

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): William D. Neal Operator Type:
Permittee Mailing Address: 360 Sara Lane ☐ State ☐ Partnership
Permittee City: Mountain Home ☐ Federal ☐ Corporation*
Permittee State: Arkansas Zip: 72653 ☒ Sole Proprietorship/Private
Permittee Telephone Number: (870) 321-1707 *State of Incorporation: LLC-ARKANSAS
Permittee Fax Number: None The legal name of the Permittee must be
Permittee E-mail Address: wneal6217@gmail.com identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: William D. Neal City: Mountain Home
Invoice Mailing Company: _____ State: Arkansas Zip: 72653
Invoice Mailing Address: 360 Sara Lane Telephone: (870) 321-1707

III. FACILITY INFORMATION

Facility Name: Midway Car Wash Facility Contact Person: William D. Neal
Physical Address: 6641 Hwy. 5 North Telephone Number: (870) 321-1707
Directions to Facility: _____
Facility County: Baxter Facility City, State & Zip: Midway, Arkansas 72651
Facility Latitude: 01 Deg 31 Min 52Sec Facility Longitude: 86 Deg 36 Min 15Sec

IV. DISCHARGE INFORMATION

Outfall Number: 1 (one) Flow: 550 gpd (Gallons per Day)
Stream Segment: Pigeon Creek Hydrologic Basin Code: N/A
Outfall Latitude: 01 Deg 31 Min 52 Sec Outfall Longitude: 86 Deg 36 Min 15 Sec
Type of Treatment: Sand Filter
Chemicals used in the process: None
Please include the MSDS sheets.
Is detergent or chemical used
that contains: Phosphorus: ☐ Yes ☒ No Surfactants: ☒ Yes ☐ No
Receiving Stream: _____

V. FACILITY PERMIT INFORMATION

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

VI. OTHER INFORMATION:

Additional Location Description: None
Additional Comments: None
Consultant Contact Name: _____
Consultant Email Address: _____
Consultant Address: _____ City: _____ State: _____ Zip: _____
Consultant Phone Number: _____ Consultant Fax Number: _____

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: William D. Neal Title: Owner
Responsible Official Signature: *William D. Neal* Date: March 2, 2022
Responsible Official Email: wneal6217@gmail.com
Cognizant Official Printed Name: N/A Title: N/A
Cognizant Official Signature: _____ 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? ☐ ☐
Submittal of Required Permit Fee? ☐ ☐ **New Permittees Only** Check Number: _____
Submittal of Site Map? ☐ ☐
Submittal of Disclosure Statement? ☐ ☐
Industrial Operator's License Number: 013150

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us



Outfall

Midway
Carwash

Treatment System

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

Bellflower Ln

Google earth

© 2016 Google

200 ft



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)

William D. Neal

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

360 Sara Lane

3. CITY, STATE, AND ZIPCODE:

Mountain Home, AR 72653

4a. Applicant Type:

☐ Individual ☒ Corporate or Other Entity

4b. Reason for Submission:

☒ Permit ☐ License ☐ Certification ☐ Operational Authority

☒ New Application ☐ Modification ☐ Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

☐ Air ☒ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste ☐ Used Tire Program

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

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

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

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 law 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 EPORTAL:

I, William Neal, 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: Owner

DATE: March 2, 2022