Recertification Notice of Intent (NOI) Individual Treatment Facility Discharge General Permit ARG550000

You must **complete**, **certify**, **and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form **no later May 31, 2019**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550262

AFIN: 23-00495

Permittee Name: William Lea Smiley Jr.

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.	у решестир	and the tier information in the corrections section below
	Current Information in ADEQ's Database	Corrections (if needed)
	William Lea Smiley Jr.	Corrections (If needed)
Facility Address:	493 Hwy 64 E	
D '11 O.CC' ' 1	Conway, AR 72032	
Responsible Official:	William Lea Smiley Jr., Owner	
Responsible Official Email:	wlsmiley@swbell.net	
Cognizant Official:	William Lea Smiley Jr., Owner	
Cognizant Official Email:	wlsmiley@swbell.net	
Have you attached an upd (Homeowners are exempt)	ated disclosure statement? Yes \(\square\) No [□ N/A □
2. Are the mailing and invoice	ce addresses the same?	
(Homeowners are not subj	ignet to the annual fact	e provide invoice address →
	The production	
Outfall Currently Listed	in ADEQ's Database*	
		ngitude 92° 19' 47" W correct coordinates, and an explanation of the required changes.
of the person or persons who submitted is, to the best of m submitting false information,	ure that qualified personnel properly gather ar manage the system, or those persons directly y knowledge and belief, true, accurate, and c including the possibility of fine and imprison	e prepared under my direction or supervision in accordance and evaluate the information submitted. Based on my inquiry responsible for gathering the information, the information complete. I am aware that there are significant penalties for ment for knowing violations."
,	1.31	
Responsible Official Signa	iture: William Amy	esponsible Official Title: 0 w per Date: 7/3/19
Return the NOI form to the	address below or send it electronically to w	vater.permit.application@adeq.state.ar.us:
Office of Water Ou	ality, Permits Branch	
Arkansas Departme	ent of Environmental Quality	

5301 Northshore Drive North Little Rock, AR 72118-5317

INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving
 environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years
 immediately preceding the filing of the application, including administrative enforcement actions resulting in
 the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority,
 actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;
- Phase 1 Consultants, as defined in APC&EC Regulation 32;
- Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);
- Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;
- Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;
- Individual Homeowners seeking coverage under General Permit ARG5500000; Wastewater Operator Licenses, as defined in APC&EC Regulation 3;
- Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);
- Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22; Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;
- Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and Asbestos Certification Renewals, as defined in Regulation 21.

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.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

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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)
Williain L. Sniley Tr.
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)
24 Rose Dis-
3. CITY, STATE, AND ZIPCODE: (ON Way) AR 72032
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: Sewer Processing Tank
Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste Used Tire Program
5. <u>Declaration of No Changes:</u> 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
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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.)
Purs hased property and transferred permit From Martin Pressely
per MC From Man FID TRESSELY
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 An	plicant. (add additional pages, if necessary.)
NAME: William 1	Ca de Testis E
STREET. 2 U	F Ruse Da
CITY STATE ZID.	
CITT, STATE, ZIF:	(ON Way AR 72032
Number	
NAME:	TITLE: /
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	TITLE:
/	
9. List all directors of the Ap	pplicant. (Add additional pages, if necessary.)
NAME:	TITLE:
CITY, STATE, ZIP:	
	TITLE:
CITY, STATE, ZIP:	
	TITLE:
CITY STATE 7IP.	
10 List all partners of the A	myllione (A.M. 1892). I do
	pplicant. (Add additional pages, if necessary.)
	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME:	TITLE:
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CITY, STATE, ZIP:	
NAME:	TITLE:
CITY, STATE, ZIP:	
CITY, STATE, ZIP:	
	by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.
11. List all persons employed	by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application. TITLE:
11. List all persons employed	by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.
11. List all persons employed NAME: STREET: CITY, STATE, ZIP:	by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application. TITLE:
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12. List all persons or legal entities, wl	ho own or control more than five ne	rcent (5%) of the Applicant's debt or equity.
		constant such of equity.
CITY, STATE, ZIP:		
STREET:		
CITY, STATE, ZIP:		
1.1		
CITY, STATE, ZIP:		
13. List all legal entities, in which the A	Applicant holds a debt or equity into	rest of more than five percent (5%).
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
14. List any parent company of the Ap	plicant. Describe the parent compar	y's ongoing organizational relationship with the Applicant.
14. List any parent company of the App NAME:		y's ongoing organizational relationship with the Applicant.
		y's ongoing organizational relationship with the Applicant.
NAME:		y's ongoing organizational relationship with the Applicant.
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NAME:STREET:CITY, STATE, ZIP:		y's ongoing organizational relationship with the Applicant.
NAME:STREET: CITY, STATE, ZIP: Organizational Relationship:	Nb	
NAME:STREET:CITY, STATE, ZIP:COrganizational Relationship:STATE, ZIP:STATE, ZIP:	Nb	y's ongoing organizational relationship with the Applicant.
NAME:STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant NAME:	Nb	
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NAME:STREET:	Nb	

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:
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.
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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, welliam L. Sm. leaf. , 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: Willeam I mleff
TITLE: 0 W NeC DATE: 7/2/19