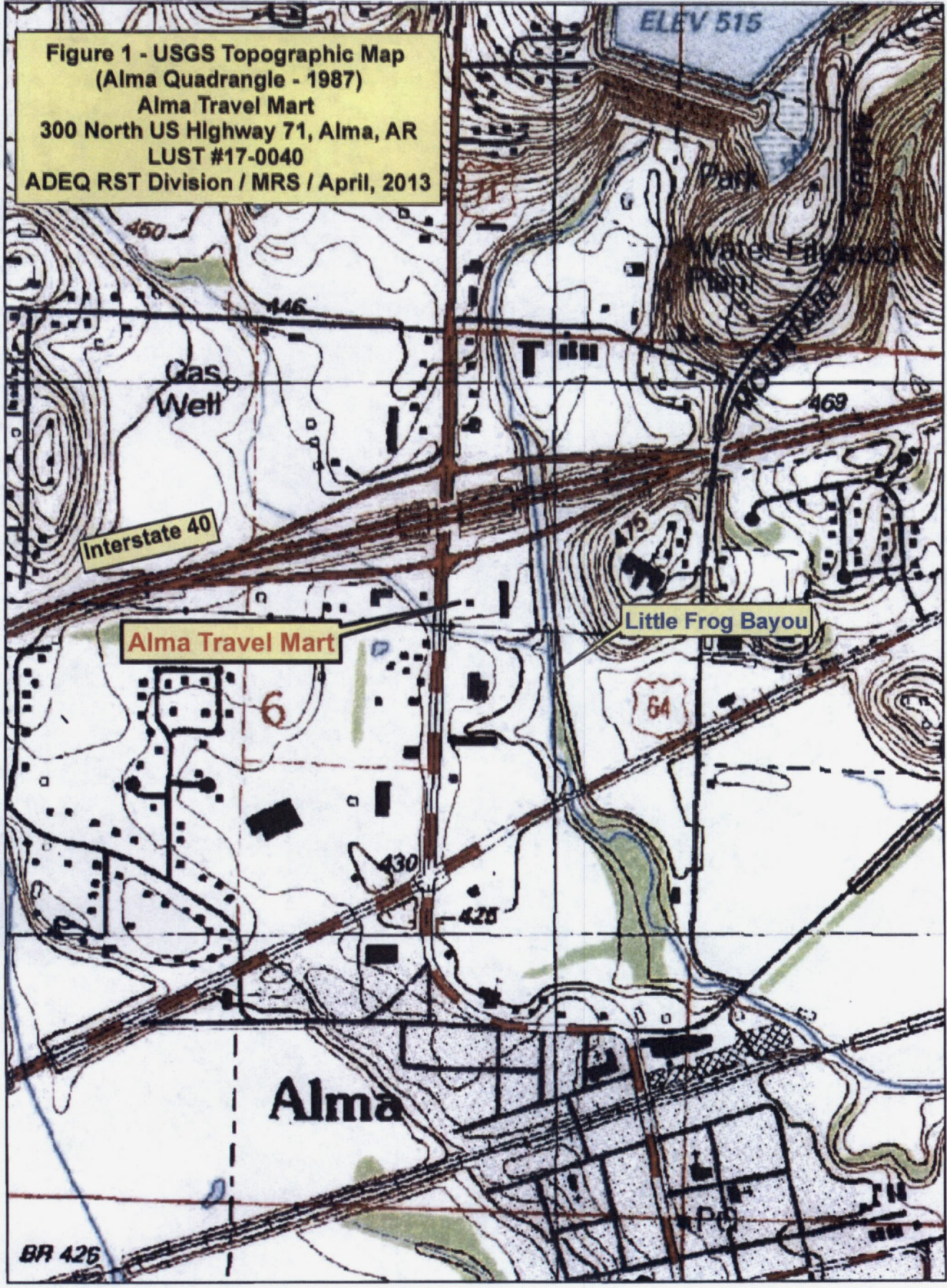
Other Comments: Called 2/8 about treatment system and additional information request (voicemail)



0.94 mi to unnamed trib  
 1.35 mi to Little Frog Bayou  
 1.35 mi to Frog Bayou

8.98 mi to Arkansas River  
 18.26 mi to Arkansas River (5)

Figure 1 - USGS Topographic Map  
(Alma Quadrangle - 1987)  
Alma Travel Mart  
300 North US Highway 71, Alma, AR  
LUST #17-0040  
ADEQ RST Division / MRS / April, 2013



BR 426



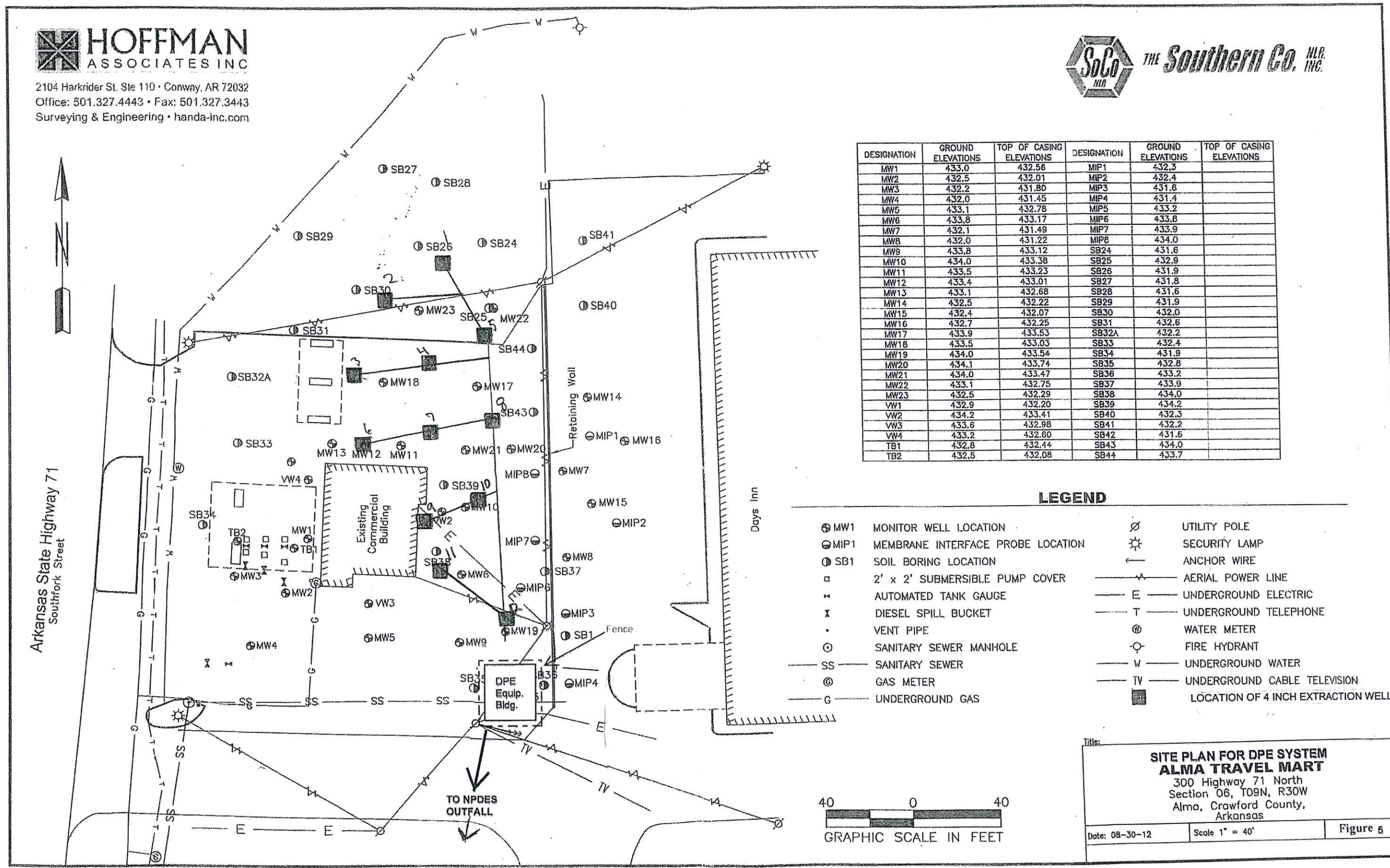
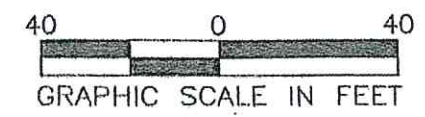
DESIGNATION	GROUND ELEVATIONS	TOP OF CASING ELEVATIONS	DESIGNATION	GROUND ELEVATIONS	TOP OF CASING ELEVATIONS
MW1	433.0	432.56	MIP1	432.3	
MW2	432.5	432.01	MIP2	432.4	
MW3	432.2	431.80	MIP3	431.8	
MW4	432.0	431.45	MIP4	431.4	
MW5	433.1	432.78	MIP5	433.2	
MW6	433.8	433.17	MIP6	433.8	
MW7	432.1	431.49	MIP7	433.9	
MW8	432.0	431.22	MIP8	434.0	
MW9	433.8	433.12	SB24	431.6	
MW10	434.0	433.38	SB25	432.9	
MW11	433.5	433.23	SB26	431.9	
MW12	433.4	433.01	SB27	431.8	
MW13	433.1	432.68	SB28	431.6	
MW14	432.5	432.22	SB29	431.9	
MW15	432.4	432.07	SB30	432.0	
MW16	432.7	432.25	SB31	432.6	
MW17	433.9	433.53	SB32A	432.2	
MW18	433.5	433.03	SB33	432.4	
MW19	434.0	433.54	SB34	431.9	
MW20	434.1	433.74	SB35	432.8	
MW21	434.0	433.47	SB36	433.2	
MW22	433.1	432.75	SB37	433.9	
MW23	432.5	432.29	SB38	434.0	
VW1	432.9	432.20	SB39	434.2	
VW2	434.2	433.41	SB40	432.3	
VW3	433.6	432.98	SB41	432.2	
VW4	433.2	432.60	SB42	431.6	
TB1	432.8	432.44	SB43	434.0	
TB2	432.5	432.08	SB44	433.7	

**LEGEND**

- ⊕ MW1 MONITOR WELL LOCATION
- ⊕ MIP1 MEMBRANE INTERFACE PROBE LOCATION
- ⊕ SB1 SOIL BORING LOCATION
- 2' x 2' SUBMERSIBLE PUMP COVER
- ⊕ AUTOMATED TANK GAUGE
- ⊕ DIESEL SPILL BUCKET
- VENT PIPE
- ⊕ SANITARY SEWER MANHOLE
- ⊕ GAS METER
- SS — SANITARY SEWER
- ⊕ UTILITY POLE
- ☀ SECURITY LAMP
- ANCHOR WIRE
- AERIAL POWER LINE
- E — UNDERGROUND ELECTRIC
- T — UNDERGROUND TELEPHONE
- ⊕ WATER METER
- ⊕ FIRE HYDRANT
- W — UNDERGROUND WATER
- TV — UNDERGROUND CABLE TELEVISION
- ⊕ LOCATION OF 4 INCH EXTRACTION WELL

Title:  
**SITE PLAN FOR DPE SYSTEM  
ALMA TRAVEL MART**  
300 Highway 71 North  
Section 06, T09N, R30W  
Alma, Crawford County,  
Arkansas

Date: 08-30-12      Scale 1" = 40'      Figure 5



# 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)	<i>Russ Lee Workman</i>
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	<i>PO Box 2593</i>
3. CITY, STATE, AND ZIPCODE:	<i>Alma AR 72921</i>

4a. Applicant Type:	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:	<input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input checked="" type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:	<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste

### 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.)

Currently operating decentralized wastewater treatment system permit # 5156-W issued 8/17/2012

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.)

NONE

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

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

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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

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: \_\_\_\_\_ 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: \_\_\_\_\_

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 laws 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: NONE TITLE: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_ 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.

NONE

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 EPORTAL:

I, Russ Lee Workman, 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:

Russ Lee Workman

TITLE:

Owner

DATE:

February 2, 2014