ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS NPDES GENERAL PERMIT ARG640000

ermit # ARG64 AFIN#
Operator Type:
State Partnership
Federal Corporation*
] Sole Proprietorship/Private
State of Incorporation:AR
he legal name of the Permittee must be entical to the name listed with the
rkansas Secretary of State.
ity: <u>Pine Bluff</u>
ate: Arkansas Zip: 71611
ne: 870-489-5301
Person: Bruce Robinson of Title: Operations Supervisor [fumber: 870-489-5301] E-mail: bruce.robinson@libertyutilities.com iness: Water Supply 92 Deg 02 Min 9.3 Sec N/A Description: Facility entrance
Million Gallons per Day) 2 Deg 02 Min 6.84 Sec Description: Outfall location into Louisiana

5301 NORTHSHORE 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 (N	villion Ga	llons per	Day)		
Stream Segment:	111	Hydro	ologic Basin	Code:							
Outfall Latitude:	Deg	Min	Sec	Outf	all Lo	ngitude: _			Min	Sec	
Accuracy:	Method:		Datum: _		Sca	վе:	Descr	ription:			
Type of Treatment:			-								
Receiving Stream:											
Water Source:	Surface water	Ground	lwater _]					*		
Are aluminum base	-		Yes	Ц	No	닐					
Is chlorinated water			Yes	Ц	No	닏					
Do the ponds have	a retention time >	24 hours?	Yes		No						0.000
V. FACILITY F	NPDES (State Cons	lividual Pern General Pern truction Peri	nit Number (nit Number)	(If Appl (If Appl	icable icable	e): _ARG ₆ e):					
VI. OTHER IN	FORMATION:										
Treatment System License Class:	Operator Name:	<u>Bruce Robin</u> Advanced	5011	cense N] 2 3 [or: <u>07823</u> °	ſ4				
Additional Locati	on Information:	N/A									
Additio	onal Comments:	N/A									
Consultan	Contact Name:	Chid Kwell	e								
		ckwelle@m						7.1.11	2 1		
Con	sultant Address:	A					Zip:	Little 1			
	m 1	<u>/\lambda</u>	kansas	_	Co	ısultant Fax		_72204			
Consultant	Phone Number:	501-371-027	12		COL	isuliani Cax	r rannoer.	201-3	11-9932		

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.

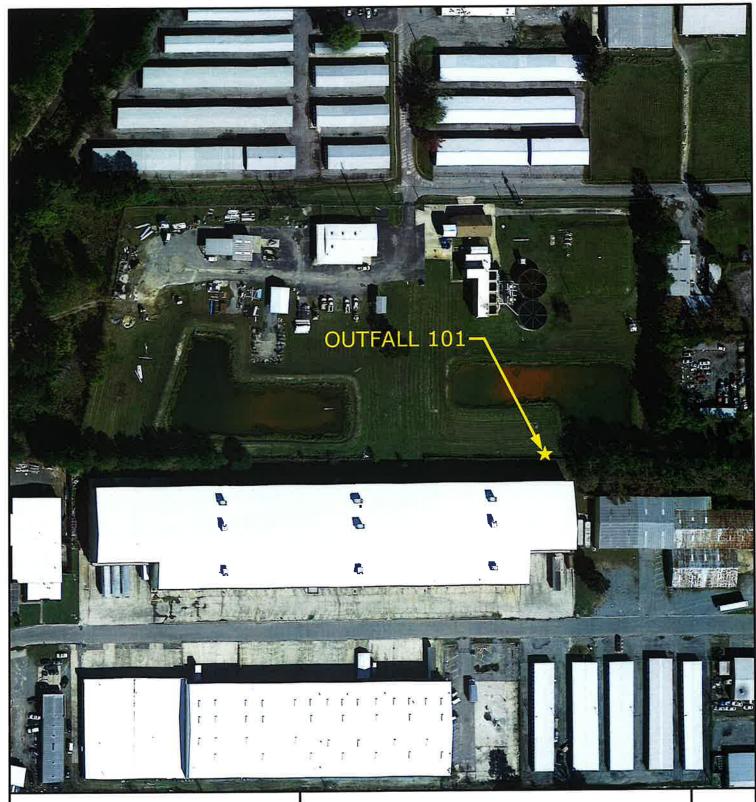
WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

VII. CERTIFICATION OF OPERA	ATOR					
representative under the provisions of Department will accept reports signed \(\frac{1}{2}\) (Initial) "I certify under penal supervision in accordance with a syst submitted. Based on my inquiry of	gnizant of 40 CF only by ty of la en desig the pers edge and	officing PR 12 the A with the A with the gned to the son on the belief	al designated in the 2.22(b). If no cograpplicant." at this document and assure that qualifit persons directly ref, true, accurate, and	nis Appl nizant o nd all a ied perso esponsib d compl	lication Ifficial Itachme Innel properties for pete. I a	is qualified to act as a duly authorize has been designated, I understand that the ents were prepared under my direction of the comparing the information gathering the information, the information aware that there are significant penaltic
Responsible Official Printed Name: Responsible Official Signature: Responsible Official Email:	Re		C.	Date		ieral Manager 21/21
Cognizant Official Printed Name: Cognizant Official Signature: Cognizant Official Email: b	5	se T	حصدتدمهم	n Tele	Date:	Operations Supervisor 7/27/21 870-489-5301
X. PERMIT REQUIREMENT VE Please check the following to veri			of permit requireme		f the quo	estions, then a permit can not be issued!
Submittal of Complete NOI? Submittal of Required Permit Fee? Submittal of Site Map? Submittal of Disclosure Statement?			Check Number:			

WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us - 7 — Revised 11/28/2011





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

Plant 2 Backwash Pond

Liberty Utilities

Pine Bluff, Arkansas

Source: Liberty Utilities

MCE No. 21-5752



Scale: 1"=300'

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:

- Mazardous 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 I 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(1);
- 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, ct. seq.;
- Individual Homeowners seeking coverage under Genoral 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 Liceuse 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
. APPLICANT: (Full Name)
IBERTY UTILITIES (PINE BLUFF WATER) INC
. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route) . O. BOX 6070
C. CITY, STATE, AND ZIPCODE:
INE BLUFF, AR 71611
A. Applicant Type:
Individual Ocrporate or Other Entity
ib. 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.)
c. Programs:
Air Water Hazardous Waste Regulated Storage Tank Mining Solld Waste Used Tire Program
i. <u>Declaration of No Changes:</u> The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the not Disclosure Statement that was filed with ADEQ on hand 21.2016

nthorization relating to	ice and credentials of the A cenvironmental regulation	. (Attach additional pa	ges, if necessary.)			
		Ones de alle dienes eldes e es	6 4*			
1. Administrative 2. Permit or licen	enforcement actions resul sc revocations or denials is	sued by any state or fed	leral authority;			
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority;			
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority;			
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority;			
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Administrative Permit or licen Actions that ha Pending actions	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	<i>2</i>		
Administrative Permit or licen Actions that ha Pending actions	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	ž	2	
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Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	ž	2	
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	27	4	
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	ž.		
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2. Permit or licen 3. Actions that ha	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and			
Administrative Permit or licen Actions that ha Pending action	enforcement actions resul sc revocations or denials is ve resulted in a finding or s.	sued by any state or fed	leral authority; on; and	2		

8. List all officers of the Applica	nt. (add additional pages, if accessary.)
NAME:	TYFLE:
STREET:	
NAME:	TITLE:
STREET;	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
D. Y int all disconnect the Associa	ant. (Add additional pages, if necessary.)
NAME:	TITLE:
STREET:	The second secon
CITY, STATE, ZIP:	
NAME:	TITLE:
	The state of the s
NAME:	TITLE:
10. List all partners of the Applic	ant. (Add additional pages, if necessary.)
NAME:	TITLE:
CITY, STATE, ZIP:	
	TITLE;
<u> </u>	
CII Y, SIAIR, ZIP:	
NAME:	TITLE:
STREET:	The state of the s
CITY, STATE, ZIP:	
11. List all persons employed by t	he Applicant in a supervisory expacity or with authority over operations of the facility subject to this application.
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
NAME;	TITLE:
NA AJEO-	
-	TITLE:
STREET:	

12, List all persons or legal entities,	who own or control more than five po	reent (5%) of the Applicant's debt or equity.
NANTS:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
NAME:	TITLE:	
CITY, STATE, ZIP:		
	e Applicant holds a debt or equity int	thest of more time title bettern (5.5)
NAME:		
		<u> </u>
CITY, STATE, ZIP:		
NAME:	TITLE:	
STREET:		
CITY, STATE, ZIP:		
14. List any parent company of the	Applicant. Describe the parent compa	ny's engoing organizational relationship with the Applicant.
NAME:		¥
STREET:		
CITY, STATE, ZIP:		
Organizational Relationship:		And the second s
45 Y Ld subsidiary of the Annie	cant. Describe the subsidiary's opgoin	g organizational relationship with the Applicant,
NAME:		
STREET:		
CITY, STATE, ZIP:		
Organizational Relationship:		
1		

16. List any person who is not now jurisdiction and who through relation Applicant in a manner which could	in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other ionship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Indversely affect the environment.
NAME:	TTTLE;
	- 11 V
CITY, STATE, ZIP:	
	TITLE:
CITY, STATE, ZIP:	
	gencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the
Applicant.	### ### ##############################

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
assure that qualified personnel pro inquiry of the person or persons wh the information, the information so	er my direction or supervision in accordance with a system designed to perly gather and evaluate the information submitted. Based on my no manage the system, or those persons directly responsible for gathering abmitted is, to the best of my knowledge and belief, true, accurate, and e significant penalties for submitting false information, including the nt for knowing violation.
APPLICANT SIGNATURE:	
TITLE: General Manager	3)
DATE: 7/24/21	