

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
GROUNDWATER CLEAN-UP DISCHARGE  
NPDES GENERAL PERMIT ARG790000**

Application Type:    New                       Renewal  (Permit # ARG79 \_\_\_\_\_)

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): United States Air Force                      Operator Type:  
Permittee Mailing Address: 2261 Hughes Avenue, Suite 155     State                       Partnership  
Permittee City: Lackland                       Federal                       Corporation\*  
Permittee State: Texas                      Zip: 78236                       Sole Proprietorship/Private  
Permittee Telephone Number: 210 395-8267                      \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N/A                      The legal name of the Permittee must be  
Permittee E-mail Address: mark.davis.5@us.af.mil                      identical to the name listed with the  
Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: N/A                      City: N/A  
Invoice Mailing Company: N/A                      State: N/A                      Zip: N/A  
Invoice Mailing Address: N/A                      Telephone: N/A

**III. FACILITY INFORMATION**

Facility Name: Blytheville Municipal Airport                      Facility Contact Person: Barry Harrison/Babu Madabhushi  
Facility Address: 4701 Memorial Dr                      Telephone Number: \_\_\_\_\_  
Driving Directions to Facility: N/A  
Facility County: Mississippi                      Facility City, State & Zip: Blytheville, AR-72315  
Facility Latitude: 35 Deg 57 Min 52 Sec N                      Facility Longitude: 89 Deg 56 Min 38 Sec W  
Accuracy: N/A                      Method: N/A                      Datum: 254                      Scale: \_\_\_\_\_                      Description: N/A  
Facility SIC Code: N/A                      Facility NAICS: N/A

**IV. DISCHARGE INFORMATION**

Does the discharge originate from groundwater cleanup?                      Yes                       No

Is the treatment system designed and constructed to provide adequate treatment of wastewater to meet the effluent limitations of the ARG790000? (If no, you are not eligible for this general permit.)                      Yes                       No

Is this a multi-component waste that is not solely from a gasoline/diesel spill? (If yes, you are not eligible for this general permit.)                      Yes                       No

Does the discharge from this facility enter a waterbody that has an established TMDL? If yes, please state the pollutant specified in the TMDL and the source of the information.                      Yes                       No   
Not Applicable \_\_\_\_\_



Outfall Number: 001 Estimated Flow: 0.05 MGD (Million Gallons per Day)  
 Outfall Description: Creek  
 Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: Unknown  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Receiving Stream: \_\_\_\_\_

Outfall Number: \_\_\_\_\_ Flow: \_\_\_\_\_ MGD (Million Gallons per Day)  
 Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Receiving Stream: \_\_\_\_\_

**V. CONSTRUCTION PERMIT REQUIREMENTS**

Is this permit also covering construction of the treatment system? Yes  No   
 If yes, have you included Arkansas Form 1 and design, plans and specifications stamped by a Professional Engineer registered in the State of Arkansas and an additional \$500 permit fee? Yes  No

**VI. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00 N/A  
 NPDES General Permit Number (If Applicable): ARG790000  
 State Construction Permit Number: AR N/A C  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 N/A  
 NPDES Industrial Stormwater General Permit Number: ARR00 N/A  
 Other Department Permits: N/A

**VII. OTHER INFORMATION:**

Additional Location Description: N/A  
 Type of Treatment System: N/A  
 Additional Comments: This is the stormwater from an excavation.  
 Consultant Contact Name: Babu S Madabhushi  
 Consultant Email Address: Babu.madabhushi@aecom.com  
 Consultant Address: 7650 NW 19 Street City: Miami State: Florida Zip: 33126  
 Consultant Phone Number: 305-884-8900 Consultant Fax Number: 305-884-2665

**VIII. 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

WATER DIVISION  
 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
 PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeq.state.ar.us](http://www.adeq.state.ar.us)  
 Revised 6/2/2015



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: Mark K. Davis Title: Project Manager  
 Responsible Official Signature: *Mark K. Davis* Date: 20 Oct 2016  
 Responsible Official Email: mark.davis.5@us.af.mil

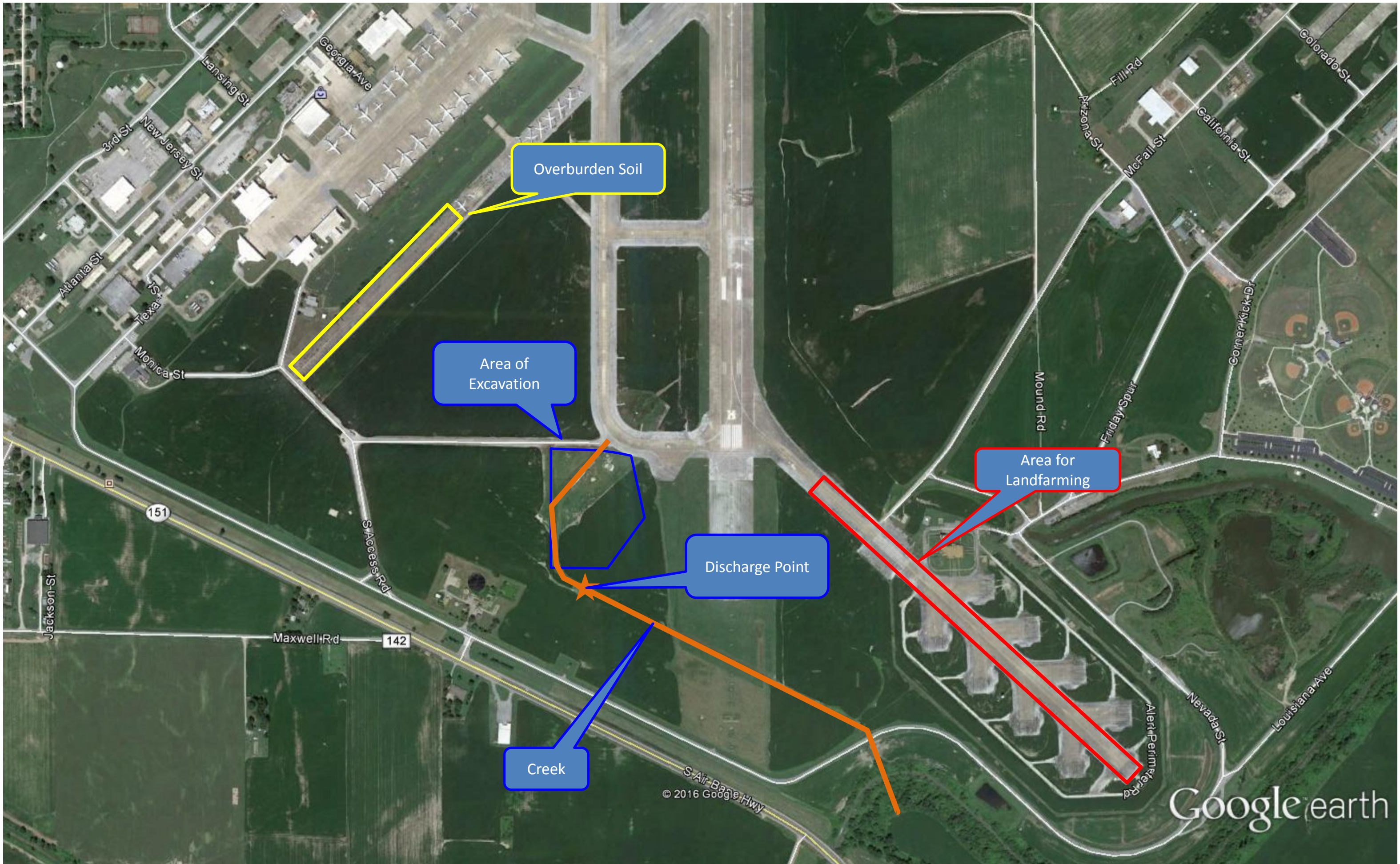
Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Cognizant Official Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Cognizant Official Email: \_\_\_\_\_

**IX. 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>New Permittees Only</b> Check Number: _____
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>N/A</u>		





Overburden Soil

Area of Excavation

Discharge Point

Area for Landfarming

Creek