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ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
PIPELINE HYDROSTATIC TESTING DISCHARGE
NPDES GENERAL PERMIT ARG670000

RECEIVED
SEP 3 - 13
In 2/30

Application Type: New Renewal Permit # ARG67
AFIN#

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Gene Summers Construction, Inc. Operator-Type: State Partnership
Permittee Mailing Address: P.O. Box 13268 Federal Corporation*
Permittee City: Manmelle Sole Proprietorship/Private
Permittee State: AR Zip: 72113 *State of Incorporation: AR
Permittee Telephone Number: 501-771-4117 The legal name of the Permittee must be
Permittee Fax Number: 501-771-6137 identical to the name listed with the
Permittee E-mail Address: gsc_con@sbcglobal.net Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Keith (Bean) Harvey City: Manmelle
Invoice Mailing Company: Gene Summers Const. Inc. State: AR Zip: 72113
Invoice Mailing Address: P.O. Box 13268 Telephone: 501-771-4117

III. FACILITY INFORMATION

Job

Facility Name: N/A Facility Contact Person: N/A
Facility Address: W Main - Harris rd Contact Title: N/A
Facility County: Pulaski Contact Telephone Number: N/A
Facility City, State & Zip: Jacksonville AR 72176 Contact E-mail: N/A
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: _____
Facility Latitude: _____ Deg Min Sec Facility Longitude: _____ Deg Min Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Section: _____ Township: _____ Range: _____

IV. DISCHARGE INFORMATION

Is the permittee capable of meeting the applicable effluent limits and conditions of the general permit?
 Yes No*

*If the answer is NO, do not submit the NOI for permit coverage.

RECEIVED
SEP 06 2013
By ZOTIA KB

SCANNED

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V. FACILITY PERMIT INFORMATION

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

VI. OTHER INFORMATION:

Additional Location Description: N/A
 Additional Comments: N/A
 Consultant Contact Name: N/A
 Consultant Email Address: N/A
 Consultant Address: N/A City: _____ State: _____ Zip: _____
 Consultant Phone Number: N/A Consultant Fax Number: N/A

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.adeg.state.ar.us/disclosure_stmnt.pdf.

VII. 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: <u>29842</u>
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

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VIII. CERTIFICATION OF OPERATOR

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

R.S. (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."

R.S. (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: Robert Summers Title: President

Responsible Official Signature: Robert Summers Date: 8/30/13

Responsible Official Email: gsc_con@sbcglobal.net

Cognizant Official Printed Name: Keith Harvey Title: Office Manager

Cognizant Official Signature: Keith Harvey Date: 8/30/13

Cognizant Official Email: gsc_con@sbcglobal.net Telephone: 501-771-4117

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
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Outfall Number:	1				
Stream Segment:	3B				
Hydrologic Basin Code:	8020402				
Outfall Latitude:	34	°	52	'	15 22" N
Outfall Longitude:	92	°	09	'	22 77" W
County:	Pulaski				
Start Date:	9-15-13		End Date:	9-30-13	
Name of Receiving Stream:	Bayou Meto				
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.	N/A				
Estimated Volume of Discharge:	86,400			gallons	
Estimated Rate of Discharge:	30 GPM			MGD	
Source of Test Water:	City Water System				
Pipeline/Vessel:	<input type="checkbox"/> Used <input checked="" type="checkbox"/> Virgin <input type="checkbox"/> Other _____				
Describe material from which pipeline/vessel was constructed:	Concrete lined Ductile Iron				
Type of fluid normally contained/transported through pipe/vessel:	WATER				
Are Corrosion Inhibitors Used?:					
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Outfall Number:	2				
Stream Segment:	3B				
Hydrologic Basin Code:	8020402				
Outfall Latitude:	34	°	52	'	15 27" N
Outfall Longitude:	92	°	09	'	24 01" W
County:	Pulaski				
Start Date:	9-15-13		End Date:	9-30-13	
Name of Receiving Stream:	Bayou Meto				
Are any of the Receiving Streams on the latest Clean Water Act section 303 (d) list of impaired waters or have an approved TMDL? If yes, list the Receiving Streams.	N/A				
Estimated Volume of Discharge:	86,400			gallons	
Estimated Rate of Discharge:	30 GPM			MGD	
Source of Test Water:	City Water System				
Pipeline/Vessel:	<input type="checkbox"/> Used <input checked="" type="checkbox"/> Virgin <input checked="" type="checkbox"/> Other _____				
Describe material from which pipeline/vessel was constructed:	Concrete lined Ductile Iron				
Type of fluid normally contained/transported through pipe/vessel:	WATER				
Are Corrosion Inhibitors Used?:	no				
Does pipeline use compressor lubricants containing polychlorinated biphenyls (PCBs)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Additional Outfalls can be added using separate attached pages.

General Permit Route Sheet

Facility Name		Gene Summers Construction Inc	
Permit Number		ARG 670781	AFIN NO.* 60-04614
Stream Segment:	387	Receiving Stream:	UT; Bayou Meto
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	KB	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	KB	9-6-13
AA (Max of 5 business days)	AFIN request (1-day)	JP	9/9
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	JP	9/9
	Complete Invoice Request Form and submit Invoice Request (same day)	JP	9/9
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	JP	9/9
Engineer	Review/organize folder for scanning (1-day)	KB	9-10-13
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)	○	9-10-13
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)		
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	JP	9/11/13
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report, due every Tuesday by 2:00 P.M.	KB	9-13-13

REMARKS: _____