

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): Liberty Utilities (Pine Bluff Water) Inc Operator Type:  
Permittee Mailing Address: P. O. Box 6070  State  Partnership  
Permittee City: Pine Bluff  Federal  Corporation\*  
Permittee State: Arkansas Zip: 71611  Sole Proprietorship/Private  
Permittee Telephone Number: 870-534-1724 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N/A The legal name of the Permittee must be  
Permittee E-mail Address: N/A identical to the name listed with the  
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Bruce Robinson City: Pine Bluff  
Invoice Mailing Company: Liberty Utilities State: Arkansas Zip: 71611  
Invoice Mailing Address: P. O. Box 6070 Telephone: 870-489-5301

III. FACILITY INFORMATION

Facility Name: Liberty Utilities Arkansas Plant #1 Facility Contact Person: Bruce Robinson  
Facility Address: 5th and Locust Contact Title: Operations Supervisor  
Facility County: Jefferson County Telephone Number: 870-489-5301  
Facility City, State & Zip: Pine Bluff, AR 71601 Contact E-mail: bruce.robinson@libertyutilities.com  
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: Water Supply  
Facility Latitude: 34 Deg 13 Min 38.33Sec Facility Longitude: 92 Deg 01 Min 9.47Sec  
Accuracy: 189 m Method: Address Datum: WGS84 Scale: N/A Description: Facility entrance  
Section: 31 Township: T 5 S Range: R 9 W

IV. DISCHARGE INFORMATION

Outfall Type: 101 Flow: 0.144 MGD (Million Gallons per Day)  
Stream Segment: 3C Hydrologic Basin Code: 11110207  
Outfall Latitude: 34 Deg 13 Min 36.75Sec Outfall Longitude: 92 Deg 01 Min 9.45 Sec  
Accuracy: 189 m Method: Address Datum: WGS84 Scale: N/A Description: Outfall location  
Type of Treatment: Settling Pond  
Receiving Stream: Unnamed tributary, Caney Bayou, thence to the Arkansas 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 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
www.adeq.state.ar.us

Outfall Type: N/A Flow: MGD (Million Gallons per Day)  
 Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Type of Treatment: \_\_\_\_\_  
 Receiving Stream: \_\_\_\_\_  
 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): ARG640047  
 State Construction Permit Number(If Applicable): \_\_\_\_\_  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Treatment System Operator Name: Bruce Robinson License Number: 07823T4  
 License Class: Basic  Advanced  1  2  3  4   
 Additional Location Information: N/A  
 Additional Comments: N/A  
 Consultant Contact Name: Chid Kwelle  
 Consultant Email Address: ckwelle@mce.us.com  
 Consultant Address: 7302 Kanis Road City: Little Rock  
 State: Arkansas Zip: 72204  
 Consultant Phone Number: 501-371-0272 Consultant Fax Number: 501-371-9932

**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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 PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

**VII. CERTIFICATION OF OPERATOR**

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

PC (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."

PC (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: Paul Carlson Title: General Manager  
Responsible Official Signature: *Paul Carlson* Date: 7-12-2021  
Responsible Official Email: paul.carlson@libertyutilities.com

Cognizant Official Printed Name: Bruce Robinson Title: Operations Supervisor  
Cognizant Official Signature: *Bruce Robinson* Date: 7-12-2021  
Cognizant Official Email: bruce.robinson@libertyutilities.com Telephone: 870-489-5301

**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?  Yes  No
- Submittal of Required Permit Fee?  Yes  No Check Number: \_\_\_\_\_
- Submittal of Site Map?  Yes  No
- Submittal of Disclosure Statement?  Yes  No

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**MCE** McCLELLAND  
CONSULTING  
ENGINEERS, INC.  
DESIGNED TO SERVE

7302 Kanis Rd.  
Little Rock, AR 72203-4087  
P: 501-371-0272 • F: 501-371-9932

### Plant 1 Backwash Pond

Liberty Utilities  
Pine Bluff, Arkansas

Source: Liberty Utilities

MCE No. 21-5747

Scale: 1"=200'





## **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

## 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)

LIBERTY UTILITIES (PINE BLUFF WATER) INC

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

P. O. BOX 6070

3. CITY, STATE, AND ZIPCODE:

PINE BLUFF, AR 71611

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 February 2013

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.)

[Empty response box for section 6]

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.)

[Empty response box for section 7]

\* 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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

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: \_\_\_\_\_ 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: \_\_\_\_\_ 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:

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

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

Organizational Relationship:

**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, Paul Carlson, 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: General Manager

DATE: \_\_\_\_\_



