



ARKANSAS  
Department of Environmental Quality

**NOTICE OF INTENT  
NPDES GENERAL PERMIT ARG500000  
AGGREGATE FACILITIES**

The attached form can be used by all persons desiring coverage under NPDES general permit ARG500000 (Aggregate Facilities). The form should be completed and submitted to this Department in accordance with Part 1.2.4 of the general permit.

Be sure to read the Permit No. ARG500000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit. A copy of the permit, fact sheet and other information for this permit can be obtained on the Department's website: [http://www.adeq.state.ar.us/water/branch\\_permits/general\\_permits/default.htm](http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm)

If you have any questions concerning the ARG500000 permit information or Notice of Intent, please contact General Permits Section of the Water Division at (501) 682-0623.

**REMEMBER THE FOLLOWING:**

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A Topographic map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG500000).
5. A Disclosure form. Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. A new disclosure statement must be submitted even if one is already on file with the Department. The form may be obtained from ADEQ web site at: [http://www.adeq.state.ar.us/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/disclosure_stmt.pdf)

Please call the following number if you have any questions on this Form:

<u>Topic</u>	<u>Contact person</u>	<u>Phone Number</u>
Area Map and USGS Hydrologic Unit Code	Department of the Interior United States Geological Survey	(501)296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501)661-2623
General Information	Permits Branch	(501)682-0623

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

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): Baxter County Road + Bridge Operator Type:  
Permittee Mailing Address: 2017 Hwy 5 South  State  Partnership  
Permittee City: Mountain Home  Federal  Corporation\*  
Permittee State: Ar Zip: 72653  Sole Proprietorship/Private  
Permittee Telephone Number: 870-425-3695 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 870-425-2229 The legal name of the Permittee must be  
Permittee E-mail Address: roadsuper@BaxterCounty.org identical to the name listed with the Arkansas  
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Mike Watts City: Mountain Home  
Invoice Mailing Company: Baxter County Road + Bridge Dept State: Ar Zip: 72653  
Invoice Mailing Address: 2017 Hwy 5 South Telephone: 870-425-3695

III. FACILITY INFORMATION

Facility Name: Baxter County Quarry Facility Contact Person: Mike Watts  
Facility Address: 347 County Road 630 Telephone Number: 870-425-3695  
Driving Directions to Facility: 62 to County Road 5 turn right on County Road 630  
Facility County: Baxter Facility City, State & Zip: Mountain Home Ar 72653  
Facility Latitude: 36 Deg 16 Min 47 Sec Facility Longitude: 92 Deg 26 Min 25 Sec  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Facility SIC Code: \_\_\_\_\_ Facility NAICS: \_\_\_\_\_

IV. DISCHARGE INFORMATION

Outfall Number: 1 Estimated Flow: 2 MGD (Million Gallons per Day)  
Effluent Description: Sediment, Diesel, Oil  
Stream Segment: White River 4F Hydrologic Basin Code: 1101006  
Outfall Latitude: 36 Deg 16 Min 57.94 Sec Outfall Longitude: 92 Deg 26 Min 28.76 Sec  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Receiving Stream: Jenkins 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

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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 type="checkbox"/>            | <input type="checkbox"/> |

**New Permittees Only** Check Number: \_\_\_\_\_

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

# ADEQ

ARKANSAS  
Department of Environmental Quality

## INSTRUCTIONS

### I. How to Determine Latitude and Longitude:

If a physical address is known go to [www.terraserver-usa.com](http://www.terraserver-usa.com) and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to [www.geology.enr.state.nc.us/gis/latlon.html](http://www.geology.enr.state.nc.us/gis/latlon.html) to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

### II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

**Horizontal Accuracy Measure** – This indicates the accuracy, in meters, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

**Horizontal Collection Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	

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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: 03-01240

Other Department Permits: Quarry Permit #0095-MQ-AZ

**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<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
| 2. Is the facility a producer of industrial sand?   | <input type="checkbox"/>        | <input checked="" type="checkbox"/>       |

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: Mickey D Penbergues Title: County Judge

Responsible Official Signature: [Signature] Date: 9/10/2018

Responsible Official Email: Judge@baxtercounty.org

Cognizant Official Printed Name: Larry Carter Title: Quarry Foreman

Cognizant Official Signature: [Signature] Telephone: \_\_\_\_\_

Cognizant Official Email: \_\_\_\_\_

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Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point **Description** - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

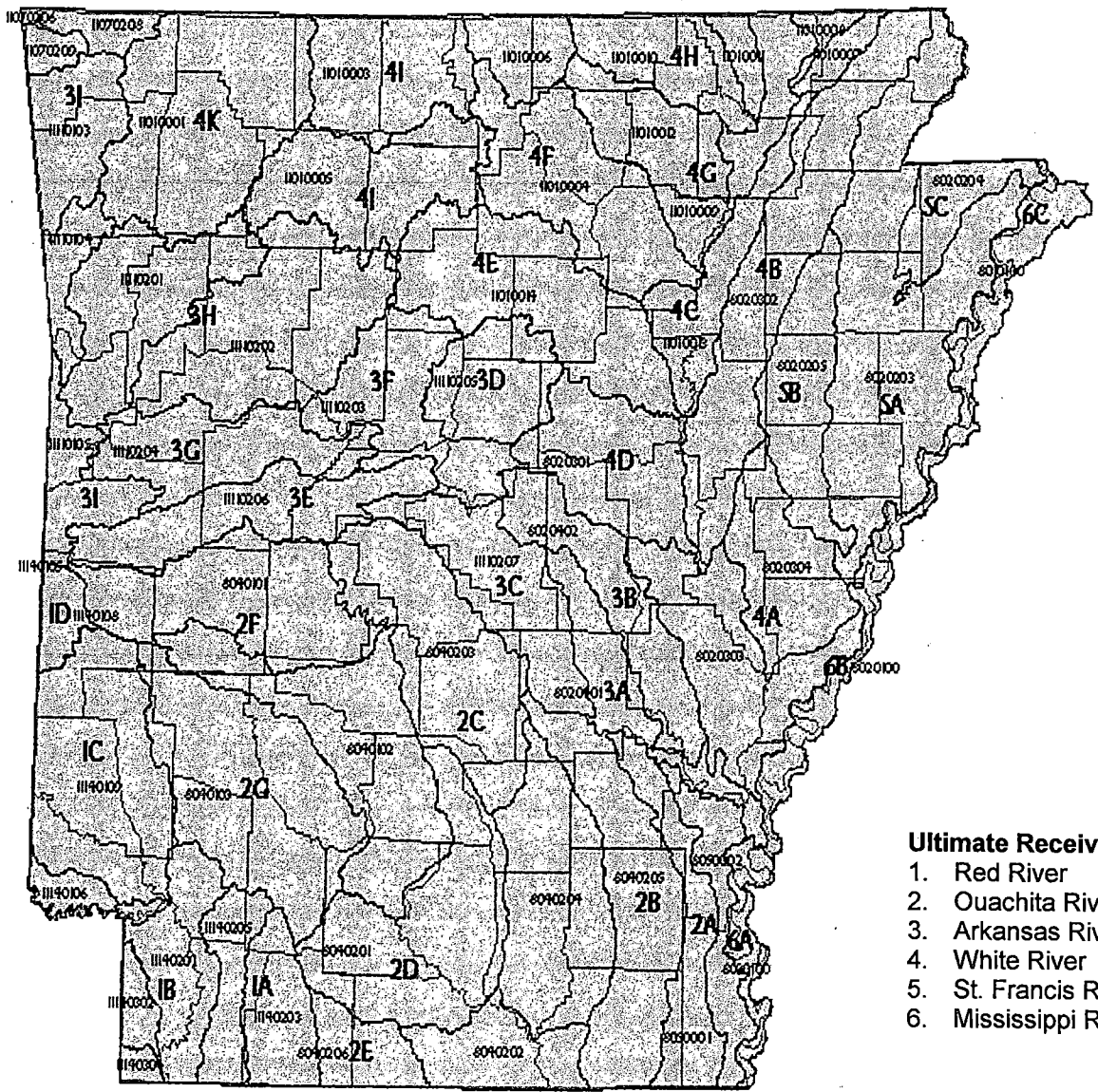
**Corporation**, a principal officer of at least the level of vice president, treasurer

**Partnership**, a general partner

**Sole proprietorship**: the proprietor/owner

**Municipal, state, federal, or other public facility**: principal executive officer, or ranking elected official

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**Ultimate Receiving Water**

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

**WATER DIVISION**

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# Industrial Stormwater General Permit Stormwater Pollution Prevention Plan (SWPPP) Template

To help you develop a SWPPP that is consistent with the Industrial Stormwater General Permit (IGP), the Arkansas Department of Environmental Quality (ADEQ) has created this Industrial SWPPP Template. Use of the template will help ensure that your SWPPP addresses all the necessary elements required in the IGP.

Before completing the Template, make sure you read and understand the requirements in the Industrial Stormwater General Permit (IGP). A copy of the IGP is available at the following website:

[http://www.adeq.state.ar.us/water/branch\\_permits/general\\_permits/stormwater/default.htm](http://www.adeq.state.ar.us/water/branch_permits/general_permits/stormwater/default.htm)

## *Using the Industrial SWPPP Template*

### *Tips for completing the Template:*

- **This Template is designed for use by all facilities eligible for coverage under the IGP. The Template is NOT tailored to your individual industrial sector.**
- **Read through every section thoroughly. For questions that do not apply to your facility, put N/A in the space allocated for explanation.**

ADEQ has made every effort to ensure the accuracy of all instructions and guidance contained in the Template, the actual obligations of regulated industrial facilities are determined by the relevant provisions of the permit, not by the Template. In the event of a conflict between the Template and any corresponding provision of the IGP, the permit controls. ADEQ welcomes comments on the Template at any time and will consider those comments in any future revision of this document.



**Stormwater Pollution Prevention Plan (SWPPP)**  
For  
Industrial Activity

National Pollution Discharge Elimination System  
General Permit # ARR000000

Permit Tracking Number:

ARR00 1211

AFIN 03-00447

Prepared for:

Insert Facility Name	Baxter County Road+Bridge
Insert Facility Address	2017 Hwy 55.
Insert City, State, Zip Code	Mountain Home Ar 72653
Insert Facility Telephone Number (if applicable)	870 425 3695

Industrial Sector - J2

SIC - \_\_\_\_\_

NAICS - \_\_\_\_\_

Prepared by:

Larry Carter

SWPPP Preparation Date:

May 21, 2018

**1. SWPPP Team** (see Part 4.2.2 of the permit)

List the person(s) or position(s) responsible for developing the SWPPP and assisting the facility or plant manager in its implementation, maintenance, and revision. Clearly identify the responsibilities of each team member.

Please note that common positions (i.e. secretary, operator, etc.) may not be used. A specific position or individual's name must be listed.

Name	Title	Individual SWPPP Responsibilities
Mike Watts	Baxter CO R+B Super	Over all Management
Larry Carter Kyle Price	Quarry Foreman	Site manager
David Stults	Baxter County Safety Co.	Safety
Jim Sierzenka	Baxter County OEM Dir.	OEM
Levi Hought	Baxter County R+B Super	Over management

**2. Employee Training** (see Part 3.1.8 of the permit)

A record of employee training will be kept in Appendix A. Below are the two types of employee training required for a facility:

- Storm Water Pollution Prevention Team training, and
- Facility worker training specific to the area they work.

In the table below, designate the frequency of training for each training type (at least annually).

Training Type	Frequency of Training	Topics Covered in Training
SWPP Team training	1 yr	Monitoring, inspection, planning, reporting, documentation requirements, and BMP maintenance
Work area specific training	1 yr	BMPs and control measures used in specific work area

**3. Facility Description**

For this section, describe everything pertaining to the stormwater drainage area covered by each outfall at your facility.

**A. Outfall Information**

Outfall Number: <u>  1  </u>	Outfall Coordinates: Latitude: <u>36</u> ° <u>16</u> ' <u>50</u> " N 36.281096 Longitude: <u>92</u> ° <u>26</u> ' <u>09</u> " W -92.441323 92 26 28.7628
<b>Receiving Streams</b>	Jenkins creek

Outfall Number: _____	Outfall Coordinates: Latitude: _____° _____' _____" N Longitude: _____° _____' _____" W
<b>Receiving Streams</b>	

Copy and paste the table above for each additional outfall at your facility.

If your facility is located in an MS4, provide the MS4 name below:

MS4 name: \_\_\_\_\_  
 (put N/A if your facility is not located in an MS4)

**B. Industrial Activities**

In the table below, describe the industrial activities that take place at the facility, list the pollutants associated with each activity, and list the outfalls affected by the activity. This list must include all significant materials that have been handled, treated, stored, or disposed, and that have been exposed to stormwater in the three years prior to the date the SWPPP is prepared or amended.

Industrial Activity	Associated Pollutants	Outfall(s) Affected
Crushed Stone production plant outside	oil/diesel/dirt	1
Crushed Stone Stock piles outside	dirt/silt	1
Equipment Fueling Station	diesel	1
Equipment maintenance outside	oil/grease/diesel	1

**C. Exposed Inventories**

In the table below, describe any tanks, bins, or piles within the outfall coverage area, list the pollutants associated with each storage entity, and list the outfalls affected by the activity. Include any inventory containing salt for deicing and any tank or storage container susceptible to spilling or leaking.

Inventory	Associated Pollutants	Outfall(s) Affected
Stock piles	dirt/silt	1
Fuel Tank	diesel	1
oil storage shed	oil/gas	1

**D. Non-Stormwater Discharges** (see Part 4.2.4.4 of the permit)

In the table below, describe any authorized non-stormwater discharges, the pollutants associated with that discharge, and the outfalls affected by the discharge. See Part 1.6 of the permit for a list of authorized non-stormwater discharges. Include illicit non-stormwater discharge testing information in Appendix B.

Non-Stormwater Discharge	Associated Pollutants	Outfall(s) Affected
Pit pump out water	oil/diesel/silt	1

**E. Impaired Stream Designation** (see Part 4.2.7 of the permit)

In the table below, list any streams or other waterbodies downstream of the facility's discharge that are impaired and list their impairments. Consult the documents at the links below to determine if any of your receiving streams are impaired.

303 (d) and Total Maximum Daily Load (TMDL) (Stream classification starts on page 8):  
[http://www.adeg.state.ar.us/water/branch\\_planning/pdfs/303d\\_list\\_2008.pdf](http://www.adeg.state.ar.us/water/branch_planning/pdfs/303d_list_2008.pdf)

Extraordinary Resource Water (ERW), Natural and Scenic Waterway (NSW), or Ecologically Sensitive Waterbody (ESW) (Stream classification starts on page 52):  
[http://www.adeg.state.ar.us/regs/files/reg02\\_final\\_140324.pdf](http://www.adeg.state.ar.us/regs/files/reg02_final_140324.pdf)

Impaired Waterbody name	Cause of Impairment

**F. Monitoring Requirements**

In the table below, list any parameters being monitored at the outfall. Include any benchmarks or limitations required and the frequency of sampling for each parameter (at least once per year). The sampling data, including any will be kept in Appendix C.

Parameter	Check Box if a Limitation	Benchmark or Limitation	Frequency of Monitoring
pH	<input type="checkbox"/>	6.0-9.0 S.U.	
Total Suspended Solids (TSS)	<input type="checkbox"/>	100 mg/L	
	<input type="checkbox"/>		

Describe the procedures for gathering storm event data, as specified in Part 3.8.2.

Responsible Staff: \_\_\_\_\_

Logistics: \_\_\_\_\_

Laboratory to be used: \_\_\_\_\_

**G. Best Management Practices**

In the table below, list the best management practices implemented and the back-up measures used if the BMP is being worked on. For industry-specific expected pollutants and recommended BMPs, please see the EPA's website at:

<http://cfpub.epa.gov/npdes/stormwater/swsectors.cfm>

Records of BMP maintenance and inspection will be kept in Appendix D.

Best Management Practice	Back-Up Measure
House Keeping	clean up spills as they happen
Keep Piles away From water run off areas	Deem with Rocks or Brush

**H. Facility Site Map**

Include a site map in Appendix G that adheres to the requirements set forth in Part 4.2.3 of the permit. You will find the same list of requirements in Appendix G.

**I. Inspection Schedule and Procedure**

In the table below, list the person(s) or position(s) responsible for inspecting, the schedule for conducting inspections, and the specific items (BMPs, outfalls, storage units, etc.) to be covered by the inspection for the two types of inspections listed below:

- Routine facility inspections (see Part 5.1.1 of the permit); and
- Comprehensive site inspections (see Part 5.1.2 of the permit).

Inspection records will be kept in Appendix E.

Inspection Type	Person(s)/Position(s) Responsible	Inspection Frequency	Items Inspected
Routine facility	Foreman	once day	Ponds, run off area
Comprehensive	Foreman	1 day	Ponds, run off area and pump out

**4. Similar Outfall Designation** (see Part 3.8.1 of the permit)

Based on the information provided for each of the outfalls at the facility, list in the table below any outfalls considered to be similar, the reason why their discharges are expected to be similar, and the outfall at which monitoring will take place.

Similar Outfalls	Reasons for Similar Discharges	Outfall to be Monitored

**5. Spill and Leak Response Plan** (see Part 3.1.4 of the permit)

Describe the procedures for preventing and responding to spills and leaks in Appendix F. List below the person(s) or position(s) responsible for contacting help during a spill or leak emergency as well as the Agency to contact, and the Agency phone number. A record of any spills and leaks, including any within three years of the effective date of this permit, will be kept in Appendix F.

Person(s)/Position(s) Responsible for Contacting Emergency Response Agency	Agency Name	Agency Phone Number

**6. Housekeeping Practices** (see Part 3.1.2 of the permit)

Waste material will be picked up every \_\_\_\_ days.

Routine inspections for leaks and conditions of drums, tanks, and containers will be conducted every \_\_\_\_ days.

Additional Information (if necessary):

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**7. Certification (see Part 7.9 of the permit)**

The certification must be signed in accordance with the provisions of 40 CFR 122.22, as adopted by reference in APCEC Regulation 6. See Part 7.8 of the permit for signatory requirements.

"I have read Part 4.2.7.3 of the permit pertaining to the attainment of water quality standards after authorization and agree to adhere to its requirements."

"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 gathered and evaluated 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 fine and imprisonment for knowing violations."

Name: Garry Carter Title: Foreman  
Signature: Garry Carter Date: 9-1-18





OUTFALL MODIFICATION FORM

The enclosed form may be used to request modifications of outfalls covered under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). The numbering of outfalls should be sequential and begin with Outfall 001 (i.e. if Outfall 001 is deleted, Outfall 002 will become Outfall 001).

Attach additional pages to modify more than one outfall.

Outfall Modification Type: Add (Skip Section II) [ ] Remove (Skip Section III) [ ] Move [X]

Permit Tracking No. ARR00 1211

AFIN: 03-00447

I. FACILITY INFORMATION:

Permittee: Baxter County Road & Bridge Dept Contact Name:
Facility Name: Baxter County Quarry Phone Number:
Facility City: Mountain Home Zip: 72653 Email Address:
Mailing Address: 2017 Hwy 5 South
City: Mountain Home State: Ar Zip: 72653

II. CURRENT OUTFALL INFORMATION:

Outfall:
Outfall Latitude: 36 degrees 16 minutes 56.0778 seconds
Outfall Longitude: 92 degrees 26 minutes 30.8 seconds
Receiving Stream:

III. NEW OUTFALL INFORMATION:

Outfall:
Outfall Latitude: 36 degrees 16 minutes 51.9456 seconds
Outfall Longitude: 92 degrees 26 minutes 28.7628 seconds
Receiving Stream:

IV. CONSULTANT INFORMATION (if applicable):

Consultant Contact Name: Company:
Consultant Phone Number: Email Address:

V. SIGNATORY REQUIREMENTS:

"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 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 fine and imprisonment for knowing violations."

Responsible/Cognizant Official Printed Name: Larry Carter Title: Foreman
Responsible/Cognizant Official Signature: [Signature] Date: 9-1-18

ATTACH A SITE MAP SHOWING THE NAME AND LOCATION OF EVERY OUTFALL THAT WILL BE COVERED UNDER YOUR EXISTING GENERAL PERMIT AFTER THIS MODIFICATION.



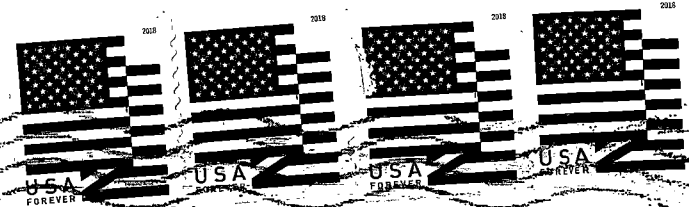
- Culverts
- Water Flow
- Property Line

CLIN

2

10-21-12

Baxter County Judge's Office  
1 E. 7<sup>th</sup> Street, Suite 303  
Mountain Home, AR 72653



NWA P&DF 72701

THU 06 SEP 2018 PM

ADEQ Water Division  
5301 Northshore Drive  
N. Little Rock, 72118