

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

Application Type: New Renewal (Permit # ARG75 00000)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): ETW ENTERPRISES, INC. Operator Type:
Permittee Mailing Address: PO BOX 559 State Partnership
Permittee City: MORRILTON Federal Corporation*
Permittee State: AR Zip: 72110 Sole Proprietorship/Private
Permittee Telephone Number: 501-354-9118 *State of Incorporation: AR
Permittee Fax Number: 501-354-3312 The legal name of the Permittee must be
Permittee E-mail Address: dale@escied.net identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: MELANIE WELLS City: _____
Invoice Mailing Company: _____ State: _____ Zip: _____
Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: ETW ENTERPRISES Facility Contact Person: Mel Askins
Physical Address: 2015 Hwy 64 Telephone Number: 501-215-0903
Directions to Facility: Hwy 64 Morrilton
Facility County: Conway Facility City, State & Zip: 72110
Facility Latitude: 35 Deg 9 Min 8.6Sec Facility Longitude: -92 Deg 42 Min 58.09Sec

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 200 gpd (Gallons per Day)
Stream Segment: Drainage basin on Roosevelt
Outfall Latitude: 35 Deg 09 Min 12.93Sec Hydrologic Basin Code: 11110203
Type of Treatment: Weir - Oil/grease pig sock absorbent Outfall Longitude: -92Deg 42 Min 56.00Sec
Chemicals used in the process: n/a
Please include the MSDS sheets.
Is detergent or chemical used that contains: Phosphorus: Yes No Surfactants: Yes No
Receiving Stream: AR River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR000000
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeg.state.ar.us

VI. OTHER INFORMATION:

Additional Location Description n/a
Additional Comments: n/a
Consultant Contact Name: Dale Guyse
Consultant Email Address: dale@escied.net
Consultant Address: PO box 326 City: Dover State: AR Zip: 72837
Consultant Phone Number: 479-890-1204 Consultant Fax Number: 479-331-1721

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: Melanie Wells Title: Manager
Responsible Official Signature: *Melanie Wells* Date: 6-1-2016
Responsible Official Email: mel@etw99.com
Cognizant Official Printed Name: SAB Title: _____
Cognizant Official Signature: *Melanie Wells* Telephone: _____
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 checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: <u>X</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>n/a</u>		