



April 9, 2014

Mr. Jamal Solaimanian, PE, Ph.D.
General Permit Section Supervisor
Arkansas Department of Environmental Quality
Discharge Permits Section
5301 Northshore Drive
North Little Rock, AR 72118

RE: Dassault Falcon 14-Bay Hangar Project
AFIN 60-00617
FTN No. R05284-0246-001

Dear Mr. Solaimanian:

Please find attached a Notice of Intent for coverage under the NPDES General Stormwater Permit for Construction Activities, a Storm Water Pollution Prevention Plan, and a \$200.00 check for the associated permit coverage fee for the above referenced project. A CD-ROM containing digital versions of each document in PDF format is included.

If you have any questions or require any further information regarding this submittal, please call me or Roger Dodds, PE, at (501) 225-7779.

Respectfully submitted,
FTN ASSOCIATES, LTD.

Jason J Ghidotti
Jason J Ghidotti, PE
Project Manager

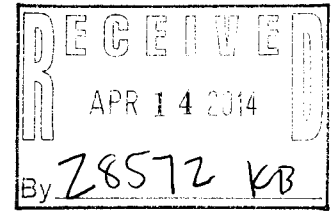
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JJG/jjg

Attachments

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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): Falcon Jet Corporation (Dassault) Operator Type:
Permittee Mailing Address: PO Box 967 STATE PARTNERSHIP
Permittee City: Little Rock FEDERAL CORPORATION*
Permittee State: AR Zip: 72203 SOLE PROPRIETORSHIP
Permittee Telephone Number: 501-372-5254 PUBLIC OTHER
Permittee Fax Number 501-210-0478
Permittee E-mail Address James.McManners@falconjet.com *State of Incorporation: DE

* 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: James McManners City: Little Rock
Invoice Mailing Company: Dassault Falcon Jet Corporation State: AR Zip: 72203
Invoice Mailing Address: PO Box 967 Telephone: 501-301-2242

III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION

1 acre = 43,560 square feet

Project Name: 14-Bay Hangar Contact Person: James McManners
Project County: Pulaski Project Physical Address: 3801 East 10th St.
Directions to the Project: East 6th Street to facility Project City: Little Rock Zip: 72202
entrance near East 9th Street. Telephone Number: 501-301-2242
Project Estimated Total amount of soil to be disturbed
Start Date: 04/28/2014 (estimate to nearest 1/2 acre): 23
Project Estimated Total Project Acreage
End Date: 12/31/2015 (Estimate to nearest 1/2 acre): 130
Project Latitude: 34 degrees 44 minutes 12 seconds
Project Longitude: 92 degrees 14 minutes 01 seconds
Type of Project: Subdivision School Other: Aircraft Finishing Facility
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):
Onsite drainage, thence to the Little Rock Public Works drainage system, thence to a nearby levee pump station to the
Arkansas 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): City of Little Rock

V. FACILITY/SITE PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00

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: Primary construction entrance
Consultant Company: FTN Associates, Ltd.
Consultant Contact Name: Jason J Ghidotti, PE
Consultant Email Address: jgg@ftn-assoc.com
Consultant Address: 3 Innwood Circle,
Suite 220 City: Little Rock State: AR Zip: 72211
Consultant Phone Number: 501-225-7779 Consultant Fax Number: 501-225-6738

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VII. CERTIFICATION OF OPERATOR

- AP* (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."
- AP* (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."
- AP* (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."
- AP* (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: Luis A. Planas Title: V.P. Quality of Env. Systems
Responsible Official Signature: *Luis A. Planas* Date: 4-8-14

VIII. COGNIZANT OFFICIAL

Cognizant Official Printed Name: James McManners Title: Facilities Engineer
Cognizant Official Signature: *J. McManners* Telephone: 501-301-2242

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

111 0207

Facility Name		1A Bay Hangar	
Permit Number		ARR15 4430	AFIN NO.* 160-00617
Stream Segment:	3C	Receiving Stream:	ARKANSAS RIVER
SoS Check <input checked="" type="checkbox"/>	303(d) list <input type="checkbox"/> Yes <input checked="" 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	5/16
AA (Max of 5 business days)	AFIN request (1-day)	na	
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JTB	5/19
	Complete Invoice Request Form and submit Invoice Request (same day)	JTB	5/19
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JTB	5/19
Engineer	Review/organize folder for scanning (1-day)	SC	5/19
Engineer Supervisor	Review all the documents/permits/performs technical review for the proposed project. (1-day)	Q	5/19
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	5/19
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	5-21

Send email for SWPPP corrections & DESS - 4/22
Received

REMARKS: _____