ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage



version 1.13

(Submission #: HPP-W7MY-2J2VD, version 1)

Details

Submission ID HPP-W7MY-2J2VD

Form Input

Type of Permit Application

Permit Type ARG550000 - Individual Treatment System for Domestic Waste

Is this permit for an individual homeowner? No

Initial Fee (in dollars) 200

Total Fee due with Application (in dollars) 200

ARG550000: Specific Information

Exclusions

Please note that the following discharges are excluded from coverage under the ARG550000 general permit:

1. Systems with multiple discharges,

2. Facilities requiring financial assurance in accordance with Arkansas Code Annotated 8-4-203(b), and

3. Discharges that include non-domestic waste

I certify that to the best of my knowledge, this facility is not subject to the exclusions listed above. Yes

Other Exclusions

In addition to the above exclusion, waterbody-specific exclusions and/or other exclusions may be applicable. See the permit for details: https://www.adeg.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG550000.pdf

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility: https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15

Site Map

Please attach a site map that shows the following: 1. Entrance/driveway of the facility/residence, 2. Location of the treatment system, and

3. Location of the outfall

Site Map YouFirst-Model.pdf - 12/12/2022 06:37 AM Comment

NONE PROVIDED

Please attach approval from the Arkansas Department of Health (typically the EHP-19 form)

hwy319_20221205145021.pdf - 12/12/2022 06:41 AM Comment NONE PROVIDED

Permittee Information

AFIN (Enter if available) NONE PROVIDED

Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or lnc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match: <u>Arkansas Secretary of State</u>

Permittee (Legal Name)

You First Property Managment, LLC

Permitee Type Corporation/LLC

State of Incorporation or Registration Arkansas

Permittee Mailing Information

| Prefix NONE PROVI | DED | | | |
|-----------------------------|---------------|-----------|--|--|
| First Name | Middle Name | Last Name | | |
| Brett | NONE PROVIDED | Cooper | | |
| Title | | | | |
| NONE PROVI | DED | | | |
| Phone Type | Number | Extension | | |
| Mobile | 5012594134 | | | |
| Email | | | | |
| Uspackagingllc@yahoo.com | | | | |
| Address | | | | |
| 4781 HIGHWAY 319 W | | | | |
| AUSTIN, AR 72007 | | | | |
| | | | | |

Is the invoice address the same as the mailing address for permit documents? $\ensuremath{\mathsf{Yes}}$

Is there an active consultant for this facility? No

Facility/Site Information

Facility/Site Name

E

US Packaging and Wrapping

Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

| acility/ Site Information <u>Facility/Site Contact</u> | | | | |
|--|------------------------------|----------------------------|--|--|
| Prefix NONE PROVI | DED | | | |
| First Name Brett | Middle Name NONE PROVIDED | Last Name Cooper | | |
| Title Site Manager | | | | |
| Phone Type | Number | Extension | | |
| | | | | |
| Mobile | 501-259-4134 | | | |
| Mobile Email Uspackaginglio | | | | |
| Email | @yahoo.com | | | |
| Email Uspackaginglic | :@yahoo.com ddress | | | |

Facility County (if the facility/site is in multiple counties, choose "other" and explain) Lonoke

Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing 35.056813,-92.020794

Common SIC & NAICS Codes

| Facility Type | SIC Code | NAICS Code |
|--|----------|------------|
| Individual Homeowner (sewage treatment) | 4952 | 221320 |
| Solid Waste Landfill | 4953 | 562212 |
| Construction Sand and Gravel | 1442 | 212321 |
| Crushed and Broken Limestone | 1422 | 212321 |
| Crushed and Broken Stone, Not Elsewhere Classified | 1429 | 212319 |
| Water Supply | 4941 | 221310 |
| Carwashes | 7542 | 811192 |

For other SIC and NAICS codes, you can search the following website:

https://www.naics.com/search/

Primary SIC Code 4952

Primary NAICS Code 221320

Other applicable SIC codes and/or NAICS codes NONE PROVIDED

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

| Permit Name | Permit Number | Held By |
|-------------|---------------|---------|
| | | |

Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

| Operator Name | License Number | Municipal License Class | Industrial License Class |
|---------------|----------------|-------------------------|--------------------------|
| Robert Goff | 007865 | Ш | Basic |

Discharge/Outfall Information

Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

Aquaview

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36@12'34.56", 92@12'34.56") that you need to convert? No

Outfall Information

| Outfall Number | Latitude | Longitude | Estimated Flow - Please include units, such as MGD or GPD | Effluent Description | Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River) | Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used) | Coordinates Check |
|-------------------|-----------|------------|--|---|---|---|----------------------|
| 001 | 35.055522 | -92.020122 | 90 | Domestic waste from restrooms only | Sawmill branch thence into Cypress Bayou thence to Bayou Des Arc, thence to White River, thence to Mississippi River | Trash tank and FUJICLEAN CE-5 | NONE PROVIDED |
| NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED |
| NONE | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED | PROVIDED |

Responsible and Cognizant Official Information

Cognizant Official (duly authorized representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

(1) the authorization is made in writing by the applicant (or person authorized by the applicant);

(2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

Cognizant Official Designation

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Cognizant Official

| Prefix NONE PROVIDED | | | | | |
|-----------------------------|------------------------------|-------------------|--|--|--|
| First Name Robert | Middle Name NONE PROVIDED | Last Name Goff | | | |
| Title Cognizant Offic | | | | | |
| Phone Type | Number | Extension | | | |
| Mobile | 501-472-1624 | | | | |
| Email robertlgoff@gm | nail.com | | | | |

Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means: a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or

b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;

3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

a. The chief executive officer of the agency; or

b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

Responsible Official Information

| Prefix NONE PROVIDED | | | | |
|--|------------------------------|---------------------|--|--|
| First Name Brett | Middle Name NONE PROVIDED | Last Name Cooper | | |
| Title Site Manager | | | | |
| Phone Type | Number | Extension | | |
| Mobile | 501-259-4134 | | | |
| Email Uspackagingllc@yahoo.com | | | | |

Disclosure Statement or SEC Forms

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the DEQ file a Disclosure Statement with their application unless exempt for doing so under Ark.

Code Ann. �8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10-K and 10-Q filings to the Securities and Exchange Commission (SEC) in lieu of the Disclosure Statement.

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

Disclosure Statement I will attach a disclosure statement

Disclosure Statement or SEC 10-K and 10-Q forms

YouFirst.pdf - 03/14/2023 01:27 PM Comment NONE PROVIDED