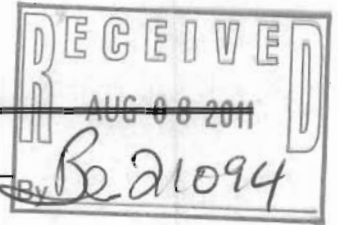


AMNWD

NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000



Application Type: New [X] Renewal [ ] Permit No. ARR00\_

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name)\*: Drew Foam Companies, Inc.
Permittee Mailing Address: 1093 Hwy 278 East
Permittee City: Monticello
Permittee State: AR Zip: 71655
Permittee Telephone Number: (800) 643-1206
Permittee Fax Number: (870) 367-2697
Permittee E-mail Address: smcclendon@drewfoam.com
Operator Type: [ ] STATE [ ] PARTNERSHIP [ ] FEDERAL [X] CORPORATION\*\* [ ] SOLE PROPRIETORSHIP [ ] PUBLIC [ ] OTHER:
\*\*State of Incorporation: AR

\* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (if different from facility mailing address)

Invoice Contact Person: N/A City: N/A
Invoice Mailing Company: N/A State: N/A Zip: N/A
Invoice Mailing Address: N/A Telephone: N/A

III. FACILITY INFORMATION

Facility Name (if different from Permittee): Drew Foam Companies, Inc.
Facility Physical Address: 1093 Hwy 278 East Contact Person: Susan McClendon
Facility County: Drew Contact Title: Chief Financial Officer
Facility City: Monticello Zip: 71655 Telephone Number: (870) 460-4936
Directions to the Facility: I-30 south to I-530 south to Pine Bluff, Hwy 63 south to Hwy 54 east to Star city, South on hwy 425 to Monticello, 278 east the facility is on the left. Fax Number (870) 367-1564
AFIN (if known): 22-00046 Email Address: smcclendon@drewfoam.com

Is mailing address different from facility address? [ ] Yes [X] No If yes, provide mailing address in the space provided.

Mailing Address: N/A
City: N/A State: N/A Zip: N/A

Type of Business: Polystyrene Foam Product Manufacturing Facility SIC Code(s): 3086 NAICS Code (s): 326140

Description of Major Process(es) at Facility:

EPS bead expansion and molding, billet cutting and shaping, regrinding, laminating, product surface coating, packaging, shipping

List of Chemicals Used in the Process: High and low pentane content polystyrene beads, adhesive, stucco

Facility Latitude: \* 33 degrees 37 minutes 41.69 seconds

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Facility Longitude: \* 91 degrees 46 minutes 9.72 seconds

\* Facility coordinates should be taken at the entrance to the facility.

**IV. OUTFALL INFORMATION**

Outfall number should be assigned sequentially to stormwater discharge locations if the facility has more than one outfall. (i.e. 001, 002, etc.) These should coincide with the Outfall locations on the site map for the facility.

Outfall: 001

Outfall Latitude: 33 degrees 37 minutes 44.34 seconds

Outfall Longitude: 91 degrees 46 minutes 08.41 seconds

Receiving Stream: Godfrey Creek, which flows to the northeast to Lower Cutoff Creek, then east to Cutoff Creek, thence Bayou Bartholomew

Outfall: 002

Outfall Latitude: 33 degrees 37 minutes 54.43 seconds

Outfall Longitude: 91 degrees 46 minutes 12.42 seconds

Receiving Stream: Godfrey Creek, which flows to the northeast to Lower Cutoff Creek, thence east to Cutoff Creek, thence Bayou Bartholomew

**Similar Outfalls:** Please indicate any similar outfall numbers that the facility may have in accordance to Part 3.7.1.

001/002 and 003/004

Pages may be added for additional outfalls.

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**V. DISCHARGE INFORMATION**

Is this a new discharge?  Yes  No If yes, date coverage desired: N/A

Does the facility have a stormwater pollution prevention plan?  Yes  No

For existing dischargers, date SWPPP was last updated? \_\_\_\_\_

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**VI. FACILITY PERMIT INFORMATION**

List any additional permits from the Water Division that the facility may have coverage under.

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

No Discharge Permit Number (If Applicable): \_\_\_\_\_

List any permits the facility has from another division within ADEQ: 2132-AOP-R0

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**VII. CONSULTANT INFORMATION (If applicable)**

Consultant Company: ECCI

Consultant Contact Name: Pennye L. Bray

**NOTICE OF INTENT (NOI)  
FOR DISCHARGERS OF STORMWATER RUNOFF  
ASSOCIATED WITH INDUSTRIAL ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

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Consultant Email Address: pbray@ecci.com  
Consultant Address: 13000 City: Little Rock State: AR Zip: 72223  
Consultant Phone Number: (501) 975-8100 Consultant Fax Number: (501) 975-6789

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**VIII. CERTIFICATION OF OPERATOR**

(This statement must be completed for all applicants requesting coverage under the ARR000000. The Certification must be initialed and signed.)

\_\_\_\_\_ "I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above."

sm "I certify that a stormwater pollution prevention plan has been developed in accordance with Part 4 of the general permit.

\_\_\_\_\_ "I certify that the cognizant official designated in Part IX of this Notice of Intent 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 only signed 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 who manage the system, or those persons directly responsible for gathering 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 known violations."

Responsible Official Printed Name: Susan McClendon Title: Chief Financial Officer  
Responsible Official Signature: Susan McClendon Date: 8-1-11

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**IX. COGNIZANT OFFICIAL**

Cognizant Official Printed Name: Susan McClendon Title: Chief Financial Officer  
Cognizant Official Signature: Susan McClendon Telephone: (870) 460-4936  
Cognizant Official E-mail: smcclendon@drewfoam.com

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**X. PERMIT REQUIREMENT VERIFICATION**

Please check the following to verify completion of permit requirements.

	Yes	No
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee? (New Discharger Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Check Number: \_\_\_\_\_

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Additional Outfall Information:

Outfall: 003

Outfall Latitude: 33 degrees 37 minutes 53.95 seconds

Outfall Longitude: 91 degrees 46 minutes 01.12 seconds

Receiving Stream: Godfrey Creek, which flows to the northeast to Lower Cutoff Creek, thence east to Cutoff Creek, thence Bayou Bartholomew

Outfall: 004

Outfall Latitude: 33 degrees 37 minutes 43.09 seconds

Outfall Longitude: 91 degrees 46 minutes 01.52 seconds

Receiving Stream: Godfrey Creek, which flows to the northeast to Lower Cutoff Creek, thence east to Cutoff Creek, thence Bayou Bartholomew



**Engineering, Compliance & Construction, Inc.**

13000 Cantrell Road • Little Rock, Arkansas 72223 • Phone 501.975.8100 • Fax 501.975-6789 • www.ecci.com

July 14, 2011

Mr. Mo Shafii, Permits Section Chief  
Arkansas Department of Environmental Quality  
Water Division, NPDES Permits Section  
5301 Northshore Drive  
North Little Rock, AR 72118

RE: Drew Foam Companies, Inc.

Dear Mr. Shafii,

Enclosed you will find a Notice of Intent (NOI), Stormwater Pollution Prevention Plan and permit fee for coverage under the Arkansas Industrial General Stormwater Permit (AR000000) for the Drew Foam Companies, Inc. facility in Monticello, Arkansas.

I trust that you will find everything in order. If you have any questions you may contact me at (501) 975-8100 or you may contact Ms. Susan McClendon, at Drew Foam Companies, Inc. at (870) 460-4936.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roy L. Gentry, III', with a horizontal line and a small 'M' or similar mark to the right.

Roy L. "Trip" Gentry, III  
ECCI Senior Project Manager

Cc: Susan McClendon, Drew Foam Company

C6702

**SUSAN MCCLENDON**

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**From:** Yarberry, Katherine [YARBERRYK@adeq.state.ar.us]  
**Sent:** Monday, August 08, 2011 4:00 PM  
**To:** SUSAN MCCLENDON  
**Subject:** FW: ARR000817 Drew Foam Companies, Inc.  
**Attachments:** ARR000817 NOI p5 20110808.pdf

Ms. McClendon—

I mistyped your email on the CC for the previous send-out. My apologies.

Thanks,

Katherine Yarberry, EI  
501-682-0627

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**From:** Yarberry, Katherine  
**Sent:** Monday, August 08, 2011 3:58 PM  
**To:** Pennye Derryberry (pbray@eccci.com)  
**Cc:** 'smclendon@drewfoam.com'  
**Subject:** ARR000817 Drew Foam Companies, Inc.

Ms. Bray—

The Department is in receipt of the Notice of Intent (NOI) and Stormwater Pollution Prevention Plan (SWPPP) for the above-referenced facility.

The fee for the permit application was not received by General Permits. If a check was sent with the application, please provide the check number, name appearing on the check, and any other identifying details.

The NOI was not initialed in all required places of section VIII. Certification of Operator. Please have Ms. McClendon initial the 1<sup>st</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> statements. I have included a scan of this page of the NOI in order to ease this process.

The SWPPP is considered complete.

If you have any questions, please call or email me.

Thanks,

Katherine Yarberry, EI  
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Engineer, General Permits  
Water Division, ADEQ  
501-682-0627