

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
AGGREGATE FACILITIES  
NPDES GENERAL PERMIT ARG500000**

Application Type: New ☐ Renewal ☒ (Permit # ARG500028)

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): APAC-Tennessee, Inc. Operator Type:  
Permittee Mailing Address: PO Box 13427 ☐ State ☐ Partnership  
Permittee City: Memphis ☐ Federal ☒ Corporation\*  
Permittee State: TN Zip: 38113 ☐ Sole Proprietorship/Private  
Permittee Telephone Number: 901 947 5600 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 901 947 5699 The legal name of the Permittee must be  
Permittee E-mail Address: fswan@apac.com identical to the name listed with the Arkansas  
Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: Fred Swan City: Memphis  
Invoice Mailing Company: APAC-Tennessee Inc. State: TN Zip: 38113  
Invoice Mailing Address: PO Box 13427 Telephone: 901 947 5600

**III. FACILITY INFORMATION**

Facility Name: White Oaks Sand & Gravel Facility Contact Person: Red Barker  
Facility Address: CR 3690 Telephone Number: 870 238 4058  
Driving Directions to Facility: From Wynne East on Hwy64 approx. 4 mi., North on CR 3690 approx. 1.5 Mi to plant site.  
Facility County: Cross Facility City, State & Zip: Levesque, AR 72396  
Facility Latitude: 35 Deg 14 Min 48.63Sec Facility Longitude: 90 Deg 43 Min 10.20Sec  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Facility SIC Code: 1442 Facility NAICS: \_\_\_\_\_

**IV. DISCHARGE INFORMATION**

Outfall Number: 001 Estimated Flow: \_\_\_\_\_ MGD (Million Gallons per Day)  
Effluent Description: Holding Pond (Recycled)  
Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: 08020203  
Outfall Latitude: 35 Deg 15.694 Min Sec Outfall Longitude: 90 Deg 43.385 Min Sec  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Receiving Stream: Unnamed trib. Of Copperas Creek  
Treatment System\*: \_\_\_\_\_  
Outfall Number: \_\_\_\_\_ Flow: \_\_\_\_\_ MGD (Million Gallons per Day)  
Effluent Description: \_\_\_\_\_  
Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_  
Outfall Latitude: \_\_\_\_\_ Deg Min Sec Outfall Longitude: \_\_\_\_\_ Deg Min Sec

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

Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_

Receiving Stream: \_\_\_\_\_

Treatment System\*: \_\_\_\_\_

\*Include addition of any chemicals, if applicable.

#### V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG500028

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: \_\_\_\_\_

Other Department Permits: \_\_\_\_\_

#### VI. OTHER INFORMATION:

Geological Description of Site: Located on Crowley's Ridge-Cross County, AR, Fluvial sand and Gravel deposits

Additional Location Description: Overlain by Quaternary loess(silt).

Additional Comments: \_\_\_\_\_

Consultant Contact Name: \_\_\_\_\_

Consultant Email Address: \_\_\_\_\_

Consultant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consultant Phone Number: \_\_\_\_\_ Consultant Fax Number: \_\_\_\_\_

#### 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: Fred Swan Title: EHS Manager

Responsible Official Signature:  Date: 1/20/16

Responsible Official Email: fswan@apac.com

Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Cognizant Official Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Cognizant Official Email: \_\_\_\_\_

#### 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

WATER DIVISION

5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118

PHONE 501-682-0623 / FAX 501-682-0880

www.adeg.state.ar.us

Submittal of Complete NOI? ☒  
Submittal of Required Permit Fee? ☐  
Submittal of Topographic Map? ☒  
Submittal of Disclosure Statement? ☒  
Industrial Operator's License Number: \_\_\_\_\_

☐  
☐  
☐  
☐

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

# ARG500000 Checklist

ARG50 0028

Permittee Type:

Disclosure Statement:

Secretary of State:

Notice of Intent:

Permit Fee:

Financial Assurance (Arkansas Code Annotated 8-4-203b): ☐ No N/A ☐ Yes

☐ New

☒ Renewal

☐ Modification

☐ Public

☒ Private

☐ N/A (Public/Sole Proprietorship)

☒ Yes

☒ AR ☐ DE

☒

☒

0.2

3.65

Discharges to unnamed tributary, St. Francis River

HUC: 8020203

Planning Segment: 5A

Ecologically Sensitive Water (ESW): ☐ No

☒ Yes St. Francis River ☐ Distance: 14.68

Extraordinary Resource Water (ERW): ☒ No

☐ Yes ☐ Distance:           

Natural Scenic Waterway (NSW): ☒ No

☐ Yes ☐ Distance:           

Potential Losing Stream: ☒ No

☐ Yes           

303(d) Impaired: ☐ No ☒ Yes

☒ Category 5 Waterbody: St. Francis River Cause: CL

☐ Category 4a Waterbody:            Cause:           

Impaired for Minerals:

☐ No

☒ Yes (Sulfates, Chlorides, Total Dissolved Solids)

Site Map: ☐

Process Water Pond:

☐ No

☐ Yes

If Yes New Pond:

☐ No

☐ Yes, NPDES Permit No.           

10 year, 24 hour capacity:

☐ No

☐ Yes

"Basic Industrial" Operator:

☐ No (6 mo.)

☐ Yes

Name of Operator:           

License Number:           

If No Dredge Pond:

☐ No

☐ Yes, NPDES Permit No.            N/A ☐

Outfall Type 101:

☒ No

☐ Yes

Existing NPDES Permit:

☐ No

☐ Yes, NPDES Permit No.           

Check with Enforcement:

☐ Issues

☐ No Issues

Effluent Limitations:

☐ No

☐ Yes

Chemical Addition:

☐ No

☐ Yes

If Yes Lined Pond:

☐ No

☐ Yes (6" concrete/asphalt, clay, steel tank)

Non-Hazardous Chemicals:

☐

Detectable Chemicals:

☐ No

☐ Yes

Qualified Operator:

☐ No

☐ Yes

Dredging Operations:

☐ No

☐ Yes

If Yes Existing Waterbody:

☐ No

☐ Yes

Dredge Water Reused:

☐ No

☐ Yes, dredge water only

Stormwater Controls:

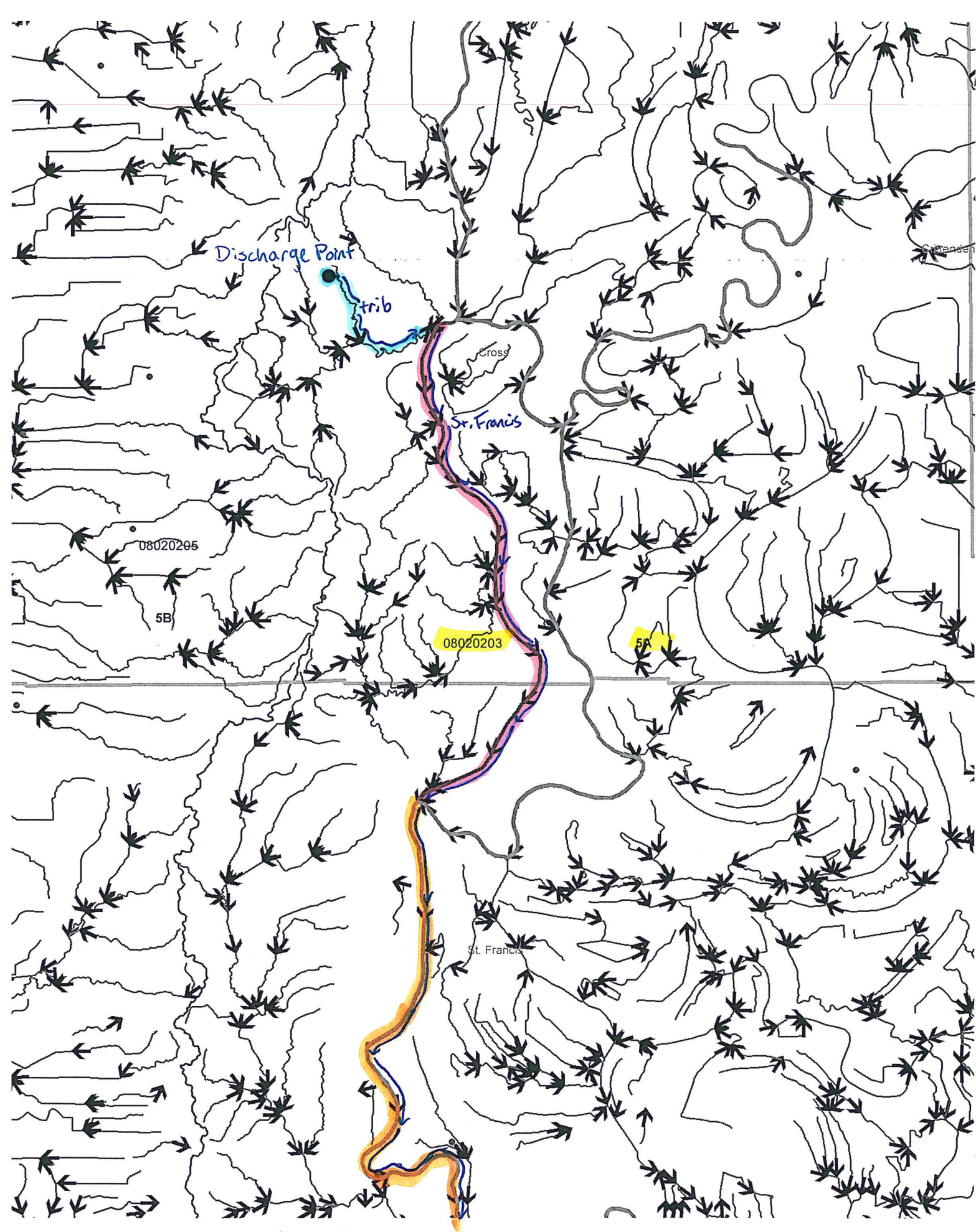
☐ No

☐ Yes

Operator license required: ☐ No license ☐ "Basic Industrial" ☐ "Advanced Industrial"

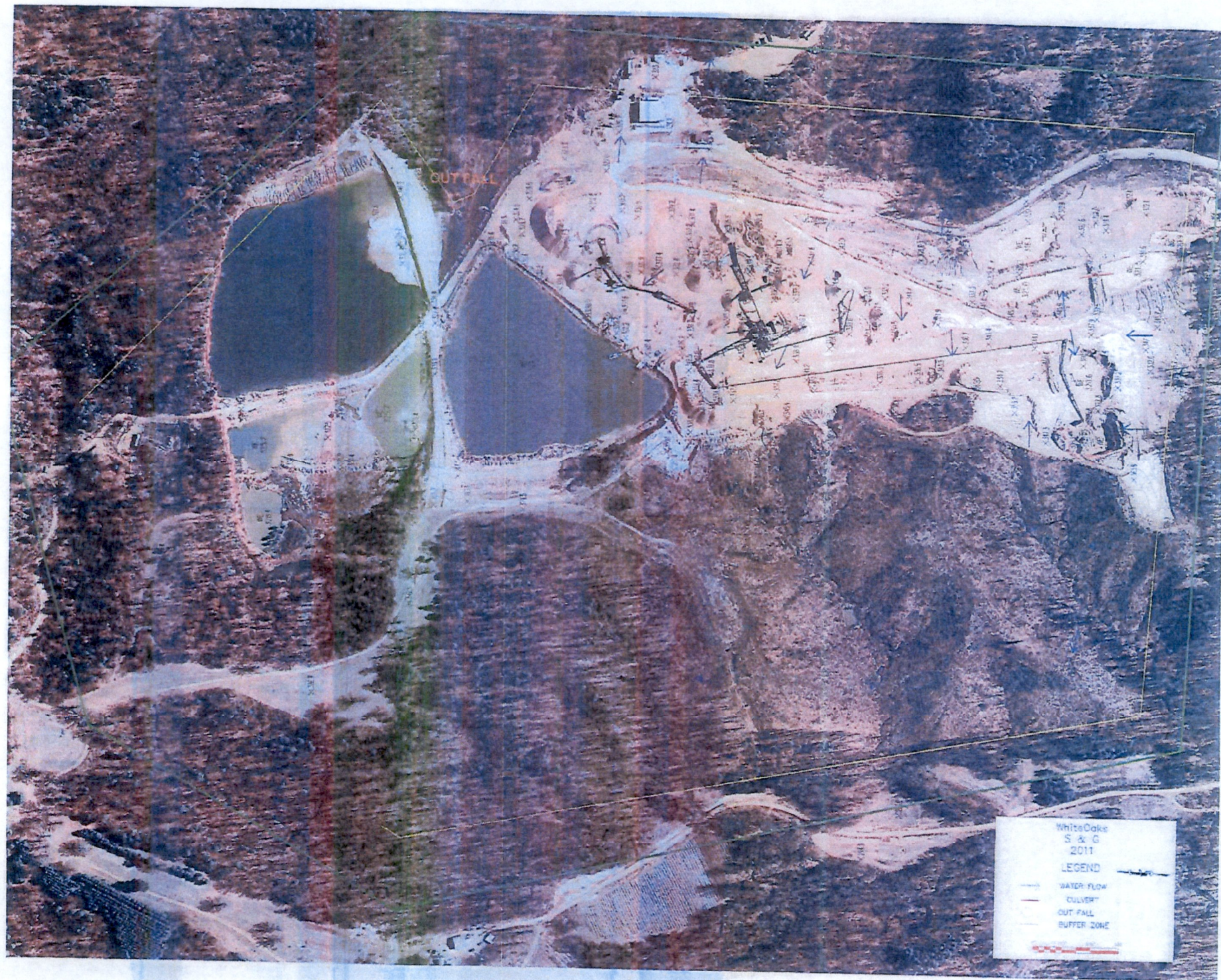
Other Comments:





0.2 mi to unnamed trib  
3.65 mi to St. Francis River (S)  
14.68 mi to St. Francis River (Esw)(S)









### *Search Incorporations, Cooperatives, Banks and Insurance Companies*

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	APAC-TENNESSEE, INC.
Fictitious Names	
Filing #	100057213
Filing Type	Foreign For Profit Corporation
Filed under Act	For Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	
Reg. Agent	CORPORATION SERVICE COMPANY
Agent Address	300 SPRING BUILDING, SUITE 900 300 S. SPRING STREET LITTLE ROCK, AR 72201
Date Filed	04/07/1981
Officers	SEE FILE, Incorporator/Organizer GARY P. HICKMAN , Tax Preparer DWAYNE H. BOYD , President WINNIE F. ELLIS , Secretary MATTHEW B. CARDEN , Vice-President CHARLES BROWN , Treasurer
Foreign Name	N/A
Foreign Address	100 WEST TENTH ST., WILMINGTON, DE 19801 X,
State of Origin	DE

**[Purchase a Certificate of Good  
Standing for this Entity](#)**

**[Pay Franchise Tax for this corporation](#)**

**Department of State: Division of Corporations****HOME**

About Agency  
Secretary's Letter  
Newsroom  
Frequent Questions  
Related Links  
Contact Us  
Office Location

**SERVICES**

Pay Taxes  
File UCC's  
Delaware Laws Online  
Name Reservation  
Entity Search  
Status  
Validate Certificate  
Customer Service  
Survey

**INFORMATION**

Corporate Forms  
Corporate Fees  
UCC Forms and Fees  
Taxes  
Expedited Services  
Service of Process  
Registered Agents  
Get Corporate Status  
Submitting a Request  
How to Form a New  
Business Entity  
Certifications, Apostilles  
& Authentication of  
Documents

[Privacy Policy](#) [Frequently Asked Questions](#) [View Search Results](#) [Summary of Charges](#) [Logout](#)

**Entity Details**

**File Number:** 0893685 **Incorporation Date /** 06/09/1980  
**Formation Date:** (mm/dd/yyyy)  
**Entity Name:** APAC-TENNESSEE, INC.  
**Entity Kind:** CORPORATION **Entity Type:** GENERAL  
**Residency:** DOMESTIC **State:** DE  
**Status:** **GOOD** **Status Date:** 03/05/2008  
**STANDING**

**REGISTERED AGENT INFORMATION**

**Name:** CORPORATION SERVICE COMPANY  
**Address:** 2711 CENTERVILLE RD SUITE 400  
**City:** WILMINGTON **County:** NEW CASTLE  
**State:** DE **Postal Code:** 19808  
**Phone:** (302)636-5401

Additional Information is available for a fee of \$20.00. This information will include current franchise tax assessment, current filing history and more..

Would you like ☐ Tax & History Information

To contact a Delaware Online Agent [click here](#).



# 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.

Mail to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

APAC-Tennessee, Inc. Tax I.D. Number: 58-1401473

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

P.O. Box 13427

3. CITY, STATE, AND ZIPCODE:

Memphis, TN 38113

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. Division:

☐ Air ☐ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☒ Mining ☐ Solid Waste

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 I filed with ADEQ on \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Authorized Representative of Firm or Legal Entity  
(Also complete #18.)

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.)

Aggregate Facilities General Permit-ARG500028-APAC-Tennessee, Inc. White Oaks Sand and Gravel

Open-Cut Mining Permit-0664-MN-A2-APAC-Tennessee, Inc. White Oaks Sand and Gravel

Minor Source General Permit for Hot Mix Asphalt Facilities APAC-Tennessee, Inc. Permit # 1912-AGP-022-Forest City Plant  
Permit # 1912-AGP-023-West Memphis Plant

Industrial Stormwater General Permit Sector D1-APAC-Tennessee, Inc. Permit # ARR00B698-Forrest City Plant  
ARR00B699-West Memphis Plant

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.)

N/A

\* 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: Dwayne H. Boyd TITLE: President

STREET: P.O. Box 13247

CITY, STATE, ZIP: Memphis, TN 38113

NAME: Brian L. Moore TITLE: Environmental Manager

STREET: P.O. Box 13247

CITY, STATE, ZIP: Memphis, TN 38113

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

9. List all directors 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: \_\_\_\_\_

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: Tim Rakestraw TITLE: Aggregates Manager

STREET: P.O. Box 13247

CITY, STATE, ZIP: Memphis, TN 38113

NAME: Brian Moore TITLE: Environmental Manager

STREET: P.O. Box 13247

CITY, STATE, ZIP: Memphis, TN 38113

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: N/A 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: N/A 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: CRH plc

STREET: Belgard Castle, Clondalkin

CITY, STATE, ZIP: Dublin22, Ireland

Organizational Relationship:

Parent Company

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 laws 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: N/A 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  
Environmental Protection Agency  
Tennessee Department of Environment and Conservation  
Mississippi Department of Environmental Quality

## 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.

I, Brian Moor, 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:

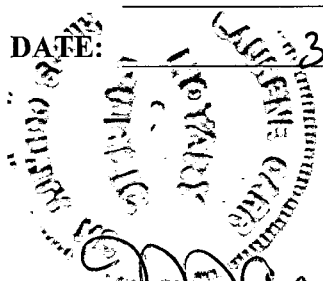
Brian Moor

TITLE:

Environmental Manager

DATE:

3/11/15



Lauren Kan

My Commission Expires

January 19, 2019