

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): Farmers Cooperative Association Operator Type:  
Permittee Mailing Address: 2105 Industrial Park Road  State  Partnership  
Permittee City: Van Buren  Federal  Corporation\*  
Permittee State: AR Zip: 72956  Sole Proprietorship/Private  
Permittee Telephone Number: (479) 474-6622 \*State of Incorporation: Arkansas  
Permittee Fax Number: (479) 474-4787 The legal name of the Permittee must be  
Permittee E-mail Address: jayc@farmercoop.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: Farmers Cooperative Facility Contact Person: Jay Carter  
Facility Address: 2005 Industrial Park Road Telephone Number: (479) 474-6622  
Driving Directions to Facility: NE Corner of Industrial Park Road and South Co-op Drive  
Facility County: Crawford Facility City, State & Zip: Van Buren, AR 72957  
Facility Latitude: 35 Deg Min 25' Sec 28.59" Facility Longitude: -94 Deg 20' Min 17.48" Sec W  
Accuracy: +/-30.48m Method: unkn Datum: NAD83 Scale: 1:63000 Description: Bldg. Ctr.  
Facility SIC Code: 5191 Facility NAICS: 424910

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.adeq.state.ar.us](http://www.adeq.state.ar.us)  
Revised 6/2/2015

Outfall Number: 001 Estimated Flow: 0.004 MGD (Million Gallons per Day)  
Outfall Description: Open storm water drainage ditch along northwest tier of store site.  
Stream Segment: 3H Hydrologic Basin Code: 11110201  
Outfall Latitude: 35 Deg 25' Min 30.85" Sec Outfall Longitude: -94 Deg 20' Min 17.73" Sec  
Accuracy: +/-30.48m Method: unkn Datum: WGS84 Scale: 1:63000 Description: Open ditch  
Receiving Stream: Town Branch Creek to 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: 17000055

**VII. OTHER INFORMATION:**

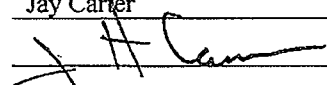
Additional Location Description: \_\_\_\_\_  
Type of Treatment System: Dual-Phase Extraction system with air-stripping & activated Carbon filtration  
Additional Comments: \_\_\_\_\_  
Consultant Contact Name: Greg Wells  
Consultant Email Address: gwells@pmico.com  
Consultant Address: 3512 S. Little City: Rock State: AR Zip: 72205  
Consultant Phone Number: (501) 221-7122 Consultant Fax Number: (501) 221-7775

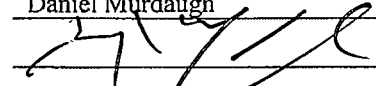
WATER DIVISION  
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

Revised 6/2/2015

**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 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: Jay Carter Title: CEO  
 Responsible Official Signature:  Date: 8/25/2018  
 Responsible Official Email: jayc@farmercoop.com

Cognizant Official Printed Name: Daniel Murdaugh Title: Senior Project Mgr.  
 Cognizant Official Signature:  Telephone: (501) 221-7122  
 Cognizant Official Email: dmurdaugh@pmieo.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"/>	New Permittees Only Check Number: <u>80935</u>
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>010616, 010669</u>		

WATER DIVISION  
 5301 NORTSHORE 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 6/2/2015



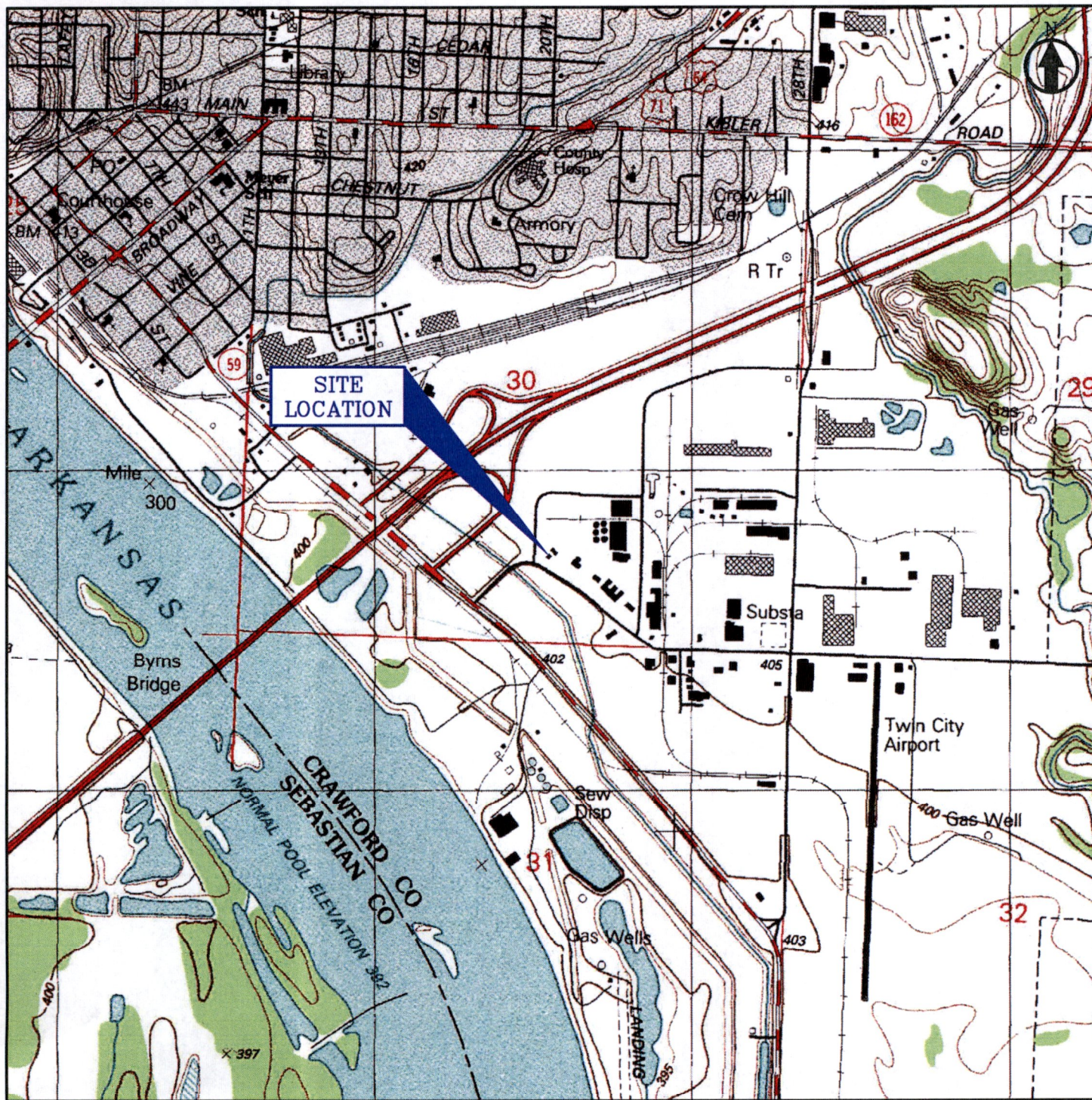


FIGURE NO. 1  
 TOPOGRAPHIC MAP TAKEN FROM VAN BUREN QUADRANGLE MAP

CORRECTIVE ACTION PLAN  
 VAN BUREN FARMERS COOPERATIVE  
 2005 INDUSTRIAL PARK ROAD  
 VAN BUREN, ARKANSAS



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

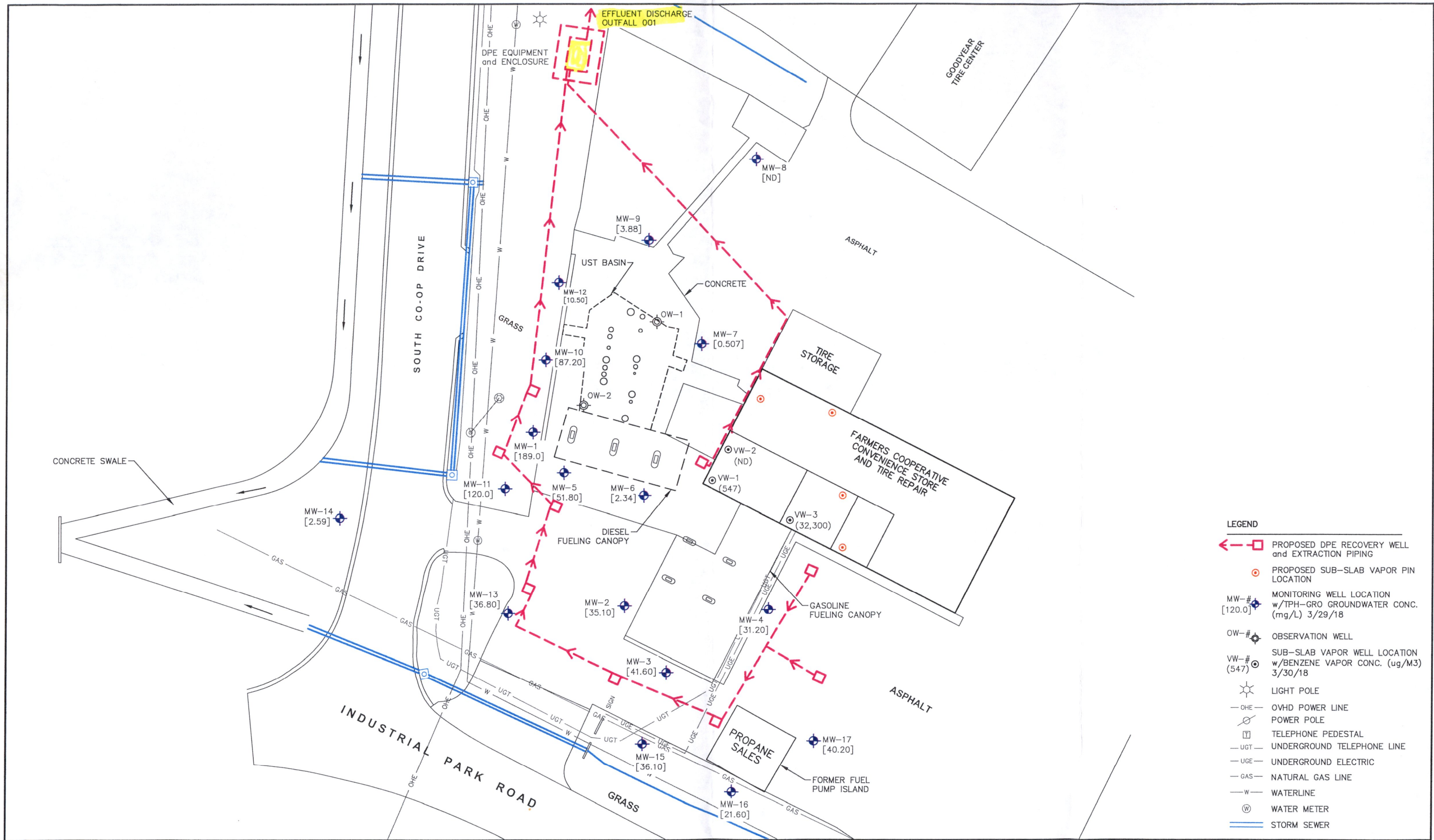
SUBMITTED:	G. WELLS
DRAWN:	D. LLOYD
CHECKED:	G. WELLS
DATE:	AUG. 23, 2018

SCALE:  
 0 1500'

JOB NUMBER:  
 FRMC-10607

FILE: FRMC-10607 CAP.DWG

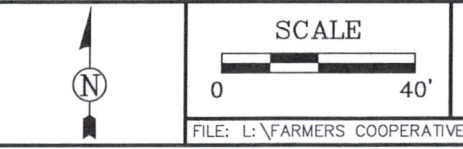




- LEGEND**
- PROPOSED DPE RECOVERY WELL and EXTRACTION PIPING
  - PROPOSED SUB-SLAB VAPOR PIN LOCATION
  - MW-# [CONC.] MONITORING WELL LOCATION w/TPH-GRO GROUNDWATER CONC. (mg/L) 3/29/18
  - OW-# OBSERVATION WELL
  - VW-# [CONC.] SUB-SLAB VAPOR WELL LOCATION w/BENZENE VAPOR CONC. (ug/M3) 3/30/18
  - LIGHT POLE
  - OHE — OVHD POWER LINE
  - POWER POLE
  - TELEPHONE PEDESTAL
  - UGT — UNDERGROUND TELEPHONE LINE
  - UGE — UNDERGROUND ELECTRIC
  - GAS — NATURAL GAS LINE
  - W — WATERLINE
  - WATER METER
  - STORM SEWER

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

SUBMITTED: G. WELLS  
 DRAWN: D. LLOYD  
 CHECKED: G. WELLS  
 DATE: AUG 23, 2018



**CORRECTIVE ACTION PLAN**  
 VAN BUREN FARMERS COOPERATIVE  
 2005 INDUSTRIAL PARK ROAD  
 VAN BUREN, ARKANSAS  
 FACILITY ID# 17000055 LUST CASE# 17-0062

**GENERAL SITE PLAN**  
 with PROPOSED REMEDIAL DESIGN

JOB NUMBER  
 FRMC-10607  
 DRAWING NO.:  
 2

FILE: L:\FARMERS COOPERATIVE\FRMC-10607 - ENVIRONMENTAL SERVICES - VAN BUREN\WPS & REPORTS\CORRECTIVE ACTION PLAN 8-2018\DRAWINGS\FRMC-10607 CAP.DWG



## Search Incorporations, Cooperatives, Banks and Insurance Companies

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

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

Corporation Name	FARMERS COOPERATIVE ASSOCIATION
Fictitious Names	NOAH'S PET & WILD BIRD SOUTHWEST OUTDOOR CENTER
Filing #	100018776
Filing Type	Cooperative
Filed under Act	Dom Agricultural Co-op; 153 of 1939
Status	Good Standing
Principal Address	2105 INDUSTRIAL PARK ROAD VAN BUREN, AR 72956
Reg. Agent	JAY CARTER
Agent Address	2105 INDUSTRIAL PARK ROAD VAN BUREN, AR 72957
Date Filed	06/15/1948
Officers	SEE FILE, Incorporator/Organizer JACK GROTE , Contact Person
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

**[Pay Franchise Tax for this corporation](#)**

**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)**

Farmers Cooperative Association

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

2105 Industrial Park Road

**3. CITY, STATE, AND ZIPCODE:**

Van Buren, AR 72956

**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. Programs:**

Air  Water  Hazardous Waste  Regulated Storage Tank  Mining  Solid Waste  Used Tire Program

**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 under permit #17000055 & #ARR0013623

**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.)**

[Empty box for listing legal actions]

**\* 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: Jay Carter TITLE: CEO

STREET: 2105 Industrial Park Road

CITY, STATE, ZIP: Van Buren, AR 72956

NAME: Jack Grote TITLE: COO

STREET: Same

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

NAME: Steven Keady TITLE: CFO

STREET: Same

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

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Allen Moore TITLE: Board Director

STREET: Same

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

NAME: Chad Komp TITLE: Board Director

STREET: Same

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

NAME: John Dillard TITLE: Board Director

STREET: Same

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: Buddy Moran TITLE: Station Manager

STREET: Same

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

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

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

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

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

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

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

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: Johnny Baker TITLE: Board Director

STREET: Same

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

NAME: Cody Flynn TITLE: Board Director

STREET: Same

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

NAME: Stephanie Brister TITLE: Board Director

STREET: Same

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 law 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.

EPA, Oklahoma DEQ

**18. VERIFICATION AND ACKNOWLEDGEMENT**

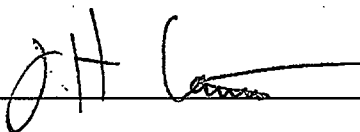
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of 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, JH Carter, 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: \_\_\_\_\_



TITLE: CEO

DATE: 8/23/2018

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

SPRINGDALE, AR 72764  
UNITED STATES US

SHIP DATE: 27AUG18  
ACTWGT: 2.00 LB  
CAD: 8566642/INET4040

BILL SENDER

TO NPDES  
ADEQ - WATER DIVISION  
5301 NORTHSORE DR

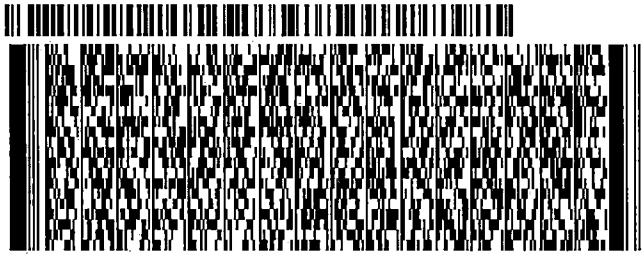
NORTH LITTLE ROCK AR 72118

(501) 683-5697  
INV:  
PO:

REF: FRMC 10607

DEPT:

552J116309JDC45

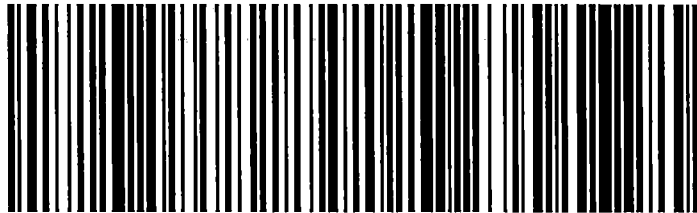


TUE - 28 AUG 3:00P  
STANDARD OVERNIGHT

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X2 LITA

72118  
AR-US LIT



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