ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

AGGREGATE FACILITIES

NPDES GENERAL PERMIT ARG500000

Application Type: New [Renewal (Permit # ARG50 (D) (ECE [V)
I. PERMITTEE/OPERATOR INFORMATION	N MAY 2
	MAY 2 2016
Permittee (Legal Name): Standard Gravel C	
Permittee Mailing Address: P.O. Box 810	State Partnership
Permittee City: Bearden	☐ Federal ☐ Corporation*
Permittee State: AR	Zip: 71720 Sole Proprietorship/Private
Permittee Telephone Number: 870-687-3131	*State of Incorporation: AR
Permittee Fax Number:	The legal name of the Permittee must be identical to the name listed with the
Permittee E-mail Address: <u>dalexander@oecc</u>	
II. INVOICE MAILING INFORMATION	·
Invoice Contact Person: David Alexander	City: Bearden
Invoice Mailing Company: Standard Gravel Co.	
Invoice Mailing Address: P.O. Box 810	Telephone: 870-687-3131
III. FACILITY INFORMATION	
Facility Name: Standard Gravel Co. Inc.	Facility Contact Person: David Alexander
Facility Address: 533 Ouachita CR 95	Telephone Number: <u>870-687-3131</u>
	79 and Hwy 9, take Hwy 9N approximately 3 miles, turn right on
Facility: Ouachita CR 95. The facili	ity is approximately two miles on Ouachita CR 95
Facility County: Ouachita	Facility City, State & Zip: Bearden, AR 71720
Facility Latitude: 33 Deg 45 Min 12.1 Sec	Facility Longitude: 92 Deg 40 Min 56.2 Sec
<u>, </u>	Datum Google
Accuracy: N/A Method: N/A	: N/A Scale: N/A Description: Earth
Facility SIC Code: 1442	Facility NAICS: 212321
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IV. DISCHARGE INFORMATION	
0.48	
Outfall Number: 001	Estimated Flow: <u>Variable MGD</u> (Million Gallons per Day)
Effluent Description: Stormwater/process water	Hudralagia Dagin Code: 9040201
Stream Segment: 2F	Hydrologic Basin Code: 8040201
Outfall Latitude: 33 Deg 44 Min 38.6 Sec	Outfall Longitude: 92 Deg 40 Min 40 Sec Datum Google
Accuracy: N/A Method: N/A	: N/A Scale: N/A Description: Earth
	Creek, thence to Mill Creek, thence to Freeo Creek, and thence to the
Receiving Stream: Ouachita River	
Treatment System*: Settling Ponds	

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

Outfall Number:	N/A			Flow:	,	MGD (M		
Effluent Description				1104.	•	M) COM	illion Gallons	per Day)
Stream Segment:				Hydrologic Basis	n Code			
Outfall Latitude:	Deg	Min	Sec	Outfall Longitud		Deg	N.G.	
			Datum			Deg	Min	Sec
Accuracy:	Method:			Sca	ale:]	Description:	
Receiving Stream; _								
Treatment System*:								
*Include addition of any chem	neals, if applicable,							
V. FACILITY PER	MIT INFORM	ATION						
	NPDES Indiv	idual Per	rmit Number	(If Applicable):	AROO			
	NPDES Ge	neral Per	rmit Number	(If Applicable):	AR00			
		State (Construction	Permit Number:	ARG ARG50			
NPDES General Cor	struction Storm	water Per	mit Number	(If Applicable):				
N	PDES Industrial	Stormw	ater General	Permit Number:	ARR15			
				Permit Number:				
				rtment Permits:				
			Omer Depa	nument Permits:				
within the submer 2. Is the facility a pro- Geological Descripti Additional Location D Additional C Consultant Cont	oducer of industron of Site: escription: Comments: act Name:	ial sand?						
Consultan	t Address:		City:		State:		Zip;	_
Consultant Phone	Number:			Consultant Fax		r:	_ Zip.	
CERTIFICATI If certify that, if this faci regular official designa O CFR 122.22(b). If no only by the Applicant, direction or supervision in the information submitted the information submitted ignificant penalties for iolations."	lity is a corpora- ted in this Appli cognizant official I certify under particular accordance with Based on my is, to the best of submitting false	tion, it is cation is al has be penalty of h a syste inquiry of f my kno informa	qualified to en designate of law that a m designed of of the person lawledge and a ation, include	act as a duly auth d, I understand the this document are to assure that qua or persons direct belief, true, accur ling the possibili	notized re nat the De nd all atta lified per tly respor rate, and o ity of fir	epresentate epartments achments sonnel prosible for complete are and in	ive under the will accept re were prepare operly gather gathering the	provisions of eports signed ed under my and evaluate information,
Responsible Official Prin	ited Name: Da	Via Alex	ander	Fitle:	~~			
Responsible Official	Signature:	l	My	Date:	4-	19-1	16	

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5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

Responsible Official Email:		
		Title:
Cognizant Official Signature:		Telephone:
Cognizant Official Email:		
X. PERMIT REQUIREMENT VE	ERIFICATION	ON
Please check the following to verify capplication will be considered incomp		of permit requirements. If you answer "NO" to any of questions below the se a delay in the permitting process.
Submittal of Complete NOI?		N D W O I Chally I
Submittal of Required Permit Fee? Submittal of Topographic Map? Submittal of Disclosure Statement?		New Permittees Only Check Number:

