

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
LANDFILL SANITARY DISCHARGE  
NPDES GENERAL PERMIT ARG160000

Application Type: New ☐ Renewal ☒ (Permit # ARG16 0033 (Class 4))

RECEIVED  
JAN 21 2016  
31530 TW

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Jackson County Operator Type:  
Permittee Mailing Address: 2069 Jackson Road ☐ State ☐ Partnership  
Permittee City: Amagon ☐ Federal ☒ Corporation\*  
Permittee State: 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  
Permittee E-mail Address: phillipsjudge@yahoo.com identical to the name listed with the Arkansas  
Secretary of State.

**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 18.12 Sec Facility Longitude: 91 Deg 05 Min 13.76Sec  
Facility SIC Code: 4953 Facility NAICS: 562212

**IV. DISCHARGE INFORMATION**

Outfall Number: 001 Estimated Flow: 0.03 MGD (Million Gallons per Day)  
Outfall Description: Metering weir 4' x 1'  
Stream Segment: Lower White River 4B Hydrologic Basin Code: 08020302  
Outfall Latitude: 35 Deg 35 Min 15.82Sec Outfall Longitude: 91Deg 05 Min 13.76Sec  
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 NORTSHORE 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): ARG160019 (other)  
State Construction Permit Number: ARG 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."

Responsible Official Printed Name: <u>Jeff Phillips</u>	Title: <u>County Judge</u>
Responsible Official Signature: 	Date: <u>1/12/14</u>
Responsible Official Email: <u>phillipsjudge@yahoo.com</u>	
Cognizant Official Printed Name: <u>Theresa Carlton</u>	Title: <u>Administrative Assistant</u>
Cognizant Official Signature: 	Telephone: <u>870-252-3522</u>
Cognizant Official Email: <u>jclandfill@yahoo.com</u>	

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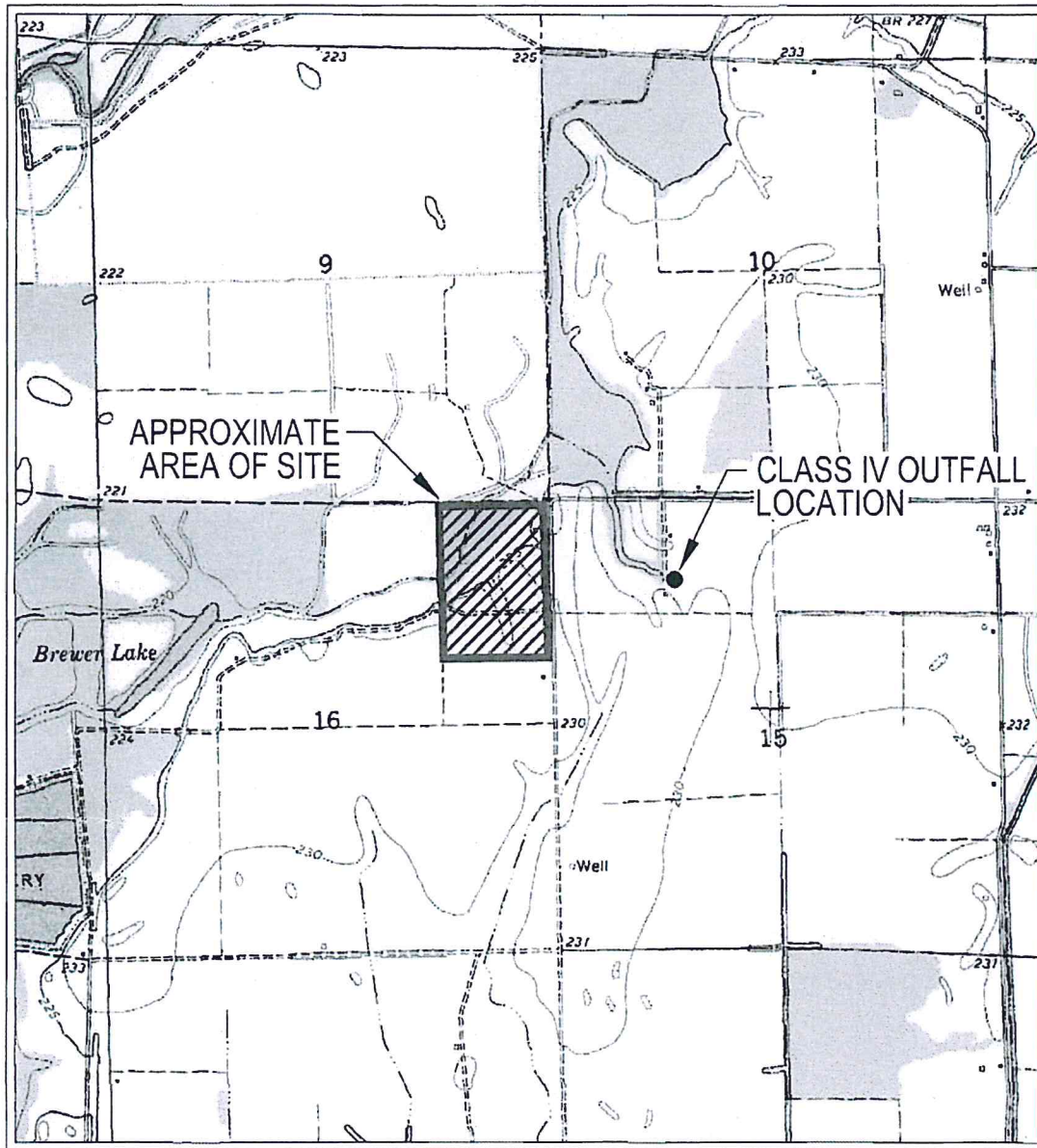
## IX. PERMIT REQUIREMENT VERIFICATION

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.

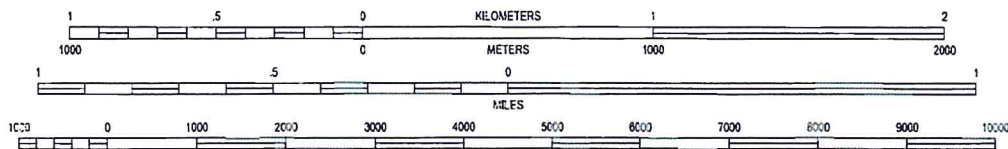
	Yes	No	
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>New Permittees Only</b> Check Number: _____
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>	
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 Mgr: DGJ	Project No. 040-001-35107065	 Consulting Engineers and Scientists 25309 I-30 SOUTH BRYANT, AR 72022 PH. (501) 847-9292 FAX. (501) 847-9210	OUTFALL LOCATION MAP	FIG. No.
Drawn By: PTG	Scale: AS SHOWN		JACKSON COUNTY LANDFILL	
Checked By: DGJ	File No. 002		ARG160033	
Approved By: DGJ	Date: 8/26/2010		AMAGON	1
			ARKANSAS	