Arkansas UST-Individual License Application Instructions

An applicant for an Individual License shall provide the following information a minimum of 14 days prior to taking the Arkansas UST License Exam. Failure to do so could result in a delay in the issuance of the license.

- a. Fully completed "Application for License" form including the job experience section which demonstrates that the applicant has had a minimum of one year, within the three years immediately prior to making the application, of field experience in the installation, repair, upgrade, closure and/or tightness testing of underground storage tanks.
- b. Three fully completed "Owner Reference Statement" forms provided by the Department.

 These forms should be returned directly to the Department by each individual reference.
 - Three forms should be completed by the **owners** or responsible persons you listed on the job experience page (second page of the application).

OR	

- ii. If you had a previous employer for any of the experience you have listed as a UST worker, he/she should complete one "Reference Statement." The other two "Reference Statement" forms should be completed by the owners or responsible persons you listed.
- c. An "Exam Reservation Form" with the date you wish to take the exam circled.
- d. A **nonrefundable check** or money order made payable to the Arkansas Department of Environmental Quality in the following amount:

UST Individual License to Install, Repair, Upgrade and/or	Close\$150
UST License to Test	\$150
UST Contractor with Dual Role Individual License	
UST Contractor License	\$300
UST Company License to Test	\$300

^{*} Refer to Arkansas Regulation 12.509

e. Mail completed Application Packet to:

ADEQ Regulated Storage Tanks Division 5301 Northshore Drive North Little Rock, AR 72118-5317

f. For assistance, you may call the RST Licensing Coordinator at (501)682-0993.



EXAMINATION DATES FOR THE YEAR 2020

JANUARY 16	JULY 16
FEBRUARY 20	AUGUST 20
MARCH 19	SEPTEMBER 17
APRIL 16	OCTOBER 15
MAY 21	NOVEMBER 19
JUNE 18	DECEMBER 17

The licensing exam is given on the third Thursday of every month. If you are interested in taking the examination, please indicate by **circling one** of the above dates and return this schedule along with your completed application, disclosure statement, job experience form, job reference forms and a check or money order payable to ADEQ in the amount of \$150.00 at <u>least 14 days</u> <u>prior to the chosen exam date</u>.

Print your name and corre	ct mailing	address:
Name		
Street Address or P.O. Box	x	
City	State	Zip
Telephone Number		
Signature		_Date
Completed forms should b	e mailed t	to the following address:
ADEQ Licensing Coordinator Regulated Storage Tanks 5301 Northshore Drive	18-5317	

For additional information, contact the RST Licensing Coordinator at (501) 682-0993.

APPLICATION FOR UST-INDIVIDUAL LICENSE REGULATED STORAGE TANKS DIVISION ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

In order to have this application processed, the applicant <u>must submit</u> a non-refundable fee of one hundred fifty dollars (\$150) for a license or three hundred dollars (\$300) for both Installer and Tester licenses. Make check or money order payable to the Arkansas Department of Environmental Quality. You may mail your check and application to 5301 Northshore Drive, North Little Rock, AR 72118-5317. If you should have any questions, please call the RST Licensing Coordinator at (501) 682-0993.

occidinator at (cor) cor cocci
Please PRINT or TYPE
Name of Applicant: (First)(MI)(Last) Date:
Mailing Address: Home Phone:
City: State: Zip:
SSN: Birthdate:
Contractor Name: Phone:
Supervisor Name:
Secured Surety: Contractor/Company Licensee Date issued
TYPE OF LICENSE:
INSTALL REPAIR UPGRADE CLOSE TEST
TESTER APPLICANTS ONLY:
The applicant must submit to the Arkansas Department of Environmental Quality proof of the following:
1. Certification by the manufacturer that the testing method used by the applicant meets the federal
performance standard as stated in 40 CFR 280.40 (a)(3), 280.43(c) and 280.44(b).
2. Any licenses, permits, certificates, etc., showing that the applicant has satisfactorily completed a
training course in the use of each testing method listed below.
than mig doubt in the doe of odding motion policy.
List all tank and line testing methods to be used by the manufacturer's name and product name:
Electric tallication to the first tendence to be deed by the manual and of the manual
If you have had a hydrogo or eccupational license or confidents approved as reveled give the data and
If you have had a business or occupational license or certificate suspended or revoked, give the date and
nature of the suspension/revocation. (License may not be issued if suspension or revocation was directly
related to competency to install, repair, upgrade, close, or test Underground Storage Tanks.)

Applicant must demonstrate that he or she has had ONE YEAR within the three years immediately prior to making application, of field experience in the Installation, Repair, Upgrade, Closure, or Testing of Underground Storage Tanks. (Refer to <u>ARKANSAS</u> <u>REGULATION 12</u>, Chapter 5 or 6).

(Please complete all blanks except for "state use only")

PLEASE LIST REFERENCES

1. Date of Project:Facility Name:		Facility ID #:	
Facility Owner's Name:	Owner's email:		Owner's Phone:
Facility Owner's Name: Facility Location and Address:		City	State:
Nature of Project:		Area	
Contractor/Company Name:			on HCT Licens: #
Supervisor's Name (if other than yourself).		Contracto	or US1 License #:
Supervisor's Name (if other than yourself):		Phone:	
(State Use Only) Verified by phone with:	of	O	r verified by file
2. Date of Project:Facility Name		Facility ID #:	
Facility Owner's Name:	Owner's email:		Owner's Phone:
Facility Location and Address	Owner & Oman.	City	Owner ST none.
Nature of Project:		City	State
Contractor/Company Name:		Contracto	or UST License #:
Supervisor's Name (if other than yourself):		Phone:	
(State Use Only) Verified by phone with:	of	0	r verified by file
3 Data of Project: English Name		F88- ID #	
3. Date of Project:Facility NameFacility Owner's Name:Facility Location and Address:	Out-100 2013 1 11	racility ID #:	O
Facility Logstian and Address	Owner's email:	O'r	Owner's Phone:
racinty Location and Address.		City:	State
Nature of Project:			
Contractor/Company Name:		Contracto	or UST License #:
Supervisor's Name (if other than yourself):		Phone:	or our breense
(State Use Only) Verified by phone with:			
4. Date of Project: Facility Name		Facility ID	₩•
Facility Owner's Name:	Owner's email:	racinty 1D	Owner's Phone
Facility Location and Address:	Owner 3 chan.	City	State:
Nature of Project:		City	State.
Contractor/Company Name:		Contracto	or UST License #:
Supervisor's Name (if other than yourself):		Phone:	
(State Use Only) Verified by phone with :	of		or verified by file
I hereby make application for license as required by years of age and that statements made herein are tru Regulation 12 and will comply with its requirements storage tank system.	e to the best of my knowledge an	d belief. I further certi	ify that I am familiar with and understa
NAME (PRINT OR TYPE)		APPLICANT'S SIGN	NATURE
By affixing my signature to this document, I an supervisory control over the UST work and wil	n certifying that the above nad	med individual is qua critical junctures.	alified to exercise responsible
NAME (TYPE OR PRINT)		SUPERVISOR'S SIG	GNATURE
	· ·	TELEPHONE NUM	BER DATE
		TELETIONE NOW	DATE

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair; upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as soon as possible.

Arkansas Department of Environmental Quality Regulated Storage Tank Division

5301 Northshore Drive North Little Rock, AR 72118-5317

Applicant should provide this info			51
For:	Present Em	ployer:	
(Applicant's Name)			
Address:	Previous Emp	loyer:	
City:State:Zip:		(if ap	plicable)
Date Job was Performed:			
Facility Name:	Phone:_		-
LocationCit	у:	ST:	_Zip:
Description of UST work done:			
	 		**
	THE PARTY OF THE P		
Owner/Responsible Person of the above fa	cility should provi	de the following i	nformation:
•		_	
I recommend (or do not recommend) the ab	oove named person be	Callse	
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1 Tooliman, var 20 mot oo minore, and as	Tanker geroom 20		
I,, c			
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I,	ertify that the sta	atements made abov	e are true to
I,	ertify that the sta		e are true to
I,, compared the best of my knowledge and belief. Date:	ertify that the sta	atements made abov	e are true to
I,	ertify that the sta	atements made abov	e are true to
I,	ertify that the sta	atements made abov	e are true to
I,	ertify that the sta	atements made abov	e are true to

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Arkansas Department of Environmental Quality Regulated Storage Tank Division

S301 Northshore Drive North Little Rock, AR 72118-5317

For		Bracent Emplo	yer:
For:(Applicant's Name		rresent Empic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address:		Previous Employ	/er:
lity:State			(if applicable)
Date Job was Performed:			•
Facility Name:		Phone :	
Location			
Description of UST work don			
		*	
Owner/Responsible Person of	the above facility	ghould provide	the following information:
Owner/Responsible Person of	the above facility	/ should provide	the following information:
Owner/Responsible Person of			
-			
Owner/Responsible Person of I recommend (or do not reco			
I recommend (or do not reco	ommend) the above na	amed person becau	se:
I recommend (or do not reco	ommend) the above name	amed person becau	
I recommend (or do not reco	mmend) the above notice of the desired of the desir	amed person becau	se:
I recommend (or do not reco	mmend) the above notice of the desired of the desir	amed person becau	se:
I recommend (or do not recommend) (Print your nate the best of my knowledge as	certify de belief.	amed person becau	se:
I recommend (or do not reco	certify de belief.	amed person becau	se:
I recommend (or do not recommend) (Print your nate the best of my knowledge as Date:	certify ne)	y that the stater	se:
I recommend (or do not recommend) I,	certify ne)	y that the stater	se:

REFERENCE STATEMENT FROM OWNER/RESPONSIBLE PERSON

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Arkansas Department of Environmental Quality Regulated Storage Tank Division

5301 Northshore Drive
North Little Rock, AR 72118-5317

		Duncanh Paulinian	- 4
OT:(Applicant's Name)		Present Employer	*
•••		Previous Employer:	•
ddress:State:Z			(if applicable)
Date Job was Performed:			, , , , , , , , , , , , , , , , , , , ,
Facility Name:			
ocation	City	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ST: Zip:
Description of UST work done:	crey		
escription of os. Form come,			
(Print your name) the best of my knowledge and bel:		fy that the statemen	ts made above are true
(Print your name)	ief.	fy that the statemen	
(Print your name) the best of my knowledge and beli	ief.	(Signature of Owner	er/Responsible Person)

REFERENCE STATEMENT FROM PREVIOUS EMPLOYER/SUPERVISOR

Please complete the following form which will be used as a reference for the applicant named. You must have engaged the applicant within the previous three years to perform UST installation, repair, upgrade, removal and/or tightness testing. This statement shall attest to the applicant's business integrity, knowledge, and level of job performance. The statement should also include a description of the type of UST work performed by the applicant. Please do not return to the applicant but return to the address below as spon as possible.

Arkansas Department of Environmental Quality

Regulated Storage Tank Division

5301 Northshore Drive North Little Rock, AR 72118-5317

Applicant should provide	this informat	tion:		
For:		Present En	nployer:	
(Applicant's Name)				
ddress:		Previous Emp	oloyer:	
City:State:_	zip:	•	(if	applicable)
Date Job was Performed:				
Facility Name:			·	
Location	City:		ST:_	Zip:
Description of UST work done:				
Pravious Employer/Supervisor	should provide	the following i	nformation:	
I recommend (or do not recomm	end) the above :	named person he	causé:	
1 recommend for do not recomm	cita, cita above :			
			~~~~	
		*****		
I,	, certify tha	t the above nam	ned individual i	s qualified to
(Print your name)				•
exercise responsible supervis				
repair, _upgrade,closure			ded) AND that th	e statements made
above are true to the best of	my knowledge a	ind belief.		
Date:				
		(Signature o	of Owner/Responsi	ble Person)
Address:	<u></u>	_City:	st	:Zip:
Phone:				
97/07/17				

# INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

### **Exemptions:**

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

# **Exemptions continued:**

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;
- Phase 1 Consultants, as defined in APC&EC Regulation 32;
- Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);
- Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;
- Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;
- Individual Homeowners seeking coverage under General Permit ARG5500000;
- Wastewater Operator Licenses, as defined in APC&EC Regulation 3;
- Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);
- Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;
- Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;
- Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and
- Asbestos Certification Renewals, as defined in Regulation 21.

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.

# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

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
Twith Entite Rock, fix fallo 5517
1. APPLICANT: (Full Name)
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :
3. CITY, STATE, AND ZIPCODE:
J. CHI, SIATE, AND EN CODE.
4a. Applicant Type:
Individual Corporate or Other Entity
At Province for Substitution
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. Division:
Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
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 recei	nt of any past or present permits, licenses, certifications or operational
authorization relating to environmental regulation. (Attach additional pages, it	necessary.)
7. List and explain all civil or criminal legal actions by government agencies in	volving environmental protection laws or regulations against the Applicant *
7. List and explain all civil or criminal legal actions by government agencies in in the last ten (10) years including:	volving environmental protection laws or regulations against the Applicant *
in the last ten (10) years including:	
in the last ten (10) years including:  1. Administrative enforcement actions resulting in the imposition of s	anctions;
in the last ten (10) years including:  1. Administrative enforcement actions resulting in the imposition of s 2. Permit or license revocations or denials issued by any state or fede	anctions; ral authority;
in the last ten (10) years including:  1. Administrative enforcement actions resulting in the imposition of s 2. Permit or license revocations or denials issued by any state or fede 3. Actions that have resulted in a finding or a settlement of a violation	anctions; ral authority;
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8. List all officers of the Applicant. (Add addition	8. List all officers of the Applicant. (Add additional pages, if necessary.)		
NAME:	TITLE:		
NAME:	TITLE:		
NAME.	TITLE:		
	IIILE.		
CITT, STATE, ZIT.			
9. List all directors of the Applicant. (Add additi	onal pages, if necessary.)		
NAME			
	TITLE:		
//			
CIII, SIAIE, ZII.			
NAME:			
ANNUAL PROPERTY.	TITILE:		
VALE, DAIRAN, MILL			
	TITLE:		
H-CWA			
CITY, STATE, ZIP:			
10. List all partners of the Applicant, (Add addi	tional names if necessary)		
	TITLE:		
CITY, STATE, ZIP:			
24.247	mymy vi		
	TITLE:		
P. P			
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:			
15205000			
CITY, STATE, ZIP:			
CITY, STATE, ZIP:			
	TITLE:		
NAME:STREET:			
NAME:STREET:			
NAME:STREET:			
NAME: STREET: CITY, STATE, ZIP:			
NAME:STREET:			

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:
	THUS.
NAME:	TITLE:
•	plicant holds a debt or equity interest of more than five percent (5%).
	TITLE:
CITY, STATE, ZIP;	
NAME:	TITLE:
CITY, STATE, ZIP:	
NAME:	TITLE:
14 List any parent company of the Appl	licant. Describe the parent company's ongoing organizational relationship with the Applicant.
14. List any parent company of the repp.	reality Describe the parent company of ongoing of gamzational relationship with the represent
NAME:	F.
STREET:	
CITY, STATE, ZIP:	
Organizational Relationship:	
Organizational Kelationship.	
15. List any subsidiary of the Applicant	. Describe the subsidiary's ongoing organizational relationship with the Applicant.
NAME:	
STREET:	
CITY, STATE, ZIP:	
Organizational Relationship:	
,	
	a.
I	

jurisdiction and who through relat	in compliance or has a history of noncompliance with the environmental laws or regulations of this state or a onship by blood or marriage or through any other relationship could be reasonably expected to significantly ould adversely affect the environment.	
NAME.	TITLE:	
	IIIDE.	
C111, 51111111, 2111		
NAME:	TITLE:	
10		
	agencies and any other environmental agencies outside this state that have or have had regulatory responsib	ility 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:

all attachment designed to as Based on my i responsible fo and belief, tru	, certify under penalty of law that this document and awere prepared under my direction or supervision in accordance with a system ure that qualified personnel properly gather and evaluate the information submitted. Equiry of the person or persons who manage the system, or those persons directly gathering the information, the information submitted is, to the best of my knowledge e, accurate, and complete. I am aware that there are significant penalties for submitting on, including the possibility of fines and imprisonment for knowing violation.
APPLICANT	
SIGNATURE:_	VI
TITLE:	
DATE:	2



Following is a list of materials used in the preparation of the UST Licensing examination. Regulation No. 12 is available from the ADEQ website listed below. The remaining publications are either EPA documents or industry standards and should be ordered from the marketing department of the appropriate publishers. Their address and phone numbers are provided below for your convenience.

The following three publications can be obtained by visiting the E.P.A. website at this address: www.epa.gov./oust/pubs/index.htm

- > EPA Straight Talk on Tanks
- ➤ EPA Musts for USTs
- > EPA Technical Standards (40 CFR 280)

### ADEO STUDY MATERIAL

 Arkansas Regulation 12 (can be downloaded from www.adeq.state.ar.us)

### **EXAMINATION STUDY MATERIALS TO ORDER**

"Recommended Practices for Installation of Underground Liquid Storage Systems" (PEI/RP100-05)

#### Order from:

Petroleum Equipment Institute P.O. Box 2380 Tulsa, OK 74101-2380

(918) 494-9696

- "Installation of Underground Petroleum Storage Systems" (API 1615)
- "Cathodic Protection of Underground Petroleum Storage Tanks and Piping Systems" (API 1632)
- > "Closure of Underground Petroleum Storage Tanks" (API 1604)

### Order from:

American Petroleum Institute, Order Desk 1220 L Street N.W., 9th Floor Washington, D.C. 20005 (202) 682-8375

➤ "Automotive and Marine Service Station Code" (ANSI/NFPA 30A)

### Order from:

National Fire Protection Association Customer Service Department 1 Batterymarch Park P.O. Box 9101 Quincy, MA 02269-9101 (61)

(617) 770-3000



# Directions to ADEQ Headquarters in North Little Rock, AR

5301 Northshore Drive, North Little Rock, AR 72118-5317

# I-430 N (from Little Rock/ Texarkana)

- From 1-430 North toward Little Rock
- Drive past Little Rock and over the Arkansas River
- Take the Crystal Hill Road (AR 100)/ Maumelle exit - EXIT 12
- Turn right onto Crystal Hill Road (AR 100)
- . Turn right onto Northshore Drive
- · Follow road to ADEQ Headquarters

# I-40 E (from Conway/Fort Smith)

- From I-40 East toward Little Rock
- Take EXIT 147 I-430 toward Texarkana
- Take the Crystal Hill Road (AR 100)/ Maumelle exit - EXIT 12
- Turn left onto Crystal Hill Road (AR 100)
- Turn right onto Northshore Drive
- Follow road to ADEQ Headquarters

### 1-40 W (from Memphis)

- . From I-40 West toward Fort Smith
- Take Crystal Hill Road (AR 100) EXIT 148
- Turn left onto Crystal Hill Road (AR 100)
- Turn Left onto Northshore Drive
- Follow road to ADEQ Headquarters

### I-30 E (from Pine Bluff)

- From I-30 East (US-167 North/ US-65 North) toward Little Rock
- Merge onto I-40 West (US-65) via EXIT 143A on the left toward Fort Smith
- Take the Crystal HIII Road (AR 100)/ Maumelle exit - EXIT 148
- . Turn left on Crystal Hill Road
- . Turn left onto Northshore Drive
- · Follow road to ADEQ Headquarters

www.adeq.state.ar.us

ADEQ: 501-682-0744

Revised: 09/2009



