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): Permittee Mailing Address: Permittee City: Permittee State: Permittee Telephone Number: Permittee Fax Number: Permittee E-mail Address: Mc /fently Excapling Operator Type: 994 Fox Person State Partnership Federal Corporation* Sole Proprietorship/Private *State of Incorporation: Arkansas The legal name of the Permittee must be permittee E-mail Address: Mc /fently Excapling Operator Type: 994 Fox Person State Partnership Federal Corporation* *State of Incorporation: Arkansas The legal name of the Permittee must be permittee E-mail Address: Mc /fently Excapling Operator Type: 994 Fox Person State Partnership Federal Partnership Federa
II. INVOICE MAILING INFORMATION
Invoice Contact Person: Ronnie Lawrence City: 46 + Springs Invoice Mailing Company: Mc Henry Fisa value State: 4rhonses Zip: 7/90 Invoice Mailing Address: 994 Fort Pass Cut Off Telephone: 50/-32/-4942
Facility Name: Milkny Excavaling Facility Contact Person: Trent Allen Physical Address: 994 Fox Pass Coff Telephone Number: 50/329-4942 Directions to Facility Take Left off Park Ave. 1.8 m/les on Right Facility County: Garland Facility City, State & Zip: Hel Springs AR 7190 Facility Latitude: 34 Deg 34 Min 1.3048ec Facility Longitude: 93 Deg 0 Min X 468ec
Outfall Number: Outfall Number: Stream Segment: Outfall Latitude: Outfall Latitude: Outfall Latitude: Type of Treatment: Chemicals used in the process: Please include the MSDS sheets. Is detergent or chemical used that contains: Phosphorus: Phosphorus: Yes No Receiving Stream: South Fork Saline Rivor
V. FACILITY PERMIT INFORMATION NPDES Individual Permit Number (If Applicable): NPDES General Permit Number (If Applicable): State Construction Permit Number: NPDES General Construction Stormwater Permit Number (If Applicable): AR00 ARG ARG ARG ARR15

VI. OTHER INFORMATION:	
Additional Location Description Additional Comments: Consultant Contact Name: Consultant Email Address: Consultant Address: Consultant Phone Number:	N/A N/A N/A N/A N/A City: N/A State: N/A Zip: N/A N N/A N/A N N/A N
official designated in this Application is 122.22(b). If no cognizant official has be Applicant. I certify under penalty of law t in accordance with a system designed to a Based on my inquiry of the person or persthe best of my knowledge and belief, true false information, including the possibility Responsible Official Printed Name: Responsible Official Signature: Responsible Official Printed Name: Cognizant Official Printed Name:	on, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant qualified to act as a duly authorized representative under the provisions of 40 CFR ten designated, I understand that the Department will accept reports signed only by the that this document and all attachments were prepared under my direction or supervision assure that qualified personnel properly gather and evaluate the information submitted sons directly responsible for gathering the information, the information submitted is, accurate, and complete. I am aware that there are significant penalties for submitting by of fine and imprisonment for knowing violations." Title: Title: The Arkansas. I certify that the cognizant penaltic significant penaltic is for submitting the information of the penaltic state. The Arkansas is certify that the cognizant penaltic significant penaltic state. The Arkansas is certify that the cognizant penaltic significant penaltic state. The Arkansas is certified to the provisions of 40 CFR that the provisions of 4
	completion of permit requirements. If you answer "NO" to any of questions below the aplete and cause a delay in the permitting process.
Submittal of Complete NOI? Submittal of Required Permit Fee? Submittal of Site Map? Submittal of Disclosure Statement?	New Permittees Only Check Number: _25645
Industrial Operator's License Number	· WIA

SAFETY DATA SHEET



Issuing Date: 05-Oct-2015

Revision Date: 05-Oct-2015

Version 1

1. IDENTIFICATION

Product Name

Dawn Ultra Dishwashing Liquid, Original Scent

Product ID:

97591965_RET_NG

Product Type:

Finished Product - Consumer (Retail) Use Only

Recommended use

Dish Care

Restrictions on Use

Use only as directed on label.

Synonyms

Dawn Ultra Dishwashing Liquid, Pomegranate Awakening (97591967_RET_NG) Dawn Ultra Dishwashing Liquid, Apple Orchard Harvest (97591968_RET_NG)

Manufacturer

PROCTER & GAMBLE - Fabric and Home Care Division

Ivorydale Technical Centre 5289 Spring Grove Avenue Cincinnati, Ohio 45217-1087 USA

Procter & Gamble Inc. P.O. Box 355, Station A Toronto, ON M5W 1C5 1-800-331-3774

E-mail Address

pgsds.im@pg.com

Emergency Telephone

Transportation (24 HR)

CHEMTREC - 1-800-424-9300 (U.S./ Canada) or 1-703-527-3887 Mexico toll free in country: 800-681-9531

2. HAZARD IDENTIFICATION

"Consumer Products", as defined by the US Consumer Product Safety Act and which are used as intended (typical consumer duration and frequency), are exempt from the OSHA Hazard Communication Standard (29 CFR 1910.1200). This SDS is being provided as a courtesy to help assist in the safe handling and proper use of the product.

This product is classifed under 29CFR 1910.1200(d) and the Canadian Hazardous Products Regulation as follows:.

Hazard Category

Eye Damage / Irritation

Category 2B

Signal Word

WARNING

Hazard Statements

Causes eye irritation

Hazard pictograms

None

Precautionary Statements -

Wash hands thoroughly after handling

Prevention

Precautionary Statements -

Response

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if

Revision Date: 05-Oct-2015

present and easy to do. Continue rinsing

If eye irritation persists: Get medical advice/attention

IF SWALLOWED:

Drink 1 or 2 glasses of water

Precautionary Statements -

Storage

None

Precautionary Statements -

Disposal

None

Hazards not otherwise classified

(HNOC)

None

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredients are listed according to 29CFR 1910.1200 Appendix D and the Canadian Hazardous Products Regulation

Chemical Name	Synonyms	Trade Secret	CAS-No	Weight %
Sulfuric acid, mono-C10-16-alkyl esters, sodium salts	Sulfuric acid, mono-C10-16-alkyl esters, sodium salts	No	68585-47-7	15 - 20
Poly(oxy-1,2-ethanediyl), alpha-sulfo-omega-hydroxy-, C10-16-alkyl ethers, sodium salts	Poly(oxy-1,2-ethanediyl), alpha-sulfo-omega-hydro xy-, C10-16-alkyl ethers, sodium salts	No	68585-34-2	5 - 10
Amine oxides, C10-16-alkyldimethyl	Amine oxides, C10-16-alkyldimethyl	No	70592-80-2	5 - 10
Ethanol	Ethanol	No	64-17-5	1 - 5

4. FIRST AID MEASURES

First aid measures for different exposure routes

Eve contact Rinse with plenty of water. Get medical attention immediately if irritation persists.

Rinse with plenty of water. Get medical attention if irritation develops and persists. Skin contact

Ingestion Drink 1 or 2 glasses of water. Do NOT induce vomiting. Get medical attention immediately if

symptoms occur.

Inhalation Move to fresh air. If symptoms persist, call a physician.

Most important symptoms/effects,

acute and delayed

None under normal use conditions.

Indication of immediate medical attention and special treatment needed, if necessary

Notes to Physician Treat symptomatically.

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media

Dry chemical, CO₂, alcohol-resistant foam or water spray.

Unsuitable Extinguishing Media

None.

Special hazard

None known.

Special protective equipment for

fire-fighters

As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH

Revision Date: 05-Oct-2015

(approved or equivalent) and full protective gear.

Specific hazards arising from the

chemical

None.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Personal precautions

Use personal protective equipment. Do not get in eyes, on skin, or on clothing.

Advice for emergency responders

Use personal protective equipment as required.

Methods and materials for containment and cleaning up

Methods for containment

Absorb with earth, sand or other non-combustible material and transfer to containers for

later disposal.

Methods for cleaning up

Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to

local / national regulations (see section 13).

7. HANDLING AND STORAGE

Precautions for safe handling

Advice on safe handling

Use personal protective equipment as required. Keep container closed when not in use. Never return spills in original containers for re-use. Keep out of the reach of children.

Conditions for safe storage, including any incompatibilities

Storage Conditions

Keep containers tightly closed in a dry, cool and well-ventilated place.

Incompatible products

None known.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Control parameters

Exposure Guidelines

Chemical Name	CAS-No	ACGIH TLV	OSHA PEL	Mexico PEL
Ethanol	64-17-5	STEL: 1000 ppm	TWA: 1000 ppm TWA: 1900 mg/m³ (vacated) TWA: 1000 ppm (vacated) TWA: 1900 mg/m³	Mexico: TWA 1000 ppm Mexico: TWA 1900 mg/m ³
	<u> </u>		I mg/m²	

Chemical Name	CAS-No	Alberta	Quebec	Ontario TWAEV	British Columbia
Ethanol	64-17-5	TWA: 1000 ppm	TWA: 1000 ppm	STEL: 1000 ppm	STEL: 1000 ppm
		TWA: 1880 mg/m ³	TWA: 1880 mg/m ³	i	

No relevant exposure guidelines for other ingredients

Exposure controls

Revision Date: 05-Oct-2015

Engineering Measures

Distribution, Workplace and Household Settings:

Ensure adequate ventilation

Product Manufacturing Plant (needed at Product-Producing Plant ONLY): Where reasonably practicable this should be achieved by the use of local exhaust

ventilation and good general extraction

Personal Protective Equipment

Eve Protection

Distribution, Workplace and Household Settings:

No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):

Use appropriate eye protection

Hand Protection

Distribution, Workplace and Household Settings:

No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):

Protective gloves

Skin and Body Protection

Distribution, Workplace and Household Settings:

No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):

Wear suitable protective clothing

Respiratory Protection

Distribution, Workplace and Household Settings:

No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):

Note

10% aqueous solution

In case of insufficient ventilation wear suitable respiratory equipment

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State @20°C

liquid

Appearance Odor

Various color by product

Scented

Odor threshold

No information available

Property

Values

pH value

9.0 - 9.2

Melting/freezing point

No information available

Boiling point/boiling range Flash point

100 - 104 °C / 212 - 219 °F No Flash to Boiling (NFTB)

Evaporation rate

No information available

Flammability (solid, gas)

No information available

Flammability Limits in Air Upper flammability limit

No information available No information available

Lower Flammability Limit Vapor pressure Vapor density

No information available No information available

Relative density Water solubility

1.04 100%

Solubility in other solvents

No information available Partition coefficient: n-octanol/waterNo information available

Autoignition temperature **Decomposition temperature**

No information available No information available

Page 4/7

Viscosity of Product

No information available

VOC Content (%)

Products comply with US state and federal regulations for VOC content in consumer

Revision Date: 05-Oct-2015

products.

10. STABILITY AND REACTIVITY

Reactivity

None under normal use conditions.

Stability

Stable under normal conditions.

Hazardous polymerization

Hazardous polymerization does not occur.

Hazardous Reactions

None under normal processing.

Conditions to Avoid

None under normal processing.

Materials to avoid

None in particular.

Hazardous Decomposition Products None under normal use.

11. TOXICOLOGICAL INFORMATION

Product Information

Information on likely routes of exposure

Inhalation

No known effect.

Skin contact

No known effect.

Indestion

No known effect.

Eye contact

Irritating to eyes.

Delayed and immediate effects as well as chronic effects from short and long-term exposure

Acute toxicity

No known effect.

Skin corrosion/irritation

No known effect.

Serious eye damage/eye irritation

Irritating to eyes.

Skin sensitization

No known effect.

Respiratory sensitization

No known effect.

Germ cell mutagenicity **Neurological Effects**

No known effect. No known effect.

Reproductive toxicity

No known effect. No known effect.

Developmental toxicity Teratogenicity

No known effect.

STOT - single exposure STOT - repeated exposure No known effect. No known effect.

Target Organ Effects

No known effect,

Aspiration hazard Carcinogenicity

No known effect. No known effect.

Component Information

Chemical Name	CAS-No	LD50 Oral	LD50 Dermal	LC50 Inhalation
Poly(oxy-1,2-ethanediyl), alpha-sulfo-omega-hydroxy-,	68585-34-2	>2001 mg/kg	-	-
C10-16-alkyl ethers, sodium salts				

12. ECOLOGICAL INFORMATION

Ecotoxicity

The product is not expected to be hazardous to the environment.

Persistence and degradability

No information available.

Bioaccumulative potential

No information available.

Mobility

No information available.

Other adverse effects

No information available.

13. DISPOSAL CONSIDERATIONS

Waste treatment

Waste from Residues / Unused

ļ.

Products

Disposal should be in accordance with applicable regional, national and local laws and regulations.

Contaminated packaging

Disposal should be in accordance with applicable regional, national and local laws and

Revision Date: 05-Oct-2015

regulations.

California Hazardous Waste Codes 331

(non-household setting)

14. TRANSPORT INFORMATION

DOT

Not regulated

IMDG

Not regulated

IATA

Not regulated

*15. REGULATORY INFORMATION

U.S. Federal Regulations

SARA 313

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product does not contain any chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372

CERCLA

This material, as supplied, contains one or more substances regulated as a hazardous substance under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302):

Chemical Name	CAS-No	Hazardous Substances RQs	Extremely Hazardous Substances RQs	CERCLA/SARA 302 TPQ
Sodium hydroxide	1310-73-2	1000 lb	-	

Clean Air Act, Section 112 Hazardous Air Pollutants (HAPs) (see 40 CFR 61)

This product contains the following substance(s) which are either listed as hazardous air pollutants (HAPS) or VOC's per the Clean Air Act:

Chemical Name	ČAS-No	CAA (Clean Air Act) - 1990 Hazardous Air Pollutants
Phenoxyethanol	122-99-6	X

Clean Water Act

This product contains the following substances which are regulated pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42):

Chemical Name	CAS-No	CWA - Reportable Quantities	CWA - Toxic Pollutants	CWA - Priority Pollutants	CWA - Hazardous Substances
Sodium hydroxide	1310-73-2	1000 lb	-	-	Х

California Proposition 65

Revision Date: 05-Oct-2015

This product is not subject to warning labeling under California Proposition 65.

U.S. State Regulations (RTK)

Chemical Name	CAS-No	New Jersey
Ethanol	64-17-5	X

Chemical Name	CAS-No	Massachusetts
Ethanol	64-17-5	X

Chemical Name	CAS-No	Pennsylvania
Ethanol	64-17-5	X
Sodium hydroxide	1310-73-2	X
Phenoxyethanol	122-99-6	Χ

International Inventories

United States

All intentionally-added components of this product(s) are listed on the US TSCA Inventory.

This product is in compliance with CEPA for import by P&G.

Legend

TSCA - United States Toxic Substances Control Act Section 8(b) Inventory

CEPA - Canadian Environmental Protection Act

16. OTHER INFORMATION

Issuing Date:

05-Oct-2015

Revision Date:

05-Oct-2015

Disclaimer

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text

End of SDS



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) MCHENY Exchafing Inc.
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route): 994 Fox Pass Cit Off Rd. 3. CITY, STATE, AND ZIPCODE: Hot Springs, AR, 71901
3. CITY, STATE, AND ZIPCODE: Hot Springs, AR, 71901
4a. Applicant Type:
Individual Corporate or Other Entity
4b. Reason for Submission:
Permit License Certification Operational Authority
ew 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

6. Describe the experience and authorization relating to enviro	credentials of the Applican	t, including the receipt of	any past or present pe	rmits, licenses, certificat	ions or operational
				CHenry Agg.	regates
but I h	a disclosure nave never f	fled under	McHenry	Excavating	
			•		
7. List and explain all civil or o		vernment agencies involvi	ng environmental prot	ection laws or regulation	ns against the Applicant *
2. Permit or license re	Forcement actions resulting in evocations or denials issued resulted in a finding or a set	by any state or federal au	thority;		

8. List all officers of the Applicant. (Add add	ditional pages, if necessary.)
Michael mellonin	TITLE: President
NAME: 11 (GLAP) CO-th posta 0	Park Road
STREET: 100 CONNEY[NE	S. ATL 71913
CITY, STATE, ZIP: HOT SPYTYIG	A MIC IIII
	TITE E.
	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
STREET:	
CITY, STATE, ZIP:	
9. List all directors of the Applicant. (Add 2	
NAME: Michael MCH	renyme: President
STREET: 180 Catherine	Park Road
CITY, STATE, ZIP: Hot Spring	Park Road S. AR 71913
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME.	TITLE:
CILI, SIAIE, LIF:	
10. List all partners of the Applicant. (Add	additional pages, if necessary.)
	TITLE:
-	TILE.
CILL, STATE, ZIF:	
NAME.	TITLE:
STREET:	
CITY, STATE, ZIP:	
OIII, DIGIE, MII	
	TITLE:
CITY, STATE, ZIP:	
11 List all paragram amplayed by the Applica	ant in a supervisory capacity or with authority over operations of the facility subject to this application.
no choosi word -	the in a supervisory capacity or with authority over operations of the facility subject to this application.
NAME: IVILLIAU VI PHENYY	Park Road 9s PRZ 71913
STREET: 180 COTTENME	PAR KOAN
CITY, STATE, ZIP: TYDT SPYIM	95, 1916 11115
	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:

12. List all persons or legal entities, who own	or control more than five percent (5%) of the Applicant's debt or equity.
NAME: Michael Matterry	TITLE: Tresident
NAME: IVICIOE! II STORY	THE ATTIMET
STREET: 180 Catherine Vo	rk Road An 71913
CITY STATE ZIP. HOT SOYINGS	AN 7193
CITI, STATE, ZII.	
NAME:	TITLE:
erdeet.	
CITY, STATE, ZIP:	
NAME:	TITLE:
CITY, STATE, ZIP:	
13. List all legal entities, in which the Applic	ant holds a debt or equity interest of more than five percent (5%).
NAME:	TITLE:
STREET:	
CITY STATE 71P.	·
CITT, STATE, ZII .	
NAME:	TITLE:
CTDEET.	
CITY, STATE, ZIP:	
NIAME.	TITLE:
NAME.	· · · · · · · · · · · · · · · · · · ·
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: NAME: STREET: CITY, STATE, ZIP: Organizational Relationship:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: NAME: STREET: CITY, STATE, ZIP: Organizational Relationship:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: NAME: STREET: CITY, STATE, ZIP: Organizational Relationship:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. De	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: NAME: STREET: CITY, STATE, ZIP: Organizational Relationship:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: STREET: STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: STREET: STREET:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.
STREET: CITY, STATE, ZIP: 14. List any parent company of the Applicant NAME: STREET: CITY, STATE, ZIP: Organizational Relationship: 15. List any subsidiary of the Applicant. Do NAME: STREET: CITY, STATE, ZIP: CITY, STATE, ZIP:	nt. Describe the parent company's ongoing organizational relationship with the Applicant.

I. 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 amaner which could adversely affect the environment. NAME: NITTLE:		
STREET: CITY, STATE, ZIP: NAME: 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.	jurisdiction and who through relationship by blood	or marriage or through any other relationship could be reasonably expected to significantly influence
STREET: CITY, STATE, ZIP: NAME: 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.		TITLE:
NAME: 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.	STREET:	
NAME: 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.	CITY STATE ZIP:	
STREET:		
17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.		
Applicant.	CITY, STATE, ZIP:	
Applicant.		
Applicant.	17 List all federal environmental agencies and an	y other environmental agencies outside this state that have or have had regulatory responsibility over the
NA		y vinos en montena agranda o cara como como como como como como como com
1~ 1+1	NID	
	10 [11	

ι

18. VERIFICATION AND ACKNOWLEDGEMENT

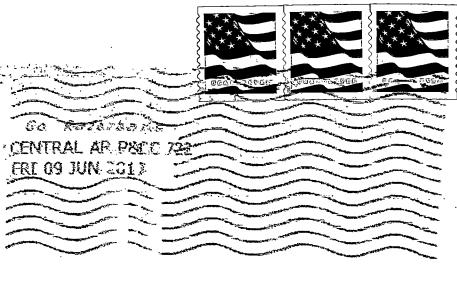
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of 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, MCMae MC Henry, 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:
TITLE: Trosdut
DATE: 4/4/17

McHenry Excavating, Inc. 994 Fox Pass Cut Off Hot Springs, AR 71901



A.D.E.Q. Water Division 5301 Novemshare Drive No. Little Rock, AR 72118-5317