

# ARG750000 Notice of Intent for Car/Truck Wash Facilities

version 1.25

(Submission #: HPC-4TXG-527QG, version 2)

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nform  
DPEPORTALIIS.ADPCEDMZ.state.ar.us  
Date: 2021.10.13 16:25:45 -0500  
Reason: Copy Of Record  
Location: North Little Rock, Arkansas



## Details

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**AFIN** 43-03603  
**Reference #** ARG750114  
**Submission ID** HPC-4TXG-527QG  
**Submission Reason** Modification

## Form Input

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### Common Information

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#### Facility Information

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Please provide the following information about the Facility.

##### Facility Name

Custom Truck One Source

##### North American Industry Classification System (NAICS)

Please provide the NAICS codes and descriptions for your facility.

[Click here to search for and review the NAICS Codes via the Census Bureau NAICS Lookup](#)

##### Primary NAICS Code and Description

333120 - Construction Machinery Manufacturing

##### Secondary NAICS Code and Description

NONE PROVIDED

##### Tertiary NAICS Code and Description

NONE PROVIDED

**Facility Physical Address****Contact****Prefix***NONE PROVIDED***First Name***Jude***Last Name***Gordon***Title***General Manager***Organization Name***Custom Truck One Source***Phone Type***Business***Number***501-941-4330***Extension****Email***jgordon@customtruck.com***Fax***NONE PROVIDED***Physical Address***4045 HIGHWAY 5**CABOT, AR 72023**Lonoke, United States***Facility Physical Location Latitude and Longitude***34.9506158,92.068635***Facility Mailing Address****Contact****Prefix***NONE PROVIDED***First Name***Jude***Last Name***Gordon***Title***General Manager***Organization Name***Custom Truck One Source***Phone Type***Business***Number***501-941-4330***Extension****Email***jgordon@customtruck.com***Fax***NONE PROVIDED***Mailing Address***4045 Highway 5**cabot, AR 72023**United States***Owner Information**

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Please provide the following information for the owner. If the owner is a corporation it must exactly match the name registered with the Secretary of State. Please use the following link to reference the Secretary of State registered name listing.

[Click here to view the Secretary of State registered name listing](#)

**Secretary of State's Filing Number***NONE PROVIDED***Legal Organization***Corporation (Domestic or Foreign, includes for-profit, nonprofit, and corporation d/b/a company)*

**Owner Type**  
Private Industry

**CORRECTION REQUEST (CORRECTED)**

**Proof of Good Standing Certificate not Attached**

There is no proof of good standing certificate attached. Please log back into the portal and attach a "proof of good standing certificate" from the Arkansas Secretary of State.

Created on 10/12/2021 11:04 AM by **Barry Manasco**

**1 COMMENT**

**Richard L Smith (rick@midwest-training.com) (10/13/2021 4:19 PM)**

Attached document

**Owner Information**

**Contact**

**Prefix**

NONE PROVIDED

**First Name**

Jude

**Last Name**

Gordon

**Title**

General Manager

**Organization Name**

Custom Truck One Source

**Phone Type**

Business

**Number**

501-941-4330

**Extension**

**Email**

jgordon@customtruck.com

**Fax**

NONE PROVIDED

**Owner Address**

4045 Highway 5

cabot, AR 72023

United States

**Billing Information**

Please provide the following information for the Billing contact for this permit application.

## Billing Information

### Billing Contact

**Prefix**

NONE PROVIDED

**First Name**

Jude

**Last Name**

Gordon

**Title**

General Manager

**Organization Name**

Custom Truck One Source

**Phone Type**

Business

**Number**

501-941-4330

**Extension****Email**

jgordon@customtruck.com

**Fax**

NONE PROVIDED

**Billing Address**

4045 Highway 5

Cabot, AR 72023

United States

## Other Information

**Permittee (Legal Name)**

Custom Truck One Source

**Standard Industrial Classification (SIC) code**

3531

**State of Incorporation**

Arkansas

### Consultant Information

**Prefix**

NONE PROVIDED

**First Name**

Richard

**Last Name**

Smith

**Title**

Consultant

**Organization Name**

Midwest Training and Consulting Services

**Phone Type**

Business

**Number**

913-712-8077

**Extension****Email**

rick@midwest-training.com

**Fax**

NONE PROVIDED

**Address**

401 S CLAIRBORNE RD

OLATHE, KS 66062

United States

**Current Facility Permit Information**

Stormwater Permit ARR000000 expiration 06/30/2024

**Additional Information**

NONE PROVIDED

**Driving Directions to Facility**

4045 Highway 5, Cabot, AR

**Industrial Operator's License Number**

NA

**AFIN (if applicable)**

43-03603

**Discharge Information (1 of 1)****Outfall Number**

1

**Estimated Flow (Gallons per day)**

400

**Map showing Stream Segments and Hydrologic Basin Codes**

If you need assistance determining the Stream Segment and/or Hydrologic Basin Code for this location, please use the map at the link provided below.

The Stream Segment is a number followed by a letter.

The Hydrologic Basin Code is a seven or eight digit number.

[Map showing Stream Segments and Hydrologic Basin Codes](#)

**Stream Segment**

4D

**Hydrologic Basin Code**

8020301

**Outfall Latitude and Longitude**

34.950576,92.068474

**Receiving Stream**

Glade Branch

**Chemicals Used in the process**

NONE

**Type of Treatment**

Oil/Water Separator

**Is a detergent or chemical used in the process that contains phosphorus?**

No

**Is a detergent or chemical used that contains surfactants?**

No

**Required Attachments****Site Map Attachment**

[sitediagram.docx - 10/05/2021 05:57 AM](#)

**Comment**

NONE PROVIDED

**Disclosure Statement (or both 10K and 10Q) Attachment**

Signed Document.pdf - 10/05/2021 08:30 AM

**Comment**

NONE PROVIDED

**MSDS Sheets if applicable**

NONE PROVIDED

**Comment**

Not Applicable

**Proof of Good Standing**

UCO Equipment, LLC Arkansas COGS-c.pdf - 10/13/2021 04:18 PM

**Comment**

NONE PROVIDED

**Responsible and Cognizant Official Information**

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**Responsible Official Signatory Requirements**

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The information contained in this form must be certified by a RESPONSIBLE OFFICIAL as defined below:

Corporation: principal officer at least the level of vice president

Partnership: a general partner

Sole Proprietorship: the proprietor/owner

Municipal, State, Federal, or other public facility: principal executive officer, or ranking elected official

**Responsible Official Title**

General Manager

**Responsible Official First Name**

Jude

**Responsible Official Last Name**

Gordon

**Responsible Official Email Address**

jgordon@customtruck.com

**Cognizant Official Requirements**

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A COGNIZANT OFFICIAL is an individual that is given signature authority from the Responsible Official.

**Cognizant Official First Name**

Richard

**Cognizant Official Last Name**

Smith

**Cognizant Official Email Address**

rick@midwest-training.com

**Revisions**

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Revision	Revision Date	Revision By
Revision 1	10/1/2021 7:31 AM	Richard L Smith
Revision 2	10/13/2021 4:03 PM	Richard L Smith

## Agreements and Signature(s)

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### **SUBMISSION AGREEMENTS**

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

*"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."*

**Signed**  
**By** Richard L Smith on 10/13/2021 at 4:25 PM