

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
AGGREGATE FACILITIES
NPDES GENERAL PERMIT ARG500000

RECEIVED
APR 26 2016
31986 KB

Application Type: New Renewal (Permit # ARG50 0052)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Cousins Materials Operator Type: Partnership
Permittee Mailing Address: 12710 Childress Rd State Partnership
Permittee City: Bauxite Federal Corporation*
Permittee State: AR Zip: 72011 Sole Proprietorship/Private
Permittee Telephone Number: 501-454-4826 *State of Incorporation: _____
Permittee Fax Number: 501-557-5880 The legal name of the Permittee must be
Permittee E-mail Address: CousinsMaterials@yahoo identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Kerry or Steve Gilson City: Bauxite
Invoice Mailing Company: Cousins Materials State: AR Zip: 72011
Invoice Mailing Address: 12710 Childress Rd Telephone: 501-454-4820

III. FACILITY INFORMATION

Facility Name: Cousins Materials Facility Contact Person: Kerry or Steve Gilson
Facility Address: 12650 Childress Rd Telephone Number: 501-454-4820
Driving Directions to Facility: Directions Enclosed
Facility County: Saline Facility City, State & Zip: Bauxite AR 72011
Facility Latitude: 34 Deg 32 Min 3.42 Sec Facility Longitude: 92 Deg 26 Min 33.99 Sec ✓
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Facility SIC Code: _____ Facility NAICS: _____

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: none MGD (Million Gallons per Day)
Effluent Description: _____
Stream Segment: 2C 58.53 Hydrologic Basin Code: 08040203 1.06
Outfall Latitude: 34 Deg 31 Min 59 Sec Outfall Longitude: 92 Deg 26 Min 00.6 Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Receiving Stream: UNKNOWN STREAM TO HURRICANE CREEK
Treatment System*: _____
Outfall Number: 002 Flow: none MGD (Million Gallons per Day)
Effluent Description: _____
Stream Segment: 2C 57.69 Hydrologic Basin Code: 08040203 10.10
Outfall Latitude: 34 Deg 31 Min 59 Sec Outfall Longitude: 92 Deg 26 Min 00.6 Sec

WATER DIVISION
5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____

Receiving Stream: UNKNOWN TO Hurricane Creek

Treatment System*: _____

*Include addition of any chemicals, if applicable.

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG

State Construction Permit Number: ARG50 C

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

NPDES Industrial Stormwater General Permit Number: ARR00

Mining Permit Number: 0597-MN-AL

Other Department Permits: _____

VI. OTHER INFORMATION:

- 1. Does this facility intend to dredge or remove sand or gravel from within the submerged portions of a stream or drainage? Yes No
- 2. Is the facility a producer of industrial sand? Yes No

Geological Description of Site: _____

Additional Location Description: _____

Additional 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: Kerry Gilson Title: Owner / Partner

Responsible Official Signature: Kerry Gilson Date: 4-21-16

Responsible Official Email: Cousinsmaterials@yahoo.com

Cognizant Official Printed Name: Same 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?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Topographic Map?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Operator's License Number:	_____	

New Permittees Only Check Number:

7822

POST

APR 13 2016

APR 15 2016

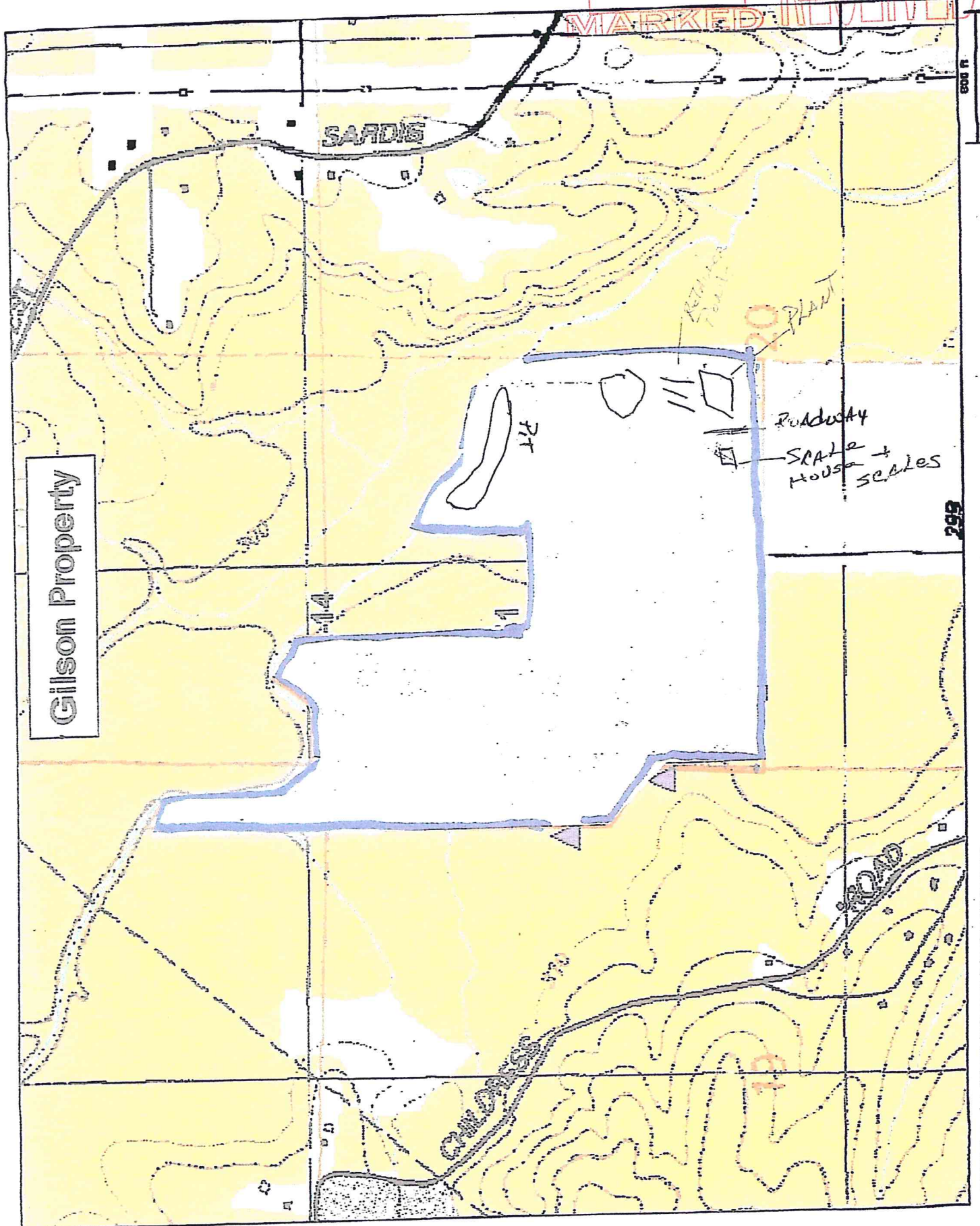
MARKED

Gilson Property

SARDIS

CHASSIS

Roadway
SCALE
House
SCALE





C44C9

- 1 Storm water Outflow
Latitude 34° 31' 59" Longitude 92° 26' 0.8"
- 2 Process ponds Emergency Outflow
Latitude 34° 31' 57.69" Longitude 92° 26' 10.10"
- 3 Stockpile vegetated
- 4 Fuel tank skid mounted
- 5 Processed Sand stockpile
- 6 Small pile Pad Dirt
- 7 Stockpile for reclamation Topsoil

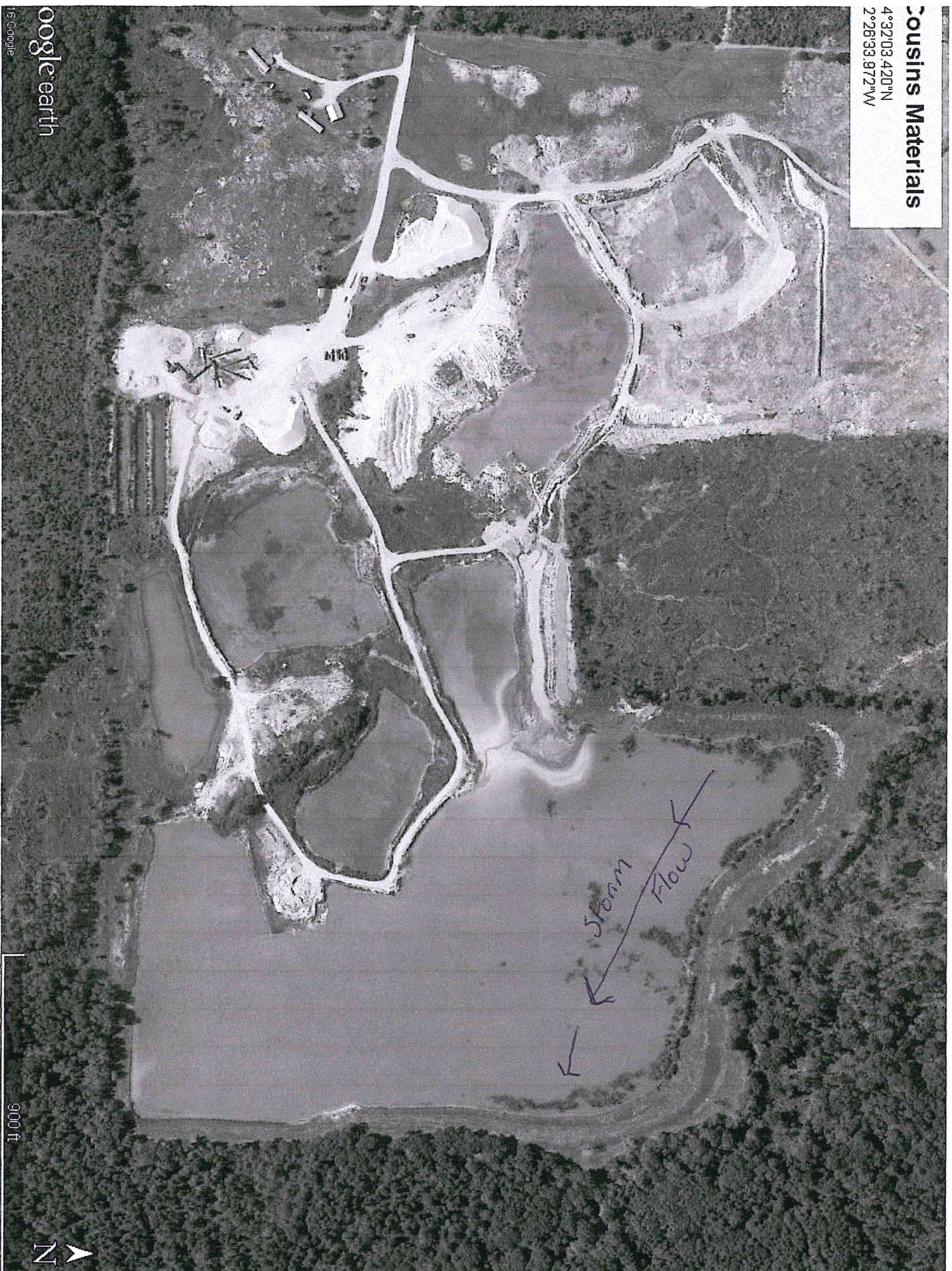
RECEIVED
MAY 11 2016
32084

SCANNED
MAY 10 2016
MAILROOM

Cowins material
ARL 500052?

Cousins Materials

4°32'03.420"N
2°26'33.972"W



google earth

15 Google

900 ft



Kreps, Alexander

From: West, Tommi
Sent: Thursday, April 28, 2016 3:54 PM
To: Kreps, Alexander
Cc: Johnson, Miles
Subject: RE: Enforcement Check ARG500052

Alex,

There are no enforcement issues with Permit No. ARG500052.

Tommi

From: Kreps, Alexander
Sent: Thursday, April 28, 2016 2:41 PM
To: West, Tommi
Cc: Johnson, Miles
Subject: Enforcement Check ARG500052

Tommi,

Are there any enforcement issues with ARG500052 (Cousins Materials)?

Regards,

Alex Kreps
Engineer, NPDES
ADEQ Office of Water Quality
Phone: (501) 682-0619
Fax: (501) 682-0880 Attn: kreps
kreps@adeq.state.ar.us










Start: Bryant, AR US

End: 12710 Childress Rd
Bauxite, AR 72011-9670, US

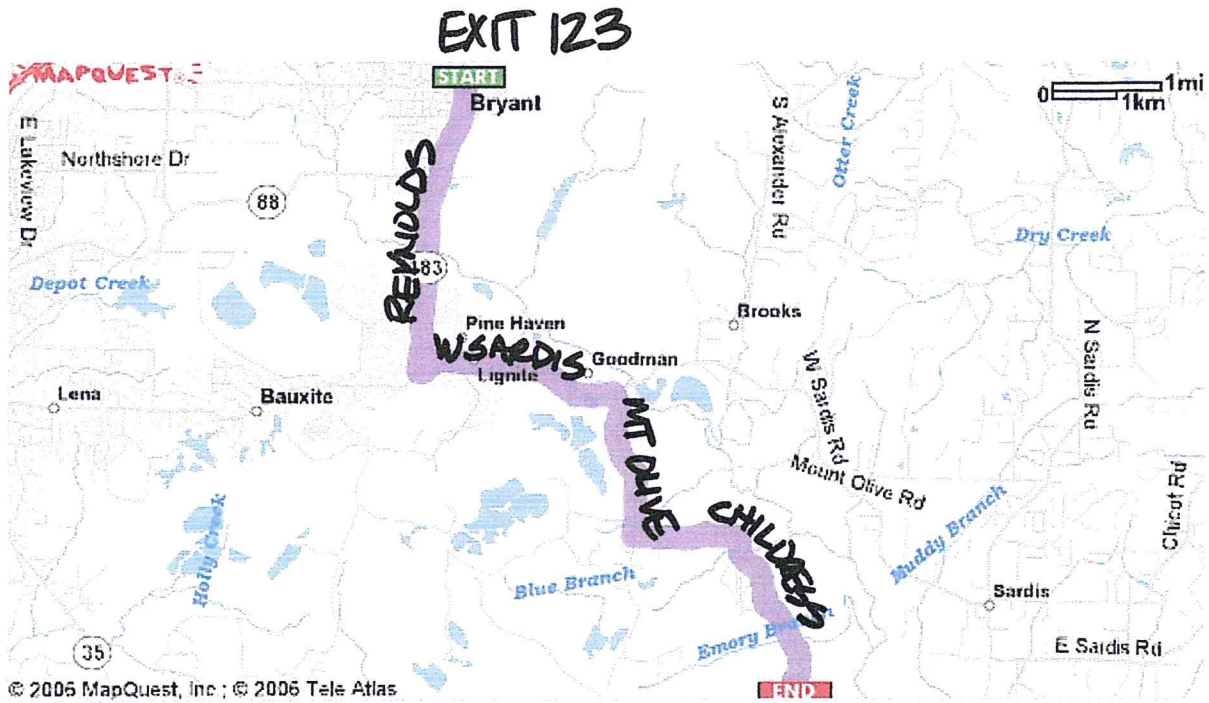
Notes:

Directions **Distance**

Total Est. Time: 18 minutes **Total Est. Distance:** 8.04 miles

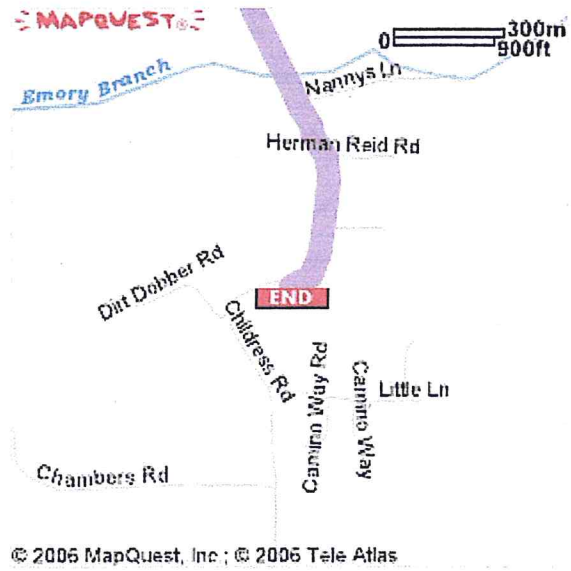
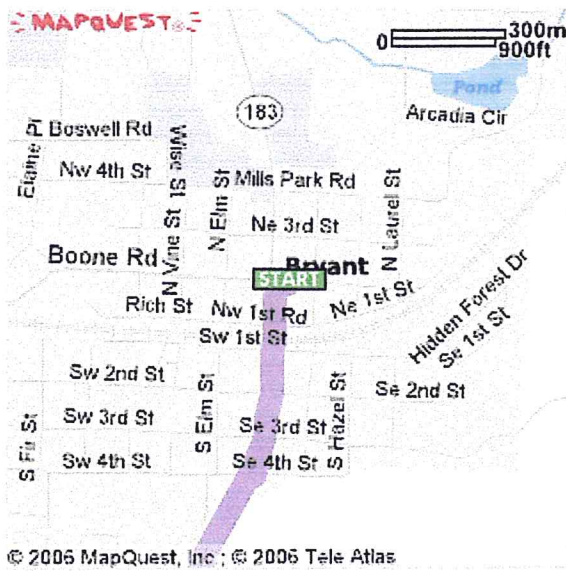
-  **1:** Start out going WEST on NE 2ND RD toward AR-183 / N REYNOLDS RD. <0.1 miles
-  **2:** Turn LEFT onto AR-183 / N REYNOLDS RD. Continue to follow AR-183. 2.5 miles
-  **3:** Turn LEFT onto W SARDIS RD. 1.8 miles
-  **4:** Turn RIGHT onto MT OLIVE RD. 1.2 miles
-  **5:** Turn LEFT onto CHILDRESS RD. 1.5 miles
-  **6:** Turn LEFT to stay on CHILDRESS RD. 0.8 miles
-  **7:** End at **12710 Childress Rd**
Bauxite, AR 72011-9670, US

Total Est. Time: 18 minutes **Total Est. Distance:** 8.04 miles



Start:
Bryant, AR US

End:
12710 Childress Rd
Bauxite, AR 72011-9670, US



All rights reserved. Use Subject to License/Copyright
 These directions are informational only. No representation is made or warranty given as to their content, road conditions or route usability or expeditiousness. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

Subject: FW: Cousins Materials Discharge General Permit (ARG500052)

From: Kreps, Alexander (kreps@adeq.state.ar.us)

To: cousinsmaterials@yahoo.com;

Date: Monday, May 16, 2016 10:26 AM

Mr. Gilson,

Thank you for your submission. However, I am missing Section 18 of the Disclosure Statement (signature). Also, the site map you submitted is missing arrows depicting the flow of stormwater on site.

Please contact me with any questions.

Regards,

Alex

From: Kreps, Alexander
Sent: Thursday, April 28, 2016 3:07 PM
To: 'cousinsmaterials@yahoo.com'
Subject: Cousins Materials Discharge General Permit (ARG500052)

Mr. Gilson,

The Department has received your request to cover Cousins Materials under the new Aggregate Facility Discharge General Permit ([ARG500000](#)). The following are required before continuing the permitting process:

- In accordance with Part 1.2.2.2 of the general permit, please provide the name of your operator with at least a Basic Industrial license.

ARG500000 Checklist

ARG50 0052 New *(re-issuance)* Renewal Modification

Permittee Type: Public Private

Disclosure Statement: Yes N/A (Public/Sole Proprietorship)

Secretary of State: Partnership N/A? N/A?

Notice of Intent:

Permit Fee: ~~7822~~ *7822*

Financial Assurance (Arkansas Code Annotated 8-4-203b): No *N/A* Yes

Discharges to Emory Branch, Hurricane Creek, Saline 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 *N/A*

 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 *4/28*

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"

← sedimentation (EPA memo)

Other Comments: _____

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.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Cousins Materials

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

12710 Childress Rd

3. CITY, STATE, AND ZIPCODE:

Bauxite AR 72011

4. (check all that apply.)

- Individual Corporate or Other Entity
- Permit License Certification Operational Authority
- New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
- Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
- Environmental Preservation and Technical Service

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 I filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #18.)

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.)

Permit #0597-MN-A2

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.)

None

* 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: Kerry Wilson TITLE: Owner / operator
STREET: 12670 Childress Rd
CITY, STATE, ZIP: Bauxite AR 72011

NAME: Steve Wilson TITLE: Owner / operator
STREET: 12710 Childress Rd
CITY, STATE, ZIP: Bauxite AR 72011

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

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

NAME: Kerry Wilson TITLE: Owner / operator
STREET: _____
CITY, STATE, ZIP: _____

NAME: Steve Wilson TITLE: Owner / operator
STREET: _____
CITY, STATE, ZIP: _____

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

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

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

NAME: Steve Wilson 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: Kerry Wilson TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: Steve Wilson 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: Kerry Wilson TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: Steve Wilson 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: Kerry Wilson TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: Steve Wilson 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: None

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

NAME: None

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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: None 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.

NONE

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.

RECEIVED
JUN 14 2016
32452 KB

State of Ar.

County of Saline

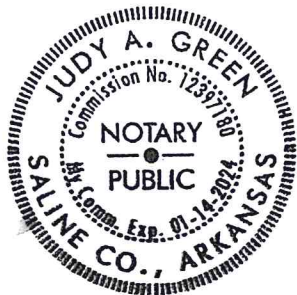
I, Judy A Green, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: Kenny Giss

COMPANY TITLE: Cousins Materials

DATE: 6-3-16

SUBSCRIBED AND SWORN TO BEFORE ME THIS 3 DAY OF June 2016



Judy A Green
NOTARY PUBLIC

MY COMMISSION EXPIRES:

1-14-24