



Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 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 B849  
 NPDES General Permit Number (If Applicable): ARG VI.  
 State Construction Permit Number: ARG50  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 OTHER  
 NPDES Industrial Stormwater General Permit Number: ARR00  
 Mining Permit Number: \_\_\_\_\_  
 Other Department Permits: \_\_\_\_\_

**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: N/A  
 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: Brent Gill Title: Foreman/Manager  
 Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Responsible Official Email: Brent Gill 2/15/18  
 Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Cognizant Official Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Cognizant Official Email: \_\_\_\_\_

**X. PERMIT REQUIREMENT VERIFICATION**

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

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.

Submittal of Complete NOI?      Yes    No  
     

Submittal of Required Permit           **New Permittees Only** Check Number: \_\_\_\_\_  
Fee?

Submittal of Topographic Map?      

Submittal of Disclosure                 
Statement?

Industrial Operator's License Number: \_\_\_\_\_

# 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)	Arkansas Quality Done
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)	147 Country Heritage, PO Box 186
3. CITY, STATE, AND ZIP CODE	Oak Flat, AR 72513

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. Programs:

Air  Water  Hazardous Waste  Regulated Storage Tank  Mining  Solid Waste  Used Tire Program

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 No Change

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.)

~~NA~~

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.)

~~NA~~

\* 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: \_\_\_\_\_ TITLE: \_\_\_\_\_  
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: \_\_\_\_\_ TITLE: \_\_\_\_\_  
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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: h \_\_\_\_\_

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: \_\_\_\_\_

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 law 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: \_\_\_\_\_

N A

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

[Empty rectangular box for listing agencies]



**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, Brent Gill, 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.

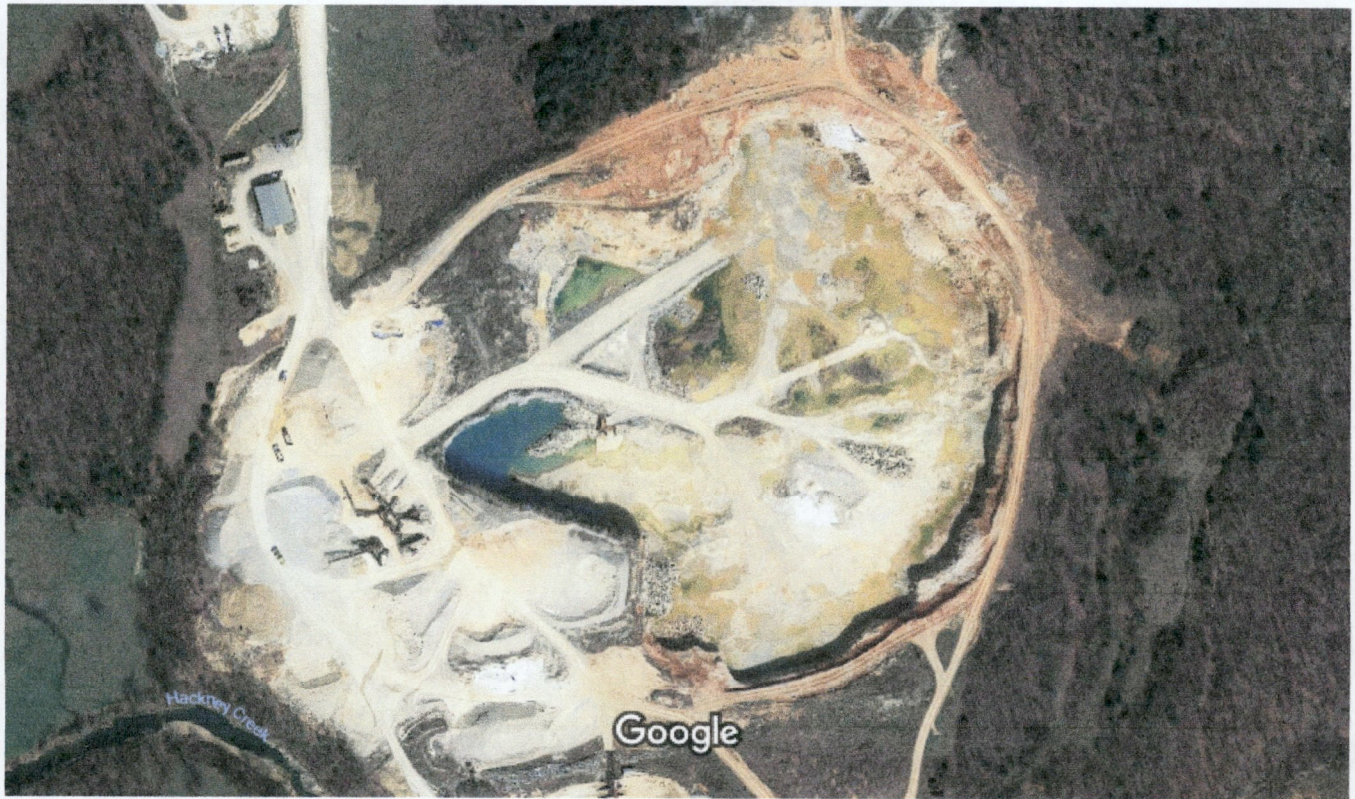
APPLICANT

SIGNATURE: Brent Gill

TITLE: Foreman/Manager

DATE: 2/15/18

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