

**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: ARG550329      AFIN: 60-04383  
Permittee Name: Blue Roof, LLC

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 Address:	Cornerstone Building 21621 Highway 10 Little Rock, AR 72223	K.C. Cagle Insurance Agency 21620 Hwy 10 Little Rock, AR 72223
Responsible Official:	Susan Paszkiewicz North	Karen Kay Cagle
Responsible Official Email:	susan@goldencakesinc.com	K.C.Cagle@allstat.com
Cognizant Official:	David A. Menits	
Cognizant Official Email:	david@meincowastewater.com	

1. Have you attached an updated disclosure statement? (Homeowners are exempt)      Yes  No  N/A
2. Are the mailing and invoice addresses the same? (Homeowners are not subject to the annual fee)      Yes  No  N/A

If "No" please provide invoice address → K.C. Cagle  
21620 Hwy 10 Suite 107  
Little Rock, AR  
72223

**Outfall Currently Listed in ADEQ's Database\***

Outfall ARG550329:    Latitude 34° 49' 3.03" N;      Longitude 92° 30' 30.4" W

\* If a change to the above outfall is needed, please be sure to provide the correct 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 renewal Individual Treatment Facility Discharge General Permit (ARG550000).

Responsible Official Name: Karen Kay Cagle      Responsible Official Title: President  
Responsible Official Signature: Karen Kay Cagle      Date: 6/25/2019

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

Office of Water Quality, Permits Branch  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

**PERMIT TRANSFER FORM**

PERMIT NUMBER: ARG 55 0329

SELECT ALL OF THE FOLLOWING THAT APPLY:

- Permittee (legal name) change [CHANGE OF OWNERSHIP]
- Facility name change

- Permittee (legal name) change [NAME CHANGE ONLY]
- Responsible official name change

**I. CURRENT PERMITTEE INFORMATION**

Permittee (legal name): Martin D. Gunara  
 Facility Name: Blue Roof Office Suites  
 Responsible Official Name (see Section IV below): \_\_\_\_\_  
 Is the permittee identified above, the owner of the facility?  Yes  No  
 If No, list owner name: \_\_\_\_\_

**II. NEW PERMITTEE INFORMATION**

Permittee (legal name): Karen Kay Cagle  
 Facility Name (if different from Permittee Name): K.C. Cagle Insurance Agency  
 Is the Permittee the owner of the facility?  Yes  No If No, list owner name: \_\_\_\_\_

Responsible Official Name (see Section IV below): Karen Kay Cagle  
 Responsible Official Title: President Permittee Type:  
 Responsible Official E-mail: K.C.Cagle@allstate.com  STATE  PARTNERSHIP  
 Permittee Mailing Address: 2162 Hwy 10 Suite 107  FEDERAL  PUBLIC  
 Permittee City: Little Rock  CORPORATION/LLC  
 Permittee State: Arkansas Zip: 72223 State of Incorporation: AR  
 Permittee Phone No.: 501-821-4661  SOLE PROPRIETORSHIP  
 OTHER: \_\_\_\_\_

Is the new permittee registered with the Arkansas Secretary of State?  Yes  No  
 If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.  
 A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: 21620 Hwy 10 Suite 107 Facility City: Little Rock  
 Facility State: AR Zip: 72223  
 Facility Contact Person Name: Karen Cagle Contact Person Title: President  
 Phone Number: 501-652-6198 Fax Number: 501-448-2436 E-mail: K.C.Cagle@allstate.com  
 Invoice Contact Person: Karen Cagle City: Little Rock  
 Invoice Mailing Address: #21620 Hwy 10 Suite 107 State: AR Zip: 72223  
 Invoice Mailing Address: \_\_\_\_\_ Phone: 501-652-6198

Cognizant Official Name\*: \_\_\_\_\_ Cognizant Official Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Duly Authorized Representative as outlined in 40 CFR 122.22(b)

**PERMIT TRANSFER FORM**

**III. OWNERSHIP CHANGE AGREEMENT**

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: 6/28/2019

Current Permittee (Seller): Marty Gunaca  
Signature of Responsible Corporate Officer: Marty Gunaca  
Title of Responsible Corporate Officer: \_\_\_\_\_  
Printed Name of Responsible Corporate Officer: Marty Gunaca  
Date: 6-26-19

New Permittee (Buyer): \_\_\_\_\_  
Signature of Responsible Corporate Officer: Karen Kay Coyle  
Title of Responsible Corporate Officer: President  
Printed Name of Responsible Corporate Officer: Karen Kay Coyle  
Date: 6/25/2019

**Disclosure Statement:**  
Disclosure Statement must be submitted for new permittee. Disclosure Statement is not required for Stormwater Permits.  
Is Disclosure Statement enclosed:  Yes  No

**Trust Fund Requirements:**  
If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:  
<https://www.adeg.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

**Land Use Contract:**  
For land application permits you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

**IV. CERTIFICATION OF NEW PERMITTEE (Responsible Official in Section II)**

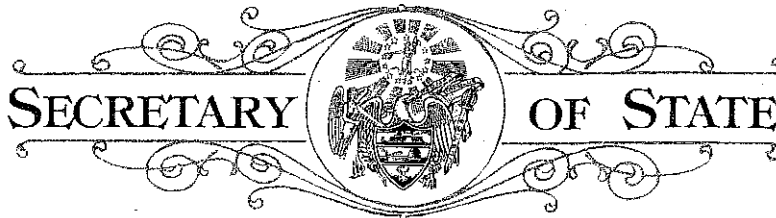
"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. I certify under penalty of law that this document and all attachments 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: Karen Kay Coyle Title: President  
Signature: Karen Kay Coyle Date: 6/27/2019

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317  
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adeg.state.ar.us

**STATE OF ARKANSAS**



**Charlie Daniels**  
SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Charlie Daniels, Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Articles of Incorporation**

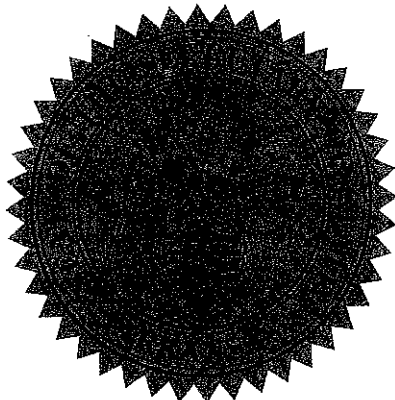
of

**K.C CAGLE INSURANCE AGENCY INC**

filed in this office

October 6, 2009

**In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of October 2009.**



*Charlie Daniels*

Secretary of State

**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) <i>Karen Kay Cagle</i>
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route) <i>21620 Hwy 10 Suite 107</i>
3. CITY, STATE, AND ZIP CODE: <i>Little Rock, AR 72223</i>

<b>4a. Applicant Type:</b> <input type="radio"/> Individual <input type="radio"/> Corporate or Other Entity
<b>4b. Reason for Submission:</b> <input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
<b>4c. Programs:</b> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste <input type="checkbox"/> Used Tire Program

<b>5. Declaration of No Changes:</b> 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.)

N/A

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.)

N/A

\* 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: Karen Cadle TITLE: President  
STREET: 19725 Hwy 113  
CITY, STATE, ZIP: Bigelow, AR 72014

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: Karen Coate TITLE: President 100%  
STREET: 19725 Hwy 113  
CITY, STATE, ZIP: Bigelow AR 72016

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:

N/A

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

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

N/A



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: \_\_\_\_\_

N/A

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.

N/A

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, Karen Cagle, 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:

Karen Cagle

TITLE:

President

DATE:

6/27/2019