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

Application Type: New [ ] Renewal [ ] (Permit # ARG79_______)

I. PERMITTEE/OPERATOR INFORMATION
Permittee (Legal Name): United States Air Force
Permittee Mailing Address: 2261 Hughes Avenue, Suite 155
Permittee City: Lackland
Permittee State: Texas Zip: 78236
Permittee Telephone Number: 210 395-8267
Permittee Fax Number: N/A
Permittee E-mail Address: mark.davis.5@us.af.mil

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 Secretary of State.

II. INVOICE MAILING INFORMATION
Invoice Contact Person: N/A
Invoice Mailing Company: N/A
Invoice Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A

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

IV. DISCHARGE INFORMATION
Does the discharge originate from groundwater cleanup? Yes [x] No [ ]
Is the treatment system designed and constructed to provide adequate treatment of wastewater to meet the effluent limitations of the ARG790000? Yes [x] 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 [x] 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 [x] Not Applicable

WATER DIVISION
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- 2 -
Outfall Number: 001
Outfall Description: Creek
Estimated Flow: 0.05 MGD (Million Gallons per Day)
Hydrologic Basin Code: Unknown
Outfall Latitude: Deg Min Sec
Outfall Longitude: Deg Min Sec
Accuracy: Method: Datum: Scale: Description:
Receiving Stream:

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

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

VI. FACILITY PERMIT INFORMATION
NPDES Individual Permit Number (If Applicable): AR00 N/A
NPDES General Permit Number (If Applicable): ARG790000
State Construction Permit Number: AR N/A C
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 N/A
NPDES Industrial Stormwater General Permit Number: ARRI5 N/A
Other Department Permits: N/A

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

VIII. CERTIFICATION OF OPERATOR
"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed

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only by the Applicant. I certify under penalty of law that this document and all attachments were prepared under my
direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate
the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information,
the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are
significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing
violations."

Responsible Official Printed Name: Mark K. Davis
Responsible Official Signature: [Signature]
Responsible Official Email: mark.davis.5@us.af.mil

Cognizant Official Printed Name: 
Cognizant Official Signature: 
Cognizant Official Email: 

IX. PERMIT REQUIREMENT VERIFICATION

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

Submittal of Complete NOI? ☑ No
Submittal of Required Permit Fee? ☑ No
Submittal of Topographic Map? ☑ No
Submittal of Disclosure Statement? ☑ No
Industrial Operator’s License Number: N/A

New Permittees Only Check Number: 

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- 4 -