



2114 East Matthews Avenue
Jonesboro, Arkansas 72401
870-972-5316
Fax 870-932-0432

October 2, 2017

Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality
5301 Northshore Drive
North Little Rock, Arkansas 72218

**RE: Submittal of Notice of Intent-NPDES General Permit ARG160000
Calhoun County Class 4 Landfill
Solid Waste Permit No. 0070-S4-R1**

On behalf of Calhoun County, Civil Engineering Associates, LLC (CEA) is submitting the enclosed Notice of Intent for coverage under NPDES general permit ARG160000. In addition, the following information is intended to address the requirements of Part 1.3.2 of the general permit as it relates to the proposed sedimentation pond. Each subpart of Part 1.3.2 is shown below in bold italics for reference, followed by information addressing the item.

1. Part 1.3.2.1

Arkansas Form 1 has been completed and enclosed with this letter. In addition, the construction plans associated with the sedimentation pond are enclosed and stamped by a Professional Engineer registered in the State of Arkansas.

2. Part 1.3.2.2

Section 51.2 of the Ten State Standards requires the protection of treatment plant structures, electrical, and mechanical equipment and is not applicable to the sedimentation pond.

3. Part 1.3.2.3

As shown on the enclosed boring log for a borehole that was drilled in the vicinity of the sedimentation pond, the approximate groundwater elevation is 240.5. This complies with the minimum separation requirement of four feet between the bottom of the pond and the seasonal high groundwater elevation.

4. Part 1.3.2.4

As shown on the enclosed boring log for a borehole that was drilled in the vicinity of the sedimentation pond, bedrock was never encountered in the borehole. As such, the sedimentation pond complies with the minimum separation requirement of two feet between the bottom of the pond and the top of bedrock.

5. Part 1.3.2.5

All fill material placed for construction of the sedimentation pond will be compacted to at least 95 percent Standard Proctor Density.

6. Part 1.3.2.6

As shown on the enclosed construction plans associated with the sedimentation pond, the slopes are not steeper than the 1 vertical to 3 horizontal requirement.

7. Part 1.3.2.7

As shown on the enclosed construction plans associated with the sedimentation pond, the inner slopes are not flatter than the 1 vertical to 4 horizontal requirement.

8. Part 1.3.2.8

The sedimentation pond will have a minimum freeboard of two feet.

9. Part 1.3.2.9

Vegetation will be established on all disturbed areas around the sedimentation pond.

10. Part 1.3.2.10

The sedimentation pond will have a bottom liner with a permeability equivalent to what is required for the adjacent Class 4 landfill which is less than or equal to 1×10^{-5} cm/sec.

11. Part 1.3.2.11

As shown on the enclosed construction plans associated with the sedimentation pond, a pond level gauge has been provided.

12. Part 1.3.2.12

The outfall structure has been designed in accordance with Section 55 of the Ten State Standards as it relates to a storm water sedimentation pond.

13. Part 1.3.2.13

The \$500 fee is included in the enclosed check.

On behalf of Calhoun County, CEA appreciates the cooperation and assistance of the Arkansas Department of Environmental Quality on this matter. Please contact me if you have any questions or if you need additional information.

Sincerely,
CIVIL ENGINEERING ASSOCIATES, LLC



Lance Powell, P.E.
Project Manager

Enclosures

cc: The Honorable Floyd Nutt

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

Application Type: New Renewal (Permit # ARG16 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Calhoun County Operator Type: _____
Permittee Mailing Address: P.O. Box 566 State Partnership
Permittee City: Hampton Federal Corporation*
Permittee State: Arkansas Zip: 71744 Sole Proprietorship/Private
Permittee Telephone Number: (870) 798-4818 *State of Incorporation: _____
Permittee Fax Number: (870) 798-2428 The legal name of the Permittee must be
Permittee E-mail Address: calcojudge@hotmail.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Floyd Nutt City: Hampton
Invoice Mailing Company: Calhoun County State: Arkansas Zip: 71744
Invoice Mailing Address: P.O. Box 566 Telephone: (870) 798-4818

III. FACILITY INFORMATION

Facility Name: Calhoun County Class 4 Landfill Facility Contact Person: Floyd Nutt
Facility Address: Hwy 274 North and CR 61 Telephone Number: (870) 798-4818
Driving Directions to Facility: 7 miles North East of Hampton on Hwy 274
Facility County: Calhoun Facility City, State & Zip: Arkansas
Facility Latitude: N 33 Deg 36 Min 50Sec Facility Longitude: W 92 Deg 24 Min 54Sec
Facility SIC Code: 4953 Facility NAICS: 562212

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: 0.42 MGD (Million Gallons per Day)
Outfall Description: 24" HDPE Discharge Pipe
Stream Segment: 2D Hydrologic Basin Code: 8040201
Outfall Latitude: N 33 Deg 36 Min 45Sec Outfall Longitude: W 92Deg 24 Min 52Sec
Receiving Stream: Ouachita 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.adeg.state.ar.us Revised 8/2014

V. CONSTRUCTION REQUIREMENTS

	Yes	No
Is this permit covering the construction of a sedimentation pond?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Is this facility within the area of the Boone or St. Joe formations? Map available at : http://www.adeg.state.ar.us/water/branch_permits/general_permits/default.htm	<input type="checkbox"/>	<input checked="" type="checkbox"/>

VI. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
 NPDES General Permit Number (If Applicable): ARG
 State Construction Permit Number: _____
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
 NPDES Industrial Stormwater General Permit Number: ARR001059
 Other Department Permits: 0070-S4-R1

VII. OTHER INFORMATION:

Additional Location Description: _____
 Additional Comments: _____
 Consultant Contact Name: Lance Powell, P.E.
 Consultant Email Address: lpowell@ce-associates.biz
2114 E
Matthews City: Jonesbor State: AR Zip: 72401
 Consultant Address: Ave.
 Consultant Phone Number: (870) 972-5316 Consultant Fax Number: (870) 932-0432

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: Floyd Nutt Title: County Judge
 Responsible Official Signature: *Floyd Nutt* Date: 9-28-17
 Responsible Official Email: calcojudge@hotmail.com

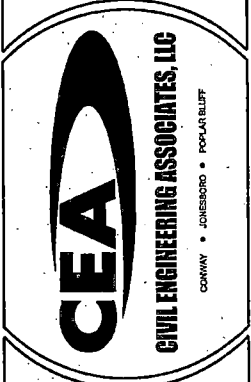
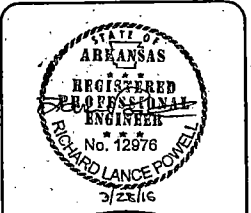
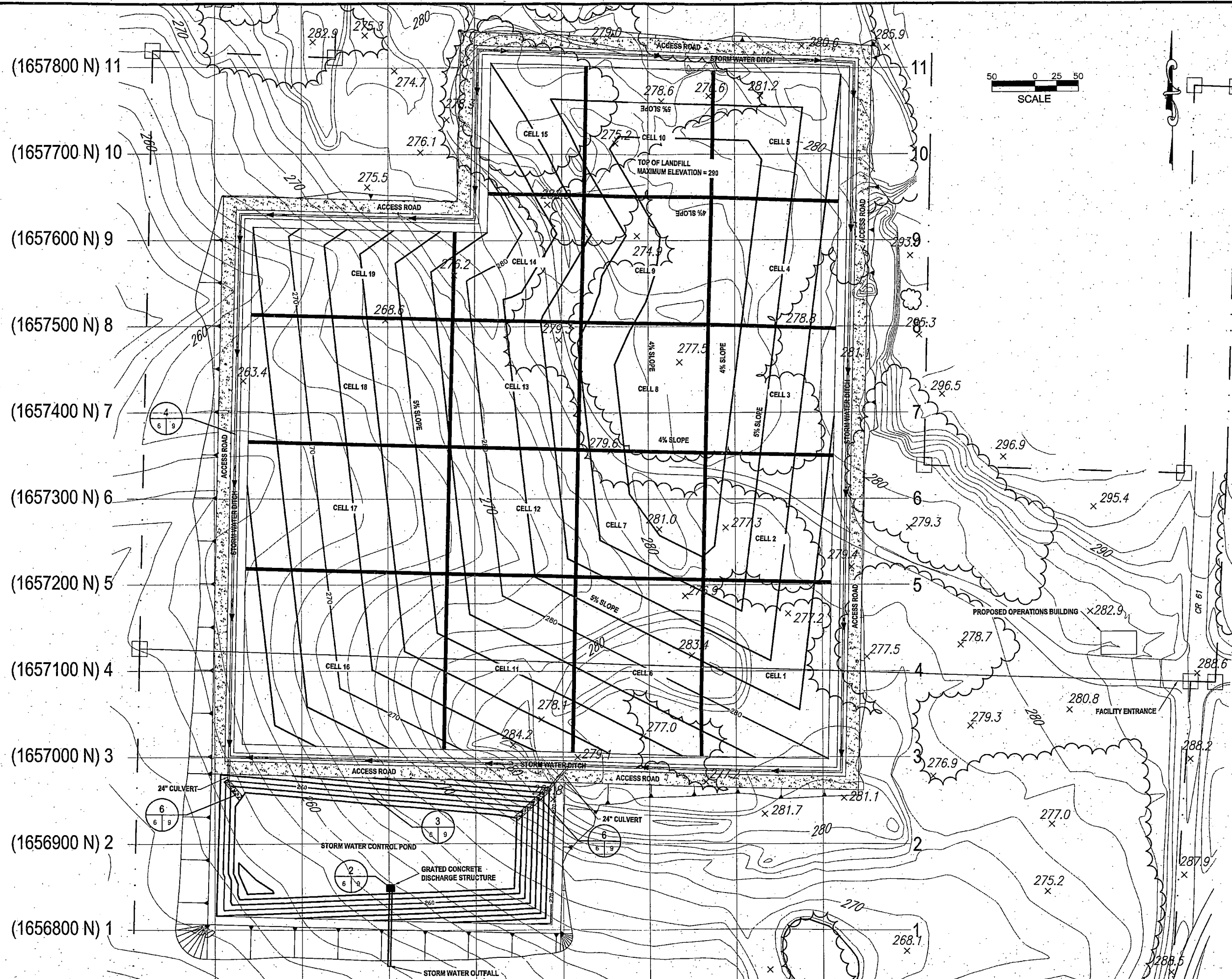
Cognizant Official Printed Name: _____ Title: _____
 Cognizant Official Signature: _____ Telephone: _____
 Cognizant Official Email: _____

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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Industrial Operator's License Number: | _____ | |

New Permittees Only Check Number: 077538



**PERMIT DESIGN DRAWINGS
CALHOUN COUNTY CLASS 4 LANDFILL
CALHOUN COUNTY, ARKANSAS**

STORM WATER CONTROL PLAN

Designed	RLP
Checked	JSS
Drawn	RLP
Approved	RLP
SCALE: 1" = 50'	JOB NO: CAL11-02
DATE: SEPTEMBER 2015	SHEET: 6