

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): Alvin Miller Operator Type:
Permittee Mailing Address: 434 N. State Highway 109 State Partnership
Permittee City: Magazine Federal Corporation*
Permittee State: AR Zip: 72943 Sole Proprietorship/Private
Permittee Telephone Number: (479) 675-6545 *State of Incorporation: N/A
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: Dodropin1970@yahoo.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Danny Murdaugh City: Little Rock
Invoice Mailing Company: Pollution Management, Inc. State: AR Zip: 72205
Invoice Mailing Address: 3512 S. Shackleford Telephone: (501) 221-7122

III. FACILITY INFORMATION

Facility Name: Do Drop In Facility Contact Person: Alvin Miller
Facility Address: 51 W. Priddy Telephone Number: (479) 675-6545
Driving Directions to Facility: SE Corner Intersection Highway 10 (Priddy) and N. Wood Street - Magazine
Facility County: Logan Facility City, State & Zip: Magazine, AR 72943
Facility Latitude: 35 Deg 08 Min 58.66 Sec Facility Longitude: 93 Deg 48 Min 29.64 Sec
Accuracy: +/-30.48m Method: unkn Datum: WGS84 Scale: 1:63000 Description: Parcel Ctr.
Facility SIC Code: 445120 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: Open storm water drainage ditch within City street ROW
 Stream Segment: 3G Hydrologic Basin Code: 11110204
 Outfall Latitude: 35 Deg 08 Min 57.74 Sec Outfall Longitude: 93 Deg 48 Min 30.48 Sec
 Accuracy: +/-30.48m Method: unkn Datum: WGS84 Scale: 1:63000 Description: Ditch
 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: _____

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 System with Air Stripping & Activated Carbon Filtration
 Additional Comments: _____
 Consultant Contact Name: Greg Wells
 Consultant Email Address: gwells@pmico.com
 Consultant Address: 3512 S. Shackleford City: Little Rock State: AR Zip: 72205
 Consultant Phone Number: (501) 221-7122 Consultant Fax Number: (501) 221-7775

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 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

WATER DIVISION
 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
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 Revised 6/2/2015

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: Alvin Miller Title: Petroleum Storage Tank Case RP
Responsible Official Signature: Alvin Miller Date: 6-9-17
Responsible Official Email: Dodropin1970@yahoo.com

Cognizant Official Printed Name: Daniel Murdaugh Title: Senior Project Manager
Cognizant Official Signature: [Signature] Telephone: (501) 221-7122
Cognizant Official Email: dmurdaugh@pmico.com

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"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: _____
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>010616, 010669</u>		

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)

Alvin M. Miller

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :

434 N. State Highway 109

3. CITY, STATE, AND ZIPCODE:

Magazine, AR 72943

4a. Applicant Type:

Individual Corporate or Other Entity

4b. Reason for Submission:

Permit License Certification Operational Authority

New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Division:

Air Water Hazardous Waste Regulated Storage Tank Mining 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 N/A

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.)

Previously operated facility under AFIN#42-00321

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.)

* 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: _____ 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.

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, Alvin Miller, 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:

Alvin Miller

TITLE:

Res. Party

DATE:

6-09-17

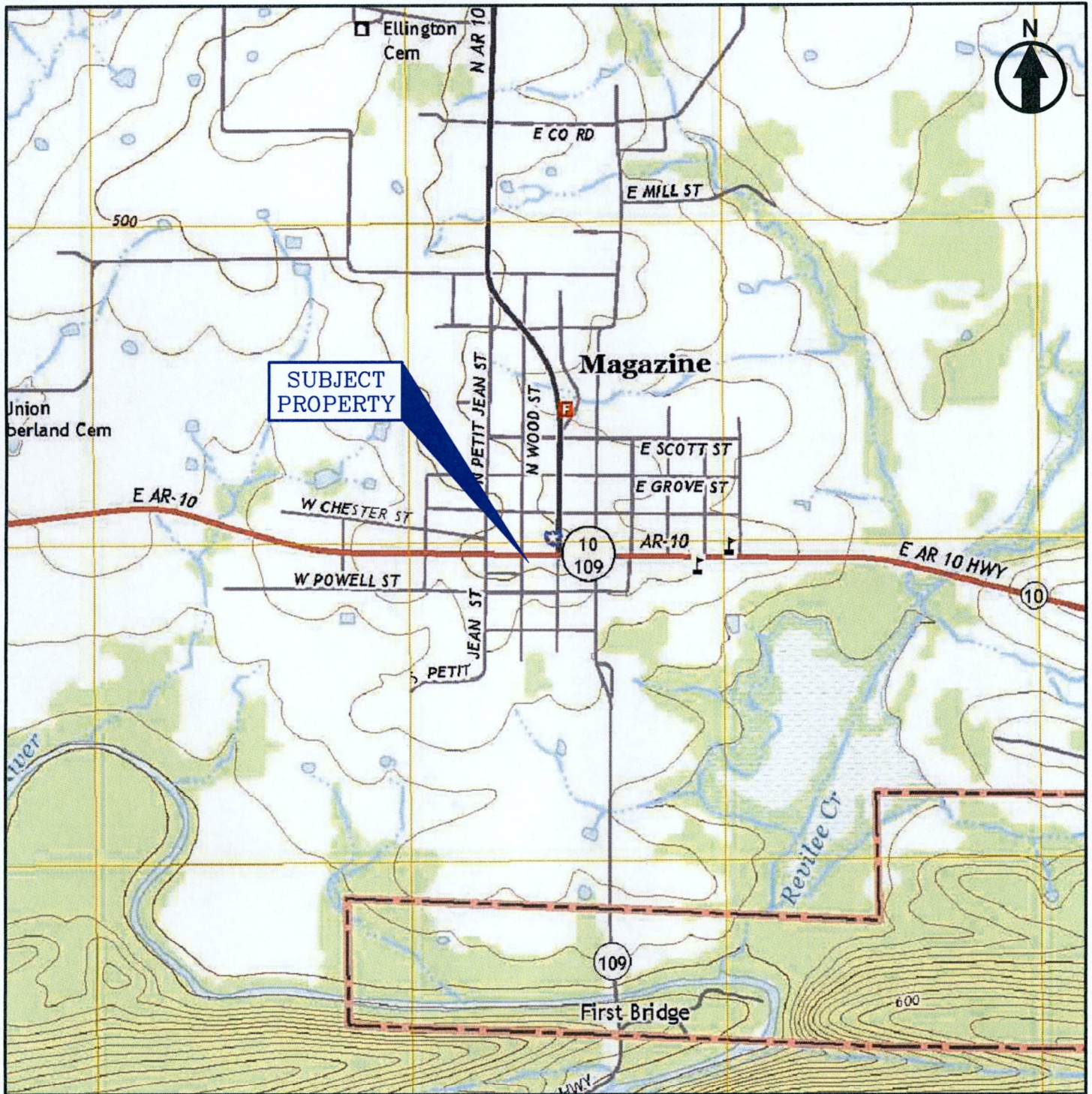


FIGURE NO. 1
 TOPOGRAPHIC MAP TAKEN FROM MAGAZINE QUADRANGLE MAP DATED 2014

CORRECTIVE ACTION PLAN
 DO DROP IN
 434 W. PRIDDY ST.
 MAGAZINE, ARKANSAS 72943



CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES
 3512 South Shackleford Road
 Little Rock, Arkansas 72205
 (501) 221-7122 fax (501) 221-7775

SUBMITTED:	G. WELLS
DRAWN:	A. GERTSCH
CHECKED:	G. WELLS
DATE:	APRIL 20, 2017

SCALE:

 0 1500'

JOB NUMBER:
 ALVI-10035

FILE: ALVI-10035 CAP.DWG



CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES
 3512 South Shackleford Road
 Little Rock, Arkansas 72205
 (501) 221-7122 fax (501) 221-7775

SUBMITTED: G. WELLS
 DRAWN: A. GERTSCH
 CHECKED: G. WELLS
 DATE: JUNE 2, 2017

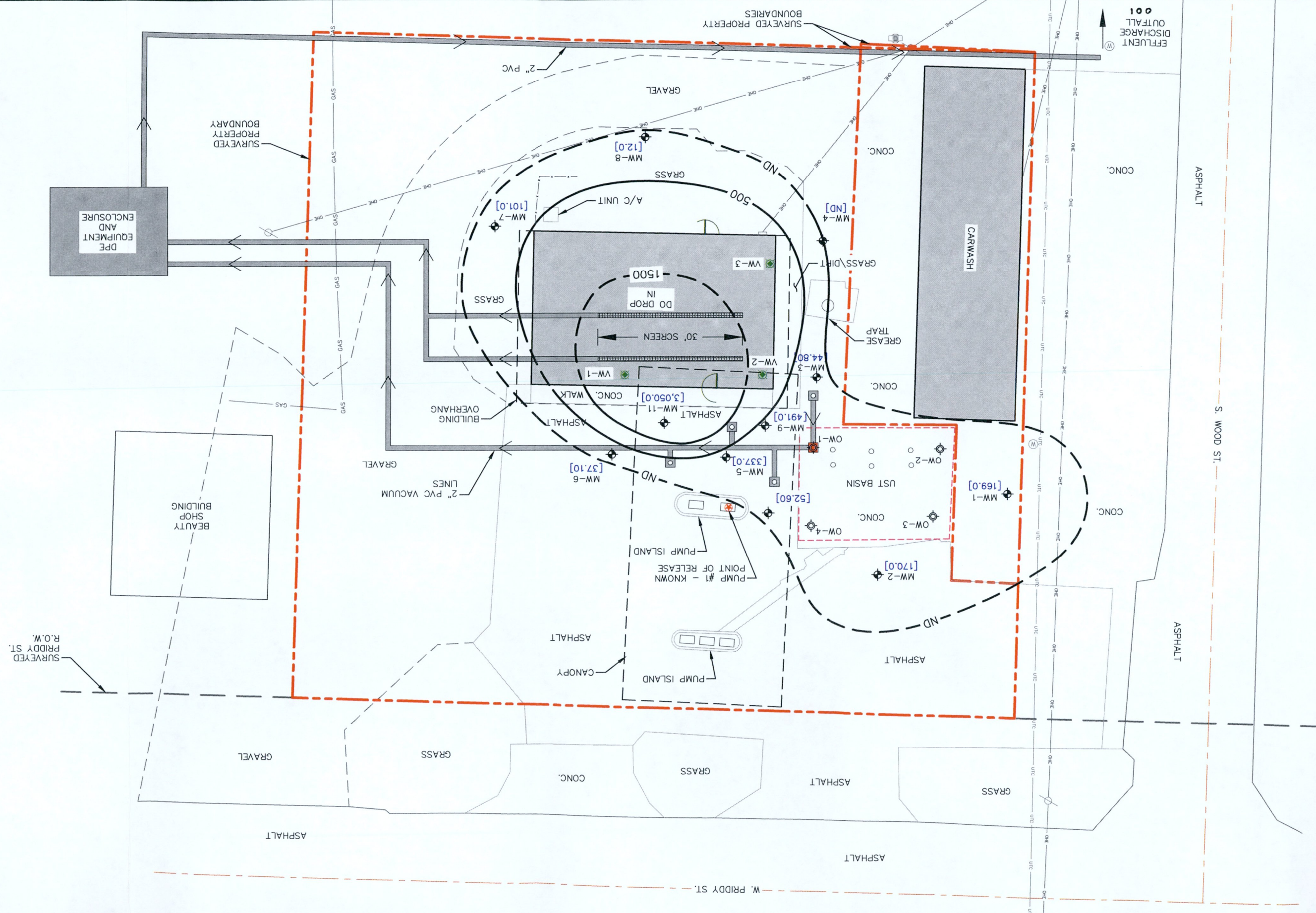
SCALE: 1" = 20'

CORRECTIVE ACTION PLAN
 DO DROP IN
 434 W. PRIDDY ST.
 MAGAZINE, ARKANSAS 72943

SITE PLAN WITH PROPOSED REMEDIAL DESIGN

JOB NUMBER: ATVI-10035
 DRAWING NO.: 1

- LEGEND**
- TPH-GRO SOIL CONCENTRATION CONTOURS (INFERRED WHERE DASHED)
 - TPH-GRO SOIL CONCENTRATION [3.050.0] (mg/kg) 9/09/15 & 3/15/16
 - NON-DETECT, BELOW METHOD DETECTION LIMITS [ND]
 - EXISTING MONITORING WELL MW-#
 - PROPOSED DPE RECOVERY WELL
 - CONVERTED TANK BASIN
 - OBSERVATION WELL
 - VAPOR MONITORING WELL VM-#
 - OBSERVATION WELL OW-#
 - POINT OF RELEASE
 - PROPERTY BOUNDARY
 - FENCE
 - DOOR AND SWING ARC
 - OVD POWER LINE
 - POWER POLE
 - TELEPHONE PEDESTAL
 - GAS LINE
 - GAS METER
 - WATER METER



ORIGIN ID:FYVA (479) 750-7131
ERIN PHELPS
POLLUTION MANAGEMENT, INC.
17476 EAST HIGHWAY 412

SPRINGDALE, AR 72764
UNITED STATES US

SHIP DATE: 14JUN17
ACTWGT: 1.00 LB
CAD: 8566642/INET3850

BILL SENDER

TO

ADEQ-WATER DIVISION
5301 NORTSHORE DR

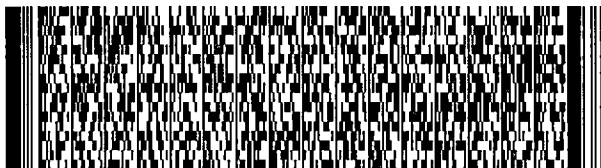
NORTH LITTLE ROCK AR 72118

(501) 683-5697

REF: ALVI10035

INV:
PO:

DEPT:



FedEx
Express



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546.11/AS0263C1

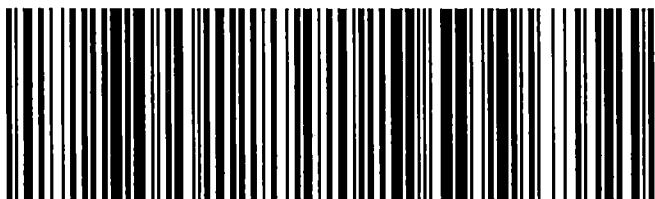
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** 2DAY **

TRK# 7793 9890 7135
0201

SA LITA

72118
AR-US LIT



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