NPDES PERMIT FILE		13498					
NPDES # ARR152462  AFIN # 41-0001 Arkansas Department of Environmental Quality  Permits Branch, Water Division 5301 Northshore Drive North Little Rock, AR 72118  [Social Backup] (501) 682-0623	JAN By	2 9 2009					
Date Scanned NOTICE OF INTENT FOR DISCHARGERS OF STORMWATER RUNOFF ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000							
Application Type: New Renewal X (Permit Tracking Number ARR()  I. PERMITTEE/OPERATOR INFORMATION							
Permittee (Legal Name): Ash Grove Cement Company	Opera	itor Type:					
Permittee Mailing Address: 4457Highway 108	STATE	☐ PARTNERSHIP					
Permittee City: Foreman	FEDERAL	X CORPORATION*					
	SOLE PROPRIE	ETORSHIP					
Permittee Telephone Number: 870-542-6217	PUBLIC	OTHER					
Permittee Fax Number 870-542-6227							
Permittee E-mail Address *St  * The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.	ate of Incorporat	ion:					
	Foreman						
	AR	<u> </u>					
Invoice Mailing Address: 4457 Highway 108 Telephone	870-542-6217						
Project Name: New Kiln construction Contact Person: Keith Byerly							
Project County: Little River Project Physical Address:	4457 highway 1	08					
Directions to the Project: Southwest on Highway 108 Project City:		Zip: 71836					
From foreman, Arkansas  Project Estimated  Start Date: October 2007  Telephone Number:  Total amount of soil (estimate to ne	to be disturbed	104					
	roject Acreage earest ½ acre):	104					
Project Latitude: 33 degrees 41 minutes	40 seconds						
	10 seconds						
Type of Project: Subdivision School Other: Industrial Facility							
Is the Project part of a larger common plan of development or sale? Yes No	X						
Linear Project Starting Coordinates (if applicable):  Linear Project Ending		nnlicable).					
Latitude:°' Longitude:°' Latitude:°'.							
	3						

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## IV. DISCHARGE INFORMATION

Name of Receiving Stream	•	•	•	•
Choose Your Ultimate Rec	eiving Stream: Red l	River X Ouachita	River Arkans	ce to Segment 1B of Red River sas River  sissippi River
Name of Receiving Munic	ipal Storm Sewer Syster	n (If applicable):		
Is the stormwater discharg critical habitat? Yes	e from the construction No X	site likely to adversely	affect a listed endange	ered or threatened species or its
V. FACILITY/SITE PERM	IT INFORMATION		<u> </u>	
NPD	ES Individual Permit N	umber (If Applicable):	AR0042846	
N	PDES General Permit N	umber (If Applicable):	ARG	
NPDES General Industri	al Stormwater Permit N	umber (If Applicable):	ARR00	
NPDES General Construction	on Stormwater Permit N	umber (If Applicable):	ARR15	
VI. OTHER INFORMAT				
Construction Site:	Keith Byerly's office			
Consultant Company:	Schreiber & Yonley			
Consultant Contact Name:	Nancy J. Morgan, P.			
Consultant Email Address:	Nancym@syaeng.com	m 		
Consultant Address:	16252 Westwoods Business Park Drive	City: Ellisville Consultant Fax	State: MO	Zip: _63021
Consultant Phone Number:	636-256-7200	Number:	636-256-7202	

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VII. CERT) FICATION OF OPERATOR						
(Initial) "I certify that, if this facility is a provide the full name of corporati				State of A	rkansas.	Please
(Initial) "I certify that as a whole the Management Practices (BMP's) thabitat for a listed species."						
(Initial) "I certify that a stormwater pollut II.A of this permit, which provid local stormwater permits or storm	es for, or will provide for, o	compliance	with local	sediment ar	nd erosion	ı plans,
(Initial) "I certify that the cognizant offic authorized representative under designated, I understand that the I	the provisions of 40 CFF	R 122.22(l	). If no c	ognizant o		
"I certify under penalty of law that this docume accordance with a system designed to assure that Based on my inquiry of the person or persons whinformation submitted is, to the best of my kno significant penalties for submitting false information."	qualified personnel proper no manage the system, or the wledge and belief, true, ac-	ly gather a lose person curate, and	and evaluate as directly re I complete.	the inform esponsible f I am awar	ation sub- for gatherine that the	mitted. ing the ere are
Responsible Official Printed Name: Dan Peterse Responsible Official Signature:	Titl Dat	e: Plant l	Manager	q		
VIII. COGNIZANT OFFICIAL						
Cognizant Official Printed Name: Dan Peterse	-2-1		Plant Mana		621	7
IX. PERMIT REQUIREMENT VERIFICATION				. I CONTRACTOR		
Please check the following to verify completion of	permit requirements.					
	Yes	No*				
Submittal of Complete NOI?	X					
Submittal of Required Permit Fee?						
Check Number:						
Complete SWPPP?	X					

\* If you answer No to any of the above questions, then a permit can not be issued!