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By 26726KB

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623

NOTICE OF INTENT
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000

Application Type: New Renewal (Permit Tracking Number ARR(____))

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): El Dorado Chemical Company
Permittee Mailing Address: P.O. Box 231
Permittee City: El Dorado
Permittee State: AR Zip: 71730
Permittee Telephone Number: 870-863-1400
Permittee Fax Number: 870-863-8183
Permittee E-mail Address: gwithrow@edc-ark.com

Operator Type:
 STATE PARTNERSHIP
 FEDERAL CORPORATION*
 SOLE PROPRIETORSHIP
 PUBLIC OTHER

*State of Incorporation: OK

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

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Kyle Wimsett
Invoice Mailing Company: El Dorado Chemical Company
Invoice Mailing Address: P.O. Box 231

City: El Dorado
State: AR Zip: 71730
Telephone: 870-863-1400

III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION

1 acre = 43,560 square feet

Project Name: El Dorado Chemical Company
Project County: Union
Directions to the Project: Approximately one mile
West of Hwy 7 on North West Avenue
Project Estimated Start Date: August 2013
Project Estimated End Date: August 2016

Contact Person: Kyle Wimsett
Project Physical Address: 4500 North West Avenue
Project City: El Dorado Zip: 71730
Telephone Number: 870-863-1484
Total amount of soil to be disturbed (estimate to nearest 1/2 acre): 11
Total Project Acreage (Estimate to nearest 1/2 acre): 11

Project Latitude: 33 degrees 15 minutes 49.91 seconds
Project Longitude: -92 degrees 41 minutes 5.29 seconds

Type of Project: Subdivision School Other: Facility Improvements

Is the Project part of a larger common plan of development or sale? Yes No

Linear Project Starting Coordinates (if applicable): Linear Project Ending Coordinates (if applicable):
Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ " Latitude: ___ ° ___ ' ___ " Longitude: ___ ° ___ ' ___ "

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IV. DISCHARGE INFORMATION

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Unnamed tributaries of Flat Creek, then to Flat Creek, then to Haynes Creek, then to Smackover Creek, and then to the Ouachita River.

Choose Your Ultimate Receiving Stream: Red River Ouachita River Arkansas River
White River St. Francis River Mississippi River

Name of Receiving Municipal Storm Sewer System (If applicable): N/A

V. FACILITY/SITE PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR0000752

NPDES General Permit Number (If Applicable): ARG

NPDES General Industrial Stormwater Permit Number (If Applicable): ARR00

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

VI. OTHER INFORMATION:

Location of SWPPP on the
Construction Site:

Environmental Department

Consultant Company:

GBMc & Associates

Consultant Contact Name:

Amanda Gallagher

Consultant Email Address:

agallagher@gbmcassoc.com

Consultant Address:

219 Brown Lane

City: Bryant

State: AR

Zip: 72022

Consultant Phone Number:

501-847-7077

Consultant Fax

Number:

501-847-7943

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VII. CERTIFICATION OF OPERATOR

How (Initial) "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."

How (Initial) "I certify that as a whole the stormwater discharge(s), and the construction and implementation of Best Management Practices (BMP's) to control stormwater runoff, are not likely to adversely affect species of critical habitat for a listed species."

How (Initial) "I certify that a stormwater pollution prevention plan has been prepared for this facility in accordance with Part II.A of this permit, which provides for, or will provide for, compliance with local sediment and erosion plans, local stormwater permits or stormwater management plans, in accordance with Part II.A.4.c of this permit."

How (Initial) "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 signed by the applicant"

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure 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 fine and imprisonment for knowing violations."

Responsible Official Printed Name: Greg Withrow

Title: General Manager

Responsible Official Signature: Greg Withrow

Date: 8/12/13

VIII. COGNIZANT OFFICIAL

Cognizant Official Printed Name: Kyle Wimsett

Title: Environmental, Health, and Safety Manager

Cognizant Official Signature: Kyle Wimsett

Telephone: 870-310-8189
870-863-1484

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 Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check Number: _____		
Complete SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* If you answer No to any of the above questions, then a permit can not be issued!

Construction Stormwater Permit Route Sheet

HUC: 8040201

Facility Name		El Dorado Chemical Company	
Permit Number		ARR154223	AFIN NO.* 70-00040
Stream Segment:	2D	Receiving Stream:	unnamed tributary of Flat Creek
SoS Check <input checked="" type="checkbox"/>	303(d) list <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Google Earth coord to pucket@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)	KB	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	SC	8/19
AA (Max of 5 business days)	AFIN request (1-day)	N/A	
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JPS	8/20/13
	Complete Invoice Request Form and submit Invoice Request (same day)	JPS	8/20
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JPS	8/20
Engineer	Review/organize folder for scanning (1-day)	SC	8/20
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)		
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)	JM	8/22
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	8-22-13

REMARKS: _____