

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY**

**NOTICE OF INTENT**

**LANDFILL SANITARY DISCHARGE**

**NPDES GENERAL PERMIT ARG160000**

Application Type:      New ☐      Renewal ☒ (Permit # ARG16 0019 (Class 1))

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Jackson County  
 Permittee Mailing Address: 2069 Jackson Road      ☐ State      ☐ Partnership  
    Amagon      ☐ Federal      ☒ Corporation\*  
    AR      Zip: 72005      ☐ Sole Proprietorship/Private  
 Permittee Telephone Number: 870-523-7400      \*State of Incorporation: City/County  
 Permittee Fax Number: 870-523-7441      The legal name of the Permittee must be  
    phillipsjudge@yahoo.com      identical to the name listed with the Arkansas  
         Secretary of State.

**RECEIVED**  
JAN 21 2016  
31331 Tw

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: County Judge Jeff Phillips      City: Newport  
 Invoice Mailing Company: Jackson County Landfill      State: AR      Zip: 72112  
 Invoice Mailing Address: 208 Main Street      Telephone: 870-523-7400

**III. FACILITY INFORMATION**

Facility Name: Jackson County Landfill      Facility Contact Person: Brian Malone  
 Facility Address: 2069 Jackson Road      Telephone Number: 870-252-3522  
 Driving Directions to Facility: Go approximately 1.0 mile east of Amagon on Hwy. 14, turn left (north) on first county road, proceed northward for 1.5 miles  
 Facility County: Jackson      Facility City, State & Zip: Amagon, AR 72005  
 Facility Latitude: 35 Deg 35 Min 21.82Sec      Facility Longitude: 91 Deg 05 Min 31.9Sec  
 Facility SIC Code: 4953      Facility NAICS: 562212

**IV. DISCHARGE INFORMATION**

Outfall Number: 001      Estimated Flow: N/A MGD (Million Gallons per Day)  
 Outfall Description: Metering weir 1' x 1'  
 Stream Segment: Lower White River 4B      Hydrologic Basin Code: 08020302  
 Outfall Latitude: 35 Deg 35 Min 24.53Sec      Outfall Longitude: 91Deg 05 Min 31.9Sec  
 Receiving Stream: unnamed tributary to Cache River, thence to White River  
 Outfall Number: \_\_\_\_\_      Estimated Flow: \_\_\_\_\_ MGD (Million Gallons per Day)  
 Outfall Description: \_\_\_\_\_  
 Stream Segment: \_\_\_\_\_      Hydrologic Basin Code: \_\_\_\_\_  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec      Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 Receiving Stream: \_\_\_\_\_

WATER DIVISION  
 5301 NORTHSORE 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)      Revised 8/2014

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**V. CONSTRUCTION REQUIREMENTS**

	Yes	No
Is this permit covering the construction of a sedimentation pond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, have you included Arkansas Form 1 and design, plans and specifications (including the requirements in Part 1.3.2 of the permit) stamped by a Professional Engineer registered in the State of Arkansas?	<input type="checkbox"/>	<input type="checkbox"/>
Is this facility within the area of the Boone or St. Joe formations? Map available at : <a href="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</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**VI. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
NPDES General Permit Number (If Applicable): ARG160033 (other)  
State Construction Permit Number: AR 16C  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15  
NPDES Industrial Stormwater General Permit Number: ARR00  
Other Department Permits: \_\_\_\_\_

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**VII. OTHER INFORMATION:**


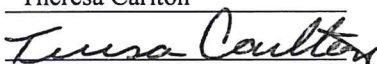
Additional Location Description: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
Consultant Contact Name: Wayne Menley, P.E., Miller-Newell Engineers, Inc.  
Consultant Email Address: milnewengr@aol.com  
Consultant Address: POB 705 City: Newport State: AR Zip: 72112  
Consultant Phone Number: 870-523-6531 Consultant Fax Number: 870-523-6533

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**VIII. 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."

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Responsible Official Printed Name: Jeff Phillips Title: County Judge  
Responsible Official Signature:  Date: 1/12/16  
Responsible Official Email: phillipsjudge@yahoo.com  
Cognizant Official Printed Name: Theresa Carlton Title: Administrative Assistant  
Cognizant Official Signature:  Telephone: 870-252-3522  
Cognizant Official Email: jclandfill@yahoo.com

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## IX. PERMIT REQUIREMENT VERIFICATION

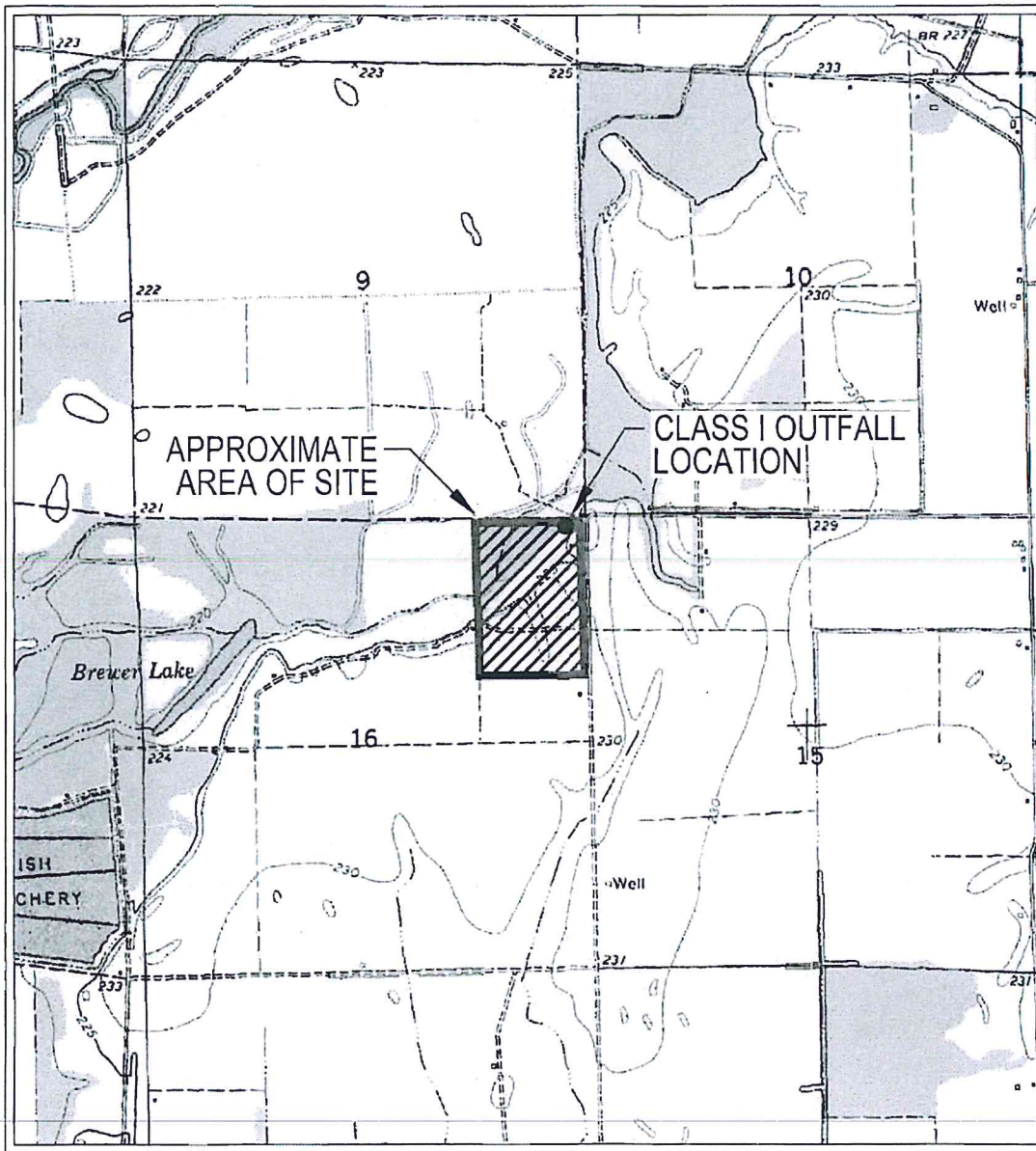
Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

	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"/>

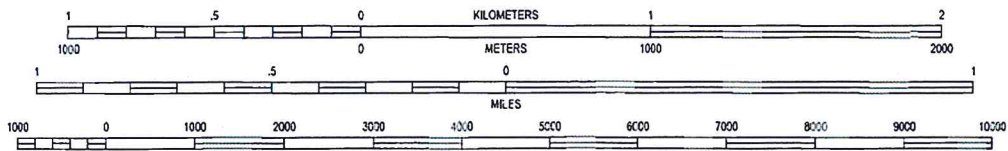
**New Permittees Only** Check Number: \_\_\_\_\_

Industrial Operator's License Number: 010193 (Theresa Carlton)

UNITED STATES — DEPARTMENT OF THE INTERIOR — GEOLOGICAL SURVEY



SCALE 1:24 000



CONTOUR INTERVAL 5 FEET  
NATIONAL GEODETIC VERTICAL DATUM OF 1929

AMAGON  
QUADRANGLE  
1965

7.5 MINUTE SERIES (TOPOGRAPHIC)



Project Mng:	DGJ
Drawn By:	PTG
Checked By:	DGJ
Approved By:	DGJ
Project No.	040-001-35107065
Scale:	AS SHOWN
File No.	001
Date:	8/26/2010

**Terracon**  
Consulting Engineers and Scientists  
25809 I-30 SOUTH BRYANT, AR 72022  
PH. (501) 847-9292 FAX. (501) 847-9210

OUTFALL LOCATION MAP
JACKSON COUNTY LANDFILL
ARG160019
AMAGON ARKANSAS

FIG. No.
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