

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

Application Type:    New                       Renewal  (Permit # ARG500029) (Outfall Modification)

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Arkansas Gravel Company, Inc.                      Operator Type:  
Permittee Mailing Address: P.O. Box 1163                       State                       Partnership  
Permittee City: Hampton                       Federal                       Corporation\*  
Permittee State: Arkansas                      Zip: 71744                       Sole Proprietorship/Private  
Permittee Telephone Number: (870) 798-2120                      \*State of Incorporation: Arkansas  
Permittee Fax Number: (870) 798-3802                      The legal name of the Permittee must be  
Permittee E-mail Address: arkansasgravel@sat-co.net                      identical to the name listed with the  
Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: Irene Bradshaw                      City: Hampton  
Invoice Mailing Company: Arkansas Gravel Company, Inc.                      State: Arkansas                      Zip: 71744  
Invoice Mailing Address: P.O. Box 1163                      Telephone: (870) 798-2120

**III. FACILITY INFORMATION**

Facility Name: Arkansas Gravel – Bradshaw Mine                      Facility Contact Person: Michael MacNichol  
Facility Address: 23012 Calhoun 26                      Telephone Number: (870) 798-2120  
Driving Directions to Facility: From Little Rock go south on Hwy 167 to Hampton (At intersection of Hwy 278). Continue south on Hwy 167 app.4.4 miles  
and take a left onto Calhoun 26. Continue on Calhoun 26 app. 3 miles until the intersection of Co. Road 340 where facility is located.  
Facility County: Calhoun                      Facility City, State & Zip: Hampton, Arkansas 71744  
Facility Latitude: 33 Deg Min 30 Sec 17.26                      Facility Longitude: -92 Deg 26 Min 12.48 Sec  
Accuracy: 1 second                      Method: Earth                      Datum: Google                      : WGS 84                      Scale: 1:344                      Description: Frontgate  
Facility SIC Code: 1442                      Facility NAICS: 212321

**IV. DISCHARGE INFORMATION**

Outfall Number: 001                      Estimated Flow: 0 MGD (Million Gallons per Day)  
Effluent Description: Discharge from Sedimentation Pond System as described in engineering plans and specs  
Stream Segment: 2D                      Hydrologic Basin Code: 8040201  
Outfall Latitude: 33 Deg 30 Min 08 Sec                      Outfall Longitude: -92 Deg 26 Min 16 Sec  
Accuracy: 1 second                      Method: Earth                      Datum: Google                      : WGS84                      Scale: 1:344                      Description: Flow  
Unnamed tributary of Blann Creek thence into Blann Creek thence into Lloyd Creek thence into  
Merritt Creek into Little Champagnolle Creek thence into Champagnolle Creek thence into the  
Receiving Stream: Ouachita River  
Treatment System\*: Sedimentation Ponds

Outfall Number: MODIFICATION TO ELIMINATE  
PREVIOUS OUTFALL # 002                      Flow:      MGD (Million Gallons per Day)

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

Effluent Description \_\_\_\_\_  
 Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_ Datum \_\_\_\_\_  
 Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ : \_\_\_\_\_ 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): ARG500029  
 State Construction Permit Number: ARG50 C  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15  
 NPDES Industrial Stormwater General Permit Number: ARR001470  
 Mining Permit Number: 0660-MN-A3  
 Other Department Permits: 07001622, ARR000029132

**VI. OTHER INFORMATION:**

- |   |  |   |
|---|--|---|
| 1. Does this facility intend to dredge or remove sand or gravel from within the submerged portions of a stream or drainage? | Yes<br><input type="checkbox"/>          | No<br><input checked="" type="checkbox"/> |
| 2. Is the facility a producer of industrial sand?   | X<br><input checked="" type="checkbox"/> | <input type="checkbox"/>                  |

Geological Description of Site: Sand and gravel  
 Additional Location Description: N/A  
 Additional Comments: This is a modification request to eliminate Outfall #002 under the new construction plans and specs submitted as part of the construction permit application  
 Consultant Contact Name: Timothy E. McDonald  
 Consultant Email Address: tmcdonald@esgisafety.com  
 2300  
 Cottdale  
 Consultant Address: Suite 260 City: Little Rock State: AR Zip: 72202  
 Consultant Phone Number: (501) 663-4731 Consultant Fax Number: (501) 663-7798

**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: Fredrick Bradshaw Title: President  
 Responsible Official Signature: *Fredrick Bradshaw* Date: 11-29-17

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

Responsible Official Email: arkansasgravel@sat-co.net

Cognizant Official Printed Name: Michael MacNichol

Title: Manager

Cognizant Official Signature: *Michael MacNichol*

Telephone: (870) 484-1691

Cognizant Official Email: arkansasgravel@sat-co.net

**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	
Submittal of Complete NOI?	X	<input type="checkbox"/>	
Submittal of Required Permit Fee?	X	<input type="checkbox"/>	<b>New Permittees Only</b> Check Number: _____
Submittal of Topographic Map?	X	<input type="checkbox"/>	
Submittal of Disclosure Statement?	X	<input type="checkbox"/>	
Industrial Operator's License Number:			<u>Michael MacNichol</u> <u># 012528</u>

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5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
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# 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.

If Not Submitting by ePortal, Mail Original to:

ADEQ  
DISCLOSURE STATEMENT  
[List Proper Division(s)]  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Arkansas Gravel Company, Inc.

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

P.O. Box 1163

3. CITY, STATE, AND ZIPCODE:

Hampton, Arkansas 71744

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. Programs:

Air  Water  Hazardous Waste  Regulated Storage Tank  Mining  Solid Waste  Used Tire Program

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 that was filed with ADEQ on 8/29/10

(8/29/14)

## 18. VERIFICATION AND ACKNOWLEDGEMENT

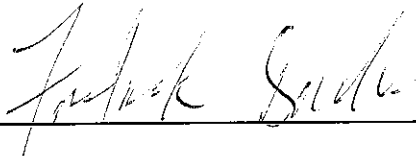
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of 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.**

**COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:**

I, Fredrick Bradshaw, 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:



TITLE: President

DATE: 11-29-17