

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

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

Application Type: New  Renewal  (Permit Tracking Number ARR(\_\_\_\_))

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Barnett Enterprises, Inc Operator Type:  
Permittee Mailing Address: 1980 Hwy 412 W  STATE  PARTNERSHIP  
Permittee City: Siloam Springs  FEDERAL  CORPORATION\*  
Permittee State: AR Zip: 72761  SOLE PROPRIETORSHIP  
Permittee Telephone Number: (479) 524-6254  PUBLIC  OTHER  
Permittee Fax Number (479) 524-3222  
Permittee E-mail Address jonathandalebarnett@gmail.com \*State of Incorporation: AR

\* 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: Ron Homeyer City: Siloam Springs  
Invoice Mailing Company: Civil Engineering, Inc. State: AR Zip: 72761  
Invoice Mailing Address: PO Box 12 Telephone: (479)524-9956

III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION

1 acre = 43,560 square feet

Project Name: Dayspring Warehouse Contact Person: Joe Barnett  
Project County: Benton Project Physical Address: 21100 State Highway 16  
Directions to the Project: Turn South on Highway 16 Project City: Siloam Springs Zip: 72761  
off of Hwy 412, travel ~ 3/4 mile south. Site on Left Telephone Number: (479)549-8210  
Project Estimated Start Date: 04-13-2014 Total amount of soil to be disturbed  
(estimate to nearest 1/2 acre): 7.5  
Project Estimated End Date: 12-31-2014 Total Project Acreage  
(Estimate to nearest 1/2 acre): 7.5  
Project Latitude: 36 degrees 09 minutes 58.91 seconds  
Project Longitude: 94 degrees 30 minutes 58.81 seconds  
Type of Project: Subdivision  School  Other:  Warehouse  
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: \_\_\_\_° \_\_\_\_' \_\_\_\_"

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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 tributary to Sager Creek to Illinois River to 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): N/A

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**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

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

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**VI. OTHER INFORMATION:**

Location of SWPPP on the  
Construction Site:

Mailbox at entrance to site

Consultant Company:

Civil Engineering, Inc.

Consultant Contact Name:

Ron Homeyer, P.E.

Consultant Email Address:

ron@civilengineeringss.com

Consultant Address:

PO Box 12 City: Siloam Sprg State: AR Zip: 72761

Consultant Phone Number:

479-5224-9956 Consultant Fax  
Number: 479-524-4747

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**VII. CERTIFICATION OF OPERATOR**

\_\_\_\_\_ (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. "

\_\_\_\_\_ (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."

\_\_\_\_\_ (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."

\_\_\_\_\_ (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: Jonathan Barnett Title: Owner  
Responsible Official Signature: \_\_\_\_\_ Date: 04/08/2014

**VIII. COGNIZANT OFFICIAL**

Cognizant Official Printed Name: Jonathan Barnett Title: Owner  
Cognizant Official Signature: \_\_\_\_\_ Telephone: (479)524-6254

**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>5759</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!**