## Recertification Notice of Intent (NOI) NPDES General Permit for Water Treatment Facilities ARG640000

You must complete and certify this Recertification Notice of Intent (NOI) form and return it to the Department, with an updated disclosure statement, in order to continue permit coverage under the General Permit ARG250000. You must submit this form no later than October 31, 2017. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG250008

AFIN: 72-01928

Permittee Name: Zero Mountain, Inc.

MAY 1 6 2017

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

and/or attach documentation.	Current Information in ADEQ's Database	Corrections, If Needed
Facility Physical Address:	Zero Mountain Inc. Johnson	Fort Smith, AR 72016
	6403 South Ball St.	
(Y(1	Johnson, AR 72741	Per Renewal of WINDER Claraced Down
Facility Mailing Address:	P.O. Box 6209	Blonderen und Railer Blonderen
MANAGEMENT OF THE PROPERTY OF	Fort Smith, AR 72916	
Responsible Official:	Joseph F. Rumsey V	SEEDING ACCOUNTS ACCOUNTS ASSESSMENT OF THE SEEDING
Responsible Official Email:		500 issue 2 10 3C
Cognizant Official:	Joel A. Neisler	
Cognizant Official Email:		de a lauragea and horizol triggithma (1 will
Contact Person:	ARG250008	THE TO THE PURE THE PART OF TH
Phone Number:	479-521-1400	A Halobardus John State Statement Second

Have you attached an updated disclosure 1. statement?

Is the invoice address the same as the mailing address above?

If "No" please provide invoice address

### Outfall Currently Listed in ADEO's Database\*

Outfall Number		Latitude		Longitude		
1-001	36°	7'd b	31.39"	94°	10'	12.00"
2-001	36°	7'	28.92"	-94°	10'	5.16"
DOMEST NO.	. 0	0.011.00	"	0	J. m. 10	,,,

<sup>\*</sup> If a change to the above outfall is needed, please be sure to provide the outfall number, coordinates, and an explanation of the required changes.

Additional Comments:

"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, 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."

I certify that I have read and will comply with all the requirements of the NPDES General Permit ARG640000 for Water Treatment Facilities.

Responsible Official Name:

Responsible Official Title:

Responsible Official Signature:

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

Office of Water Quality, General Permits Section Arkansas Department of Environmental Quality

5301 Northshore Drive

North Little Rock, AR 72118-5317

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:				
<ul> <li>A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.</li> <li>B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.</li> </ul>				
If Not Submitting by ePortal, Mail Original to:				
ADEQ				
DISCLOSURE STATEMENT				
[List Proper Division(s)]				
5301 Northshore Drive				
North Little Rock, AR 72118-5317				
North Little Rock, AR 72110-3317				
A DELYGONE (C. H.V)				
1. APPLICANT: (Full Name)				
Zero Mountain, Inc. 2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):				
P.O. Box 6209				
3. CITY, STATE, AND ZIPCODE:				
Fort Smith, AR 72916				
4a. Applicant Type:				
☐ Individual				
4b Daggar for Submission				
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. Division:				
☐ Air ✓ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste				
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 5/21/2012				
last Disclosure statement that was fired with ADEQ on 5/21/2012				

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, l authorization relating to environmental regulation. (Attach additional pages, if necessary.)	icenses, certifications or operational
<ul> <li>7. List and explain all civil or criminal legal actions by government agencies involving environmental protection in the last ten (10) years including:</li> <li>1. Administrative enforcement actions resulting in the imposition of sanctions;</li> <li>2. Permit or license revocations or denials issued by any state or federal authority;</li> <li>3. Actions that have resulted in a finding or a settlement of a violation; and</li> <li>4. Pending actions.</li> </ul>	laws or regulations against the Applicant *
(Attach additional pages, if necessary.)	
* Firms or other legal entities shall also include this information for all persons and legal entities identified in se	

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:	
NAME:		
CITY, STATE, ZIP:		
9. List all directors of the Applicant. (	Add additional pages, if necessary.)	
	TITLE:	
NAME:	TITLE	
SIKEEI:		
CITY, STATE, ZIP:		
NAME.	TITLE:	
STREET.		
CIII, SIAIE, ZII.		
	TITLE:	
CITY, STATE, ZIP:		
10. List all partners of the Applicant.	(Add additional pages, if necessary.)	
10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:	
10. List all partners of the Applicant.  NAME: STREET:	(Add additional pages, if necessary.)  TITLE:	
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10. List all partners of the Applicant.  NAME: STREET: CITY, STATE, ZIP:	(Add additional pages, if necessary.)  TITLE:	
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10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:  TITLE:  TITLE:  TITLE:  TITLE:  Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.	
10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:	
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10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:  TITLE:	
10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:	
10. List all partners of the Applicant.  NAME:	(Add additional pages, if necessary.)  TITLE:  TITLE:	

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:
CITY, STATE, ZIP:	
	TITLE:
CITY, STATE, ZIP:	
13. List all legal entities, in which the Ap	oplicant holds a debt or equity interest of more than five percent (5%).
NAME:	TITLE:
	TITLE:
CITY, STATE, ZIP:	
	TITLE:
CITY, STATE, ZIP:	
NAME: STREET: CITY, STATE, ZIP: Organizational Relationship:	
15. List any subsidiary of the Applican	t. Describe the subsidiary's ongoing organizational relationship with the Applicant.
NAME:	
STREET:	
Organizational Relationship:	

16. List any person who is not now in conjurisdiction and who through relationshi the Applicant in a manner which could a	mpliance or has a history of noncompliance with the environmental laws or regulations of this state or any other ip by blood or marriage or through any other relationship could be reasonably expected to significantly influence adversely affect the environment.
NAME:	TITLE:
	*
	TITLE:
CITY, STATE, ZIP:	
	ties and any other environmental agencies outside this state that have or have had regulatory responsibility over the
Applicant.	

### 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 SUB	WILLING OTHER THAN BY EPORTAL:
all attachments were prepared under my direction designed to assure that qualified personnel propaged on my inquiry of the person or persons were sponsible for gathering the information, the in and belief, true, accurate, and complete. I am as	erly gather and evaluate the information submitted. ho manage the system, or those persons directly formation submitted is, to the best of my knowledge ware that there are significant penalties for submitting
false information, including the possibility of fin	es and imprisonment for knowing violation.
APPLICANT SIGNATURE:  TITLE: President/CEO	
DATE: OS/22/17	