

**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: ARG640096      AFIN: 35-00217  
 Permittee Name: U.S. FDA National Center for Toxicological Research

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:	U.S. FDA National Center for Toxicological Research	
	3900 NCTR Road	
	Jefferson, AR 72079	
Facility Mailing Address:	3900 NCTR Road, <b>HFT-2</b>	
	Jefferson, AR 72079	
Responsible Official:	William Slikker, Jr., Ph.D.	
Responsible Official Email:	william.slikker@fda.hhs.gov	
Cognizant Official:	Tucker Patterson, Ph.D.	
Cognizant Official Email:	tucker.patterson@fda.hhs.gov	<b>Cognizant Official:</b>
Contact Person:	Tucker Patterson, Ph.D.	<b>also Kimberly Daniel</b>
Phone Number:	870-543-7427	<b>Kimberly Daniel@fda.hhs.gov</b>

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	34°	22'	09"	92°	06'	50"

\* 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: William Slikker, Jr. Responsible Official Title: Director NCTR/FDA

Responsible Official Signature: [Signature] Date: Nov. 10, 2016

Return the NOI form to the address below or send it electronically to: 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

June 8, 2016

Tucker Patterson, Ph.D.  
U.S. FDA National Center for Toxicological Research  
3900 NCTR Road  
Jefferson, AR 72079

Re: Renewal of NPDES General Permit ARG640000 for Water Treatment Facilities  
U.S. FDA National Center for Toxicological Research, Permit Tracking No. **ARG640096**, AFIN 35-  
**00217**

Dear Permittee:

The Department issued the renewal of the NPDES General Permit for Water Treatment Facilities (ARG640000) on June 3, 2016 with an effective date of December 1, 2016. If you wish to continue permit coverage under this general permit after November 30, 2016, please complete and return the Recertification Notice of Intent (NOI) included on the back of this correspondence to the address at the bottom of the page or send it electronically to [water.permit.application@adeq.state.ar.us](mailto:water.permit.application@adeq.state.ar.us) **NO LATER THAN November 30, 2016**. If the facility will no longer be in operation after November 30, 2016 and you wish not to renew your coverage, you must submit a Notice of Termination (NOT) before the expiration date of November 30, 2016. Failure to submit either an NOT or a Recertification NOI could result in enforcement action.

Permittees who fail to make a written request to the Director to be covered by this general permit by **November 30, 2016 will be operating without a permit** which will be in violation of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. § 8-4-101 *et seq.*), and the Clean Water Act (33 U.S.C. § 1251 *et seq.*).

A copy of the Permit, NOI, NOT, and **Disclosure Statement** forms can be obtained at the following website:  
<https://www.adeq.state.ar.us/water/permits/npdes/nonstormwater/>

Please contact Alex Kreps or Jessica Temple of the General Permits Section at (501) 682-0623 if you have any questions.

Sincerely,

*Robert E. Blanz*

Robert E. Blanz, PhD, P.E.  
Acting Sr. Operations Manager  
Office of Water Quality

**Enclosure: Recertification NOI**

# 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)

U.S. FDA National Center for Toxicological Research

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

3900 NCTR Road, HFT-2

3. CITY, STATE, AND ZIPCODE:

Jefferson, AR 72079

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 NA



**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.)**

<https://echo.epa.gov/detailed-facility-report?fid=AR3750030956>

35-00217 NCTR-USFDA-PB ARSENAL JEFFERSON COUNTY, JEFFERSON, AR 72079

List of All Permits Issued to This Facility

Note: Select underlined Permit Numbers for detailed permit information.

AR3750030956 Haz Waste EPAID Active

35000245 RST

ARG640096 Water-NPDES Active Filter Backwash 11/01/1999 04/01/2012 11/30/2016

CAA AR0000000506900118 AIR Stack Test State 10/29/2015 Findings: Pass

CAA AR0000000506900118 AIR FCE On-Site State 06/11/2015

CAA AR0000000506900118 AIR Stack Test State 01/23/2014 Findings: Pass

CAA AR0000000506900118 AIR Stack Test State 01/03/2014 Findings: Pass Pollutants: VISIBLE EMISSIONS

CAA AR0000000506900118 AIR FCE On-Site State 05/15/2013

CAA AR0000000506900118 AIR Stack Test State 09/17/2012 Findings: Pass Pollutants: VISIBLE EMISSIONS

CAA AR0000000506900118 AIR Stack Test State 08/15/2012 Findings: Pass Pollutants: VISIBLE EMISSIONS

CAA AR0000000506900118 AIR FCE On-Site State 08/15/2012

CWA ARG640096 ICP Evaluation State 10/28/2015

Enforcement and Compliance Summary [Enforcement and Compliance Summary Caveat]

CAA # of Inspections last 5 years: 3 Date of last insp: 06/11/2015 Informal Enforcement -Last 5 years: 1, Formal: 0

Informal Enforcement Actions (5 Years) CAA AR0000000506900118 Warning Letter State 07/25/2016

CWA # of Inspections last 5 years: 1 Date of last insp: 10/28/2015 Compliance Status: Noncompliance for 4/12 months, no quarters in significant violation.

RCRA Date of last inspection: 12/09/2003 Compliance Status: No Violation Qtrs in noncompliance: 0 Qtrs of significant noncompliance: 0

**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 known

<https://echo.epa.gov/detailed-facility-report?fid=AR3750030956>

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

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

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

NAME: NA 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: NA 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: William Slikker, Ph.D. TITLE: Director, FDA/NCTR

STREET: 3900 NCTR Road

CITY, STATE, ZIP: Jefferson, AR 72079

NAME: Tucker Patterson, Ph.D. TITLE: Director, RCRM - FDA/NCTR

STREET: 3900 NCTR Road, HFT-2

CITY, STATE, ZIP: Jefferson, AR 72079

NAME: Kimberly Daniel TITLE: Occupational Safety Specialist

STREET: 3900 NCTR Road, HFT-2

CITY, STATE, ZIP: Jefferson, AR 72079

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

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

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

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

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

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

NAME: NA 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: Food and Drug Administration

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

CITY, STATE, ZIP: Washington, D.C.

Organizational Relationship:

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

NAME: FDA/ORA/Arkansas Regional Laboratory

STREET: 3900 NCTR Road

CITY, STATE, ZIP: Jefferson, AR 72079

Organizational Relationship:

FDA Office of Regulatory Affairs, Arkansas Regional Laboratory is co-located with NCTR.

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: NONE TITLE: \_\_\_\_\_

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

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

NAME: NONE 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.

EPA & NRC - Nuclear Regulatory Commission



## 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, Kimberly D. Daniel, 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:**

*Kimberly D. Daniel*

DN: c=US, o=U.S. Government, ou=HHS, ou=FDA,  
ou=PIV,  
serialNumber=D72A10D821086C46CDA10DA16859010  
8724A8679872A8243E2  
Date: 2016.11.08 16:57:50 -06'00'

**TITLE:** Safety Specialist

**DATE:** 11/08/2016



**From:** [Daniel, Kimberly D](#)  
**To:** [Water Permit Application](#)  
**Cc:** [Patterson, Tucker](#); [templej@adeq.state.ar](mailto:templej@adeq.state.ar)  
**Subject:** Recertification Notice of Intent - NPDES General Permit for Water Treatment Facilities ARG640096 AFIN:35-00217  
**Date:** Thursday, November 10, 2016 3:32:06 PM  
**Attachments:** [2016-11-10 Renewal of NPDES PermitAFG640096.pdf](#)  
[Bell Billy Wastewater Treatment Operator License 2016-10-24.pdf](#)  
[Bond Richard Wastewater Treatment Operator License 2016-10-24.pdf](#)  
**Importance:** High

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Please find the attached, Recertification Notice of Intent - NPDES General Permit for Water Treatment Facilities for ARG640096, AFIN:35-00217. Along with Waste Water Treatment Operator Licenses for Billy Bell and Richard Bond.

I have also include the Disclosure Statement even though we are a government entity and according to the instructions, we should be considered exempt from submitting the disclosure statement form. However, I seem to recall reading somewhere else that failing to submit the completed disclosure statement may hinder the processing of the permit, so I have also completed and attached that form as well.

If you need any further information, please call me at 870-543-7640, or email me at [Kimberly.Daniel@fda.hhs.gov](mailto:Kimberly.Daniel@fda.hhs.gov).

Please send the permit invoice to be paid to: Tucker. [Patterson@fda.hhs.gov](mailto:Patterson@fda.hhs.gov) and [Michael.Ellis@fda.hhs.gov](mailto:Michael.Ellis@fda.hhs.gov).

*Kim Daniel*

Office: (870) 543-7640

Cell: (870) 718-3858

Cell: (501) 200-2537

Safety Specialist

Regulatory Compliance & Risk Management

National Center for Toxicological Research

Food & Drug Administration

# Arkansas Department of Environmental Quality

**Billy R. Bell, Jr.**

is a licensed

## **WASTEWATER TREATMENT OPERATOR**

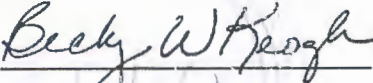
*having qualified as required by law in accordance with regulations adopted by the Arkansas Pollution Control and Ecology Commission's Regulation 3 pursuant to Arkansas Code Annotated §8-5-201 et seq, relative to operating personnel of wastewater treatment plants within the State of Arkansas.*



### **Basic Industrial**

License Number : 012263 Billy R. Bell, Jr.

Issue Date : 10/11/2016

  
Becky W. Keogh  
ADEQ Director



# Arkansas Department of Environmental Quality

**James Richard Bond**

is a licensed

## **WASTEWATER TREATMENT OPERATOR**

*having qualified as required by law in accordance with regulations adopted by the Arkansas Pollution Control and Ecology Commission's Regulation 3 pursuant to Arkansas Code Annotated §8-5-201 et seq, relative to operating personnel of wastewater treatment plants within the State of Arkansas.*



### **Basic Industrial**

License Number : 012248 James Richard

Bond

Issue Date : 10/11/2016

A handwritten signature in black ink, reading "Becky W. Keogh".

Becky W. Keogh  
ADEQ Director