NOTICE OF INTENT
NPDES GENERAL PERMIT ARG750000
OPERATORS DISCHARGING CAR/TRUCK WASH FACILITIES WASHWATER

The attached form can be used by all persons desiring coverage under NPDES general permit ARG750000 (Operators Discharging Car/Truck Wash Facilities Washwater). The form should be completed and submitted to this Department in accordance with Part 1.4.3 of the general permit.

Be sure to read the Permit No. ARG750000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit. A copy of the permit, fact sheet and other information for this permit can be obtained from the Department’s website: http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm

If you have any questions concerning the ARG750000 permit information or Notice of Intent, please contact the General Permits Section of the Water Division at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Please do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. MSDS sheets for chemicals used at the facility must be submitted.
3. A map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
4. A $200.00 Check payable to ADEQ (Re: ARG750000).
5. A Disclosure form. 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. A new disclosure statement must be submitted even if one is already on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

Please call the following number if you have any questions on this Form:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Map and USGS Hydrologic</td>
<td>Department of the Interior United States Geological Survey</td>
<td>(501)296-1877</td>
</tr>
<tr>
<td>Unit Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Drinking Water Supply Intake</td>
<td>Department of Health</td>
<td>(501)661-2623</td>
</tr>
<tr>
<td>General Information</td>
<td>Permits Branch</td>
<td>(501)682-0623</td>
</tr>
</tbody>
</table>
ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
CAR/TRUCK WASH FACILITIES
NPDES GENERAL PERMIT ARG750000

Application Type: New [ ] Renewal [ ] (Permit # ARG75____________________)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): ____________________________
Permittee Mailing Address: ____________________________
Permittee City: ____________________________
Permittee State: ___________ Zip: ____________________________
Permittee Telephone Number: ____________________________
Permittee Fax Number: ____________________________
Permittee E-mail Address: ____________________________

Operator Type: □ State □ Partnership
□ Federal □ Corporation*
□ Sole Proprietorship/Private
*State of Incorporation: ____________________________
The legal name of the Permittee must be identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: ____________________________
Invoice Mailing Company: ____________________________
Invoice Mailing Address: ____________________________
City: ____________________________ State: ___________ Zip: ____________________________
Telephone: ____________________________

III. FACILITY INFORMATION

Facility Name: ____________________________
Physical Address: ____________________________
Directions to Facility: ____________________________
Facility County: ____________________________
Facility Latitude: ____________________________ Facility Contact Person: ____________________________
Facility Longitude: ____________________________ Telephone Number: ____________________________
Facility City, State & Zip: ____________________________

IV. DISCHARGE INFORMATION

Outfall Number: ____________________________ Flow: ___________ gpd (Gallons per Day)
Stream Segment: ____________________________ Hydrologic Basin Code: ____________________________
Outfall Latitude: ____________________________ Outfall Longitude: ____________________________
Deg Min Sec Deg Min Sec
Type of Treatment: ____________________________
Chemicals used in the process: ____________________________
Please include the MSDS sheets. Is detergent or chemical used that contains: Phosphorus: □ Yes □ No Surfactants: □ Yes □ No
Receiving Stream: ____________________________

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: ____________________________
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
VI. OTHER INFORMATION:

Additional Location Description: ____________________________________________
Addional Comments: ______________________________________________________
Consultant Contact Name: ________________________________________________
Consultant Email Address: _______________________________________________
Consultant Address: _____________________________________________________
City: __________________ State: _________ Zip: ______
Consultant Phone Number: _______________________________________________
Consultant Fax Number: _________________________________________________

VII. CERTIFICATION OF OPERATOR

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Official Printed Name: ________________________________________ Title: __________________
Responsible Official Signature: _________________________________________ Date: ______________________
Responsible Official Email: ____________________________________________
Cognizant Official Printed Name: ________________________________________ Title: __________________
Cognizant Official Signature: _________________________________________ Telephone: __________________
Cognizant Official Email: ____________________________________________

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer “NO” to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

Yes No

Submittal of Complete NOI? □ □
Submittal of Required Permit Fee? □ □ New Permittees Only Check Number: ______________________
Submittal of Site Map? □ □
Submittal of Disclosure Statement? □ □
Industrial Operator’s License Number: __________________
INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserver-usa.com and proceed with the following steps:
1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal Accuracy Measure – This indicates the accuracy, in meters, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection Method - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

<table>
<thead>
<tr>
<th>Address Matching-House Number</th>
<th>Public Land Survey-Quarter Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Matching-Block Face</td>
<td>Public Land Survey-Section</td>
</tr>
<tr>
<td>Address Matching-Street Centerline</td>
<td>Classical Surveying Techniques</td>
</tr>
<tr>
<td>Address Matching-Nearest Intersection</td>
<td>Zip Code-Centroid</td>
</tr>
<tr>
<td>Address Matching-Digitized</td>
<td>Unknown</td>
</tr>
<tr>
<td>Address Matching-Other</td>
<td>GPS-Unspecified</td>
</tr>
<tr>
<td>Census Block-1990-Centroid</td>
<td>GPS with Canadian Active Control System</td>
</tr>
<tr>
<td>Census Block/Group-1990-Centroid</td>
<td>Interpolation-Digital Map Source (TIGER)</td>
</tr>
<tr>
<td>Census Block/Tract-1990-Centroid</td>
<td>Interpolation-SPOT</td>
</tr>
<tr>
<td>Census-Other</td>
<td>Interpolation-MSS</td>
</tr>
<tr>
<td>GPS Carrier Phase Static Relative Position</td>
<td>Interpolation-TM</td>
</tr>
<tr>
<td>GPS Carrier Phase Kinematic Relative Position</td>
<td>Public Land Survey-Eighth Section</td>
</tr>
<tr>
<td>GPS Code (Pseudo Range) Differential</td>
<td>Public Land Survey-Sixteenth Section</td>
</tr>
<tr>
<td>GPS Code (Pseudo Range) Precise Position</td>
<td>Public Land Survey-Footing</td>
</tr>
<tr>
<td>GPS Code (Pseudo Range) Standard Position (SA Off)</td>
<td>Zip+4 Centroid</td>
</tr>
<tr>
<td>GPS Code (Pseudo Range) Standard Position (SA On)</td>
<td>Zip+2 Centroid</td>
</tr>
<tr>
<td>Interpolation-Map</td>
<td>Loran C</td>
</tr>
<tr>
<td>Interpolation-Photo</td>
<td>Interpolation-Other</td>
</tr>
<tr>
<td>Interpolation-Satellite</td>
<td></td>
</tr>
</tbody>
</table>
Horizontal Reference Datum - The code that represents the reference datum used in determining latitude and longitude coordinates.

<table>
<thead>
<tr>
<th>Unknown</th>
<th>WGS84</th>
</tr>
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<tbody>
<tr>
<td>NAD27</td>
<td>NAD83</td>
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</tbody>
</table>

Source Map Scale - The scale used to determine the latitude and longitude coordinates.

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>1:62,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>1:63,000</td>
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<tr>
<td>1:15,840</td>
<td>1:63,350</td>
</tr>
<tr>
<td>1:20,000</td>
<td>1:63,360</td>
</tr>
<tr>
<td>1:24,000 (1&quot; = 2,000&quot;)</td>
<td>1:100,000</td>
</tr>
<tr>
<td>1:25,000</td>
<td>1:250,000</td>
</tr>
</tbody>
</table>

Reference Point Description - The place for which geographic coordinates were established.

<table>
<thead>
<tr>
<th>Facility/Station Building Entrance or Street Address</th>
<th>Facility Center/Centroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boundary Point</td>
<td>Intake Point</td>
</tr>
<tr>
<td>Treatment/Storage Point</td>
<td>Release Point</td>
</tr>
<tr>
<td>Monitoring Point</td>
<td>Other</td>
</tr>
</tbody>
</table>

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 6.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 6.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 6.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The “2” determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: 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, treasurer
Partnership, a general partner
Sole proprietorship: the proprietor/owner
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official
Ultimate Receiving Waters
1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River