

CR # 63560
Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623

JUL 11 2012

DMU 24509

NOTICE OF INTENT
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000

AFIN 60-

Application Type: New Renewal (Permit Tracking Number ARR() ARR153888

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Bill & Hillary Clinton National Airport

Operator Type:

Permittee Mailing Address: 1 Airport Drive

STATE

PARTNERSHIP

Permittee City: Little Rock

FEDERAL

CORPORATION*

Permittee State: Arkansas Zip: 72202

SOLE PROPRIETORSHIP

Permittee Telephone Number: 501-772-7807

PUBLIC

OTHER

Permittee Fax Number: 501-376-3357

Permittee E-mail Address: rellison@fly-lit.com

*State of Incorporation: _____

* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Randy Ellison

City: Little Rock

Invoice Mailing Company: Bill & Hillary Clinton National Airport

State: Arkansas Zip: 72202

Invoice Mailing Address: 1 Airport Drive

Telephone: 501-772-7807

III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION

1 acre = 43,560 square feet

Project Name: Airfield Maintenance Facility

Contact Person: Randy Ellison

Project County: Pulaski

Project Physical Address: 1 Airport Drive

Directions to the Project: From Little Rock, take

Project City: Little Rock Zip: 72202

Hwy 440 E, exit on Airport Road, site on the left

Telephone Number: 501-772-7807

Project Estimated

Total amount of soil to be disturbed

Start Date: July 16, 2012

(estimate to nearest 1/2 acre): 9.0

Project Estimated

Total Project Acreage

End Date: September 18, 2013

(Estimate to nearest 1/2 acre): 15.0

Project Latitude: 34 degrees 43 minutes 49.78 seconds

Project Longitude: 92 degrees 12 minutes 50.97 seconds

Type of Project: Subdivision School Other: Building construction at the airport

Is the Project part of a larger common plan of development or sale? Yes No

Linear Project Starting Coordinates (if applicable):

Linear Project Ending Coordinates (if applicable):

Latitude: _____ Longitude: _____ Latitude: _____ Longitude: _____

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 / PHONE 501-682-0623 / FAX 501-682-0910
www.adeq.state.ar.us

Large Construction NOI / Revision date 11/01/2011

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IV. DISCHARGE INFORMATION

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

Unnamed drainage ditches, thence the City of Little Rock's MS4, thence Fouche Creek, thence Arkansas River

Choose Your Ultimate Receiving Stream: Red River Ouachita River Arkansas River
White River St. Francis River Mississippi River

Name of Receiving Municipal Storm Sewer System (If applicable): Pulaski County MS4

V. FACILITY/SITE PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG

NPDES General Industrial Stormwater Permit Number (If Applicable): ARR00 B632

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Location of SWPPP on the
Construction Site:

Located at Temple Street Construction site entrance.

Consultant Company:

Pollution Management, Inc.

Consultant Contact Name:

Andrew Gertsch

Consultant Email Address:

agertsch@pmico.com

Consultant Address:

3512 S. Shackelford City: Little Rock State: Arkansas Zip: 72205

Consultant Phone Number:

501-221-7122 Consultant Fax
Number: 501-221-7775

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VII. CERTIFICATION OF OPERATOR

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

[Signature] (Initial) "I certify that as a whole the stormwater discharge(s), and the construction and implementation of Best Management Practices (BMP's) to control stormwater runoff, are not likely to adversely affect species of critical habitat for a listed species."

[Signature] (Initial) "I certify that a stormwater pollution prevention plan has been prepared for this facility in accordance with Part II.A of this permit, which provides for, or will provide for, compliance with local sediment and erosion plans, local stormwater permits or stormwater management plans, in accordance with Part II.A.4.c of this permit."

[Signature] (Initial) "I certify that the cognizant official designated in Part VIII of this Notice of Intent is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant"

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure 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."

Responsible Official Printed Name: Randy Ellison Title: Director of Facilities
 Responsible Official Signature: [Signature] Date: 7/9/2012

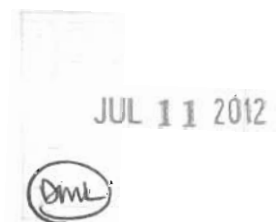
VIII. COGNIZANT OFFICIAL

Cognizant Official Printed Name: Randy Ellison Title: Director of Facilities
 Cognizant Official Signature: [Signature] Telephone: 501-772-7807

IX. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	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"/>
Check Number: <u>63560</u>		
Complete SWPPP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



*** If you answer No to any of the above questions, then a permit can not be issued!**

Construction Stormwater Permit Route Sheet

K4

11110207

Facility Name		Airfield Maintenance Facility	
Permit Number		ARR15 3888	AFIN NO.* 60-01136
Stream Segment:	3C	Receiving Stream:	Fourche Creek
SoS Check <input checked="" type="checkbox"/> NA	303(d) list <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Google Earth coord to puckett@adeq.state.ar.us <input checked="" type="checkbox"/>	
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	(DML)	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	kay	7/20/12
AA (Max of 5 business days)	AFIN request (1-day)	mr	7-24
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	mr	7-24
	Complete Invoice Request Form and submit Invoice Request (same day)	mr	7-24
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	mr	7-24
Engineer	Review/organize folder for scanning (1-day)	kay	7/24
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)	(Signature)	7/24/12
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)		
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	mr	7-25
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report, due every Tuesday by 2:00 P.M.	(DML)	7-25-12

email 7/11/12 RE: SWPPP incomplete - kay

REMARKS: _____