

Arkansas Department of Environmental Quality
 NPDES Branch, Water Division
 P. O. Box 8913
 Little Rock, AR 72219
 (501) 682-0622

RECEIVED
 JUN 30 2006

AFIN 34-00289

NOTICE OF INTENT

Dischargers of Treated Groundwater/ Surface Water Resulting from **Cleaning of**
 Groundwater/ Surface Water Which May Have Been Contaminated with Petroleum Fuels
 GENERAL PERMIT ARG790000

ARG79 0077

1. Operator Information

Applicant (Operator) Name: Williams TravelCenters, Inc.			Name of Facility: Former Williams #7326		
Mailing Address (permit and DMRs will be sent to this address): One Williams Center, MD-48-6			Facility Physical Address: 1020 W. Third Street		
Mailing City: Tulsa	State: OK	Zip: 74172	Facility City: Newport	State: AR	Zip: 72112
Phone Number: (918) 573-4371					
Fax Number: (918) 573-4421			Applicant type (circle one): Private Federal <u>Public</u> State Corp		
E-mail (optional):			Other (describe):		

2. Invoice Mailing Information

Invoice Contact Person: Roger Paulson			Invoice Mailing Address: 1683 N. Shelby Oaks Dr., Ste. 5		
Invoice Mailing Company: SEMS, Inc.			City: Memphis	State: TN	Zip: 38134
Telephone: (901) 381-5225			Email (optional):		

3. Owner Name (if different from operator):

4. Cognizant Official Name:

Dan L. Reutlinger

Owner Address:

Cognizant Official Title: Sr. Project Manager

City: State: Zip:

Cognizant Official Telephone: (918) 573-4371

5. Facility SIC Code : 5441

Description of Facility Operations

Groundwater pump and treat
remedial system

6. Facility Location Information:

Latitude: 35 Degrees 36 Minutes 4.5 Seconds
 Longitude: 91 Degrees 17 Minutes 15.4 Seconds
 Section: 11 Township: 1N Range: 3W
 County: Jackson
 Accuracy: D Method: D/M/S Datum: NAD83 Scale: 1:24,000
 Description: Topographic map
 Hydrologic Basin Code: 11010013

7. Construction permit (if applicable)

Number _____

Date Issued _____

8. Outfall 101	
(a) Stream Segment: 4C	(b) Hydrologic Basin Code: 11010013
(c) Outfall Latitude: 35°36'4.5" Longitude: 91°17'15.4" Accuracy: D Method: M/S Datum: NAD83 Scale: 1:24,000 Description: Topographic map	(d) Section: 11 Township: 11N Range: 3W
(e) Receiving Stream: storm drain to White River	(f) Flow (actual or projected): 0.06768 MGD
(g) Type of treatment: oil/water separator and air stripper	

9. Facility has Individual NPDES Permit: (circle one) YES NO
 Permit Number: _____ (If YES, the operator or individual named in this Notice of Intent specifically requests termination of the NPDES Permit listed herein upon the effective date of coverage under this general permit. Yes NO)

10. Applicant has previously submitted, or has on file with this Department, a complete Disclosure Form as required by Act 454 of 1991:
 If YES, date submitted: Unknown Division: NPDES ARG790077
 If NO, Submit a Disclosure Form.

CERTIFICATION STATEMENT

JES (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above."

JES (Initial) "I certify that the cognizant official designated in this Notice of Intent 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 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 who manage the system, or those persons directly responsible for gathering 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."

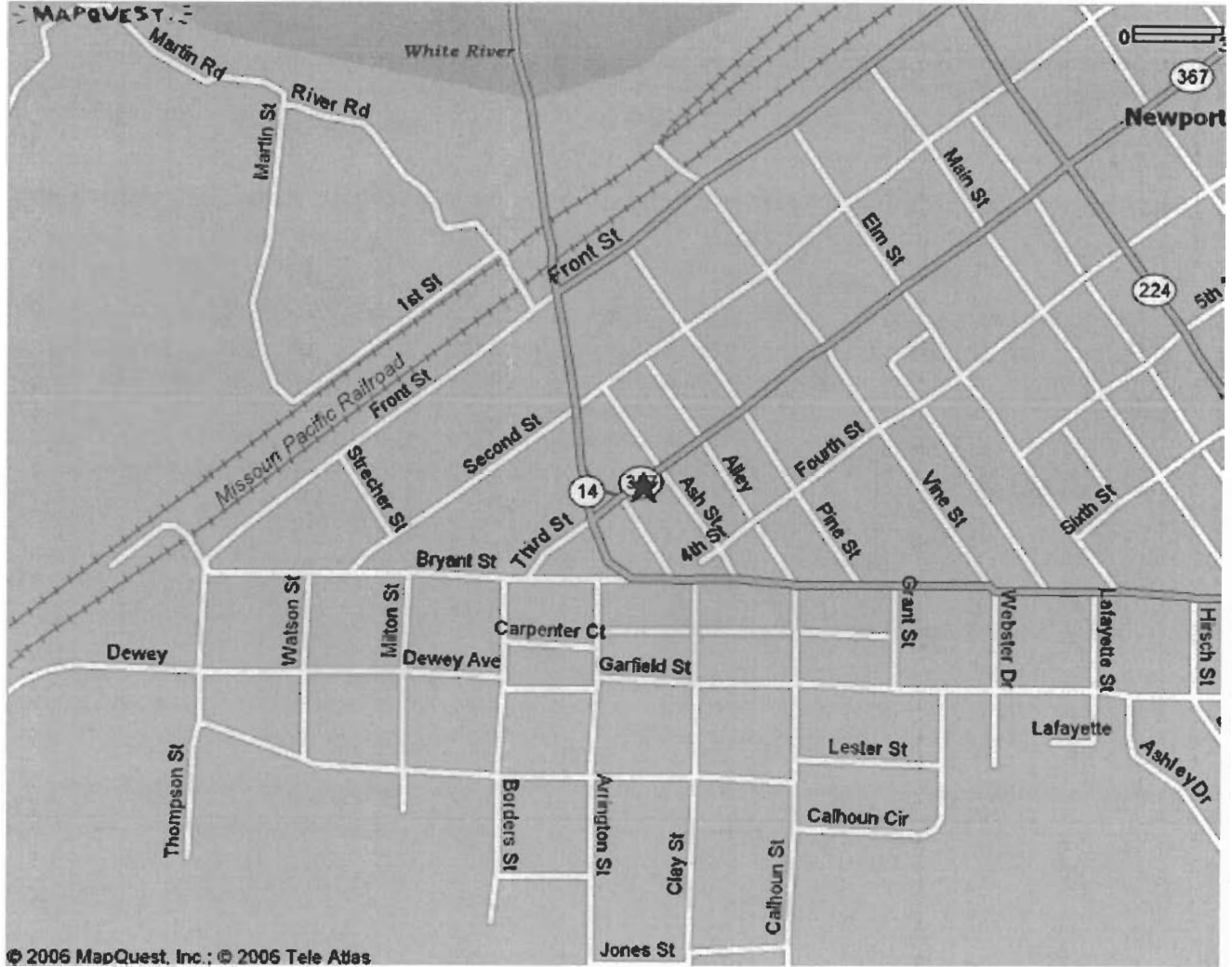
Printed Name: James E. School Title: Vice President
 Signature: *James E. School* Date: 6/20/06

COGNIZANT OFFICIAL
 Printed Name: Danny L. Reutlinger Title: Sr. Project Manager
 Signature: *Danny L. Reutlinger* Telephone: (918)-573-4371



★ 1020 Third St

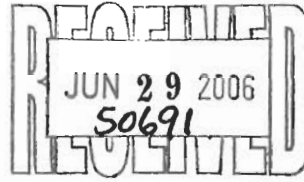
Newport, AR 72112-3226, US



All rights reserved. Use Subject to License/Copyright

This map is informational only. No representation is made or warranty given as to its content. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.





UR

June 26, 2006



Mr. Mark L. Owen
Enforcement Administrator
Arkansas Dept. of Environmental Quality
NPDES Section, Water Division
8001 National Drive
P.O. Box 8913
Little Rock, AR 72219

Re: NPDES Notice of Intent
Former Williams #7326
1020 W. Third Street, Newport, AR
NPDES Permit ARG790077

Dear Mr. Owen:

As requested in your correspondence dated May 19, 2006, enclosed is an NPDES Notice of Intent for the above-referenced site.

If you have any questions or comments, please do not hesitate to contact us at your convenience.

Respectfully submitted,
SEMS, Inc.

Roger Paulson, PG #1824
Project Manager

Cc: Mr. Dan Reutlinger (Williams)