

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

Application Type: New Renewal (Permit # ARG50 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Batesville Limestone Co. Operator Type:
Permittee Mailing Address: 265 S. 3rd St. State Partnership
Permittee City: Batesville Federal Corporation*
Permittee State: AR Zip: 72501 Sole Proprietorship/Private
Permittee Telephone Number: 870-307-2740 *State of Incorporation: AR
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: Samross@batesvillelimestone.com identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Sam Ross City: Batesville
Invoice Mailing Company: Batesville Limestone Co. State: AR Zip: 72501
Invoice Mailing Address: 265 S. 3rd St. Telephone: 870-307-2740

III. FACILITY INFORMATION

Facility Name: Pfeiffer Quarry Facility Contact Person: John Thieret
Facility Address: 135 Pfeiffer Rd. Telephone Number: 573-768-9205
Driving Directions to Facility: 167 to Pfeiffer Rd.
Facility County: Independence Facility City, State & Zip: Batesville, AR 72501
Facility Latitude: 35 Deg 49 Min 26.3 Sec Facility Longitude: 91 Deg 35 Min 16.62 Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Facility SIC Code: _____ Facility NAICS: _____

IV. DISCHARGE INFORMATION

Outfall Number: 1 Estimated Flow: _____ MGD (Million Gallons per Day)
Effluent Description: _____
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: 35 Deg 49 Min 32.66 Sec Outfall Longitude: 91 Deg 35 Min 8.88 Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Receiving Stream: Pfeiffer Creek
Treatment System*: _____
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 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.deq.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
 Mining Permit Number: _____
 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?

Geological Description of Site: Limestone
 Additional Location Description: 135 Pfeiffer Rd.
 Additional Comments: _____
 Consultant Contact Name: Sam Ross
 Consultant Email Address: samross@batesville.limestone.com
 Consultant Address: 265 S. 3rd St. City: Batesville State: AR Zip: 72501
 Consultant Phone Number: 870-307-2740 Consultant Fax Number: N/A

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: Sam Ross Title: President
 Responsible Official Signature: Sam O. Row Date: 9/11/16
 Responsible Official Email: samross@batesville.limestone.com
 Cognizant Official Printed Name: _____ Title: _____
 Cognizant Official Signature: _____ Telephone: _____
 Cognizant Official Email: _____

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

New Permittees Only Check Number: 74123