

ARG250000 Notice of Intent for Non-Contact Cooling Water, Cooling Tower, and Boiler Blow Down

version 1.26

(Submission #: HNG-9T5N-4WM9J, version 1)

PRINTED ON 6/10/2019

Summary

Submission #:	HNG-9T5N-4WM9J	Date Submitted:	3/6/2019 11:25 AM
Form:	ARG250000 Notice of Intent for Non-Contact Cooling Water, Cooling Tower, and Boiler Blow Down	Status:	In Review
Submitted By:	Mark Borzillo	Submission Creator:	Mark Borzillo
Active Steps:	Public Notice		
AFIN:	66-01830	Reference #:	ARG250020
Description:	ARG250020- Silgan Plastic Food Containers		

Notes

PUBLICLY ACCESSIBLE Processing Note

Zachary Carroll on **03/12/2019** (*Applicant Action Required*) COMPLETE

Dear Mr. Borzillo, I have reviewed the online application for Silgan Plastic Food Containers Company's coverage under the ARG250000 general permit for non-contact cooling water, cooling tower, and boiler blow down water. We will need the following additional information to process this application: 1. For a publicly traded company, we require the most recent 10Q and 10K forms that were filed with Securities and Exchange Commission. 2. Silgan Plastic Food Containers Company is listed as a foreign corporation with the state of origin as Delaware. We require a Certificate of Good Standing from the Delaware Secretary of State for corporations originating from there. 3. Please submit the following information for the additives to be used in the blowdown water: a. Material Safety Data Sheets (MSDS). b. Quantities to be used. c. Anticipated frequency of use. d. Proposed discharge concentrations. 4. Note that the temperature limit for this discharge will be 87.8°F (Arkansas River Valley ecoregion). The water will need to be at or below this temperature at the point of discharge. Please revise the "effluent characteristics" table so that the anticipated discharge temperature is less than 87.8°F. If you have any questions, feel free to contact me at Zachary.Carroll@adeq.state.ar.us or by phone at 501-682-0625. Sincerely, Zachary Carroll Permits Branch, Water Quality Division Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317 501-682-0625 Zachary.Carroll@adeq.state.ar.us

ADEQ Internal-Only Processing Note

Zachary Carroll on **06/06/2019** (*Misc. Note*)

I uploaded the wrong invoice list, corrected now.

ADEQ Internal-Only Processing Note

Carrie McWilliams on **06/05/2019** (*Misc. Note*)

How do we have confirmation of payment for an invoice requested on 4/25/2019, if the most recent payment show on the attached payment grid is from 2018?

Details

Common Information

Facility Information

Please provide the following information about the Facility.

Facility Name

Silgan Plastic Food Containers

North American Industry Classification System (NAICS)

Please provide the NAICS codes and descriptions for your facility.

[Click here to search for and review the NAICS Codes via the Census Bureau NAICS Lookup](#)

Primary NAICS Code and Description

326199 - All Other Plastics Product Manufacturing

Secondary NAICS Code and Description

NONE PROVIDED

Tertiary NAICS Code and Description

NONE PROVIDED

Facility Physical Address**Contact****Prefix:** NONE PROVIDED**First Name:** Mark**Last Name:** Borzillo**Company:** Silgan Plastic Food Containers**Title:** Project Manager**Ext:** NONE PROVIDED**Phone:** 573-644-4027**FAX:** NONE PROVIDED**Email:** mark.borzillo@silganpfc.com**Physical Address****Address Line 1:** 7101 Hwy 45**Address Line 2:** NONE PROVIDED**Description:** NONE PROVIDED**City:** Ft. Smith**State:** AR**Postal Code:** 72916**Country:** USA**County:** Sebastian**Facility Physical Location Latitude and Longitude**

35.31595460371849,-94.38653023969982

Facility Mailing Address**Contact****Prefix:** NONE PROVIDED**First Name:** Christina**Last Name:** Stage**Company:** Silgan Plastic Food Containers**Title:** Plant Manager**Ext:** NONE PROVIDED**Phone:** 636-466-5056**FAX:** NONE PROVIDED**Email:** christina.stage@silganpfc.com**Mailing Address****Address Line 1:** 7101 Hwy 45**Address Line 2:** NONE PROVIDED**City:** Ft. Smith**State:** AR**Postal Code:** 72916**Country:** USA**Owner Information**

Please provide the following information for the owner. If the owner is a corporation it must exactly match the name registered with the Secretary of State. Please use the following link to reference the Secretary of State registered name listing.

[Click here to view the Secretary of State registered name listing](#)

Secretary of State's Filing Number

811152366

Legal Organization

Corporation (Domestic or Foreign, includes for-profit, nonprofit, and corporation d/b/a company)

Owner Type

Private Industry

Owner Information**Contact**

Prefix: NONE PROVIDED

First Name: Joseph

Last Name: Vukceovich

Company: Silgan Plastic Food Containers

Title: President

Ext: NONE PROVIDED

Phone: 636-583-5550

FAX: NONE PROVIDED

Email: joseph.vukceovich@silganpfc.com

Owner Address

Address Line 1: 710 W Park Rd.

Address Line 2: NONE PROVIDED

City: Union

State: MO

Postal Code: 63084

Country: USA

Billing Information

Please provide the following information for the Billing contact for this permit application.

Billing Information**Billing Contact**

Prefix: NONE PROVIDED

First Name: Joann

Last Name: Gildehaus

Company: Silgan Plastic Food Containers

Title: Chief Accountant

Ext: NONE PROVIDED

Phone: 636-825-8916

FAX: NONE PROVIDED

Email: joann.gildehaus@silganpfc.com

Billing Address

Address Line 1: 710 W Park Rd

Address Line 2: NONE PROVIDED

City: Union

State: MO

Postal Code: 63084

Country: USA

Other Information**Permittee (Legal Name)**

Silgan Plastic Food Containers Corporation

State of Incorporation

MO

Primary SIC Code

3089

Secondary SIC Code

NONE PROVIDED

Tertiary SIC Code

NONE PROVIDED

Current Facility Permit Information

NONE PROVIDED

Consultant Information**Contact**

Prefix: NONE PROVIDED

First Name: NONE PROVIDED

Last Name: NONE PROVIDED

Company: NONE PROVIDED

Title: NONE PROVIDED

Ext: NONE PROVIDED

Phone: NONE PROVIDED

FAX: NONE PROVIDED

Email: NONE PROVIDED

Address

Address Line 1: NONE PROVIDED

Address Line 2: NONE PROVIDED

City: NONE PROVIDED

State: NONE PROVIDED

Postal Code: NONE PROVIDED

Country: NONE PROVIDED

Additional Information

NONE PROVIDED

Discharge Information (1 of 1)**Outfall Number**

001

Estimated Flow (Gallons per day)

500

Map showing Stream Segments and Hydrologic Basin Codes

If you need assistance determining the Stream Segment and/or Hydrologic Basin Code for this location, please use the map at the link provided below. The Stream Segment is a number followed by a letter. The Hydrologic Basin Code is a seven or eight digit number.

[Map Showing Stream Segments and Hydrologic Basin Codes](#)

Stream Segment

3H

Hydrologic Basin Code

11110104

Outfall Latitude and Longitude

35.31528333080488,-94.38710459480182

Receiving Stream

no identification

Type of Treatment

corrosion inhibitor, biocide

Effluent Characteristics (1 of 1)**Effluent Characteristics Table**

All sections in the template may not be applicable to each facility. Please complete only the applicable section(s).

Table Data

Type		Analyses					Additives
	Flow, MGD	COD, mg/l	TSS, mg/l	Temperature, F	O&G, mg/l	pH, s.u.	Yes/No
Non-Contact Cooling Water							
Cooling Tower Blowdown	0.0005	0	0	90	0	7.5	Yes
Boiler Blowdown							

Required Attachments**Site Map Attachment - Attachment(s)**

[outfall_map.pdf - 08/24/2018 10:40 AM](#)

Comment:

Disclosure Statement (or both 10Q and 10K) Attachment - Attachment(s)

[adeq-disclosure-statement.pdf - 11/13/2018 05:19 PM](#)

Comment: We are a publicly traded company so in accordance with disclosure statement, we fulfill the reporting requirements.

Proof of Good Standing - Attachment(s)

NONE PROVIDED

Comment:

Responsible and Cognizant Official Information**Responsible Official Signatory Requirements**

The information contained in this form must be certified by a RESPONSIBLE OFFICIAL as defined below: Corporation: principal officer at least the level of vice president Partnership: a general partner Sole Proprietorship: the proprietor/owner Municipal, State, Federal, or other public facility: principal executive officer, or ranking elected official

Responsible Official First Name

Joseph

Responsible Official Last Name

Vukceovich

Responsible Official Job Title

President

Responsible Official Email Address

joseph.vukceovich@silganpfc.com

Cognizant Official Requirements

A COGNIZANT OFFICIAL is an individual that is given signature authority from the Responsible Official.

Cognizant Official First Name

James

Cognizant Official Last Name

Lucken

Cognizant Official Email Address

james.lucken@silganpfc.com

Attachments

Date	Attachment Name	Context	
08/24/2018 10:40 AM	outfall_map.pdf	v1 - Required Attachments	<input type="checkbox"/>
11/13/2018 05:19 PM	adeq-disclosure-statement.pdf	v1 - Required Attachments	<input type="checkbox"/>

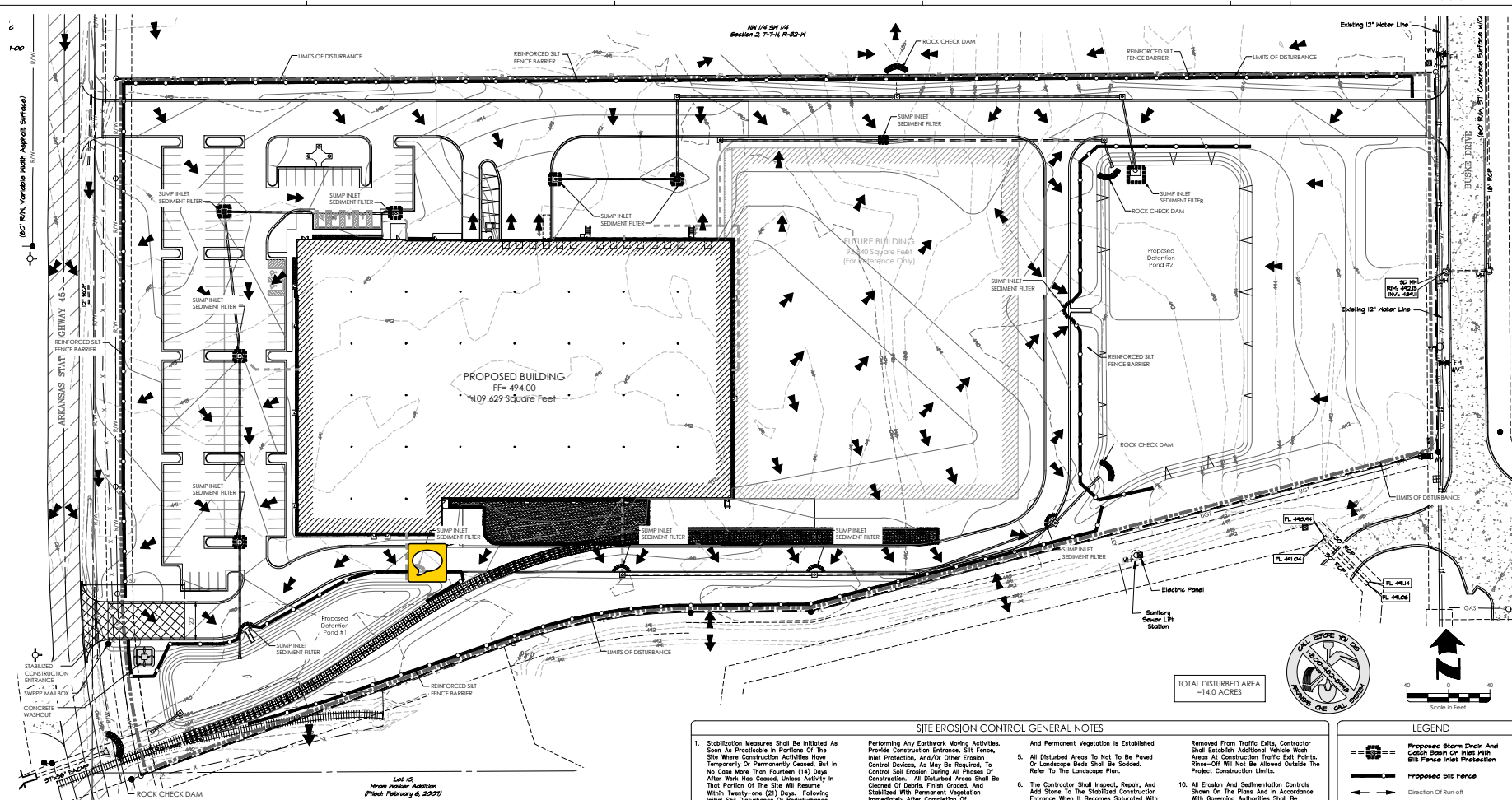
Status History

Date	User	Processing Status
8/24/2018 9:53:55 AM	Mark Borzillo	Draft
3/6/2019 11:25:02 AM	Mark Borzillo	Submitted
3/11/2019 11:52:33 AM	Zachary Carroll	In Review
3/12/2019 8:44:29 AM	Zachary Carroll	Action Required
3/18/2019 3:28:18 PM	Zachary Carroll	In Review

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Mark Borzillo	03/06/2019 11:25 AM
Assign Tracking Number	Kealey Burrow	03/06/2019 02:03 PM
Receive lab/planning review of additives	Zachary Carroll	04/22/2019 09:17 AM
Completeness and Technical Review	Zachary Carroll	04/22/2019 11:44 AM
AFIN Request - I think they already have 66-01830 for their construction stormwater permit	Kealey Burrow	04/25/2019 08:18 AM
Complete Invoice Request Form and Submit Invoice Request	Kealey Burrow	04/26/2019 10:58 AM
Update PDS and NPDES database with AFIN info	Kealey Burrow	04/25/2019 08:18 AM
Awaiting payment	Zachary Carroll	06/05/2019 09:50 AM
Engineer Supervisor Review- Delete Planning/Associate Director steps if not applicable!	Carrie McWilliams	06/05/2019 10:36 AM
see note - crm	Zachary Carroll	06/06/2019 10:43 AM
review invoice summary	Carrie McWilliams	06/07/2019 05:11 PM
Public Notice	Kealey Burrow	
Prepare Authorization Letter and appropriate attachments	Kealey Burrow	
Engineer Review NOC	Zachary Carroll	
Engineer Supervisor Review NOC	Carrie McWilliams	
Senior Operations Manager Review	Bryan Leamons	
Enter Permit Status/Effective Date into PDS & NPDES database	Kealey Burrow	
Email NOC to David Ramsey	Kealey Burrow	

Step Name	Assigned To/Completed By	Date Completed
Mail NOC to applicant.	Kealey Burrow	

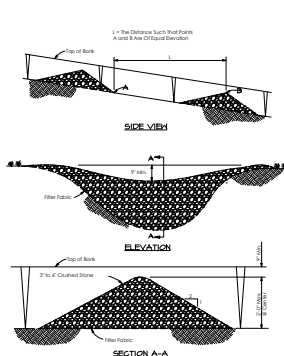
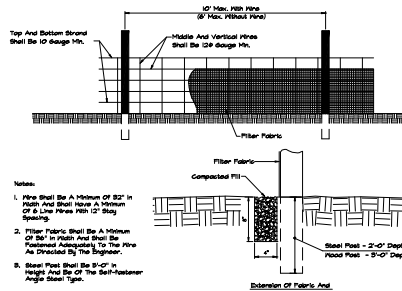
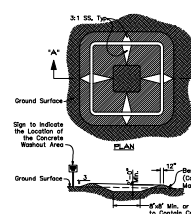
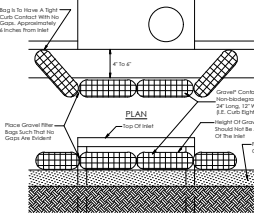


SITE EROSION CONTROL GENERAL NOTES

1. Stabilization Measures Shall Be Initiated As Soon As Feasible in Portions Of The Site Where Construction Activities Have Temporarily Or Permanently Ceased, But In No Case More Than Fourteen (14) Days After Work Has Ceased, Unless Activity In That Portion Of The Site Will Resume Within Twenty-one (21) Days. Following Initial Soil Disturbance Or Redistribution, Permanent Or Temporary Stabilization Shall Be Completed Within Seven Calendar Days For The Surface Of All Perimeter Slopes.
2. All Sediment And Erosion Control Devices Shall Be Inspected Every Seven (7) Days Or After Each Rainfall Occurrence That Exceeds One-half (0.5) Inch. Damaged Or Ineffective Devices Shall Be Replaced Or Repaired, As Necessary.
3. Install Tree Protection Fencing Prior To Performing Any Earthwork Moving Activities. Provide Construction Entrance, Silt Fence, Inlet Protection, And/Or Other Erosion Control Devices, As May Be Required, To Control Soil Erosion During All Phases Of Construction. All Disturbed Areas Shall Be Cleared Of Debris, Trash Grates, And Stabilized With Permanent Vegetation Immediately After Completion Of Construction.
4. All Erosion Control Devices Shall Be Properly Maintained During All Phases Of Construction Until The Completion Of All Construction Activities And All Disturbed Areas Have Been Stabilized. Additional Control Devices May Be Required During Construction In Order To Control Erosion And/Or Off-Site Sedimentation. All Temporary Control Devices Shall Be Removed Once Construction Is Complete.
5. All Disturbed Areas To Not To Be Paved Or Landscape Beds Shall Be Seeded. Refer To The Landscape Plan.
6. The Contractor Shall Inspect, Repair, And Add Stone To The Stabilized Construction Entrance When It Becomes Saturated With Mud To Ensure It Works As Intended.
7. The Topsoil Stockpile Shall Be Ordered To Drain And Seeded With A Temporary Seed Mix.
8. Dust Control On-site Shall Be Minimized By Spraying Water On Dry Areas Of The Site. The Use Of Oil And Other Petroleum Based Or Toxic Liquids For Dust Suppression Is Prohibited.
9. If The Majority Of Mud Or Dirt Is Not Removed From Traffic Exits, Contractor Shall Establish Additional Vehicle Wash Areas At Construction Traffic Exit Points. Prime-Off Will Not Be Allowed Outside The Project Construction Limits.
10. All Erosion And Sedimentation Controls Shown On The Plans And In Accordance With Governing Authorities Shall Be Constructed And Maintained As Part Of This Contract. Contractor To Install Erosion Control In Accordance With The Erosion Sedimentation Control Plan As A Minimum. Other Measures May Be Required To Ensure That Silt Is Controlled On-site.

LEGEND

- Proposed Storm Drain And Catch Basin Or Inlet With Silt Fence Inlet Protection
- Proposed Silt Fence
- Direction Of Run-off
- Temporary Construction Entrance
- Concrete Washout Area
- Rock Check Dam

EC-40: TEMPORARY ROCK CHECK DAM
Not to ScaleEC-30: TEMPORARY CONSTRUCTION ENTRANCE
Not to ScaleSILT FENCE WITH WIRE BACKING
N.T.S.CONCRETE WASHOUT AREA DETAIL
N.T.S.SUMP INLET SEDIMENT FILTER
N.T.S.

EROSION CONTROL PLAN

DATE: _____

DRAWN BY: _____

JOB NO.: _____

SHEET

C1.3

MORRISON SHIPLEY

ENGINEERS & ARCHITECTS

1000 North Main Street, Suite 100 • Fort Smith, AR 72901 • 479.661.1100 • www.morrisonshipley.com

STATE OF ARKANSAS

LICENSED PROFESSIONAL ENGINEER

No. 10550

EXPIRATION DATE: 12/31/2025

The Official Seal and Signature of the Engineer is to be on the Right of Sheet

PROJECT MERCURY

7101 ARKANSAS HIGHWAY 45

FORT SMITH, ARKANSAS 72908

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.**
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.**
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.**

If Not Submitting by ePortal, Mail Original to:

**ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317**

1. APPLICANT: (Full Name)

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

3. CITY, STATE, AND ZIPCODE:

4a. Applicant Type:

Individual Corporate or Other Entity

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. Programs:

Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste Used Tire Program

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 _____

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

- 1. Administrative enforcement actions resulting in the imposition of sanctions;**
- 2. Permit or license revocations or denials issued by any state or federal authority;**
- 3. Actions that have resulted in a finding or a settlement of a violation; and**
- 4. Pending actions.**

(Attach additional pages, if necessary.)

*** Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.**

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: _____

STREET: _____

CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies 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 SUBMITTING OTHER THAN BY EPORTAL:

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 fines and imprisonment for knowing violation.

APPLICANT

SIGNATURE: _____

TITLE: _____

DATE: _____