

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

Application Type: New Renewal (Permit # ARG75 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Layne Christensen Company Operator Type:
Permittee Mailing Address: 2015 S Main St State Partnership
Permittee City: Stuttgart Federal Corporation*
Permittee State: AR Zip: 72160 Sole Proprietorship/Private
Permittee Telephone Number: 870-673-1591 *State of Incorporation: Delaware
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: Logan.scherm@layne.com identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Logan Scherm City: Stuttgart
Invoice Mailing Company: Layne Christensen State: AR Zip: 72160
Invoice Mailing Address: 2015 S Main St Telephone: 870-673-1591

III. FACILITY INFORMATION

Facility Name: Layne - Stuttgart, AR Facility Contact Person: Logan Scherm
Physical Address: 2015 S Main St Telephone Number: 870-673-1591
Directions to Facility From US-165S, turn right onto E 19th St, and turn left onto S. Main St. Destination will be on your left at 2015 S. Main St.
Facility County: Arkansas County Facility City, State & Zip: Stuttgart, AR 72160
Facility Latitude: 34 Deg 28 Min 54.8034 Sec Facility Longitude: -91 Deg 33 Min 2.2926 Sec

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 50 gpd (Gallons per Day)
Stream Segment: 3B Hydrologic Basin Code: 08020402
Outfall Latitude: 34 Deg 28 Min 58.1 Sec Outfall Longitude: 91 Deg 32 Min 56.1 Sec
Type of Treatment: N/A
Chemicals used in the process: N/A - Only water used for truck washing
Please include the MSDS sheets.
Is detergent or chemical used that contains: Phosphorus: Yes No Surfactants: Yes No
Receiving Stream: Arkansas River

Outfall Number: 002 Flow: 50 gpd (Gallons per Day)
Stream Segment: 3B Hydrologic Basin Code: 08020402
Outfall Latitude: 34 Deg 28 Min 51.9 Sec Outfall Longitude: 91 Deg 32 Min 56.5 Sec
Type of Treatment: N/A
Chemicals used in the process: N/A - Only water used for truck washing
Please include the MSDS sheets.
Is detergent or chemical used that contains: Phosphorus: Yes No Surfactants: Yes No
Receiving Stream: Arkansas River

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

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): N/A
NPDES General Permit Number (If Applicable): N/A
State Construction Permit Number: N/A
NPDES General Construction Stormwater Permit Number (If Applicable): N/A

VI. OTHER INFORMATION:

Additional Location Description: N/A
Additional Comments: N/A
Consultant Contact Name: Terri Malone
Consultant Email Address: terri.malone@erm.com
Consultant Address: 9825 Kenwood Rd City: Cincinnati State: OH Zip: 45242
Consultant Phone Number: 513-802-2363 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: Matt Totsch Title: Vice President Safety/Human Resources
Responsible Official Signature: [Signature] Date: 8-17-17
Responsible Official Email: matt.totsch@layne.com
Cognizant Official Printed Name: Logan Scherm Title: Facility Manager
Cognizant Official Signature: [Signature] Telephone: 870-673-1591
Cognizant Official Email: Logan.scherm@layne.com

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?
Submittal of Required Permit Fee? New Permittees Only Check Number: _____
Submittal of Site Map?
Submittal of Disclosure Statement?
Industrial Operator's License Number: N/A - No wastewater treatment occurs on-site