

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 #3 Facility Contact Person: Bruce Robinson
Facility Address: 5410 Industrial Drive South Contact Title: Operations Supervisor
Facility County: Jefferson Telephone Number: 870-489-5301
Facility City, State & Zip: Pine Bluff, AR 71611 Contact E-mail: bruce.robinson@libertyutilities.com
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: Water Supply
Facility Latitude: 34 Deg 15 Min 31.60 Sec Facility Longitude: 92 Deg 01 Min 9.45 Sec
Accuracy: 189 m Method: Address Datum: WGS84 Scale: N/A Description: Facility entrance
Section: 22 Township: T10 W Range: R 5 S

IV. DISCHARGE INFORMATION

Outfall Type: 101 Flow: 0.108 MGD (Million Gallons per Day)
Stream Segment: 3C Hydrologic Basin Code: 11110207
Outfall Latitude: 34 Deg 15 Min 27.1 Sec Outfall Longitude: 92 Deg 04 Min 18.0 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, Lake Langhofer, Arkansas
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

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Revised 11/28/2011

Outfall Type: _____ 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): ARG 640071
 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.

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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:  Date: 8-12-21

Responsible Official Email: paul.carlson@libertyutilities.com

Cognizant Official Printed Name: Bruce Robinson Title: Operations Supervisor

Cognizant Official Signature:  Date: 8-12-21

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.

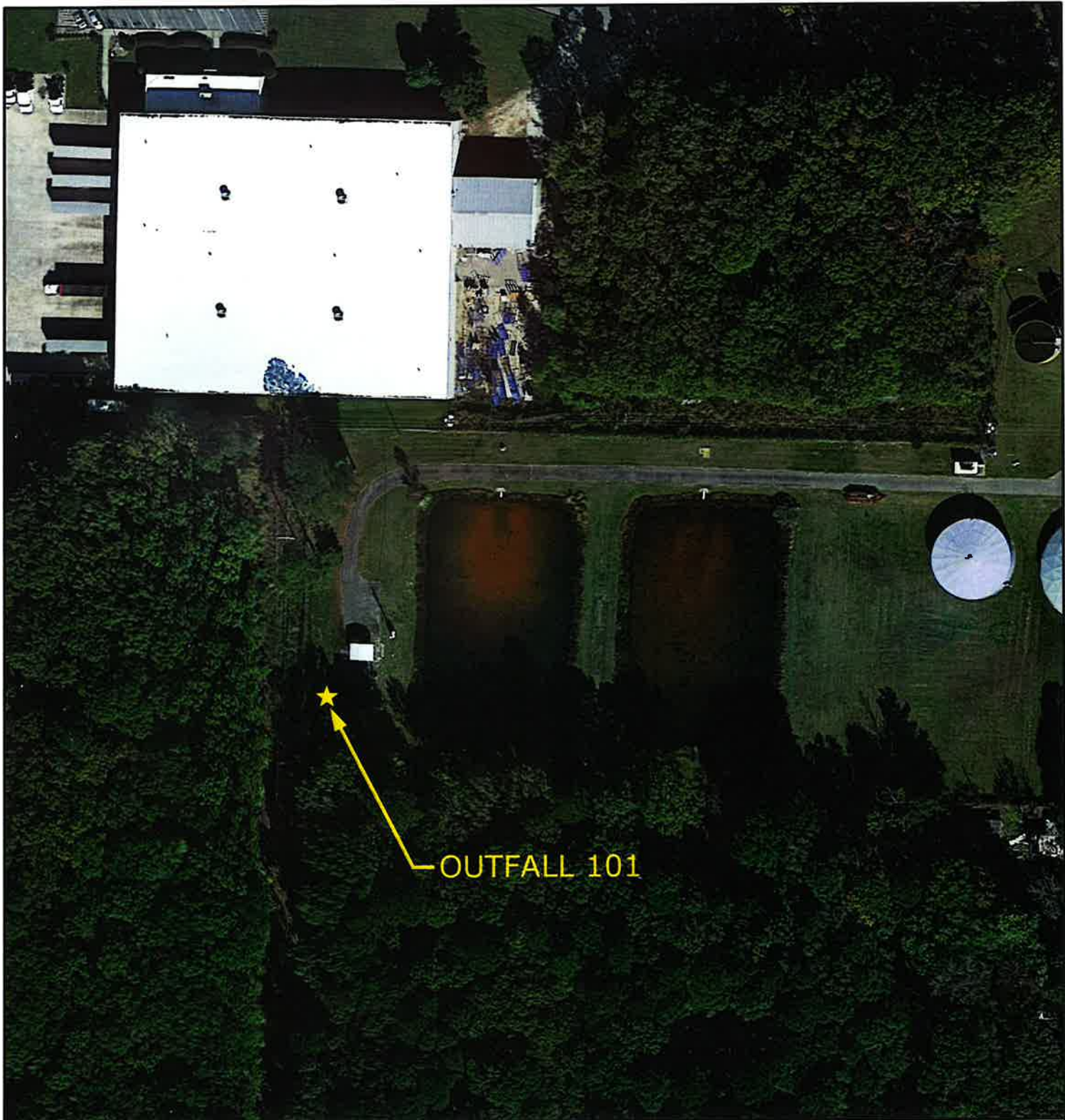
	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of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

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OUTFALL 101

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 3 Backwash Pond

Liberty Utilities
 Pine Bluff, Arkansas

Source: Liberty Utilities

MCE No. 21-5746

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:

- **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:

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: _____ 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.

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: _____