

**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): <u>Danny R. Kirschman</u> | Operator Type: |
| Permittee Mailing Address: <u>418 Hilltop Road</u> | <input type="checkbox"/> State <input type="checkbox"/> Partnership |
| Permittee City: <u>Pearcy</u> | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Corporation* |
| Permittee State: <u>AR</u> Zip: <u>71964</u> | <input type="checkbox"/> Sole Proprietorship/Private |
| Permittee Telephone Number: <u>501-767-1616</u> | *State of Incorporation: <u>Arkansas</u> |
| Permittee Fax Number: <u>501-767-9598</u> | The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State. |
| Permittee E-mail Address: <u>dannyk@danswhetstone.com</u> | |

II. INVOICE MAILING INFORMATION

| | |
|---|------------------------------------|
| Invoice Contact Person: <u>Carol Hansen</u> | City: <u>Pearcy</u> |
| Invoice Mailing Company: <u>Dan's Whetstone Co., Inc.</u> | State: <u>AR</u> Zip: <u>71964</u> |
| Invoice Mailing Address: <u>418 Hilltop Road</u> | Telephone: <u>501-767-1616</u> |

III. FACILITY INFORMATION

| | |
|--|---|
| Facility Name: <u>Dan's Whetstone Co., Inc.</u> | Facility Contact Person: <u>Danny Kirschman</u> |
| Facility Address: <u>418 Hilltop Road</u> | Telephone Number: <u>501-767-1616</u> |
| Driving Directions to Facility: <u>Hwy 70W from Hot Springs, AR to Hilltop Road, approx 8 mi. Turn left onto Hilltop Rd and travel 3/4 Mile.</u> | |
| Facility County: <u>Garland</u> | Facility City, State & Zip: <u>Pearcy, AR 71964</u> |
| Facility Latitude: Deg Min Sec | Facility Longitude: Deg Min Sec |
| Accuracy: Method: Datum: Scale: Description: | |
| Facility SIC Code: <u>3291</u> | Facility NAICS: <u>327910</u> |

IV. DISCHARGE INFORMATION

| | |
|--|---|
| Finishing Sump North Side | |
| Outfall Number: <u>1</u> | Estimated Flow: <u>75</u> MGD (Million Gallons per Day) |
| Effluent Description: _____ | |
| Stream Segment: _____ | Hydrologic Basin Code: _____ |
| Outfall Latitude: <u>34 Deg 25' Min 44.75" Sec N</u> | Outfall Longitude: <u>093 Deg 14' Min 42.92" Sec W</u> |
| Accuracy: Method: Datum: Scale: Description: | |
| Receiving Stream: <u>Unnamed tributary of Lost Creek</u> | |
| Treatment System*: <u>Sump sedimentary basin</u> | |
| 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 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

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NOTICE OF INTENT
AGGREGATE FACILITIES
NPDES GENERAL PERMIT ARG500000**

Application Type: New Renewal (Permit # ARG50 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Danny Kirschman Operator Type: _____
 Permittee Mailing Address: _____ State Partnership
 Permittee City: _____ Federal Corporation*
 Permittee State: _____ Zip: _____ Sole Proprietorship/Private
 Permittee Telephone Number: _____ *State of Incorporation: _____
 Permittee Fax Number: _____ The legal name of the Permittee must be
 Permittee E-mail Address: _____ identical to the name listed with the Arkansas
 Secretary of State.

IV. DISCHARGE INFORMATION

Finishing Sump South side
 Outfall Number: 2 Estimated Flow: 250 MGD (~~XXXXX~~ Gallons per Day)
 Effluent Description: _____
 Stream Segment: _____ Hydrologic Basin Code: _____
 Outfall Latitude: 34 Deg 25' Min 46.65" N Outfall Longitude: 93 Deg 14' Min 39.09" W
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Receiving Stream: Unnamed tributary of Lost Creek
 Treatment System*: Sump Sedimentary Basin

IV. DISCHARGE INFORMATION

Big Saw sump - Cutting
 Outfall Number: 3 Estimated Flow: 150 MGD (~~XXXXX~~ Gallons per Day)
 Effluent Description: _____
 Stream Segment: _____ Hydrologic Basin Code: _____
 Outfall Latitude: 34 Deg 25' Min 47.86" N Outfall Longitude: 93 Deg 14' Min 37.53" W
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Receiving Stream: Unnamed tributary of Lost Creek
 Treatment System*: Sump Sedimentary Basin

IV. DISCHARGE INFORMATION

West end of Mfg Bldg
 Outfall Number: 4 Estimated Flow: 0 MGD (~~XXXXX~~ Gallons per Day)
 Effluent Description: _____
 Stream Segment: _____ Hydrologic Basin Code: _____
 Outfall Latitude: 34 Deg 25' Min 49.11" N Outfall Longitude: 93 Deg 14' Min 38.58" W
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Receiving Stream: Unnamed tributary of Lost Creek
 Treatment System*: Sump Sedimentary Basin

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: ARR000136
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: _____
Additional Location Description: _____
Additional Comments: _____
Consultant Contact Name: None
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: Danny Kirschman Title: Owner/President
Responsible Official Signature: *Danny Kirschman* Date: 10/27/2017
Responsible Official Email: dannyk@danswhetstone.com

Cognizant Official Printed Name: Carol Hansen Title: Office Mgr.
Cognizant Official Signature: _____ Telephone: 501-767-1616
Cognizant Official Email: carolh@danswhetstone.com

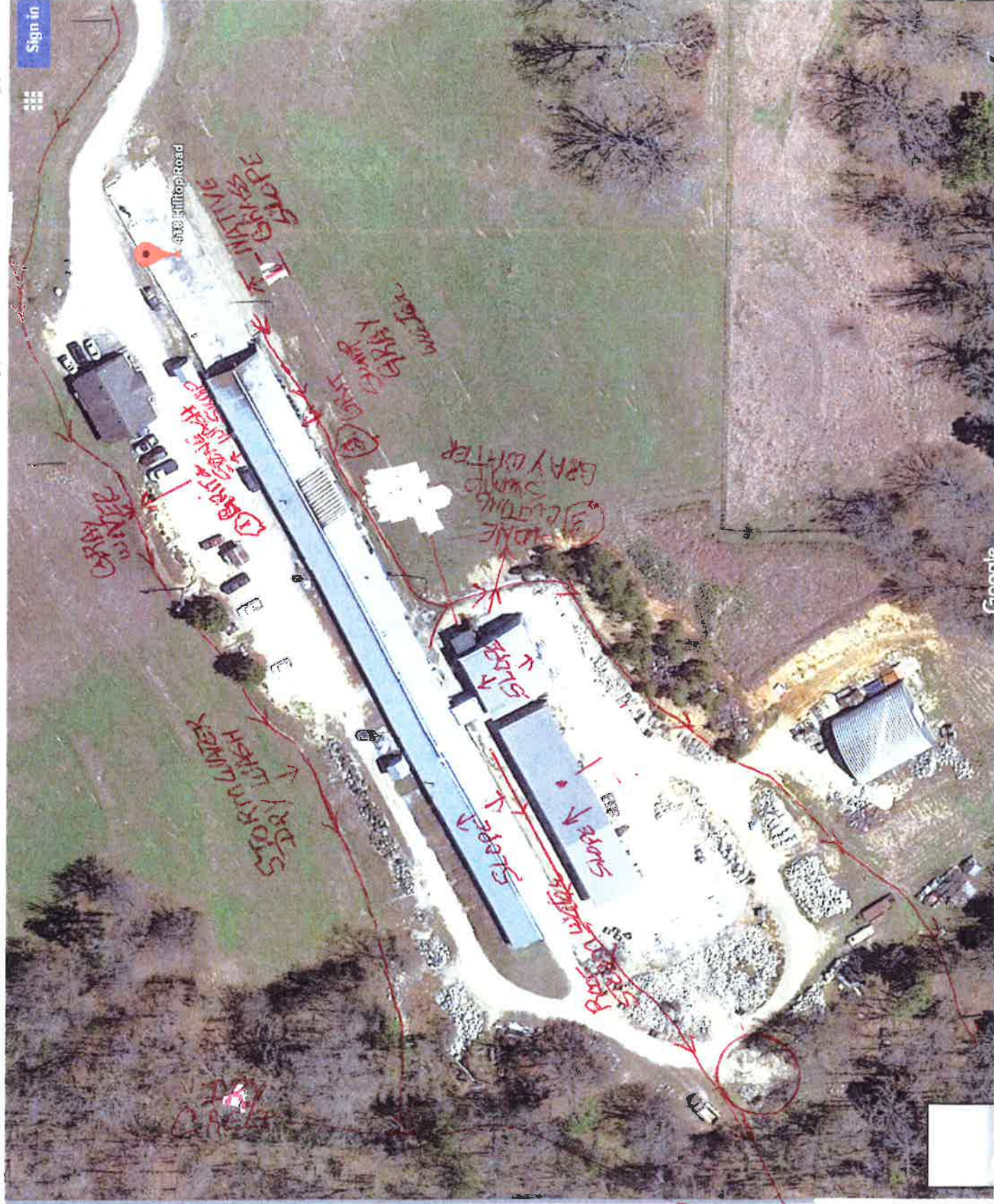
X. PERMIT REQUIREMENT VERIFICATION

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 | |
|---------------------------------------|--------------------------|--------------------------|--|
| Submittal of Complete NOI? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Required Permit Fee? | <input type="checkbox"/> | <input type="checkbox"/> | New Permittees Only Check Number: _____ |
| 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: | _____ | | |

Dan's Whetstone Co., Inc.
418 Hilltop Road
Pearcy, AR 71964
PH: 501-767-1616

Total Operating acres: 10
ARR 000136
Outfall: See #3A - Outfall 1, 2, 3, 4
Entrance Gate: 34 Deg, 25' 50.10" N 93 Deg, 14' 31.98" W



ENTRANCE
GATE

418 Hilltop Road

T-NATIVE
GRASS
SCORP

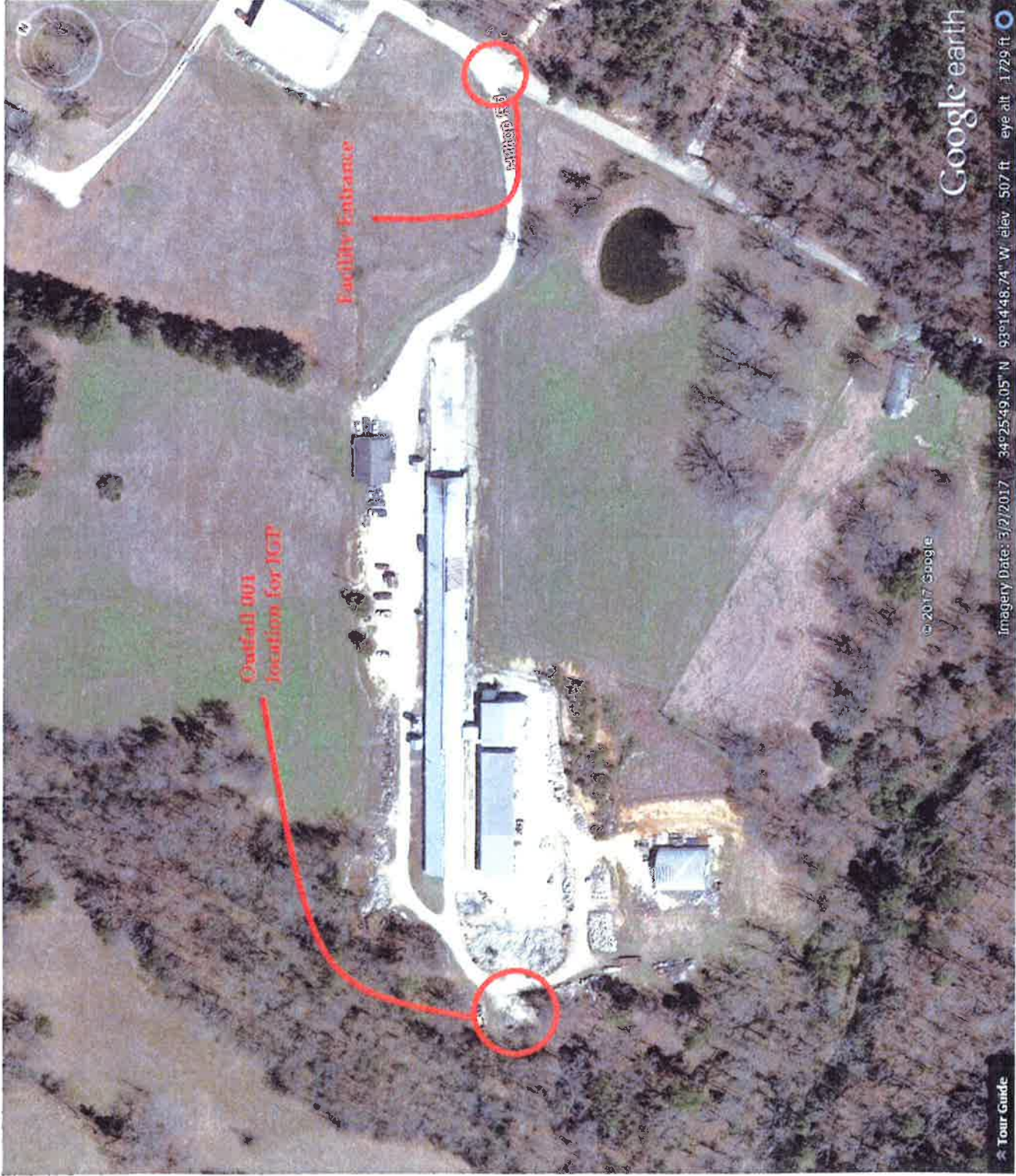
FORM LINE
DRY LIXER

SLURRY
SLUDGE

GRAY WATER

DUSTPALLS
#4

Google



Outfall 001
location for JGP

Facility Entrance

Outfall 001

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Google earth

Imagery Date: 3/2/2017 34°25'49.05" N 93°14'48.74" W elev: 507 ft eye alt: 1729 ft

Tour Guide