

# ARG750000 Checklist

ARG75 0063

New <sup>Renewal</sup>  Renewal  Modification

Permit Fee:

AK 11/24

Disclosure Statement:

Sec. of State Check:  N/A

Discharges Path: unnamed trib, Little Pigeon Creek, North Fork River, White River

HUC: 11010006

0.77

Stream Segment: 4F

1.84

6.56

Potential Losing Stream Area:  No  Yes

Natural/Scenic Water:  No  Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

Extraordinary Resource Water:  No  Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

Ecologically Sensitive Waterbody:  No  Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

303 (d) list Impaired:  None

AK 2/11

Category 5 – Waterbody: \_\_\_\_\_ Source/Cause: \_\_\_\_\_ Distance: \_\_\_\_\_

Category 4 – Waterbody: \_\_\_\_\_ Source/Cause: \_\_\_\_\_ Distance: \_\_\_\_\_

Site Map:

- Location
- Treatment Areas
- Outfalls

Actual/Projected Wastewater Flow: 0.000025 MGD

Check with Enforcement for non-compliance issues: Date Sent 2/11/16 Response Date \_\_\_\_\_

Does the facility have any other NPDES permit:  No  Yes: \_\_\_\_\_  
↳ If Yes, verify any overlapping limits

No substances not monitored, prohibited washwater, interior cleaning water, or mixed with process water & facility uses appropriate BMPs:

Type of Treatment: Sand Filter

## Treatment System

## No Treatment System

State Construction Permit #: existing

No chemicals (water only washing):

Built according to plans statement:  N/A

Operator Name: Shannon Schaufler

Operator Name: \_\_\_\_\_

License #: 011274

License #: \_\_\_\_\_

Basic Industrial:

Basic Industrial:

Detergent/Chemicals used:

Contains Phosphorus:  Yes  No

Contains Surfactants:  Yes  No

AK 2/11/16

MSDS sheets provided:

↳ Checked with tech. services:

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
CAR/TRUCK WASH FACILITIES  
NPDES GENERAL PERMIT ARG750000

RECEIVED  
NOV 20 2015

Application Type: New  Renewal  (Permit # ARG75 0063)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): M. Shannon Schaufler Operator Type:  
Permittee Mailing Address: 1835 Hwy 5 North  State  Partnership  
Permittee City: Mtn Home  Federal  Corporation\*  
Permittee State: AR Zip: 72653  Sole Proprietorship/Private  
Permittee Telephone Number: 870-321-3341 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 870-425-2235 The legal name of the Permittee must be  
Permittee E-mail Address: schaufler2470@gmail.com identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Shannon Schaufler City: Mtn. Home  
Invoice Mailing Company: 1835 Hwy 5 North State: AR Zip: 72653  
Invoice Mailing Address: \_\_\_\_\_ Telephone: 870-321-3341

III. FACILITY INFORMATION

Facility Name: Midway Car Wash Facility Contact Person: Shannon Schaufler  
Physical Address: 6641 Hwy 5 North Telephone Number: 870-321-3341  
Directions to Facility: \_\_\_\_\_  
Facility County: Baxter Facility City, State & Zip: Midway AR 72651  
Facility Latitude: 1 Deg 31 Min 52 Sec Facility Longitude: 86 Deg 36 Min 15 Sec

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 550 avg per phone call 2/11/16  
Stream Segment: pigeon Creek 35 gpd (Gallons per Day) AK  
Outfall Latitude: 1 Deg 31 Min 52 Sec Hydrologic Basin Code: N/A  
Type of Treatment: Sand Filter Outfall Longitude: 86 Deg 36 Min 15 Sec  
Chemicals used in the process: None  
Please include the MSDS sheets.  
Is detergent or chemical used  
that contains: \_\_\_\_\_ Phosphorus:  Yes  No Surfactants: tested for but not used  Yes  No  
Receiving Stream: N/A

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00  
NPDES General Permit Number (If Applicable): ARG 750063  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Additional Location Description: N/A  
 Additional Comments: N/A  
 Consultant Contact Name: [Signature]  
 Consultant Email Address: [Signature]  
 Consultant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Consultant Phone Number: N/A Consultant Fax Number: N/A

**VII. CERTIFICATION OF OPERATOR**

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. 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. 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: Shannon Schawfle Title: Owner  
 Responsible Official Signature: [Signature] Date: 11-17-15  
 Responsible Official Email: Schawfle2476@gmail.com  
 Cognizant Official Printed Name: \_\_\_\_\_ Title: N/A  
 Cognizant Official Signature: N/A Telephone: N/A  
 Cognizant Official Email: \_\_\_\_\_

**X. PERMIT REQUIREMENT VERIFICATION**

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

- |                                    | Yes                                 | No                                  |  |
|------------------------------------|-------------------------------------|-------------------------------------|--|
| Submittal of Complete NOI?         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |
| Submittal of Required Permit Fee?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <i>mailed</i><br>New Permittees Only Check Number: _____ |
| Submittal of Site Map?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |
| Submittal of Disclosure Statement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |

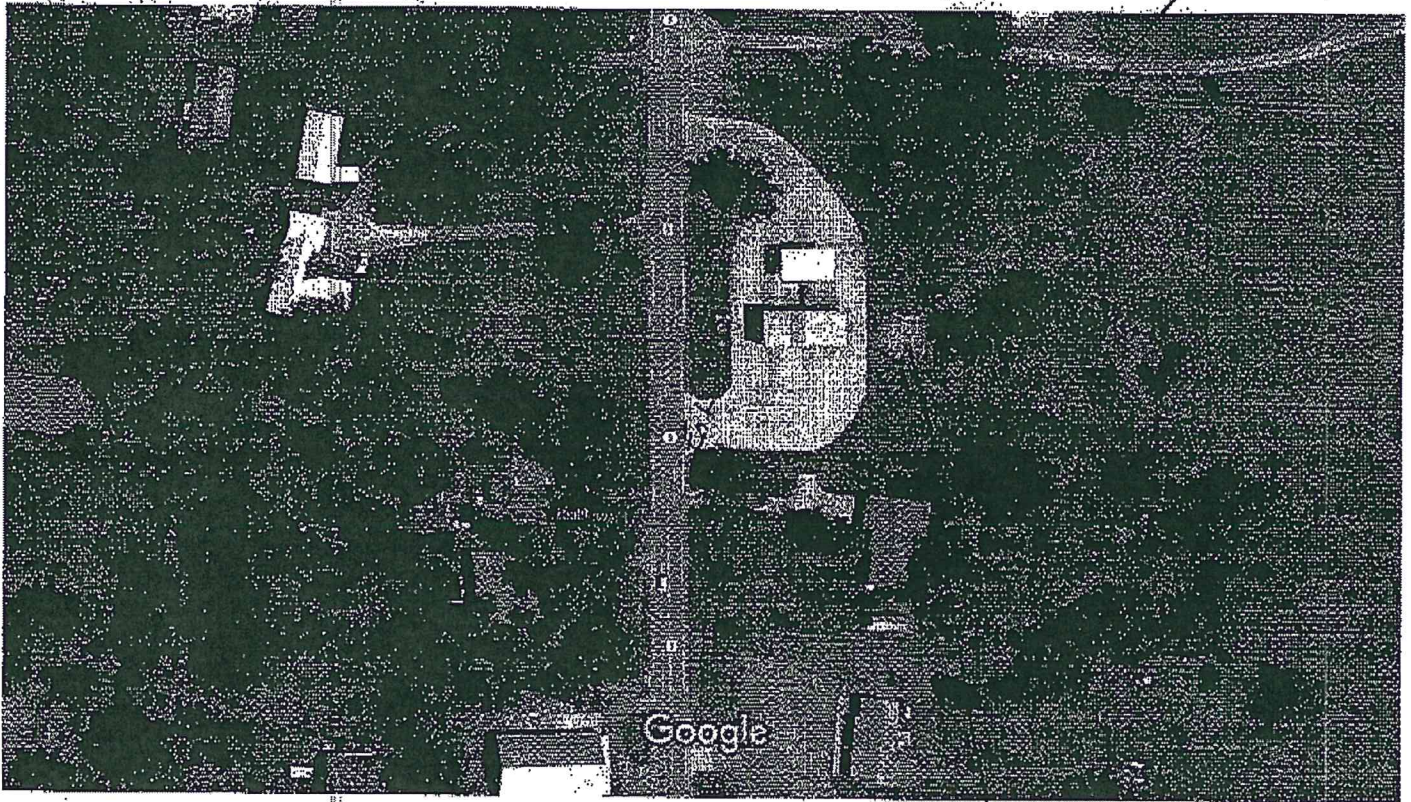
Industrial Operator's License Number: 011274

2/9/2016

United States - Google Maps

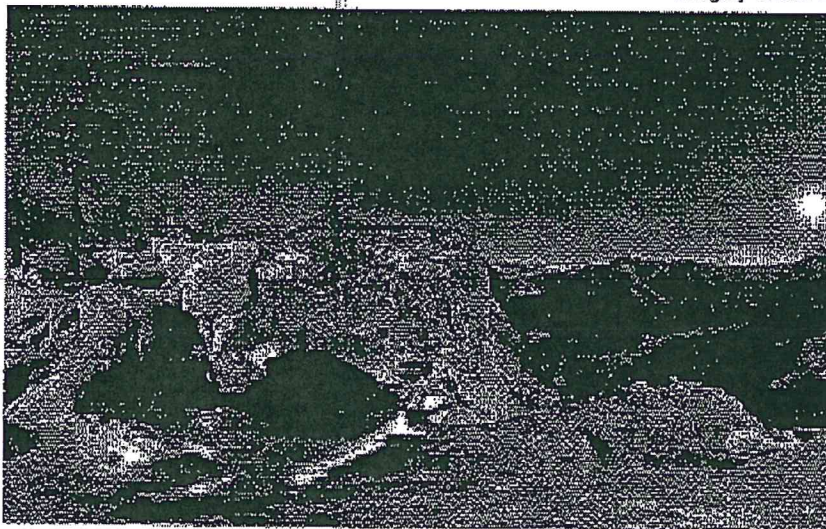
# Google Maps United States

*outflow*



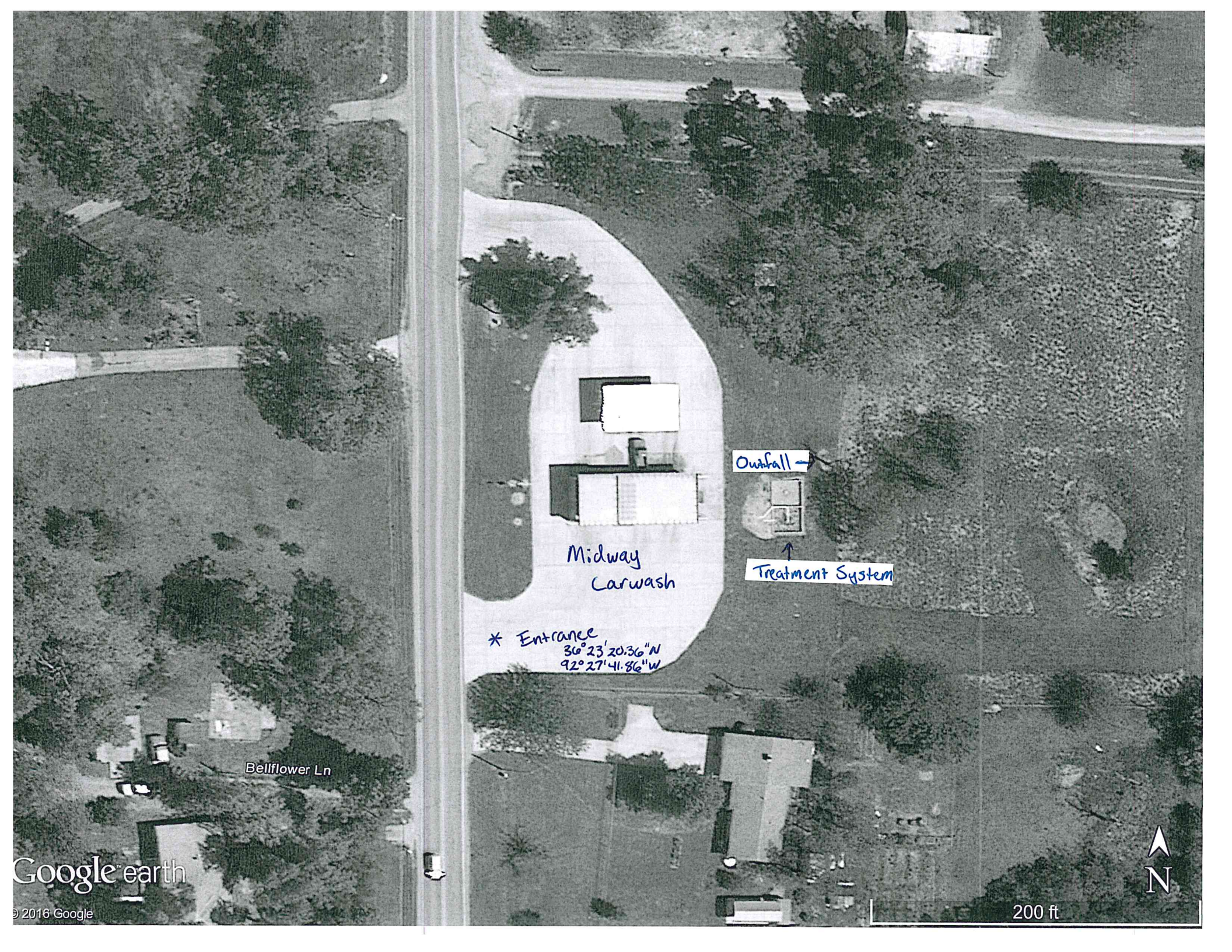
Imagery ©2016 DigitalGlobe, Map data ©2016 Google 50 ft

*Filter*



## United States





Outfall →

Midway  
Carwash

↑  
Treatment System

\* Entrance  
36° 23' 20.36" N  
92° 27' 41.86" W

Bellflower Ln

Google earth

© 2016 Google

200 ft





State of Arkansas  
Department of  
Environmental Quality



**M. Shannon Schaufler**

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.*

**Municipal Apprentice License**

License Number : 011274  
Issue Date : 2013/10/11  
Expiration Date: 2014/4/11

Handwritten signature of Jeesa Maibe in cursive script.

ADEQ Director

# 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) M. Shannon Schaufly
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 1835 Hwy 5 North
3. CITY, STATE, AND ZIPCODE: Mtn. Home AR 72653

4a. Applicant Type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission: <input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> 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 \_\_\_\_\_

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.)

- Wastewater Treatment Operator  
License Attached

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



8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A 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: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A TITLE: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

NAME: N/A 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: N/A TITLE: \_\_\_\_\_

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

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

NAME: N/A TITLE: \_\_\_\_\_

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

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

NAME: N/A 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: N/A TITLE: \_\_\_\_\_

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

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

NAME: N/A TITLE: \_\_\_\_\_

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

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

NAME: N/A 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: N/A

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

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

Organizational Relationship:

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

NAME: N/A

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 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: N/A TITLE: \_\_\_\_\_

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

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

NAME: N/A 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.

N/A

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 EPOTAL:

I, Shannon Schaufker, 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:

*[Handwritten Signature]*

TITLE:

Owner

DATE:

11-15-15