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Recertification Notice of Intent (NOI)
NPDES General Permit for Aggregate Facilities ARG500000

You must complete and certify this Recertification Notice of Intent (NOI) form and return it to the Department, with an updated disclosure statement, in order to continue permit coverage under the General Permit ARG500000. You must submit this form no later than January 31, 2016. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG500009 AFIN: 63-00379
 Permittee Name: McGeorge Contracting Co.

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections, If Needed
Facility Physical Address:	Granite Mountain Quarries, Plant 3	
	2300 Co. Rd 2	
	Bauxite, AR 72011	
Facility Mailing Address:	P.O. Box 138	
	Sweet Home, AR 72164	
Responsible Official:	Haskell Dickinson	
Responsible Official Email:		
Cognizant Official:	Christopher A. Reynolds	
Cognizant Official Email:	chris.reynolds@gmqrock.com	
Contact Person:	Chris Reynolds	
Phone Number:	501-602-5666	

1. Have you attached an updated disclosure statement? Yes or No
2. Is the invoice address the same as the mailing address above? Yes or No If "No" please provide invoice address _____

Outfall Currently Listed in ADEQ's Database*

Outfall Number	Latitude			Longitude		
	°	'	"	°	'	"
001 (Type 101)	34°	34'	48"	92°	28'	21"

* If a change to the above outfall is needed, please be sure to provide the outfall number, coordinates, and an explanation of the required changes.

Additional Comments: Updated Disclosure statement is already on file

"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 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."

I certify that I have read and will comply with all the requirements of the NPDES General Permit ARG500000 for Aggregate Facilities.

Responsible Official Name: HASKELL DICKINSON Responsible Official Title: Pres.
 Responsible Official Signature: Haskell Dickinson Date: 1/27/16

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

Water Division, General Permits Section
 Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118-5317

ARG500000 Checklist

ARG50 09

- New Renewal Modification
Permittee Type: Public Private
Disclosure Statement: Yes N/A (Public/Sole Proprietorship)
Secretary of State:
Notice of Intent:
Permit Fee: N/A
Financial Assurance (Arkansas Code Annotated 8-4-203b): N/A No Yes

Discharges to unnamed tributary, Hurricane Creek, Sabine River, Ouachita River

HUC: 8040203 Planning Segment: 2C

- Ecologically Sensitive Water (ESW): No Yes Distance: _____
Extraordinary Resource Water (ERW): No Yes Distance: _____
Natural Scenic Waterway (NSW): No Yes Distance: _____
Potential Losing Stream: No Yes
303(d) Impaired: No Yes Category 5 Waterbody: _____ Cause: _____
 Category 4a Waterbody: _____ Cause: _____
Impaired for Minerals: No Yes (Sulfates, Chlorides, Total Dissolved Solids)

Site Map:

- Process Water Pond: No Yes
If Yes New Pond: No Yes, NPDES Permit No. _____
10 year, 24 hour capacity: No Yes
"Basic Industrial" Operator: No (6 mo.) Yes
Name of Operator: _____ License Number: _____
If No Dredge Pond: No Yes, NPDES Permit No. _____ N/A
Outfall Type 101: No Yes
Existing NPDES Permit: No Yes, NPDES Permit No. _____
Check with Enforcement: Issues No Issues
Effluent Limitations: No Yes
Chemical Addition: No Yes
If Yes Lined Pond: No Yes (6" concrete/asphalt, clay, steel tank)
Non-Hazardous Chemicals:
Detectable Chemicals: No Yes
Qualified Operator: No Yes
Dredging Operations: No Yes
If Yes Existing Waterbody: No Yes
Dredge Water Reused: No Yes, dredge water only
Stormwater Controls: No Yes
Operator license required: No license "Basic Industrial" "Advanced Industrial"

Other Comments: _____



ARKANSAS
SECRETARY OF STATE

Mark Martin

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LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

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For service of process contact the [Secretary of State's office](#).

Corporation Name	MCGEORGE CONTRACTING CO., INC.
Fictitious Names	CRANFORD CONSTRUCTION COMPANY GRANITE MOUNTAIN QUARRIES
Filing #	100033845
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 576 of 1965
Status	Good Standing
Principal Address	
Reg. Agent	W. SCOTT MCGEORGE
Agent Address	1501 HEARTWOOD WHITE HALL, AR 71602
Date Filed	01/28/1946
Officers	SEE FILE, Incorporator/Organizer HASKELL L. DICKINSON II, President DREW ATKINSON , Secretary W. SCOTT MCGEORGE , Vice-President DREW ATKINSON , Treasurer GERALD W. MAJORS , Controller
Foreign Name	N/A
Foreign Address	
State of Origin	N/A
<u>Purchase a Certificate of Good Standing for this Entity</u>	<u>Pay Franchise Tax for this corporation</u>

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- 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

1. APPLICANT: (Full Name)

McGeorge Contracting Co., Inc.

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :

P.O. Box 408

3. CITY, STATE, AND ZIPCODE:

Sweet Home, AR 72164

4a. Applicant Type:

Individual Corporate or Other Entity

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 12/11/2014

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

Attached.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: Haskell Dickinson II TITLE: President
STREET: _____
CITY, STATE, ZIP: _____

NAME: Scott McGeorge TITLE: Vice President
STREET: _____
CITY, STATE, ZIP: _____

NAME: Gerald Majors TITLE: Vice President
STREET: _____
CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Haskell Dickinson II TITLE: President
STREET: _____
CITY, STATE, ZIP: _____

NAME: Scott McGeorge TITLE: Vice President
STREET: _____
CITY, STATE, ZIP: _____

NAME: Gerald Majors TITLE: Vice President
STREET: _____
CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: None TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
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: Thomas Dickinson TITLE: General Manager
STREET: _____
CITY, STATE, ZIP: _____

NAME: Chuck Jones TITLE: General Manager
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: Drew Atkinson TITLE: Secretary - Treasurer

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Drew Atkinson TITLE: Secretary - Treasurer

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: None TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

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: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: None TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: None TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: Below

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

Granite Mountain Quarries

Cranford Construction

McGeorge Contracting

E.C. Rowlett

All are run by the Officers/Directors mentioned above.

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility 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:

I, Haskell Lee Dickinson II, 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 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 fines and imprisonment for knowing violation.

APPLICANT
SIGNATURE:

Haskell Dickinson

TITLE: President

DATE: 10/6/15

Notary Public: *Sheila Halbert*
Expires: *08-26-2021*

