

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

Application Type: New ☒ **Renewal** ☐ (Permit # ARG55_____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Atlas Tube (Arkansas) Inc. Operator Type:
Permittee Mailing Address: 5039 CR N1015 ☐ State ☐ Partnership
Permittee City: Blytheville ☐ Federal ☒ Corporation*
Permittee State: AR Zip: 72315 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 1-870-278-2997 *State of Incorporation: DE
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: John.chatterton@zekelman.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: John Chatterton City: Blytheville
Invoice Mailing Company: Atlas Tube (Arkansas) Inc. State: AR Zip: 72316
Invoice Mailing Address: 5039 CR N1015 Telephone: 1-870-278-2997

III. FACILITY INFORMATION

Facility Name: Atlas Tube (Arkansas) Inc. Facility Contact Person: John Chatterton
Facility Address: 5039 CR N1015 Telephone Number: 1-870-278-2997
Facility County: Mississippi Facility City, State & Zip: Blytheville, AR 72315
Facility Latitude: 35.945° Facility Longitude: -89.800°
Datum
Accuracy: 20 m Method: GPS : NAD 83 Scale: NA Description: Treatment

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 750 gpd (Gallons per Day)
Stream Segment: 5C Hydrologic Basin Code: 08020204
Outfall Latitude: 35°56'20.92"N Outfall Longitude: 89°44'37.55"W
Accuracy: 20 m Method: gps Datu: NAD 83 Scale: NA Description: Discharge
Type of Treatment: FujiClean CE21 with Aeration and Chlorine disinfection
Receiving Stream: St. Francis River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG550000
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

Carroll, Zachary

From: Robert Goff <robertlgoff@gmail.com>
Sent: Friday, February 12, 2021 10:34 AM
To: Carroll, Zachary
Subject: Re: [ATTACHMENT SCAN PENDING - OPEN TRUSTED SENDERS ONLY]Re: DEQ response

Oops.
35°56'37.61"N
89°44'34.14"W

On Fri, Feb 12, 2021 at 10:26 AM Carroll, Zachary <Zachary.Carroll@adeq.state.ar.us> wrote:

I think you copied the latitude twice

From: Robert Goff [mailto:robertlgoff@gmail.com]
Sent: Friday, February 12, 2021 10:14 AM
To: Carroll, Zachary
Subject: Re: [ATTACHMENT SCAN PENDING - OPEN TRUSTED SENDERS ONLY]Re: DEQ response

35°56'37.48"N
35°56'37.48"N

Gate/Entrance

On Fri, Feb 12, 2021 at 9:53 AM Carroll, Zachary <Zachary.Carroll@adeq.state.ar.us> wrote:

You can just email the coordinates to me.

From: Robert Goff [mailto:robertlgoff@gmail.com]
Sent: Friday, February 12, 2021 9:51 AM
To: Carroll, Zachary
Subject: Re: [ATTACHMENT SCAN PENDING - OPEN TRUSTED SENDERS ONLY]Re: DEQ response

You want me to put the gate coordinates on the NOI or just send them to you? That dan NOI won't let me fill and sign. I don't know how John Chatterton was able to do it.

On Fri, Feb 12, 2021 at 9:46 AM Carroll, Zachary <Zachary.Carroll@adeq.state.ar.us> wrote:

VI. OTHER INFORMATION:

Operator Name: EarthTech, Inc.
Operator License Number: 0007865 License Class: 2
Consultant Contact Name: Robert Goff
Consultant Email Address: robertlgoff@gmail.com
Consultant Address: PO Box 73 City: Vilonia State: AR Zip: 72173
Consultant Phone Number: 501 472 1624 Consultant Fax Number: _____

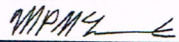
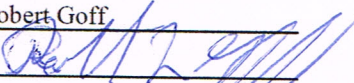
Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

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. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

MM (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
MM (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."
MM (Initial) "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 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."

Responsible Official Printed Name: Mickey McNamara Title: Vice President
Responsible Official Signature:  Date: 01/08/2021
Responsible Official Email: Mickey.McNamara@zekelman.com
Cognizant Official Printed Name: Robert Goff Title: Operator
Cognizant Official Signature:  Telephone: (501) 472-1624
Cognizant Official Email: robertlgoff@gmail.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit cannot be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check Number: _____
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

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) Atlas Tube (Arkansas) Inc
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route) P.O. Box 243
3. CITY, STATE, AND ZIPCODE: Armored AR 72310-0243

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 N/A

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.)

Facility is currently operating under NPDES permit issued by ADEQ

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: Barry Zekelman TITLE: President

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

NAME: Michael Graham TITLE: Treasurer

STREET: West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

NAME: Michael McNamara TITLE: Corporate Secretary

STREET: West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

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

NAME: Barry Zekelman TITLE: Director

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

NAME: Michael Graham TITLE: Director

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

NAME: Mickey McNamara TITLE: Director

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

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: Rick Thyen TITLE: Plant Manager

STREET: 5039 North County Road 1015

CITY, STATE, ZIP: Blytheville AR 72310

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: Atlas USA Holding Inc. TITLE: Parent

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

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: none 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: Atlas (USA) Holding Inc.

STREET: 227 West Monroe Street Suite 2600

CITY, STATE, ZIP: Chicago IL 60606

Organizational Relationship:

Wholly-owned parent-subsidiary relationship since inception

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

NAME: None

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: n/a 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.

USEPA

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, Michael McNamara, 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: Director & Corporate Secretary

DATE: January 20, 2021