

# ARG500000 Recertification Notice of Intent for Aggregate Facilities

version 1.15

(Submission #: HP3-FP2E-AP9WP, version 1)

## Details

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<b>Form Alias</b>	ARG500000 Recertification Notice of Intent for Aggregate Facilities
<b>Form Started</b>	10/13/2020 2:46 PM by troy lewis robertson
<b>Form Submitted</b>	10/13/2020 2:50 PM by troy lewis robertson
<b>Submission #</b>	HP3-FP2E-AP9WP
<b>Submission Reason</b>	Renewal
<b>Status</b>	In Review
<b>Active Steps</b>	Enter updated info into PDS - ASIII
<b>Reference #</b>	ARG500045
<b>Description</b>	Recertification ARG500045- B & B Materials, LLC

## Form Input

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### Permittee Information

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#### Facility/Contact Information

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**Permit Tracking Number**  
ARG500045

**AFIN**  
60-01880

**Permittee Legal Name**  
B & B Materials, LLC

**Facility Name**  
B & B Materials, LLC

**Facility Address**  
11210 Highway 165

**Facility City**

North Little Rock

**Facility State**

AR

**Facility Zip Code**

72117

**Mailing Address**

505 West Dixon Road

**Mailing Address City**

Little Rock

**Mailing Address State**

AR

**Mailing Address Zip Code**

72206

**Responsible Official Name & Title**

Mark Breckenridge

**Responsible Official Email**

dmbreckenridge@msn.com

**Cognizant Official Name & Title**

Gary Ingle

**Cognizant Official Email**

gingle@esgisafety.com

**Primary Phone Number**

(501) 945-7222

**Contact Person**

Nathan May

**Contact Person Email**

NONE PROVIDED

**Contact Person Phone Number**

501-945-7222

**Invoice Address (line1)**

TROY ROBINSON

**Invoice Address (line 2)**

REDSTONE CONSTRUCTION GROUP

**Invoice Address (line 3)**

505 W DIXON RD

**Invoice Address City**

LITTLE ROCK

**Invoice Address State**

AR

**Invoice Address Zip**

72206

**Is the above facility/contact information correct?**

No

**Outfall Information**

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**First Outfall Number**

001

**First Outfall Latitude Degrees**

34

**First Outfall Latitude Minutes**

43

**First Outfall Latitude Seconds**

22.23

**First Outfall Longitude Degrees**

92

**First Outfall Longitude Minutes**

08

**First Outfall Longitude Seconds**

18.45

**Second Outfall Number (if applicable)**

002

**Second Outfall Latitude Degrees (if applicable)**

34

**Second Outfall Latitude Minutes (if applicable)**

43

**Second Outfall Latitude Seconds (if applicable)**

27

**Second Outfall Longitude Degrees (if applicable)**

92

**Second Outfall Longitude Minutes (if applicable)**

08

**Second Outfall Longitude Seconds (if applicable)**

44

**Third Outfall Number (if applicable)**

NONE PROVIDED

**Third Outfall Latitude Degrees (if applicable)**

NONE PROVIDED

**Third Outfall Latitude Minutes (if applicable)**

NONE PROVIDED

**Third Outfall Latitude Seconds (if applicable)**

NONE PROVIDED

**Third Outfall Longitude Degrees (if applicable)**

NONE PROVIDED

**Third Outfall Longitude Minutes (if applicable)**

NONE PROVIDED

**Third Outfall Longitude Seconds (if applicable)**

NONE PROVIDED

**Is the above outfall information correct?**

Yes

**Facility/Contact info Corrections****Instructions**

Include any necessary corrections in this form. If the permittee legal name or facility name needs to be corrected, a permit transfer form must be attached to this submission.

**Permittee Legal Name**

NONE PROVIDED

**Facility Name**

NONE PROVIDED

**Permit Transfer Form**

NONE PROVIDED

**Comment**

NONE PROVIDED

**Facility Address**

NONE PROVIDED

**Facility City**

NONE PROVIDED

**Facility State**

NONE PROVIDED

**Facility Zip Code**

NONE PROVIDED

**Mailing Address**

NONE PROVIDED

**Mailing Address City**

NONE PROVIDED

**Mailing Address State**

NONE PROVIDED

**Mailing Address Zip Code**

NONE PROVIDED

**Responsible Official Name & Title**

Troy Robertson Director of Operations

**Responsible Official Email**

troy.robertson@redstone-cg.com

**Cognizant Official & Title**

NONE PROVIDED

**Cognizant Official Email**

NONE PROVIDED

**Primary Phone Number**

NONE PROVIDED

**Contact Person**

Troy Robertson

**Contact Person Email**

troy.robertson@redstone-cg.com

**Contact Person Phone Number**

501-539-0834

**Invoice Address (line 1)**

NONE PROVIDED

**Invoice Address (line 2, if applicable)**

NONE PROVIDED

**Invoice Address (line 3, if applicable)**

NONE PROVIDED

**Invoice Address City**

NONE PROVIDED

**Invoice Address Zip Code**

NONE PROVIDED

**Invoice Address State**

NONE PROVIDED

**Other Comments/Notes**

NONE PROVIDED

**Disclosure Statement****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 DEQ.

**Attachments**

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Date	Attachment Name	Context	User
12/2/2020 11:12 AM	ARG500045.txt	Submission	Zachary Carroll
12/2/2020 11:01 AM	Disclosure statement B&B.pdf	Submission	Zachary Carroll
12/1/2020 10:48 AM	Domestic_GoodStanding.pdf	Submission	Zachary Carroll
10/16/2020 1:46 PM	ARG500045_compliance.pdf	Submission	Zachary Carroll
10/15/2020 11:21 AM	InvoiceGridCopyList.pdf	Submission	Zachary Carroll

**Status History**

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	User	Processing Status
10/13/2020 2:46:01 PM	troy lewis robertson	Draft
10/13/2020 2:50:58 PM	troy lewis robertson	Submitted

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	User	Processing Status
10/15/2020 11:23:45 AM	Zachary Carroll	In Review

## Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	troy lewis robertson	10/13/2020 2:50:58 PM
Initial processing and assign to an engineer - ASIII	Kealey Burrow	10/14/2020 9:13:52 AM
Technical Review - Check for Outstanding Fees - Permit Engineer	Zachary Carroll	10/15/2020 11:21:49 AM
Technical Review - Check for new 303(d) listings - Permit Engineer	Zachary Carroll	10/15/2020 11:21:56 AM
need an updated disclosure statement	Zachary Carroll	12/2/2020 11:03:35 AM
Technical Review - Enter Info into Database - Permit Engineer	Zachary Carroll	12/2/2020 11:32:23 AM
Enter updated info into PDS - ASIII	Kealey Burrow	
Update Renewal PN Date in Access and PN the Renewal NOI - ASIII	Kealey Burrow	
Engineer Supervisor Review: Delete Planning steps if not applicable	Carrie McWilliams	
Planning Coordinator - Assign Staff to Review	Jim Wise	
Planning Section Review		
Review Comments from Planning Section and work with Engineer to resolve any issues	Carrie McWilliams	
Merge appropriate recertification NOC - ASIII	Kealey Burrow	
Review recertification NOC - Permit Engineer	Zachary Carroll	
Review recertification NOC - Engineer Supervisor	Carrie McWilliams	
Review recertification NOC - Senior Operations Manager	Bryan Leamons	
Mail NOC to permittee - Scan complete package and save on E-drive/Zylab/etc. - ASIII	Kealey Burrow	

# 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)

B & B Materials, LLC

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

505 West Dixon Rd

3. CITY, STATE, AND ZIPCODE:

Little Rock, Arkansas 72206

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 \_\_\_\_\_



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.)

We have had at least 12 yrs experience in the mining industry

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.)

None

\* 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

CITY, STATE, ZIP: See Attached

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

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

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

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

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

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

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: \_\_\_\_\_ 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: See Attached 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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

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

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

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

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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: Asphalt Products, LLC

STREET: 505 West Dixon Rd

CITY, STATE, ZIP: Little Rock, Ar, 72206

Organizational Relationship:

Whole Owned Subsidiary

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

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

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 law 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_ 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.

None



## 18. VERIFICATION AND ACKNOWLEDGEMENT

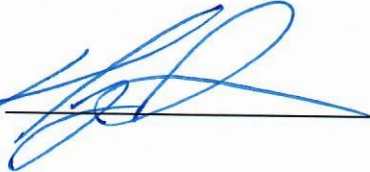
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of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

DATE: 12/2/2020

## **Officers**

Nader Abou-diab	President	505 West Dixon Rd, Little Rock, Ar 72206
Tim Bennett	President	505 West Dixon Rd, Little Rock, Ar 72206
Andrew Boyd	CFO	505 West Dixon Rd, Little Rock, Ar 72206
Jeremy Hendrix	COO	505 West Dixon Rd, Little Rock, Ar 72206
Troy Robertson	Doo	505 West Dixon Rd, Little Rock, Ar 72206

## **Partners**

Nader Abou-diab	505 West Dixon Rd, Little Rock, Ar 72206
Tim Bennett	505 West Dixon Rd, Little Rock, Ar 72206
Andrew Boyd	505 West Dixon Rd, Little Rock, Ar 72206
Jeremy Hendrix	505 West Dixon Rd, Little Rock, Ar 72206
Troy Robertson	505 West Dixon Rd, Little Rock, Ar 72206
Kurt Cosse'	505 West Dixon Rd, Little Rock, Ar 72206
Andy Rose	505 West Dixon Rd, Little Rock, Ar 72206
Phillip Ray	505 West Dixon Rd, Little Rock, Ar 72206
Frankie Webb	505 West Dixon Rd, Little Rock, Ar 72206