

Recertification Notice of Intent (NOI)
NPDES General Permit for Aggregate Facilities ARG500000

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 ARG500000. You must submit this form no later than January 31, 2016. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG500027 AFIN: 31-00010
 Permittee Name: CertainTeed Gypsum Manufacturing

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.

	Current Information in ADEQ's Database	Corrections, If Needed
Facility Physical Address:	CertainTeed Gypsum Manufacturing 794 HWY 369 North Nashville, AR 71852	
Facility Mailing Address:	794 HWY 369 North Nashville, AR 71852	
Responsible Official:	Darrell K. Williams	<i>David W. Pugh</i>
Responsible Official Email:	darrell.williams@saint-gobain.com	<i>David.Pugh@saint-gobain.com</i>
Cognizant Official:	Bryan B. Wilhite	
Cognizant Official Email:	bryan.wilhite@saint-gobain.com	
Contact Person:	Jerry Green	
Phone Number:	870-845-7127	

1. Have you attached an updated disclosure statement? Yes or No

2. Is the invoice address the same as the mailing address above? Yes or No If "No" please provide invoice address _____

Outfall Currently Listed in ADEQ's Database*

Outfall Number	Latitude			Longitude		
	001	34°	04'	09.77"	-93°	53'
002	34°	04'	05.81"	-93°	54'	36.70"

* 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 ARG500000 for Aggregate Facilities.

Responsible Official Name: *David W. Pugh* Responsible Official Title: VP MANUFACTURING

Responsible Official Signature: _____ Date: 11/16/2015

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

Water Division, General Permits Section
 Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118-5317

ARG500000 Checklist

ARG50 0027

Permittee Type:

Disclosure Statement:

Secretary of State:

Notice of Intent:

Permit Fee:

Financial Assurance (Arkansas Code Annotated 8-4-203b):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Renewal | <input type="checkbox"/> Modification |
| <input checked="" type="checkbox"/> Public | <input checked="" type="checkbox"/> Private | |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> N/A (Public/Sole Proprietorship) | |
| <input checked="" type="checkbox"/> | | |
| <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> No | <input checked="" type="checkbox"/> No <u>N/A</u> | <input type="checkbox"/> Yes |

Discharges to Dawson Creek, Briar Creek, Muddy Fork, Little Missouri River, Ouachita River

HUC: 5040103

Planning Segment: 26a

- | | | | |
|-------------------------------------|--|--|--|
| Ecologically Sensitive Water (ESW): | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Distance: _____ |
| Extraordinary Resource Water (ERW): | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Distance: _____ |
| Natural Scenic Waterway (NSW): | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Distance: _____ |
| Potential Losing Stream: | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | |
| 303(d) Impaired: | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Category 5 Waterbody: _____ Cause: _____ |
| | | | <input type="checkbox"/> Category 4a Waterbody: _____ Cause: _____ |
| Impaired for Minerals: | <input type="checkbox"/> No | <input type="checkbox"/> Yes (Sulfates, Chlorides, Total Dissolved Solids) | |

Site Map:

Process Water Pond:

If Yes New Pond:

10 year, 24 hour capacity:

"Basic Industrial" Operator:

Name of Operator: _____

License Number: _____

If No Dredge Pond:

Outfall Type 101:

Existing NPDES Permit:

Check with Enforcement:

Effluent Limitations:

Chemical Addition:

If Yes Lined Pond:

Non-Hazardous Chemicals:

Detectable Chemicals:

Qualified Operator:

Dredging Operations:

If Yes Existing Waterbody:

Dredge Water Reused:

Stormwater Controls:

Operator license required: No license "Basic Industrial" "Advanced Industrial"

Other Comments: _____



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	CERTAINTEED GYPSUM MANUFACTURING, INC.
Fictitious Names	
Filing #	100157969
Filing Type	Foreign For Profit Corporation
Filed under Act	For Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	4300 W CYPRESS ST., STE 500 TAMPA, 33607
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVENUE SUTIE 1900 LITTLE ROCK, AR 72201
Date Filed	04/08/1998
Officers	SEE FILE, Incorporator/Organizer STEVEN MESSMER , Tax Preparer GLENN KNOWLTON , President TIMOTHY FEAGANS , Secretary STEVEN MESSMER , Vice-President JOHN SWEENEY, III , Treasurer
Foreign Name	N/A
Foreign Address	5301 WEST CYPRESS STREET, SUITE 300 TAMPA, 33607
State of Origin	NV

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

CERTAINTEED GYPSUM MANUFACTURING, INC.

Business Entity Information			
Status:	Active	File Date:	12/18/1985
Type:	Domestic Corporation	Entity Number:	C8426-1985
Qualifying State:	NV	List of Officers Due:	12/31/2016
Managed By:		Expiration Date:	
NV Business ID:	NV19851020766	Business License Exp:	12/31/2016

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	THE CORPORATION TRUST COMPANY OF NEVADA	Address 1:	701 S CARSON ST STE 200
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89701
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	10,000.00	Capital Amount:	\$ 0
No stock records found for this company			

<input checked="" type="checkbox"/> Officers	<input type="checkbox"/> Include Inactive Officers
--	--

<input checked="" type="checkbox"/> Actions\Amendments
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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 6 and 19.**
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 5, 7, 8, and 17 through 19.**
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 5, and 7 through 19.**

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

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

1. APPLICANT: (Full Name) CertainTeed Gypsum	2. SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER: 88-0215337
3. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 794 HWY 369 N.	
4. CITY, STATE, AND ZIPCODE: Nashville, AR 71852	

5. (check all that apply.)

Individual Corporate or Other Entity
 Permit License Certification Operational Authority
 New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 6 and 19.)
 Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
 Environmental Preservation and Technical Service

6. 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 I filed with ADEQ on N/A

Signature of Individual or Authorized Representative of Firm or Legal Entity
 (Also complete #19.)

7. 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.)

This facility that is currently owned by CertainTeed Gypsum has been in business since 1964 at the same location. Over the almost 50 years that the plant has been at this same site it has had several different permits that have always been in good standings with ADEQ. We currently hold several different permits like Title V air, 3 different stormwater permits, SARA Title II, SWPPP, SPCC, Waste, Dam, Mining, and Storage Tank.

Bryan Wilhite: Plant Manager Of CertainTeed Gypsum, Bachelor degree from the University Of Arkansas, Bryan has over 10 years in manufacturing experience.

Jerry Green: Mining and Environmental Manager of CertainTeed Gypsum, Bachelor Degree from John Brown University, Jerry has over 20 years of experience in the Environmental field.

8. List and explain all civil or criminal legal actions (except minor traffic violations) by government agencies against the Applicant * in the last ten 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.)
N/A

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 9-17 of this Disclosure Statement.

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

NAME: David Engelhardt TITLE: President SSN: Act 222
STREET: 20 Moores Road
CITY, STATE, ZIP: Malvern PA 19355

NAME: David Pugh TITLE: Vice President SSN: Act 222
STREET: 20 Moores Road
CITY, STATE, ZIP: Malvern PA 19355

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: N/A TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: N/A TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: Bryan Wilhite TITLE: Plant Manager SSN: Act 222
STREET: 794 HWY 369 N.
CITY, STATE, ZIP: Nashville, AR 71852

NAME: Jerry Green TITLE: Mining and Environmental Manager SSN: Act 222
STREET: 794 HWY 369 N.
CITY, STATE, ZIP: Nashville, AR 71852

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

13. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: N/A TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: N/A TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: Saint Gobain

STREET: 750 E. Swedesford Road

CITY, STATE, ZIP: Valley Forge, PA 194820

Organizational Relationship:

CertainTeed is a wholly owned Subsidiary of Saint Gobain Corporation

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

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

17. List any person who is not now in compliance or has a history of noncompliance with the environmental laws 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: N/A TITLE: SSN:

STREET:

CITY, STATE, ZIP:

NAME: TITLE: SSN:

STREET:

CITY, STATE, ZIP:

18. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

N/A

19. 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.

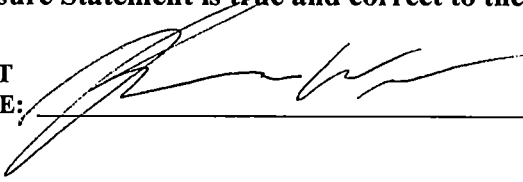
DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Arkansas

County of Howard

I, Bryan Wilhite, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

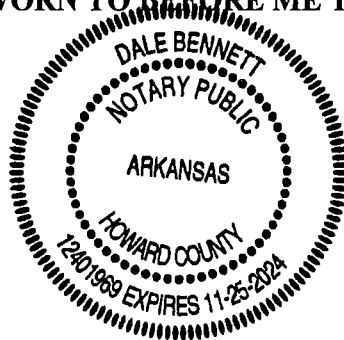
APPLICANT
SIGNATURE:




COMPANY
TITLE: Plant Manager

DATE: 12/15/2015

SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th DAY OF December 20 15




NOTARY PUBLIC

MY COMMISSION EXPIRES:

11/25/2024