

**Recertification Notice of Intent (NOI)**  
**NPDES General Permit for Water Treatment Facilities ARG640000**

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 ARG640000. You must submit this form no later than November 30, 2016. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG640021      AFIN: 34-00003  
 Permittee Name: Breckenridge-Union Water Users Association

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:	Breckenridge-Union Water Treatment Facility 6315 Arkansas Hwy. 17 Newport, AR 72112	
Facility Mailing Address:	<del>638 Hwy 145 S</del> 480 Jackson 1245 Newport, AR 72112	480 Jackson 1245 Newport, AR 72112
Responsible Official:	Robert Dale Gilliam	
Responsible Official Email:		
Cognizant Official:	Sean C Buford	
Cognizant Official Email:	buwater@live.com	
Contact Person:	Sean C Buford	
Phone Number:	(870) 217-1693	

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		
101	35°	28'	27"	-91°	13'	47"

\* 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 ARG640000 for Water Treatment Facilities.

Responsible Official Name: Robert Dale Gilliam      Responsible Official Title: President  
 Responsible Official Signature: Robert Dale Gilliam      Date: 5-24-17

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

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
 NOTICE OF INTENT  
 WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS  
 NPDES GENERAL PERMIT ARG640000

Application Type: New  Renewal  Permit # ARG64

AFIN# \_\_\_\_\_

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Breckenridge-Union Water Treatment Facility  
DEAND (CORP)  
 Operator Type:  
 Permittee Mailing Address: 480 Jackson 1245  State  Partnership  
 Permittee City: Shoffner Newport  Federal  Corporation\*  
 Permittee State: AR Zip: 72112  Sole Proprietorship/Private  
 Permittee Telephone Number: 870-217-1693 \*State of Incorporation: \_\_\_\_\_  
 Permittee Fax Number: NA The legal name of the Permittee must be  
 Permittee E-mail Address: buwater@live.com identical to the name listed with the  
 Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: SEAN Buford City: Newport  
 Invoice Mailing Company: Breckenridge-Union State: AR Zip: 72112  
 Invoice Mailing Address: 480 Jackson 1245 Telephone: 870-217-1693

**III. FACILITY INFORMATION**

Facility Name: Breckenridge-Union Facility Contact Person: SEAN Buford  
 Facility Address: NA Contact Title: Manager  
 Facility County: Jackson Telephone Number: 870-217-1693  
 Facility City, State & Zip: Shoffner, AR 72112 Contact E-mail: buwater@live.com  
 Facility SIC Code: NA Facility NAICS Code: NA Type of Business: NA  
 Facility Latitude: 35 Deg 28 Min 28.50 Sec Facility Longitude: -91 Deg 13 Min 47.28 Sec  
 Accuracy: True Method: GPS Datum: NA Scale: NA Description: NA  
 Section: 29 Township: 10N Range: 2W

**IV. DISCHARGE INFORMATION**

Outfall Type: 101 Flow: 1014 MGD (Million Gallons per Day)  
 Stream Segment: 4C Hydrologic Basin Code: 110100B 46.92 W  
 Outfall Latitude: 35 Deg 28 Min 28.50 Sec Outfall Longitude: -91 Deg 13 Min 47.28 Sec  
 Accuracy: True Method: GPS Datum: Unknown Scale: NA Description: Treatment Storage  
 Type of Treatment: Basin (Clarification Pond) Sedimentation Pond  
 Receiving Stream: 4C White River  
 Water Source: Surface water  Groundwater   
 Are aluminum based coagulants used? Yes  No   
 Is chlorinated water used for filter backwash? Yes  No   
 Do the ponds have a retention time > 24 hours? Yes  No

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

Outfall Type: 101 Flow: MGD (Million Gallons per Day)  
 Stream Segment: 4C Hydrologic Basin Code: 110100B  
 Outfall Latitude: 35 Deg 28 Min 28.92 Sec Outfall Longitude: 91 Deg 13 Min 46.92 Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Type of Treatment: Sedimentation Pond  
 Receiving Stream: 4C White River  
 Water Source: Surface water  Groundwater   
 Are aluminum based coagulants used? Yes  No   
 Is chlorinated water used for filter backwash? Yes  No   
 Do the ponds have a retention time > 24 hours? Yes  No

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
 NPDES General Permit Number (If Applicable): ARG 640021  
 State Construction Permit Number (If Applicable): NA  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Treatment System Operator Name: Loftin Kent License Number: 4420T 4420D  
 License Class: Basic  Advanced  1  2  3  4   
 Additional Location Information: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Consultant Contact Name: \_\_\_\_\_  
 Consultant Email Address: \_\_\_\_\_  
 Consultant Address: 2173 Hwy 175 City: Newport  
 State: AR Zip: 72112  
 Consultant Phone Number: 870-503-3103 Consultant Fax Number: \_\_\_\_\_

**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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

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 5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
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[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

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

NAME: NA TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: NA TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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

NAME: NA 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: NA TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: NA 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: NA TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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.)

NA

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.)

NONE

\* 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.

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

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

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

Organizational Relationship:

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

NAME: NA  
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 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: NA 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.

NA

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, SEAN Buford, 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:

Sean Buford

TITLE:

Manager

DATE:

2/16/17



**VII. CERTIFICATION OF OPERATOR**

SB (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

SB (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."

SB (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: SEAN Buford Title: Manager  
Responsible Official Signature: [Signature] Date: 2/20/17  
Responsible Official Email: \_\_\_\_\_

Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Cognizant Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Cognizant Official Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**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 can not be issued! |
|------------------------------------|-------------------------------------|--------------------------|--|
| Submittal of Complete NOI?         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Submittal of Required Permit Fee?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Check Number: _____  |
| 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 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
www.adeg.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)

Breckenridge - Union Water

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):

480 Jackson 1245

3. CITY, STATE, AND ZIPCODE:

Newport, AR 72112

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. Division:

Air  Water  Hazardous Waste  Regulated Storage Tank  Mining  Solid Waste

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 NO CHANGES

Google Maps

Shoffner Farms



Treatment Plant and Filters

Maintenance Shop

Imagery ©2017 Google, Map data ©2017 Google 50 ft

County Road 21 E

Sedimentation Pond

Generator

Discharge pipe

Backwash Tank

North well

Treatment Plant

Sedimentation Basin

Filter

South well

maintiance shop



FROM:

EAN Buford/Breckenridge-union water

0 Jackson 1245

Newport, AR 72112



1000



72118

U.S. POSTAGE  
PAID  
NEWPORT, AR  
72112  
JUN 07, 17  
AMOUNT  
**\$1.40**  
R2305E126213-06

TO:

ADEQ Permits Section

6301 Northshore Drive

North Little Rock, AR

72118 - 5317

Priority Mailer  
1/2" x 16"

Ready **P**ost