

ARG790000 Checklist

ARG790116 New ☒ Renewal ☐ Modification ☐

Discharges to unnamed tributary of Bayou Imbeau, thence to Bayou Imbeau, thence to Bayou Bartholomew

HUC: 08040205 Stream Segment: 2B

Ecologically Sensitive Waterbody (ESW): No ☒ Yes ☐

Extraordinary Resource Water (ERW): No ☒ Yes ☐

Natural and Scenic Waterway (NSW): No ☒ Yes ☐

Losing Stream Area: No ☒ Yes ☐

Reservoir (e.g. lakes): No ☒ Yes ☐

303(d) list Impaired: None ☐

☒ Category 5 – Waterbody: Bayou Imbeau Source/Cause: DO/Path Ind./Pb Distance: 0.05 mi

☒ Category 4 – Waterbody: Bayou Bart. Source/Cause: Silt/Turb Distance: 4 mi

Is the waste solely from a gasoline/diesel spill? Yes ☒ No ☐

Does the facility require Financial Assurance? Yes ☐ No ☒

Is the facility in significant non-compliance with another permit? Yes ☐ No ☐ N/A ☒

Site Map: ☒ Location

☒ Treatment Areas

☒ Outfalls

Actual / projected wastewater flow: 0.007 MGD

Name of Operator: Steven D. Patterson Basic Industrial License Number: 010633

Secretary of State ☒

Permit Fee ☒

Disclosure Statement ☒

RST ☒

Water Planning Geologist ☒

Information entered in Access ☒

Other Comments: See ARG790116C for construction/installation details



April 30, 2020

Division of Environmental Quality
WATER DISCHARGE PERMITS SECTION
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: Notice of Intent (ARG790000) and ADEQ Disclosure Statement
Former Food Mart #3
Pine Bluff, AR

To whom it may concern:

Pollution Management, Inc. (PMI) has prepared the above referenced Notice of Intent (NOI) for groundwater clean-up discharge to surface water. This action is being taken under the direction of the Arkansas Division of Environmental Quality (DEQ)- Regulated Storage Tanks Remediation Program in accordance with LUST Case #35-0198.

Accompanying the NOI is a Disclosure Statement and a check for \$500.00 to cover the NOI permit fee.

Should you require additional information please do not hesitate to contact me.

Sincerely,

Steven D. Patterson- Geologist
Project Manager – Environmental Division

SDP:tlr
Enclosures
Job # FREE-10679

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): Freeman Brothers Oil Company, LLC Operator Type:
Permittee Mailing Address: 806 E. Center ☐ State ☐ Partnership
Permittee City: Sheridan ☐ Federal ☐ Corporation*
Permittee State: Arkansas Zip: 72150 ☒ Sole Proprietorship/Private
Permittee Telephone Number: 870-917-5504 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: dan1947@windstream.net identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Daniel Murdaugh City: Little Rock
Invoice Mailing Company: Pollution Management, Inc. State: Arkansas Zip: 72205
Invoice Mailing Address: 3512 South Shackelford Road Telephone: 501-221-7122

III. FACILITY INFORMATION

Facility Name: Shell Food Mart #3 Facility Contact Person: Butch Womble
Facility Address: 1502 East Harding Telephone Number: 501-545-1155
Driving Directions to Facility: South side of East Harding at intersection of Nebraska Street
Facility County: Jefferson Facility City, State & Zip: Pine Bluff, AR 71611
Facility Latitude: 34 Deg 12 Min 45.19 Sec N Facility Longitude: 91 Deg 59 Min 09.78 Sec W
Accuracy: +/- 25 m Method: Interpolation-Satellite Datum: WGS84 Scale: 1:63000 Description: Buld. Ctr.
Facility SIC Code: 5541 Facility NAICS: 447110

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

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us
Revised 6/2/2015

Outfall Number: 001 Estimated Flow: 0.007 MGD (Million Gallons per Day)
Outfall Description: Storm water drainage ditch northwest of store site.
Stream Segment: 3C Hydrologic Basin Code: 8020401
Outfall Latitude: 34 Deg 12 Min 46.23 Sec N Outfall Longitude: 91 Deg 59 Min 10.67 Sec W
Accuracy: +/- 25 m Method: Interpolation-Satellite Datum: WGS84 Scale: 1:63000 Description: Release point
Receiving Stream: Caney Bayou to Bayou Bartholomew

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
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: AR C
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
NPDES Industrial Stormwater General Permit Number: ARR00
Other Department Permits: _____

VII. OTHER INFORMATION:

Additional Location Description: _____
Type of Treatment System: Dual-phase Extraction system with air-stripping
Additional Comments: _____
Consultant Contact Name: Steven Patterson
Consultant Email Address: spatterson@pmico.com
Consultant Address: 3512 S. Little City: Rock State: AR Zip: 72205
Consultant Phone Number: 501-221-7122 Consultant Fax Number: 501-221-7775

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

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us
Revised 6/2/2015

Responsible Official Printed Name: Dan Freeman Title: V/P
Responsible Official Signature: [Signature] Date: 4-30-20
Responsible Official Email: dan1947@windstream.net

Cognizant Official Printed Name: Daniel Murdaugh Title: Senior Project Manager
Cognizant Official Signature: [Signature] Telephone: 501-221-7122
Cognizant Official Email: dmurdaugh@pmico.com

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"/> |
| 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>010633, 013124</u> | |

New Permittees Only Check Number: 84365

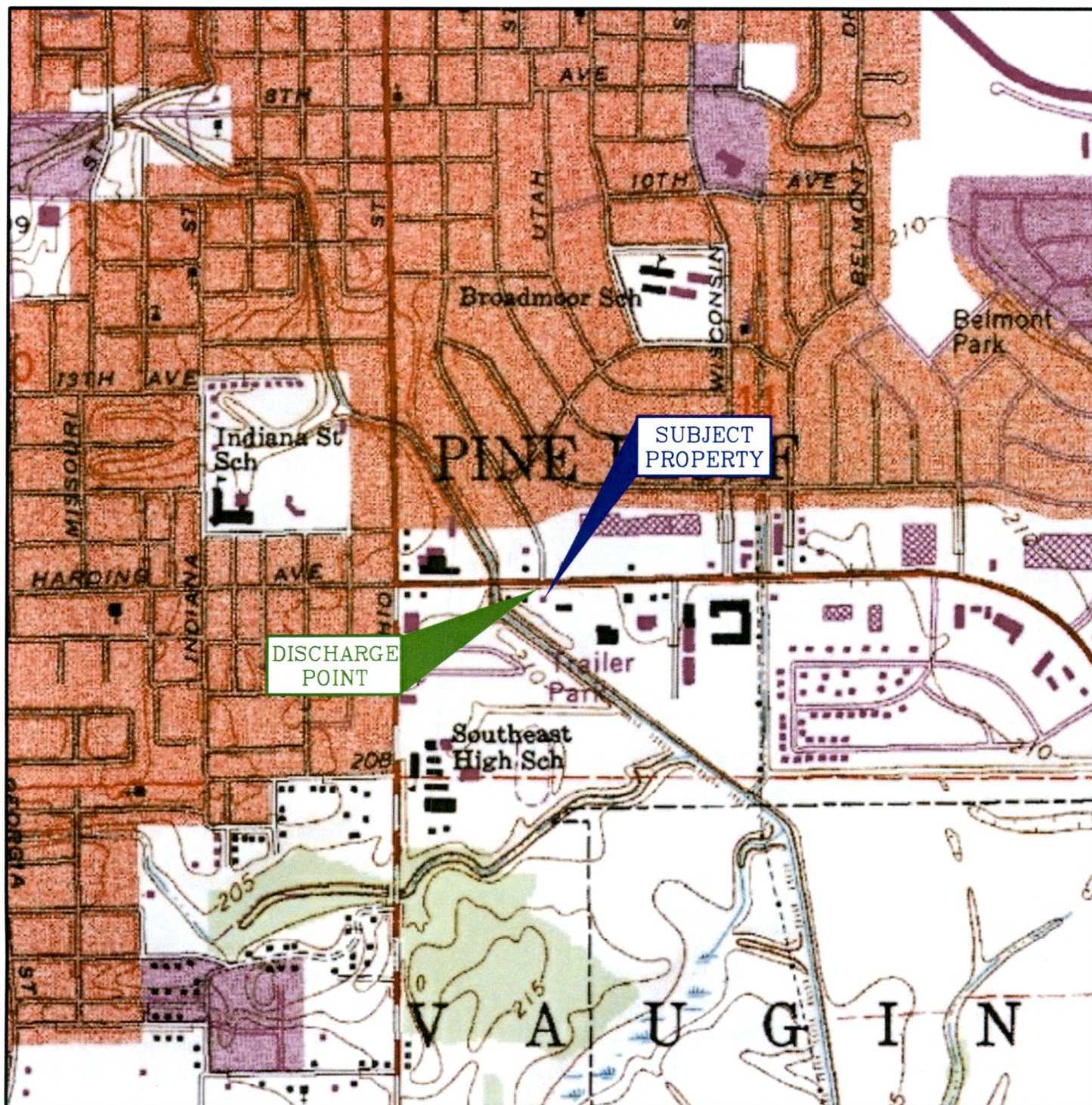


FIGURE NO. 1
TOPOGRAPHIC MAP MAP TAKEN FROM LADD QUADRANGLE MAP

FREE PRODUCT REMOVAL WORK PLAN
FORMER SHELL FOOD MART #3
1502 EAST HARDING AVENUE
PINE BLUFF, ARKANSAS



CIVIL ENGINEERING AND
ENVIRONMENTAL SERVICES
3512 South Shackleford Road
Little Rock, Arkansas 72205
(501) 221-7122 fax (501) 221-7775

| | |
|------------|---------------|
| SUBMITTED: | S. PATTERSON |
| DRAWN: | S. PATTERSON |
| CHECKED: | D. MURDAUGH |
| DATE: | APR. 14, 2020 |

SCALE:

0 1000'

JOB NUMBER:
FREE-10679

FILE: FIGURE 1- SITE LOCATION MAP.DWG

RE: Groundwater Cleanup permit for Shell Food Mart #3

Frazier, David

Mon 5/4/2020 3:52 PM

To: Carroll, Zachary <Zachary.Carroll@adeq.state.ar.us>;

Thank you, Zachary. Yes, we are working with PMI on this project.

We thought this would be a short-term project discharging into the City's sanitary sewer; but, that option is going to be too expensive for an extended remediation project. Hence the need for a discharge permit.

David T. Frazier, P.G. | Geologist Supervisor
Division of Environmental Quality | Office of Land Resources
Assessment & Remediation – Regulated Storage Tanks
5301 Northshore Drive | North Little Rock, AR 72118
t: 501-682-0982 | e: frazier@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

From: Carroll, Zachary
Sent: Monday, May 04, 2020 3:39 PM
To: Frazier, David
Subject: Groundwater Cleanup permit for Shell Food Mart #3

Hi David,

We got a groundwater cleanup permit application in from Shell Food Mart #3 (owned by Freeman Brothers Oil Company, LLC). I've attached the notice of intent to this email.

Just wanted to make sure that RST was aware of the situation and had no objections to OWQ issuing groundwater cleanup permit coverage to them.

Thanks,
Zachary Carroll

Re: Groundwater cleanup permit for Shell Food Mart #3

Martin, Joe

Tue 5/12/2020 7:43 AM

To: Carroll, Zachary <Zachary.Carroll@adeq.state.ar.us>;

Hello Zach,

This looks fine. Bayou Bartholomew in that area is impaired for lead but that shouldn't be an issue for gasoline clean up. Let me know if you have any questions.

Thanks,
Joe

From: Carroll, Zachary
Sent: Monday, May 4, 2020 3:49 PM
To: Martin, Joe
Subject: Groundwater cleanup permit for Shell Food Mart #3

Hi Joe,

We got a groundwater cleanup permit application in from Shell Food Mart #3 (owned by Freeman Brothers Oil Company, LLC). I've attached the notice of intent to this email.

We used to send these to Roger Miller (planning geologist) for review, but since he retired, I wasn't sure who in planning to contact.

Thanks,
Zach



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

| | |
|-------------------|---|
| Corporation Name | FREEMAN BROTHERS OIL COMPANY, LLC |
| Fictitious Names | |
| Filing # | 811165984 |
| Filing Type | Limited Liability Company |
| Filed under Act | Domestic LLC; 1003 of 1993 |
| Status | Good Standing |
| Principal Address | 806 E. CENTER SHERIDAN, AR 72150 |
| Reg. Agent | TERRY L MATHEWS |
| Agent Address | 211 S SPRING STREET LITTLE ROCK, AR 72201 |
| Date Filed | 04/27/2018 |
| Officers | DAN FREEMAN , Incorporator/Organizer TIMOTHY D RIDGE CPA, Tax Preparer |
| Foreign Name | N/A |
| Foreign Address | |
| State of Origin | N/A |

[Purchase a Certificate of Good
Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)



Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

| | |
|-------------------|---|
| Corporation Name | FREEMAN BROTHERS OIL COMPANY, LLC |
| Fictitious Names | |
| Filing # | 811165984 |
| Filing Type | Limited Liability Company |
| Filed under Act | Domestic LLC; 1003 of 1993 |
| Status | Good Standing |
| Principal Address | 806 E. CENTER SHERIDAN, AR 72150 |
| Reg. Agent | TERRY MATHEWS |
| Agent Address | 111 CENTER STREET SUITE 2200 LITTLE ROCK, AR 72201 |
| Date Filed | 04/27/2018 |
| Officers | DAN FREEMAN , Incorporator/Organizer TIMOTHY D RIDGE CPA, Tax Preparer |
| Foreign Name | N/A |
| Foreign Address | |
| State of Origin | N/A |

[Purchase a Certificate of Good
Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)

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)

FREEMAN BROTHERS OIL COMPANY, LLC

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

806 E. CENTER

3. CITY, STATE, AND ZIP CODE:

SHERIDAN, AR 72150

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 _____

8. List all officers of the Applicant. (add additional pages, if necessary.)

NAME: Walter Freeman TITLE: Pres
STREET: 5300 Central U #6C
CITY, STATE, ZIP: Hot Springs AR 71913

NAME: Dan Freeman TITLE: VP / sec
STREET: 208 W. Mockingbird
CITY, STATE, ZIP: Shelton AR 72150

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ 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: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ 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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ 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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ 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: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

| |
|--|
| |
|--|

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

| |
|--|
| |
|--|

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.)

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.)

* 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.

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: _____ TITLE: _____

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.

| |
|--|
| |
|--|

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, DAN FREEMAN, 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:

D. Freeman

TITLE: VIP

DATE: 4-30-20



May 26, 2020

Ms. Loretta Carstens, P.E.
Office of Water Quality
ARKANSAS ENERGY & ENVIRONMENT
DIVISION OF ENVIRONMENTAL QUALITY
5301 Northshore Drive
North Little Rock, AR 72118-5328

via email: Loretta.carstens@adeq.state.ar.us

RE: State Construction Permit Number ARG790116C
Shell Food Mart #3
Pine Bluff, Arkansas

Dear Ms. Carstens:

This letter is in response to your letter dated May 27, 2020 regarding plans, specification and design calculations for the groundwater treatment system. MK Environmental provided PMI with the groundwater treatment system P&ID drawing and a system layout of the treatment system. MK Environmental selected the treatment system based on field data and contamination data provided by PMI. PMI has used MK Environmental groundwater and soil vapor (dual phase) systems many times and are familiar with the design and operation. The MK Environmental system is designed in accordance with good engineering practices for the planned remediation use.

Should you have any questions or require additional information, please do not hesitate to contact me at 501-221-7122.

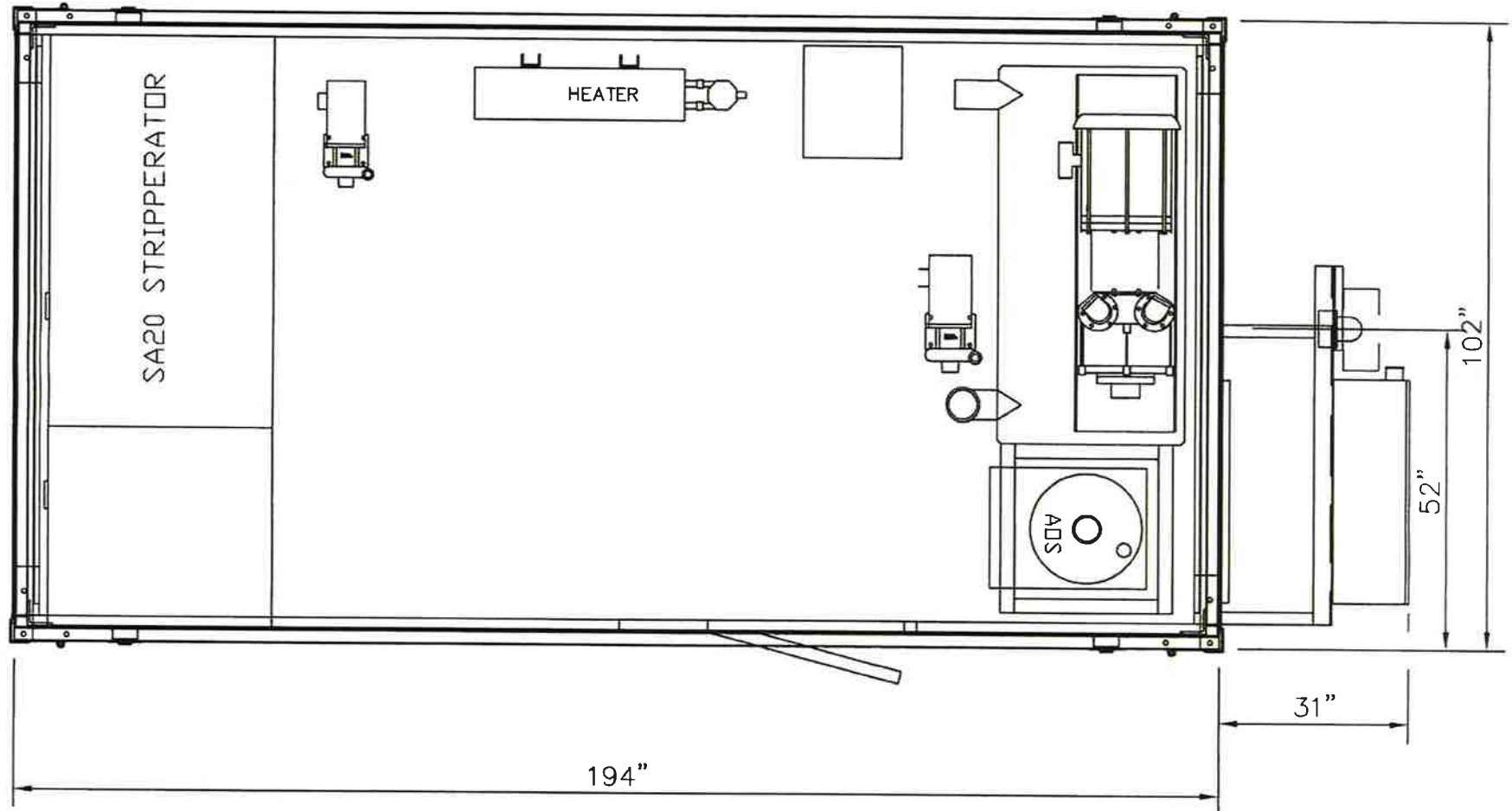
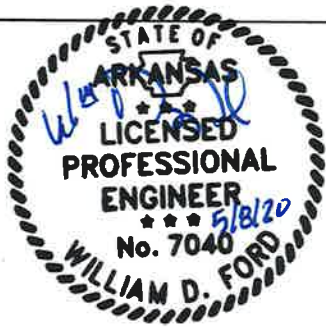
Respectfully,


Wm. Doug Ford, P.E. *tlr*
Project Manager

WDF:tlr

Enclosures

cc: Zachary Carroll; w/encls; via email
FREE-10679



| | |
|------------------|------------------------|
| SCALE: NONE | |
| DESIGNED: MMG | CHECKED BY |
| DRAWN BY MMG | DRAWN DATE 12-18-19 |



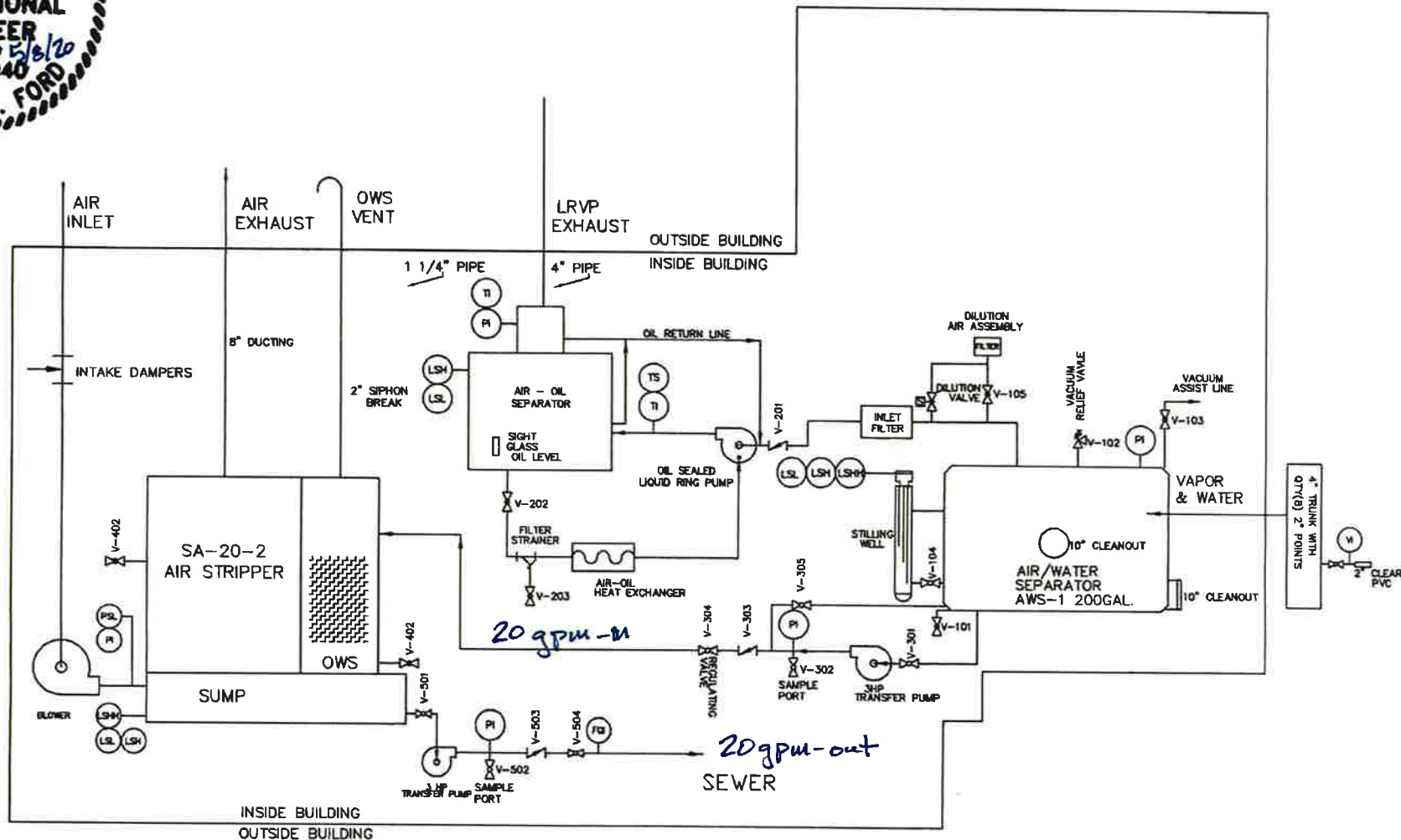
SITE LAYOUT
WATER AND VAPOR
TREATMENT SYSTEM

PMI
FORMER FOOD MART#3
1500 EAST HARDING
PINE BLUFF, AR
MK PROJECT# 218534C

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

FIGURE
NUMBER

M-1



V VACUUM
P PRESSURE
S SWITCH
L LIQUID LEVEL OR LOW T

I INDICATOR
FQI FLOW QTY IND. (TOTALIZER)
FRI FLOW RATE INDICATOR
TEMPERATURE

SCALE
NONE

DESIGNED BY
CHKD BY

DRAWN BY
MMG

DATE
12-18-19

MK
ENVIRONMENTAL INC.

P&ID

PMI
FORMER FOOD MART#3
1500 EAST HARDING
PINE BLUFF AR
MK PROJECT# 218534C

FIGURE
NUMBER

M-6



May 19, 2020

Mr. Zachary Carroll- Permit Engineer VIA EMAIL Water.Permit.Application@adeq.state.ar.us
DIVISION OF ENVIRONMENTAL QUALITY- OFFICE OF WATER QUALITY
5307 Northshore Drive
North Little Rock, AR 72118

RE: NPDES Permit Application- Form 1
Groundwater Cleanup Discharge Permit for Freeman Brothers Oil Company
Shell Food Mart #3
Pine Bluff, AR 71661

Dear Mr. Carroll:

Pollution Management, Inc. (PMI) has prepared the above referenced document for the above referenced facility on behalf of Freeman Brothers Oil Company of Sheridan, Arkansas.

The Notice of Intent (NOI) is for groundwater clean-up discharge to surface water was reviewed and a subsequent request was made via email on May 6, 2020 to include the enclosed DEQ Form 1. The requested additional geological information is presented in the paragraphs below.

The Food Mart #3 site is located approximately 1.3 miles southeast of the Arkansas River in Pine Bluff, Arkansas. The surface geology is characterized by Tertiary marginal marine and coastal plain continental deposits with a veneer of Quaternary terrace and alluvial deposits formed by the overbank deposits of major streams, or older meander belt deposits of major streams. The terrace deposits include a complex sequence of unconsolidated gravels, sandy gravels, sands, silty sands, silts, clayey silts, and clays. Topographically, the entire area ranges from low hills to essentially flat terrain. Karst topography does not occur within the southeast region of Arkansas.

The upper alluvial aquifer is found at a depth of 10-feet below ground surface and can fluctuates dramatically with seasonal rainfall. The groundwater gradient at the site is essentially flat and assumed to flow to the north/northeast toward the Arkansas River.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,



Steven D. Patterson- Geologist
Project Manager – Environmental Division

SDP:tlr

Enclosures

Job # FREE-10679

Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

INSTRUCTIONS:

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item, please continue on an attached sheet of paper.
2. Please complete the following section(s). If a section is not required, please check the Not Applicable (N/A) box at the top of the section.

| Sections | A | B | C | D | E | F | G | H | I |
|--------------------------|---|---|---|---|---|---|---|---|---|
| POTW | X | X | X | X | | | | | X |
| Industrial User | X | X | X | X | X | X | X | | X |
| Construction Permit Only | X | X | * | X | X | | | X | X |
| Modification | X | X | X | X | | * | * | X | X |
| All Other Applicants | X | X | X | X | X | | | | X |

* As necessary

3. If you need help on SIC or NAICS go to <https://www.naics.com/search/>.

Common SIC and NAICS

| Facility Type | SIC Code | NAICS |
|---------------------------------------|----------|--------|
| Publicly Owned Treatment Works (POTW) | 4952 | 221320 |
| Subdivision, Apartment Complex | 6552 | 237210 |
| Mobile Home Park | 6515 | 533190 |

4. If you have any questions about this form you may call NPDES Section at 501-682-0623 or go to www.adeq.state.ar.us/water. You may also contact :

Department
Arkansas Department of Health

Information in Regard to
Water Supply

Telephone #
501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

Form 2A - Municipal Dischargers

Form 2B - Concentrated Animal Feeding Operations

Form 2C - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

Form 2D - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

Form 2E - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)

Form 2F - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality

5301 Northshore Drive
North Little Rock, AR 72118

Or by email to:

Water.Permit.Application@adeq.state.ar.us

NPDES PERMIT APPLICATION
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WATER QUALITY
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
☐ MODIFICATION OF EXISTING PERMIT
☐ REISSUANCE (RENEWAL) OF EXISTING PERMIT
☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
☒ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):

Freeman Brothers Oil Company, LLC

Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☒ State ☐ Federal ☐ Partnership ☐ Corporation ☐ Other ☐

State of Incorporation: Arkansas

3. Facility Name: Shell Food Mart #3

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR00

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): _____

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name

Permit Number

Held by

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

Intersection of Nebraska Street and Harding Avenue, Pine Bluff, Arkansas. Site is currently a Fast Lane convenience store.

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: 1502 E. Harding Avenue

City: Pine Bluff

County: Jefferson

State: AR

Zip: 71611

11. Facility Mailing Address for permit, DMR, and invoice (Street or Post Office Box):

Name: Daniel J. Murdaugh Title: Senior Project Manager
Street: 3512 S. Shackleford P.O. Box _____
City: Little Rock State: AR Zip: 72205
E-mail address*: dmurdaugh@pmico.com Fax: 501-221-7775

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

5541 SIC Facility Activity under this SIC or NAICS:
NAICS 447110

14. Design Flow: 0.007 MGD Highest Monthly Average of the last two years Flow: _____ MGD

15. Is the outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: Dan Freeman Title: Vice President
Address: 806 E. Center Phone Number: 870-917-5504
E-mail Address: dpfreeman@windstream.net
City: Sheridan State: AR Zip: 72150

17. Cognizant Official (Duly Authorized Representative of responsible official as described on the last page of this application):

Name: Daniel J. Murdaugh, P.G. Title: Senior Project Manager
Address: 3512 S. Shackleford Phone Number: 501-221-7122
E-mail Address: dmurdaugh@pmico.com
City: Little Rock State: AR Zip: 72205

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: Daniel J. Murdaugh
Company Name: Pollution Management, Inc.
Address: 3512 S. Shackleford Phone Number: 501-221-7122
E-mail Address: dmurdaugh@pmico.com
City: Little Rock State: AR Zip: 72205

19. Wastewater Operator Information

Wastewater Operator Name: Steven D. Patterson License number: 010633
Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☐
Class of industrial wastewater operator: Basic ☒ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on the **front door (gate)** location of the facility):

Lat: 34 ° 12 ' 45.19 " Long: 91 ° 59 ' 09.78 " County: Jefferso Nearest Town: Pine Bluff

2. **Outfall** Location (The location of the end of the pipe discharge point.):

Outfall No. 001:

Latitude: 34 ° 12 ' 46.23 " Longitude: 91 ° 59 ' 10.67 "

Description of outfall location: Stormwater drainage ditch northwest of store

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Caney Bayou to Bayou Bartholomew; thence Ouachita River

Outfall No. ____:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Description of outfall location: _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. ____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

4. Type of Treatment system (Include all components of the treatment system and attach the process flow diagram):

See attached treatment system, process flow diagram from MK Environmental, Inc., Lombard, IL

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Effluent Samples are collected at the discharge pipe entering the stormwater ditch

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

Totalizing meter

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at <https://msc.fema.gov>.

If "No", what measures are (or will be) used to protect the facility? _____

7. Population for Municipal and Domestic Sewer Systems: N/A

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☐ No ☒

If Yes, how many? _____ Total Horsepower (hp)? _____

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.

Treatment system can be started manually or remotely via telemetry.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☐ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing:** Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ _____ Pipe: ☐ _____ Other: _____

☐ **Subsurface Disposal** (Lagoon for which the sole purpose is storing sludge):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☐ **Other** (Provide complete description): _____

SECTION D - WATER SUPPLY

Water Sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☐ **Municipal Water Utility** (Specify City): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Surface Water**- Name of Surface Water Source: Caney Bayou

Distance from Discharge point: ☒ Within 5 miles ☐ Within 50 miles

Lat: 34 ° 12 ' 46.09 " Long: 91 ° 59 ' 13.63 "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Environmental Quality from issuing, modifying, renewing, or transferring a permit for a nonmunicipal domestic sewage treatment works without the applicant first fulfilling the trust fund requirements set forth in that section. Ark. Code Ann. § 8-4-203(b)(1)(B) defines “nonmunicipal domestic sewage treatment works” as a device or system operated by an entity other than a city, town, or county that treats, in whole or in part, waste or wastewater from humans or household operations and must continually operate to protect human health and the environment despite a permittee’s failure to maintain or operate the device or system. NDSTW’s can include, but are not limited to:

- Sewer Improvement Districts;
- Subdivisions,
- Mobile Home Parks,
- Property Owner’ Associates,
- RV parks, and
- Apartments

Exclusions Excluded from this application’s Section E.1. requirements for trust fund contribution fees are:

- State or federal facilities,
- Schools,
- Universities and colleges,
- Entities that continuously operate due to a connection with a city, town, or county, and
- Commercial or industrial entity that treats domestic sewage from its operations and does not accept domestic sewage from other entities or residences.

The trust fund form may be obtained from the ADEQ web site at:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

2. Disclosure Statement:

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. §8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10k and 10Q filings to the Securities and Exchange Commission in lieu of the Disclosure Statement. The form may be obtained from the ADEQ web site at:

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

NOT APPLICABLE (N/A): ☒

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

5. Production: (projected for new facilities)

| Product(s) Manufactured (Brand name) | Last 12 Months | | Highest Production Year of Last 5 Years | |
|---|----------------|-------------------|---|-------------------|
| | lbs/day* | | lbs/day* | |
| | Highest Month | Days of Operation | Monthly Average | Days of Operation |
| | | | | |
| | | | | |
| | | | | |

* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

NOT APPLICABLE (N/A): ☒

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked “Yes” in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

| No. | Process Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|-----|---------------------|--------------------|--------------------|---|
| | | | | |
| | | | | |

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: _____ (GPD)

Time of batch discharges _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

| No. | Regulated Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|-----|-------------------|--------------------|--------------------|---|
| | | | | |
| | | | | |
| | | | | |

| No. | Unregulated Process | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |
|-----|---------------------|--------------------|--------------------|---|
| | | | | |
| | | | | |
| | | | | |

NOT APPLICABLE (N/A): ☐

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

Dual-Phase extraction with air-stripping (20 GPM capacity), system fail-safe interlocks, effluent flow totalizer

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:
 - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
 - b. Specifications and complete design calculations.
 - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official:



Date: 5-11-20

Printed name of Cognizant Official:

Daniel J. Murdaugh

Official title of Cognizant Official:

Senior Project Manager

Telephone Number: 501-221-7122

Responsible Official

The information contained in this form must be certified by a responsible official as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

Partnership, a general partner

Sole proprietorship, the proprietor

Municipal, state, federal, or other public facility; principal executive officer, or ranking elected official.

(Initial) "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

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

"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, 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. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official:



Date: 5/13/20

Printed name of Responsible Official:

DAN FREEMAN

Official title of Responsible Official:

VIP

Telephone Number: 704-417-5504

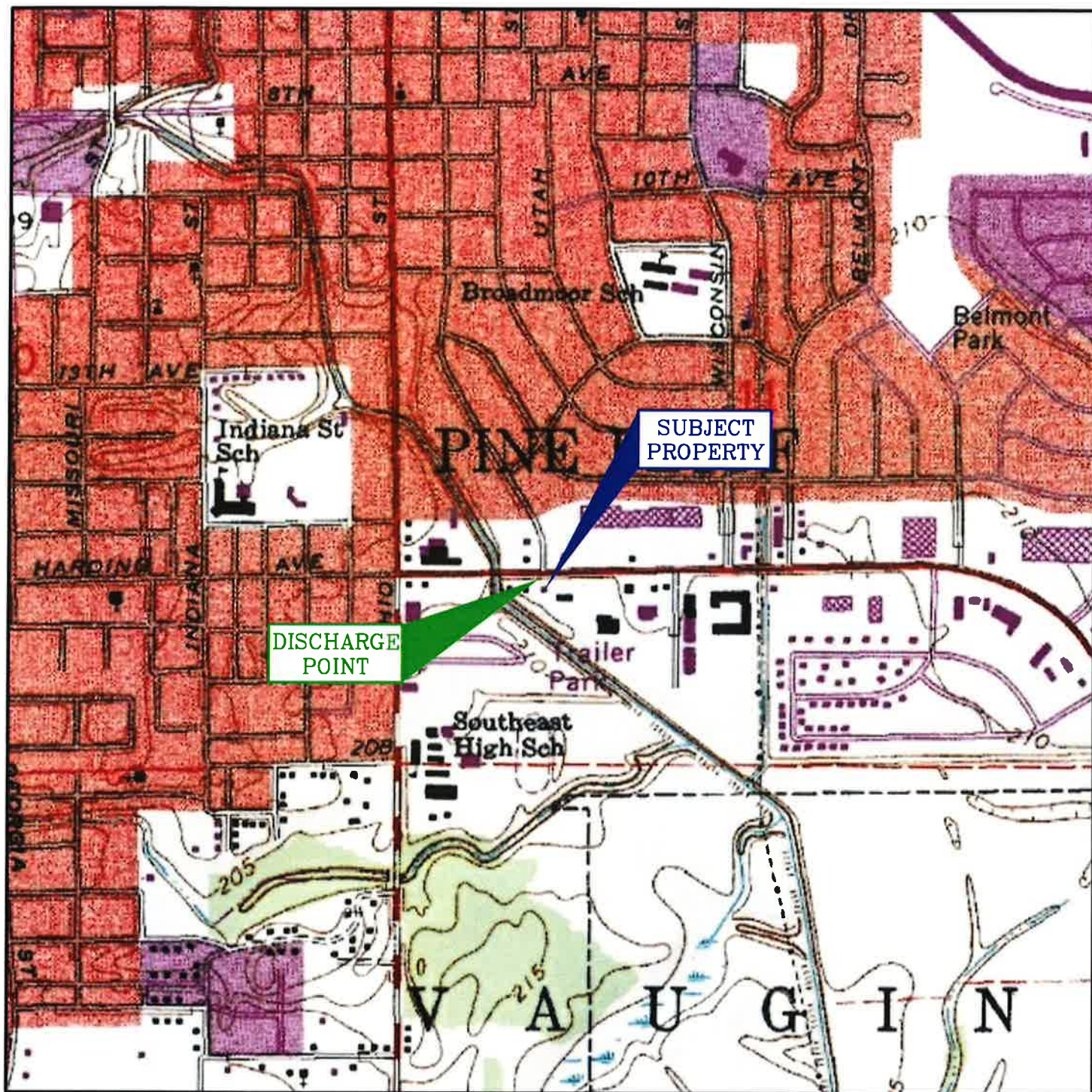


FIGURE NO. 1
TOPOGRAPHIC MAP TAKEN FROM LADD QUADRANGLE MAP

FREE PRODUCT REMOVAL WORK PLAN
FORMER SHELL FOOD MART #3
1502 EAST HARDING AVENUE
PINE BLUFF, ARKANSAS



CIVIL ENGINEERING AND
ENVIRONMENTAL SERVICES
3512 South Shackelford Road
Little Rock, Arkansas 72205
(501) 221-7122 fax (501) 221-7775

| | |
|------------|---------------|
| SUBMITTED: | S. PATTERSON |
| DRAWN: | S. PATTERSON |
| CHECKED: | D. MURDAUGH |
| DATE: | APR. 14, 2020 |

SCALE:
0 1000'

JOB NUMBER:
FREE-10679

FILE: FIGURE 1- SITE LOCATION MAP.DWG

To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Shelwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

Coastal Base Flood Elevations shown on this map apply only to landward of 0.0 North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Shelwater Elevations table in the Flood Insurance Study report for the jurisdiction. Elevations shown in the Summary of Shelwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The projection used in the preparation of this map was Arkansas State Plane south zone (FIPSZONE0002). The horizontal datum was NAD83, GRS1980 spheroid. Differences in datum, spheroid, projection or State Plane zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of the FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be compared to structure and ground elevations referenced to the same vertical datum. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at <http://www.ngs.noaa.gov/> or contact the National Geodetic Survey at the following address:

NGS Information Services
NOAA, NUNGS12
National Geodetic Survey
SSMC-3, #9202
1315 East-West Highway
Silver Spring, MD 20910-3282

To obtain current elevation, description, and/or location information for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit its website at <http://www.ngs.noaa.gov/>.

Base map information shown on this FIRM was provided in digital format by Arkansas Geographic Information Office.

The map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FIRM for this jurisdiction. The floodplains and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which contains authoritative hydraulic data) may reflect stream channel distances that differ from what is shown on this map.

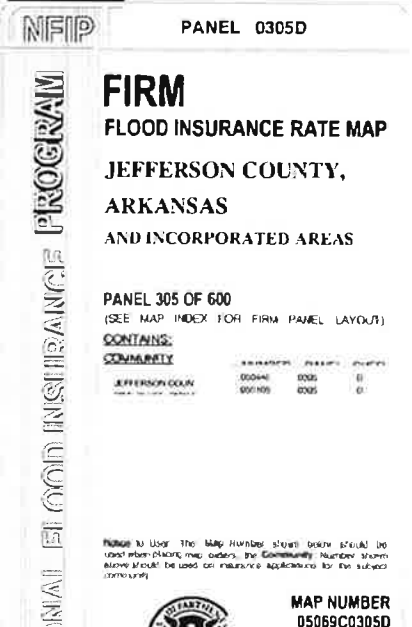
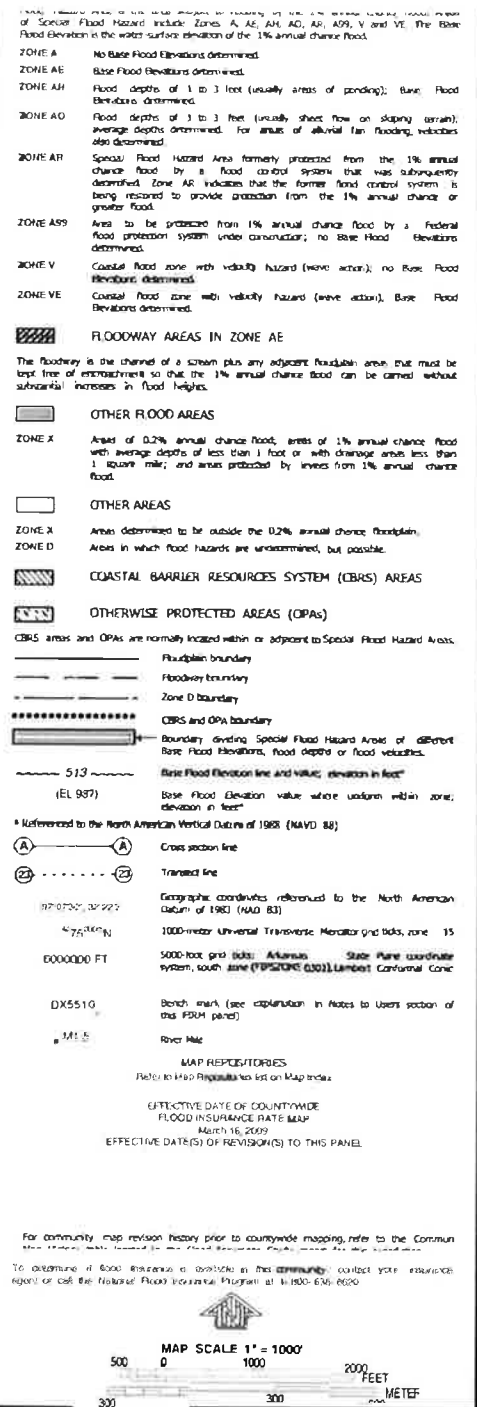
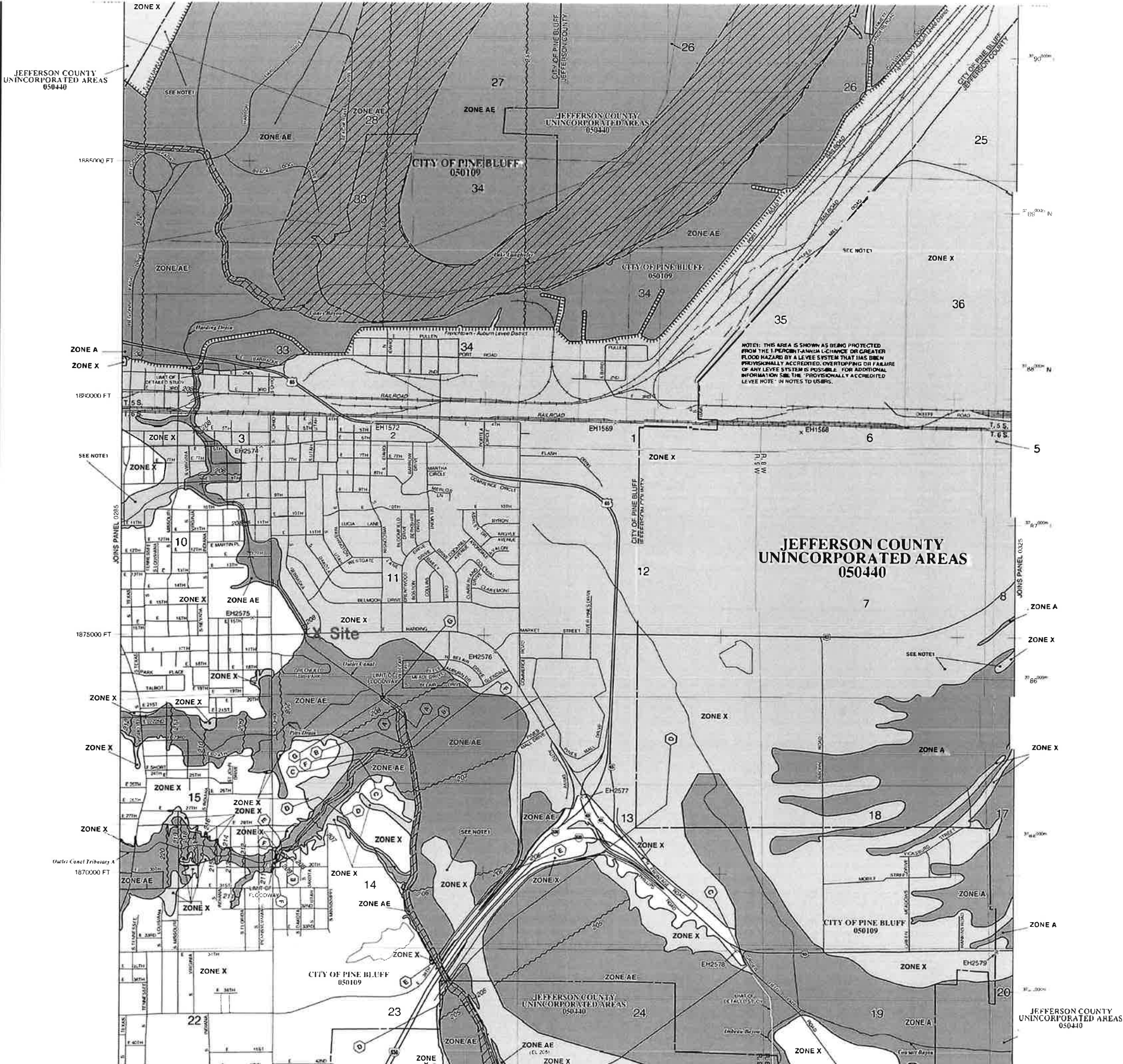
Corporate limits shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

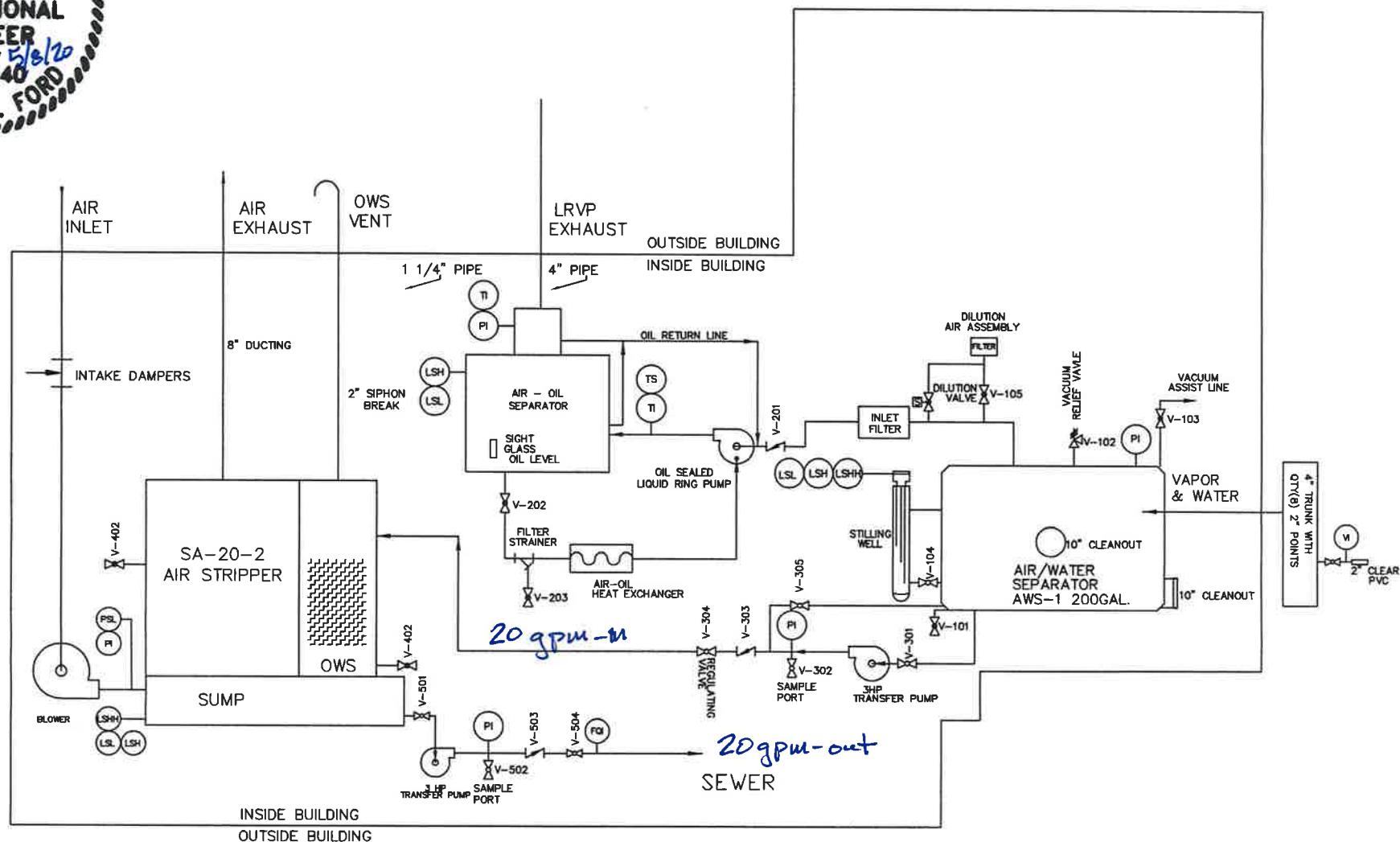
Please refer to the separately printed Map Index for an overview map of the county showing the layout of map panels; community map repository addresses; and a listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

Contact the FEMA Map Service Center at 1-800-368-9616 for information on available products associated with this FIRM. Available products may include previously issued letters of Map Change, Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by Fax at 1-800-358-9620 and its website at <http://www.msc.fema.gov/>.

If you have questions about this map or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA-MAP (1-877-336-2627) or visit the FEMA website at <http://www.fema.gov/>.

Provisionally Accredited Levee Notes to Users: Check with your local community to obtain more information, such as the operating level of protection provided (which may exceed the 1-percent annual-chance level) and Emergency Action Plan, as the levee system(s) shown as providing protection for areas on this panel. To maintain accreditation, the levee owner or community is required to submit the data and documentation necessary to comply with Section 65.10 of the NFIP regulations by April 5, 2009. If the community or owner does not provide the necessary data and documentation or if the data and documentation provided indicate the levee system does not comply with Section 65.10 requirements, FEMA will revise the flood hazard and risk information for this area to reflect de-accreditation of the levee system. To mitigate flood risk in residual risk areas, property owners and residents are encouraged to consider flood insurance and floodproofing, or other protective measures. For more information on flood insurance, interested parties should visit the FEMA Website at <http://www.fema.gov/business/rip/index.php>.





V VACUUM
P PRESSURE
S SWITCH
L LIQUID LEVEL OR LOW T

I INDICATOR
FQI FLOW QTY IND. (TOTALIZER)
FRI FLOW RATE INDICATOR
T TEMPERATURE

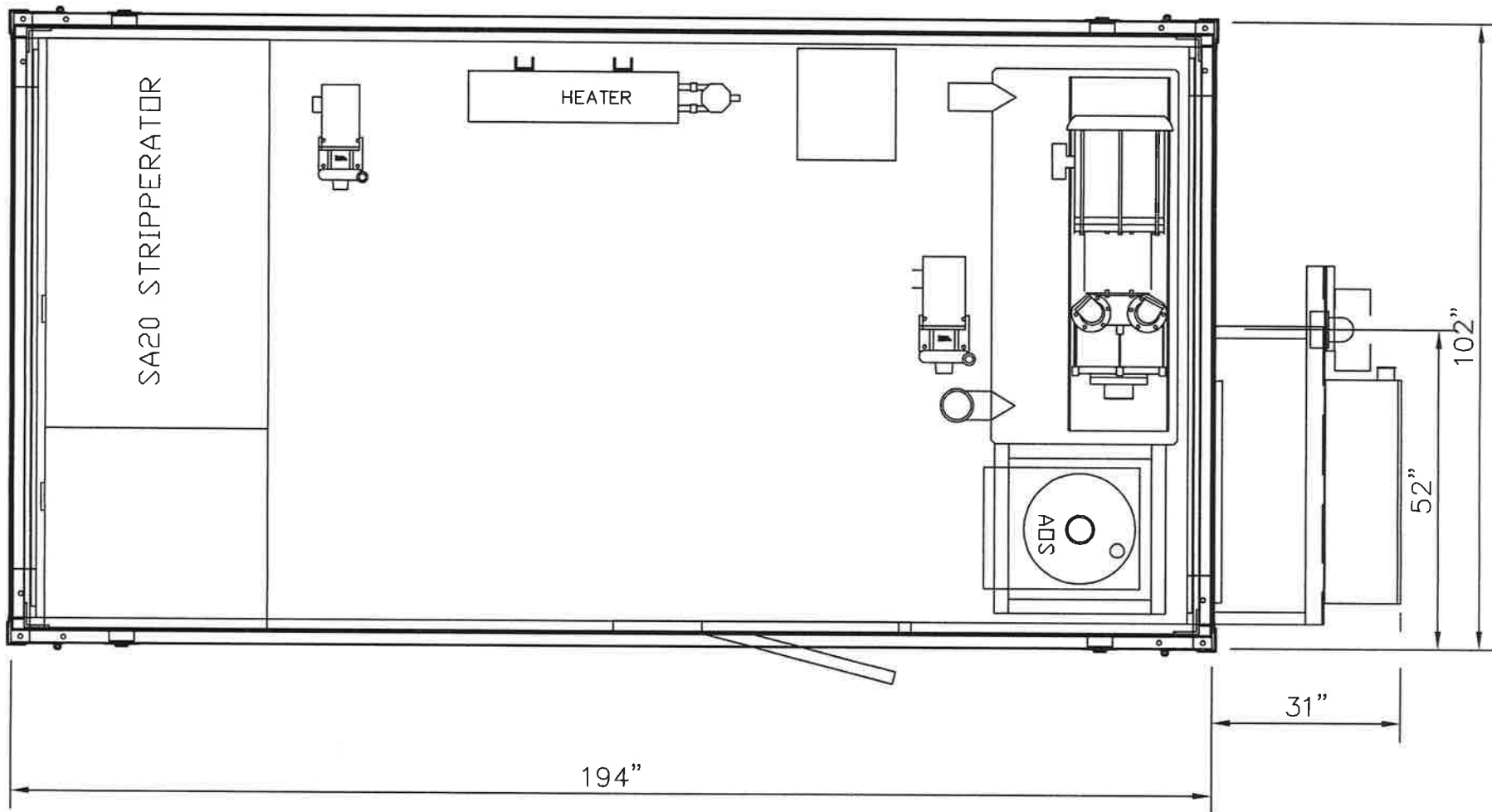
| | |
|----------|------------|
| SCALE | NONE |
| DESIGNED | CHECKED BY |
| DRAWN BY | DRAWN DATE |
| MMG | 12-18-19 |

MK
ENVIRONMENTAL INC.

P&ID

PMI
FORMER FOOD MART#3
1500 EAST HARDING
PINE BLUFF, AR
MK PROJECT# 218534C

FIGURE
NUMBER
M-6



| | |
|------------------|-------------------------|
| SCALE: NONE | |
| DESIGNED: MMG | CHECKED BY: |
| DRAWN BY: MMG | DRAWN DATE: 12-18-19 |



SITE LAYOUT
WATER AND VAPOR
TREATMENT SYSTEM

PMI
FORMER FOOD MART#3
1500 EAST HARDING
PINE BLUFF, AR
MK PROJECT# 218534C

| | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| 1 | | |

FIGURE
NUMBER
M-1