

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

RECEIVED
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31609 TW

Application Type: New Renewal (Permit # ARG50 0081)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Arkansas Lime Company Operator Type:
Permittee Mailing Address: PO Box 2356 State Partnership
Permittee City: Batesville Federal Corporation*
Permittee State: AR Zip: 72503-2356 Sole Proprietorship/Private
Permittee Telephone Number: 870-793-7695 *State of Incorporation: AR
Permittee Fax Number: 870-793-9305 The legal name of the Permittee must be
Permittee E-mail Address: nateoneill@uslm.com identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Marty Fulbright City: Batesville
Invoice Mailing Company: Arkansas Lime Company State: AR Zip: 72503-2356
Invoice Mailing Address: PO Box 2356 Telephone: 870-793-2301

III. FACILITY INFORMATION

Facility Name: Arkansas Lime Company Facility Contact Person: Nate O'Neill
Facility Address: 600 Limedale Rd. Telephone Number: 870-793-2301
Driving Directions to Facility: From Batesville, AR travel NW on 69 - N Central Ave. Turn left onto Limedale Rd and continue on Limedale Rd to the facility entrance.
Facility County: Independence Facility City, State & Zip: Batesville, AR 72501
Facility Latitude: 35 Deg 47 Min 43.95 Sec Facility Longitude: -91 Deg 43 Min 9.58 Sec
Accuracy: Unknown Method: GPS-Unspecified Datum: NAD83 Scale: Unknown Description: Facility Building Entrance
Facility SIC Code: 3274 Facility NAICS: 327410

IV. DISCHARGE INFORMATION

Outfall Number: 008 Estimated Flow: 20 MGD (Million Gallons per Day)
Effluent Description: Discharge of storm water pumped from quarry area and lime plant
Stream Segment: 4F Hydrologic Basin Code: 11010004
Outfall Latitude: 35 Deg 47 Min 25.861 Sec Outfall Longitude: -91 Deg 44 Min 33.432 Sec
Accuracy: Unknown Method: GPS-Unspecified Datum: NAD83 Scale: Unknown Description: Monitoring Point
Receiving Stream: Dry Run Creek
Treatment System*: None

Outfall Number: -- Flow: -- MGD (Million Gallons per Day)
Effluent Description: --
Stream Segment: -- Hydrologic Basin Code: --
Outfall Latitude: -- Deg -- Min -- Sec Outfall Longitude: -- Deg -- Min -- 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: --

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 A109

Mining Permit Number: 0053-MQ-A1

Other Department Permits: 0045-AOP-R5

VI. OTHER INFORMATION:

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: Nate O'Neill Title: VP & Plant Manager

Responsible Official Signature:  Date: _____

Responsible Official Email: nateoneill@uslm.com

Cognizant Official Printed Name: Jim Foster Title: Safety Manager

Cognizant Official Signature:  Telephone: 870-793-2301

Cognizant Official Email: jimfoster@uslm.com

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

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

Submittal of Complete NOI?

Submittal of Required Permit Fee?

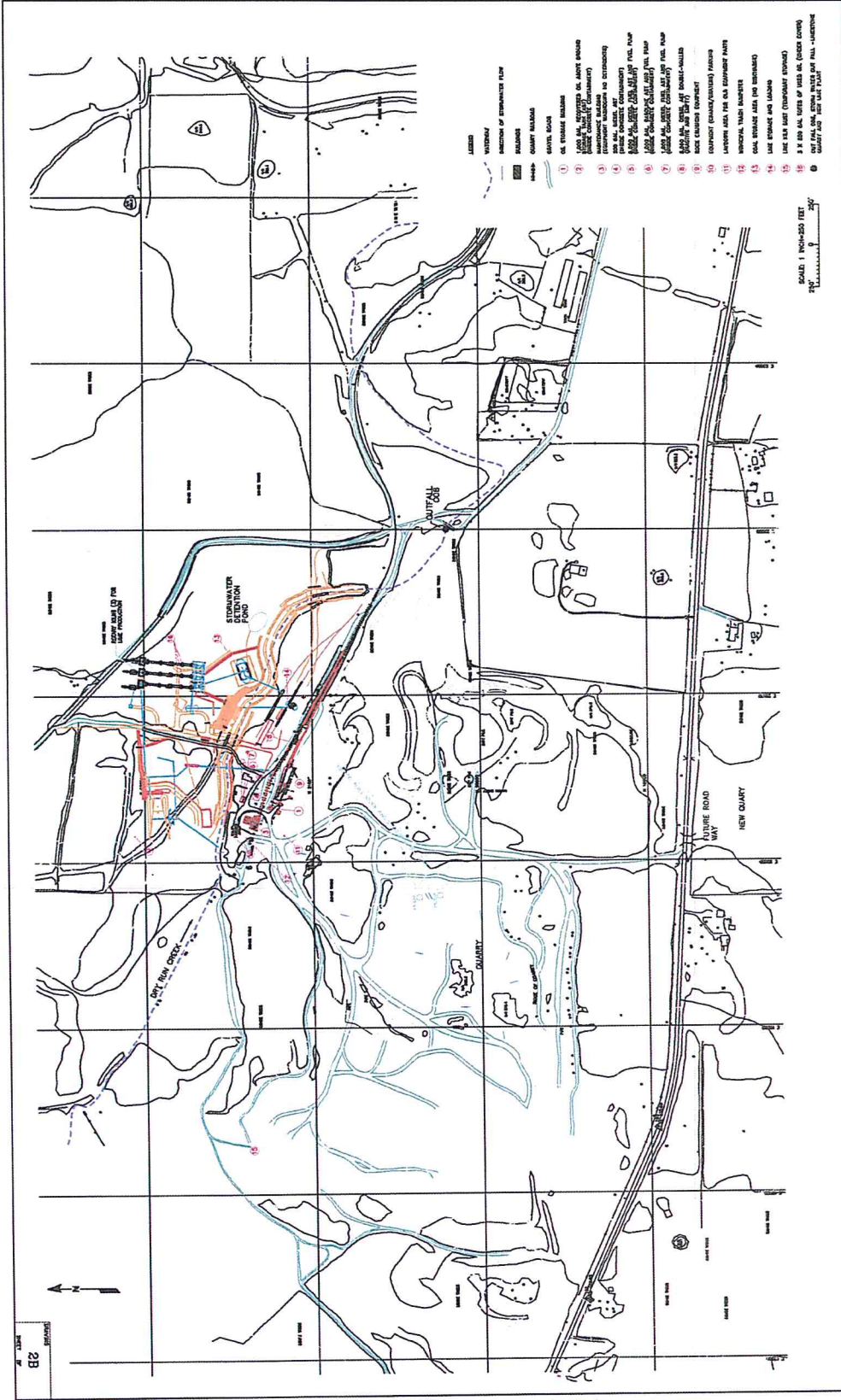
Submittal of Topographic Map?

Submittal of Disclosure Statement?

Industrial Operator's License Number: -- _____

New Permittees Only Check Number: -- _____

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5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
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SCALE: 1 INCH=250 FEET
 0 250'

- 1. EXISTING TRAIL
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PROPERTY OF ARKANSAS LIME COMPANY
 BATESVILLE, ARKANSAS
 SWPPP

URS
 10801 Executive Center Drive
 SITE 203
 Little Rock, AR 72211

ARKANSAS LIME COMPANY
 BATESVILLE, ARKANSAS
 SWPPP

FACILITY MAP FOR LIMESTONE QUARRY
 AND NEW LIME PLANT

PROJECT NO. 10801-203
 DATE: 07/11/23

SCALE: 1 INCH=250 FEET
 0 250'

2B



C3BP4

ARKANSAS LIME COMPANY

1/29/2016

Arkansas Department of Environmental Quality
Discharge Permits Sections
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: NPDES General Permit ARG500000
Notice of Intent

Arkansas Lime Company (ALC) is submitting the attached Notice of Intent (NOI) for the NPDES General Permit for Aggregate Facilities with a facility map. As a publicly held company required to file periodic reports to the Securities and Exchange Commission, ALC is submitting in the following link the most recent annual and quarterly reports in lieu of the disclosure form.

<http://www.uslm.com/shareholder-information-2014.html>

Sincerely,
Arkansas Lime Company

A handwritten signature in blue ink, appearing to read "Nate O'Neill", is written over a horizontal line.

Nate O'Neill
VP & Plant Manager

Attachments: NOI



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LLC Member information is now confidential per Act 865 of 2007

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

Corporation Name	ARKANSAS LIME COMPANY
Fictitious Names	U.S. LIME & MINERALS
Filing #	100003318
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 576 of 1965
Status	Good Standing
Principal Address	
Reg. Agent	THE CORPORATION COMPANY
Agent Address	124 WEST CAPITOL AVENUE SUITE 1900 LITTLE ROCK, AR 72201
Date Filed	07/14/1975
Officers	MARTY FULBRIGHT, Incorporator/Organizer MARTY FULBRIGHT, Tax Preparer TIMOTHY BYRNE, President M. MICHAEL OWENS, Secretary NATHAN O'NEILL, Vice-President M. MICHAEL OWENS, Treasurer MARTY FULBRIGHT, Controller
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)