



water resources / environmental consultants

3 Innwood Circle, Suite 220 • Little Rock, AR 72211 • (501) 225-7779 • Fax (501) 225-6738

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November 27, 2019

Arkansas Department of Energy and Environment
Division of Environmental Quality
Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: ARG500000 Application Submittal
FTN No. R18900-2186-001

To whom it may concern:

On behalf of Island Sand and Gravel, attached please find documents related to an ARG500000 Application.

Included in this packet is the following:

- ARG500000 Notice of Intent,
- Site Maps,
- A check in the amount of \$200 for a new permit, and
- A Disclosure Statement.

Please contact me or Ray Wieda, PE, of FTN Associates at (501) 225-7779 if you have questions or concerns.

Respectfully submitted,
FTN ASSOCIATES, LTD.

Jimmy Rogers
Project Manager

Attachments

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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): Gary Fife Operator Type:
Permittee Mailing Address: 3943 HWY 169 South State Partnership
Permittee City: Crossett Federal Corporation*
Permittee State: AR Zip: 71635 Sole Proprietorship/Private
Permittee Telephone Number: 870-515-6005 *State of Incorporation: AR
Permittee Fax Number: 870-364-8604 The legal name of the Permittee must be
Permittee E-mail Address: gmlfife@hotmail.com identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Gary Fife City: Crossett
Invoice Mailing Company: Island Sand and Gravel State: AR Zip: 71635
Invoice Mailing Address: 3943 HWY 169 South Telephone: 870-515-6005

III. FACILITY INFORMATION

Facility Name: Island Sand and Gravel Facility Contact Person: Gary Fife
Facility Address: Off Tram Road and Ashley 215 Telephone Number: 870-515-6005
Driving Directions to Facility: 169 to Tram Road – south on logging road ~0.5-mile
Facility County: Ashley Facility City, State & Zip: Crossett, AR 71635
Facility Latitude: 33 Deg 02 Min 25.81Sec Facility Longitude: 92 Deg 3 Min 00.33Sec
Accuracy: +/- ~<2M Method: GPS Datum: NAD83 Scale: N/A Description: Point
Facility SIC Code: 1442 Facility NAICS: 212321

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: >1 MGD (Million Gallons per Day)
Effluent Description: Collected rainwater
Stream Segment: 2E Hydrologic Basin Code: 8040202
Outfall Latitude: 33 Deg 2 Min 21.80Sec Outfall Longitude: 92 Deg 3 Min 14.89Sec
GPS
Accuracy: +/- ~<2M Method: unspecifi Datum: Unknow Description: Google
Receiving Stream: Ouachita River
Treatment System*: Temporary detention
Outfall Number: N/A Flow: N/A MGD (Million Gallons per Day)
Effluent Description: N/A

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

Stream Segment: N/A Hydrologic Basin Code: N/A
 Outfall Latitude: N/A Deg N/A Min N/A Sec Datum Outfall Longitude: N/A Deg N/A Min N/A Sec
 Accuracy: N/A Method: N/A : N/A Scale: N/A Description: N/A
 Receiving Stream: N/A
 Treatment System*: N/A
 *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: Pending
 Other Department Permits: _____

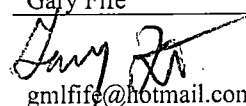
VI. OTHER INFORMATION:

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: West Gulf Coastal Plain / Holocene / Alluvium
 Additional Location Description: N/A
 Additional Comments: N/A
 Consultant Contact Name: Jimmy Rogers / FTN Associates
 Consultant Email Address: jir@ftn-assoc.com
 3
 Innwood
 Circle, Little
 Consultant Address: Suite 220 City: Rock State: AR Zip: 72211
 Consultant Phone Number: 501-225-7779 Consultant Fax Number: 501-225-6738

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: Gary Fife Title: Owner/Operator
 Responsible Official Signature:  Date: 12/2/19
 Responsible Official Email: gm1fife@hotmail.com
 Cognizant Official Printed Name: N/A Title: N/A

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

Cognizant Official Signature: N/A

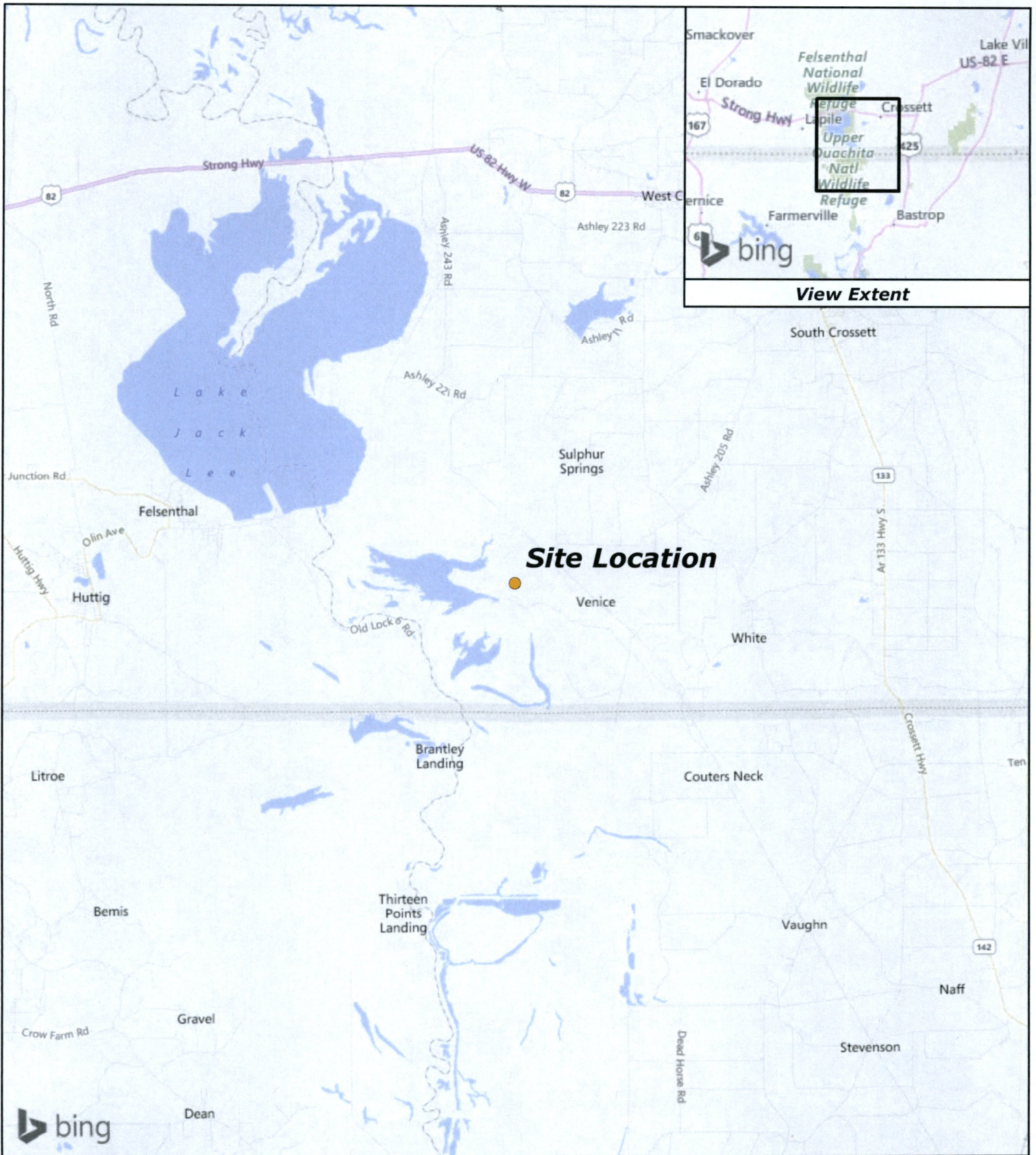
Telephone: N/A

Cognizant Official Email: N/A

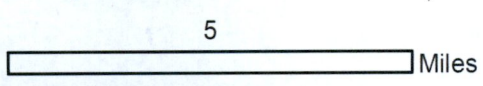
X. PERMIT REQUIREMENT VERIFICATION

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"/>	New Permittees Only Check Number: _____
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			N/A (Mr. Fife does not have an industrial operator's license)
Industrial Operator's License Number:			_____



Gary Fife



● Site Location



R:\projects\18900-2186-001\gis\doc\map\Restoration\figure_1.mxd

Background: Microsoft Corporation and its data suppliers

Figure 1. Vicinity Map

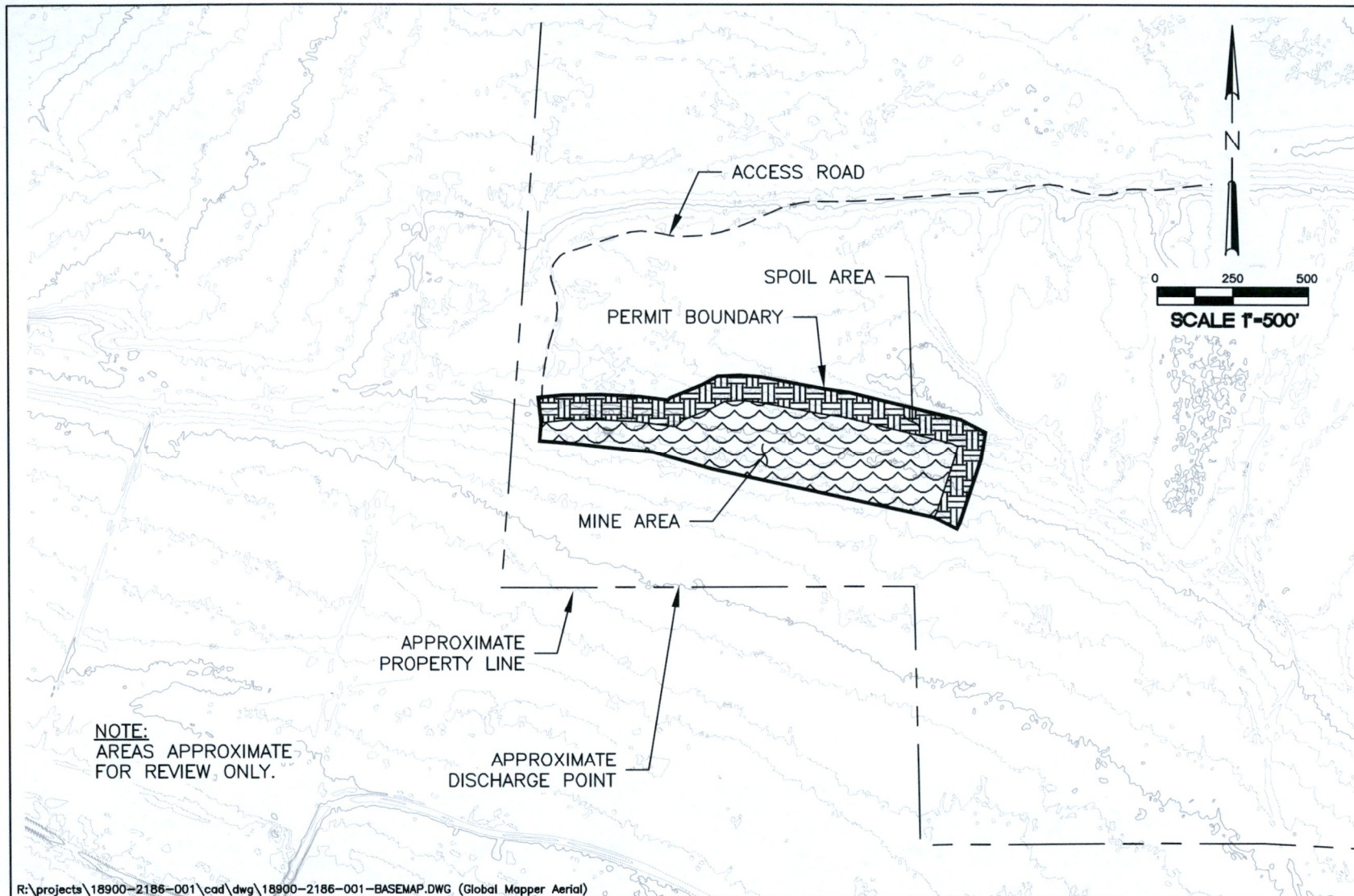


Figure 2. Reclamation Plan.



Figure 3. Aerial.

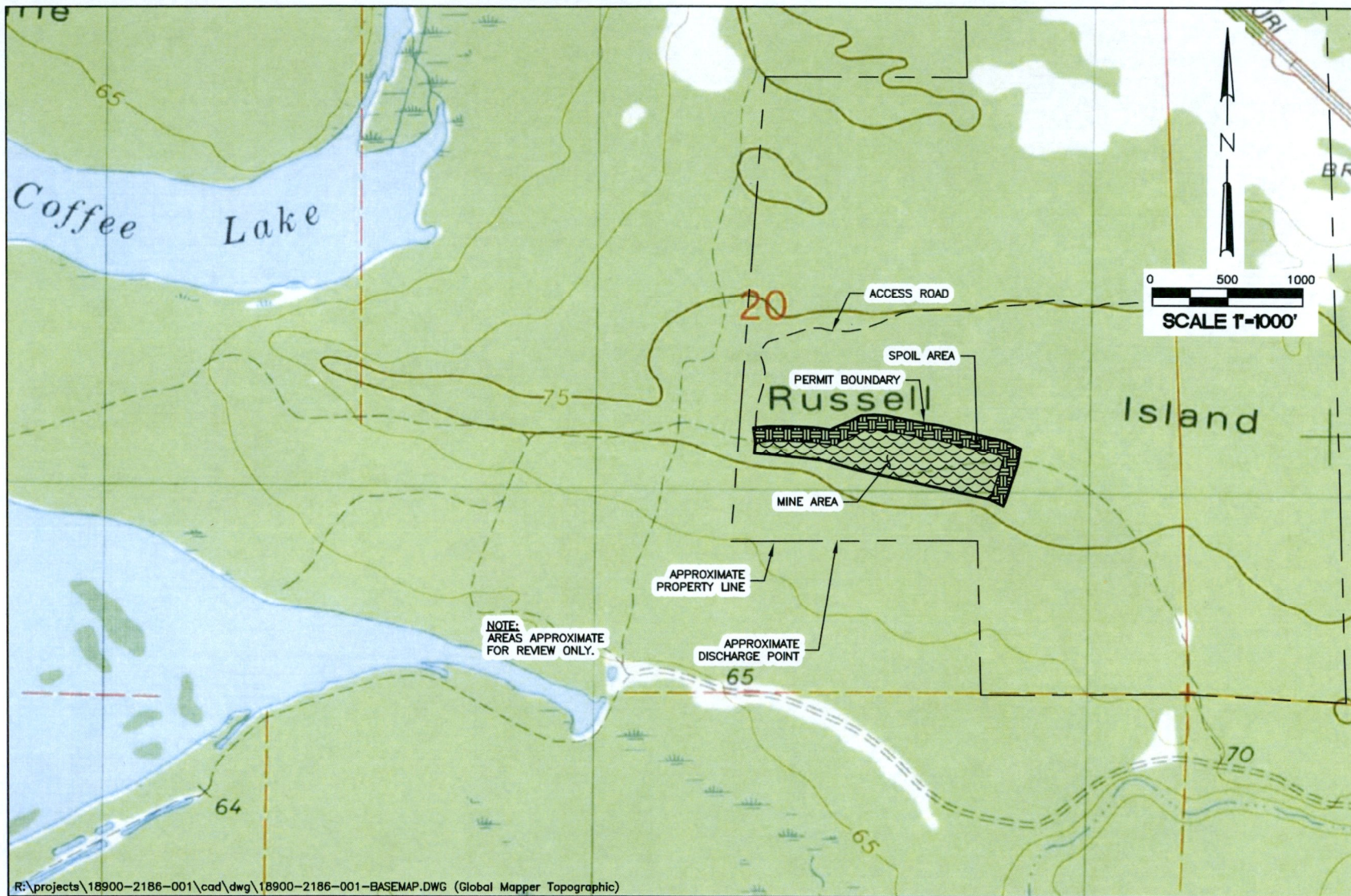


Figure 4.
 U.S.G.S. 7.5 minute series quadrangle map: Felsenthal Dam, Ark. (1981).

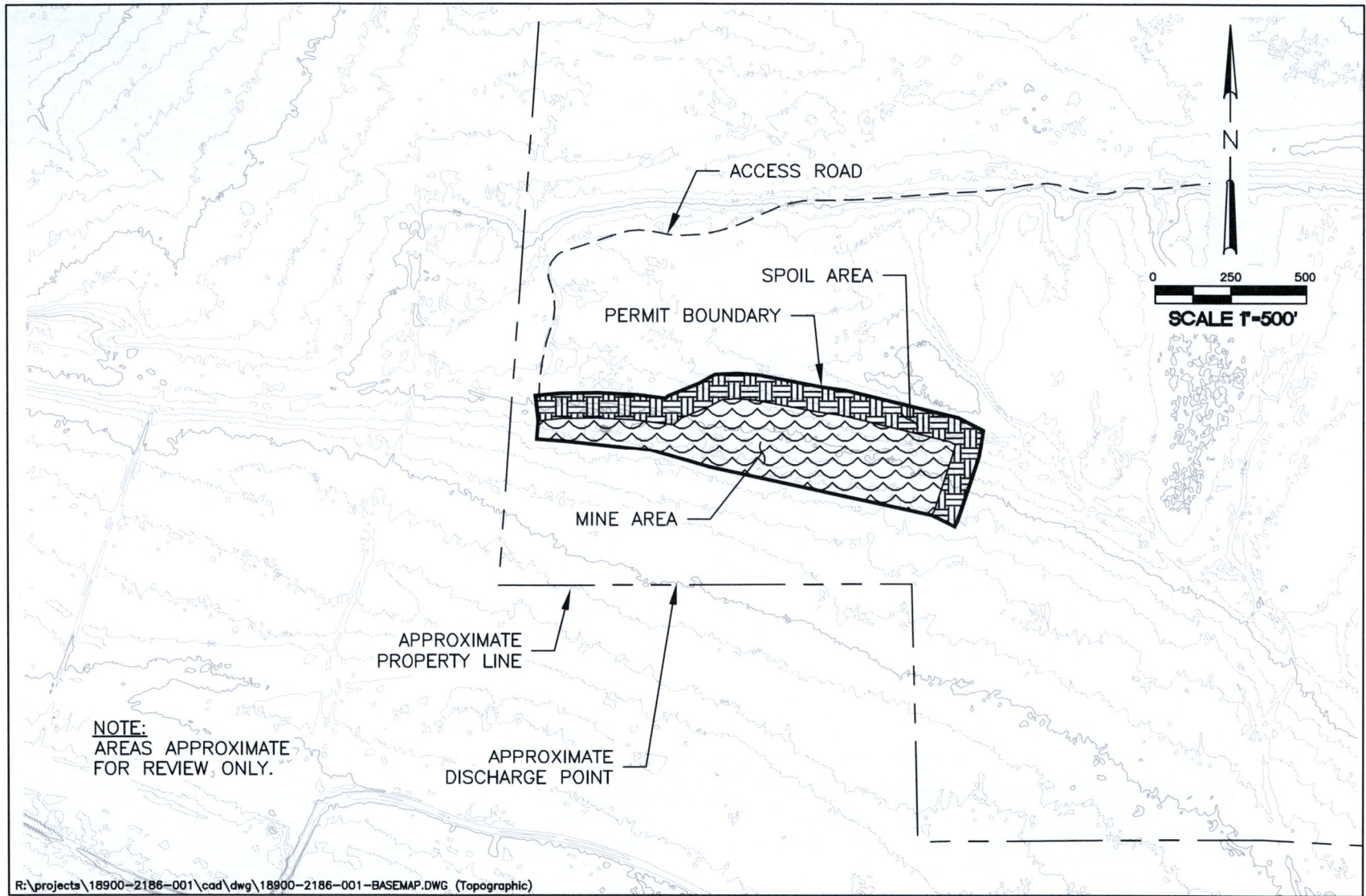


Figure 5. Topographic.

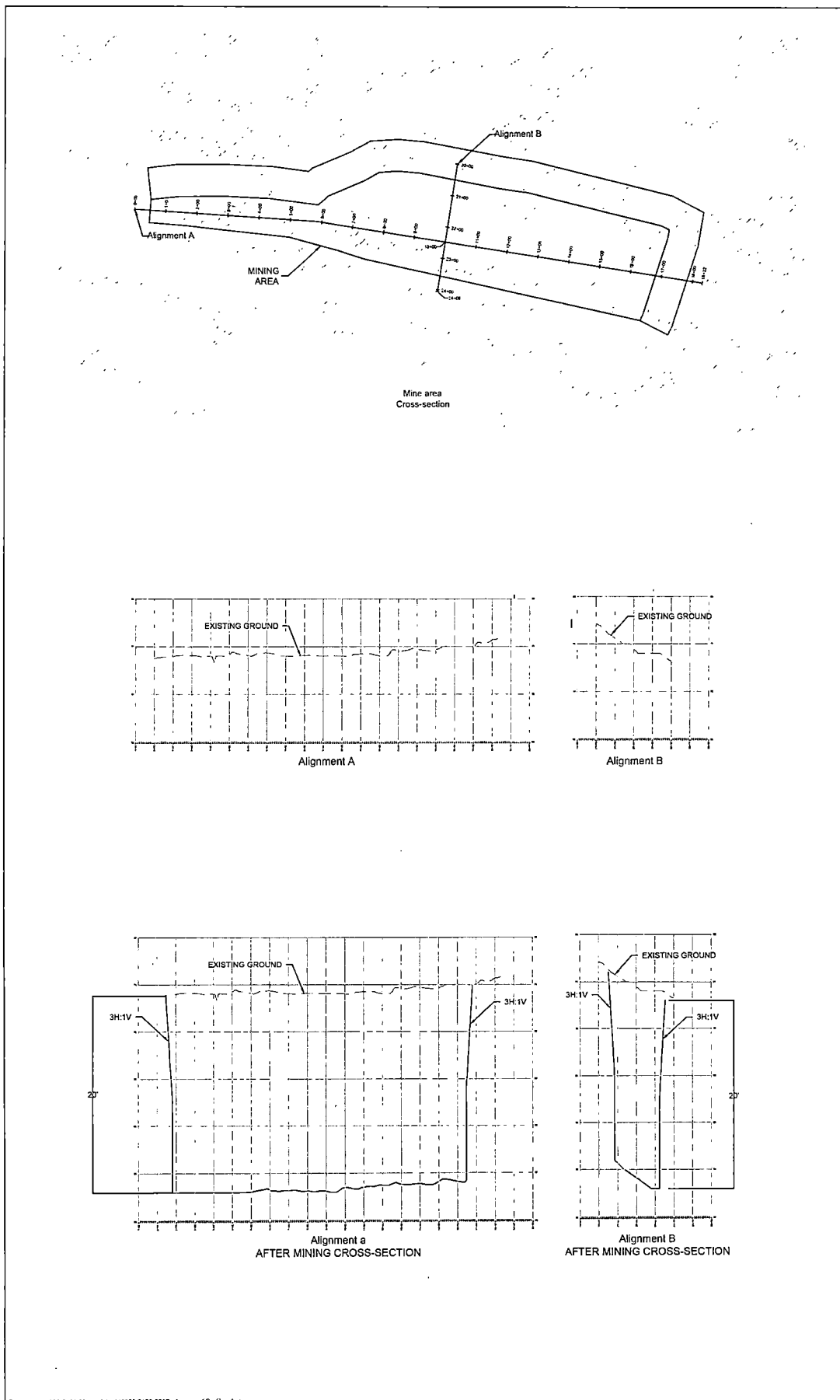


Figure 6. Cross-sections.

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)

Island Sand & Gravel ATTN: Gary Fife

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

3943 HWY 169 S.

3. CITY, STATE, AND ZIPCODE:

Crossett, AR 71635

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 ^{na}_____

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.)

Island Sand & Gravel intends to excavate, i.e., "mine", material for the purpose of commercial sale of material as well as building a private pond for recreational use.

The Island Sand & Gravel responsible party, Mr. Gary Fife, has experience with material excavation both with land based equipment, e.g., track hoe, and water based equipment, i.e., dredge barge.

As formally discussed with DEQ, Mr. Fife initiated material excavation without a mining permit. Upon notice that a permit is required Mr. Fife has ceased mining activities. Since mining activities have ceased Mr. Fife has been in the process of obtaining the following authorizations: DEQ mining permit, DEQ stormwater permit, and United States Army Corps of Engineers (USACE) Section 404 authorization.

A stormwater permit application has been submitted to DEQ and is currently pending. A SWPPP has been prepared and is currently being updated to reflect site plan changes.

The USACE has approved a restoration plan for previous unauthorized impacts to Section 404 wetlands. Other than approved restoration activities, work associated with the proposed mining activities will occur entirely outside USACE jurisdictional Section 404 features.

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.)

Mr. Fife was notified by DEQ of a stormwater violation and mining violation, circa late 2018. Both violations are related to the lack of the two applicable DEQ permits, i.e., a stormwater permit and a mining permit. The stormwater permit is pending and issuance is anticipated. This submittal is being made in an effort to obtain the required mining permit. In June of 2019 the USACE issued an alleged violation. Since that time the USACE has approved a wetland restoration plan, which is anticipated to be implemented in 2020.

* 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: Mr. Gary Fife TITLE: Mine Owner

STREET: 3943 HWY 169 S.

CITY, STATE, ZIP: Crossett, AR 71635

NAME: n/a TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: n/a TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Mr. Gary Fife TITLE: Mine Owner

STREET: 3943 HWY 169 S.

CITY, STATE, ZIP: Crossett, AR 71635

NAME: n/a TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: n/a TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: n/a 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: n/a 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: _____

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: n/a _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: n/a _____

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: (see #7 above) _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: n/a _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

United States Army Corps of Engineers, Vicksburg District, Regulatory Division

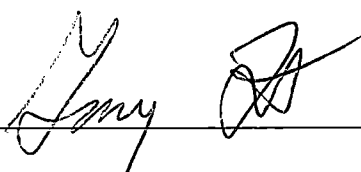
18. VERIFICATION AND ACKNOWLEDGEMENT

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, Gary Fife, 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: 

TITLE: Owner

DATE: 12/2/19