

ALSL

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

29718 KB

Application Type: New [ ] Previously Covered [X] Permit No. ARR00\_ARR00B007\_

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name)\*: Alliance Rubber Company
Permittee Mailing Address: P.O. Box 20950
Permittee City: Hot Springs
Permittee State: AR Zip: 71903
Permittee Telephone Number: (501) 262-2700
Permittee Fax Number: (501) 262-8192
Permittee E-mail Address: thamilton@alliance-rubber.com
Operator Type: [ ] STATE [ ] PARTNERSHIP [ ] FEDERAL [X] CORPORATION\*\* [ ] SOLE PROPRIETORSHIP [ ] PUBLIC [ ] OTHER: \*\*State of Incorporation:

\* 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: Trevor Hamilton City: Hot Springs
Invoice Mailing Company: Alliance Rubber Company State: AR Zip: 71903
Invoice Mailing Address: P.O. Box 20950 Telephone: (501) 262-8175

III. FACILITY INFORMATION

Facility Name (if different from Permittee): Alliance Rubber Company
Facility Physical Address: 210 Carpenter Dam Road Contact Person: Trevor Hamilton
Facility County: Garland Contact Title: Assistant Plant Manager
Facility City: Hot Springs Zip: Off MLKJ Blvd. Expressway to Carpenter Telephone Number: (501) 262-8175
Directions to the Facility: Dam Rd. Fax Number: (501) 262-8192
AFIN (if known): 26-00039 Email Address: thamilton@alliance-rubber.com

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

Mailing Address: P.O. Box 20950
City: Hot Springs State: AR Zip: 71903

Type of Business: Manufacturing Facility SIC Code(s): 3061 NAICS Code (s): 326291 Industrial Sector: \*\*\* Y

\*\*\* Please see Part 1.5 of ARR000000 for a complete listing of Industrial Sectors. The facility may operate under the above chosen sector unless otherwise notified by the Department.

Description of Major Process(es) at Facility:

Indoor manufacturing of rubber bands using natural and synthetic materials.

Facility Latitude: \* 34 degrees 28 minutes 12.6582 seconds

Facility Longitude: \* -93 degrees 1 minutes 14.466 seconds

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

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**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. Pages may be added for additional outfalls.

Outfall: 001

Outfall Latitude: 34 degrees 28 minutes 2.8668 seconds

Outfall Longitude: -93 degrees 1 minutes 14.9586 seconds

Receiving Stream: \_\_\_\_\_

Outfall: \_\_\_\_\_

Outfall Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Outfall Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Receiving Stream: \_\_\_\_\_

**Similar Outfalls:** Please indicate any similar outfall numbers that the facility may have in accordance with Part 3.8.1 and which outfall(s) will be sampled.

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Please note that discharges subject to an Effluent Limitations Guideline listed in Part 1.4.3 are not eligible for similar outfalls.

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**V. 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: 1453-AR-3

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

Consultant Company: Felton Environmental Services, Inc.

Consultant Contact Name: James Felton

Consultant Email Address: feltonenv@gmail.com

Consultant Address: 679 Whippoorwill Road City: Story State: AR Zip: 71970

Consultant Phone Number: (870) 490-0098 Consultant Fax Number: \_\_\_\_\_

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**VII. CERTIFICATION OF OPERATOR**

This statement must be completed for all applicants requesting coverage under the ARR000000.

"I certify that, if this facility is a corporation, it is registered and in good standing with the Arkansas Secretary of State."

"I certify that the cognizant official designated in Part VIII 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: BRAUDON HUGHES Title: VICE PRESIDENT  
Responsible Official Signature: Braudon Hughes Date: 10/10/14

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**VIII. COGNIZANT OFFICIAL**

Cognizant Official Printed Name: Treyor Hamilton Title: Assistant Plant Manager  
Cognizant Official Signature: Treyor K. Hamilton Telephone: (501) 262-2700  
Cognizant Official E-mail: thamilton@alliance-rubber.com

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**IX. 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 SWPPP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

# Industrial Stormwater Permit Route Sheet

Facility Name: Alliance Rubber Company			
Permit Number: ARROO B007		AFIN NO.: 26-00039	
No Exposure Exclusion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional Parameters <input checked="" type="checkbox"/>	Industrial Sector: XL
Stream Segment: JF	Nearest Receiving Water: unnamed mt to Oklahoma River		HUC: 8040101
SoS Check <input checked="" type="checkbox"/>	303(d) list <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Google Earth coord to puckett@adeq.state.ar.us <input type="checkbox"/>	
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	LB	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	JT	12-30-14
AA (Max of 5 business days)	AFIN request (1-day)	KA	
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JTB	12/30
	Complete Invoice Request Form and submit Invoice Request (same day)	JTB	12/30
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JTB	12/30
Engineer	Review/organize folder for scanning (1-day)	JT	12-30-14
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)	O	12/30
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)		
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	JTB	1/5
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report, due every Tuesday by 2:00 P.M.	KB	1/5

9:37am 10-16-14 emailed James Felton about permit fee & SWPPP  
 12:38pm 11-3-14 emailed James Felton about permit fee & SWPPP.

**REMARKS:**

11:08am 11-26-14 emailed James Felton about SWPPP  
 12:29pm 12-8-14 emailed James Felton about signatures