

# ARG500000 Recertification Notice of Intent for Aggregate Facilities

version 1.18

(Submission #: HP4-69BE-7BWAE, version 1)

## Details

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<b>Form Alias</b>	ARG500000 Recertification Notice of Intent for Aggregate Facilities
<b>Form Started</b>	11/11/2020 8:05 AM by ERIC S LOW
<b>Form Submitted</b>	11/17/2020 11:05 AM by ERIC S LOW
<b>Submission #</b>	HP4-69BE-7BWAE
<b>Submission Reason</b>	Renewal
<b>Status</b>	In Review
<b>Active Steps</b>	Enter updated info into PDS - ASIII
<b>Reference #</b>	ARG500048
<b>Description</b>	Recertification ARG500048- Midwest Lime Company

## Form Input

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### Permittee Information

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#### Facility/Contact Information

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**Permit Tracking Number**  
ARG500048

**AFIN**  
32-00013

**Permittee Legal Name**  
Midwest Lime Company

**Facility Name**  
Midwest Lime Company

**Facility Address**  
50 Midwest Lane West

**Facility City**

Batesville

**Facility State**

AR

**Facility Zip Code**

72501

**Mailing Address**

P.O. Box 2608

**Mailing Address City**

Batesville

**Mailing Address State**

AR

**Mailing Address Zip Code**

72503

**Responsible Official Name & Title**

Barry Ferrell

**Responsible Official Email**

barryferrell@suddenlinkmail.com

**Cognizant Official Name & Title**

Eric S. Low

**Cognizant Official Email**

ericlow1178@hotmail.com

**Primary Phone Number**

(870) 793-2317

**Contact Person**

Mike Low

**Contact Person Email**

mikelow@suddenlinkmail.com

**Contact Person Phone Number**

870-793-2317

**Invoice Address (line1)**

ERIC S. LOW

**Invoice Address (line 2)**

MIDWEST LIME COMPANY

**Invoice Address (line 3)**

PO BOX 2608

**Invoice Address City**

BATESVILLE

**Invoice Address State**

AR

**Invoice Address Zip**

725030000

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

No

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees**

35

**First Outfall Latitude Minutes**

48

**First Outfall Latitude Seconds**

11.25

**First Outfall Longitude Degrees**

91

**First Outfall Longitude Minutes**

37

**First Outfall Longitude Seconds**

21.06

**Second Outfall Number (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

**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**  
ERIC LOW, PRESIDENT

**Responsible Official Email**  
ericlow@midwestlimeco.com

**Cognizant Official & Title**  
BARRY FERRELL, VICE PRESIDENT

**Cognizant Official Email**  
barryferrell@sudenlinkmail.com

**Primary Phone Number**  
NONE PROVIDED

**Contact Person**  
ERIC LOW

**Contact Person Email**  
ericlow@midwestlimeco.com

**Contact Person Phone Number**  
NONE PROVIDED

**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**

I will attach a new Disclosure Statement.

**Disclosure Statement**ADEQ DISCLOSURE STATEMENT-11172020104310.pdf - 11/17/2020 10:43 AM**Comment**

NONE PROVIDED

**Attachments**

Date	Attachment Name	Context	User
11/20/2020 2:00 PM	ARG500048_review.txt	Submission	Zachary Carroll
11/20/2020 2:00 PM	ARG500048_compliance_Review.pdf	Submission	Zachary Carroll
11/19/2020 11:55 AM	DomesticGoodStanding.pdf	Submission	Zachary Carroll
11/19/2020 11:55 AM	InvoiceGridCopyList.pdf	Submission	Zachary Carroll
11/17/2020 10:43 AM	ADEQ DISCLOSURE STATEMENT-11172020104310.pdf	Attachment	ERIC LOW

# 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)

MIDWEST LIME COMPANY

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

P.O. BOX 2608

3. CITY, STATE, AND ZIPCODE:

BATESVILLE, AR 72503

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.)

54 YEARS OF OPERATION IN COMPLIANCE

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/EXCEPT MINOR MSHA

\* 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: ERIC LOW TITLE: PRESIDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BARRY FERRELL TITLE: VICE PRESIDENT, SEC./TREAS.

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

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

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

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

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

NAME: MIKE LOW TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: ERIC LOW TITLE: PRESIDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BARRY FERRELL TITLE: VICE PRESIDENT, SEC./TREAS.

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: MIKE LOW TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BOBBIE LOW TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: ALYSON LOW TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

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: ERIC LOW TITLE: PRESIDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BARRY FERRELL TITLE: VICE PRESIDENT, SEC./TREAS.

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: GARY FERRELL TITLE: SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

8. List all officers 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: \_\_\_\_\_

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

NAME: GARY FERRELL TITLE: SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BRAD FULBRIGHT TITLE: ASST. SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: DANNY McSPADDEN TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: ERIC LOW TITLE: PRESIDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BARRY FERRELL TITLE: VICE PRESIDENT, SEC./TREAS.

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: GARY FERRELL TITLE: SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

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: BRAD FULBRIGHT TITLE: ASST. SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72053

NAME: KEITH LAWRENCE TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: EUGENE TOWNSLEY TITLE: \_\_\_\_\_

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

**8. List all officers 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: \_\_\_\_\_

**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: BRAD FULBRIGHT TITLE: ASST. SUPERINTENDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

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: THE LOW FAMILY TITLE:

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: ERIC LOW TITLE: PRESIDENT

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

NAME: BARRY FERRELL TITLE: VICE PRESIDENT, SEC. TREAS.

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: MIDWEST LIME CO. TITLE:

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72503

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: MIDWEST LIME COMPANY

STREET: P.O. BOX 2608

CITY, STATE, ZIP: BATESVILLE, AR 72053

Organizational Relationship:

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

NAME: NONE

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: NONE 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.**

MSHA,EPA,ATF,IRS

## 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, ERIC LOW, 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: 11/10/2020