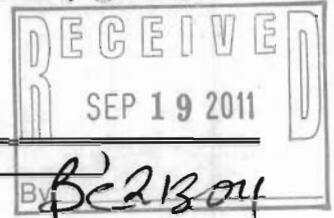


CCGvv CC1005

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



Application Type: New Renewal (Permit # ARG50)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Tennessee Arkansas Materials Corporation Operator Type: State Partnership
Permittee Mailing Address: P.O. Box 65 Federal Corporation*
Permittee City: Savannah Sole Proprietorship/Private
Permittee State: Tennessee Zip: 38372 *State of Incorporation: TN
Permittee Telephone Number: (731) 632-0502 The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee Fax Number: (731) 632-1651
Permittee E-mail Address: Frank.lacey@tnmaterials.com

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Frank Lacey City: Savannah
Invoice Mailing Company: Tennessee Arkansas Materials Corp. State: TN Zip: 38372
Invoice Mailing Address: P.O. Box 65 Telephone: (731) 632-0402

III. FACILITY INFORMATION

Facility Name: Tennessee Arkansas Materials Corporation Facility Contact Person: Frank Lacey
Facility Address: 440 Easterwood Point Road Telephone Number: (731) 632-0402
Driving Directions to Facility: I-40 west to the Mayflower exit. Then west on Hwy 89, turn right on Hwy 89 west at the light. Turn Left at Easterwood Point Rd. Quarry is located at 440 Easterwood Point Rd.
Facility County: Faulkner Facility City, State & Zip: Mayflower, AR, 72106
Facility Latitude: 34 Deg 58 Min 01.90 Sec Facility Longitude: 92 Deg 31 Min 46.53 Sec
Accuracy: 10 meters Method: Satellite Datum: WGS84 Scale: N/A Description: Centroid
Facility SIC Code: 1429 Facility NAICS: 21239

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: 0.01 MGD (Million Gallons per Day)
Effluent Description: Rock crusher dust control misters, dust suppression on quarry roads, dewatering quarry
Stream Segment: 3F Hydrologic Basin Code: 11110203
Outfall Latitude: 34 Deg 57 Min 59.34 Sec Outfall Longitude: 92 Deg 31 Min 46.19 Sec
Accuracy: 10 Meters Method: Satellite Datum: WGS84 Scale: N/A Description: Point
Receiving Stream: Unnamed Ditch to The Arkansas River
Treatment System*: Sedimentation Pond

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

Outfall Number: N/A Flow: _____ MGD (Million Gallons per Day)

Effluent Description: _____

Stream Segment: _____ Hydrologic Basin Code: _____

Outfall Latitude: _____ Deg _____ Min _____ Sec Outfall Longitude: _____ Deg _____ Min _____ Sec

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): AR000442

NPDES General Permit Number (If Applicable): ARG

State Construction Permit Number: ARG50 N/A C

NPDES General Construction Stormwater Permit Number (If Applicable): ARR152743

NPDES Industrial Stormwater General Permit Number: ARR00442

Mining Permit Number: 0061-MQ-A1

Other Department Permits: _____

VI. OTHER INFORMATION:

Geological Description of Site: Side of a ridge near the Arkansas River Valley

Additional Location Description: N/A

Additional Comments: N/A

Consultant Contact Name: Jeremy Stehle

Consultant Email Address: jstehle@eccci.com

13000
Cantrell
City: Little Rock State: AR Zip: 72223

Consultant Address: Road

Consultant Phone Number: (501) 975-8100 Consultant Fax Number: (501) 975-6789

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: Frank Lacey Title: Vice President

Responsible Official Signature: [Signature] Date: 6-24-4

Responsible Official Email: Frank.lacey@tnmaterials.com

Cognizant Official Printed Name: Frank Lacey Title: Vice President

Cognizant Official Signature: [Signature] Telephone: 731-632-0402

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

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: _____
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>Pending</u>		



C6G VV

13000 Cantrell Road • Little Rock, Arkansas 72223 • Phone 501.975-8100 • Fax 501.975-6789 • www.ecci.com

September 15, 2011

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118

Re: Notice of Intent for the Aggregate Facilities
Tennessee Arkansas Materials AFFIN# 23-01006

Dear Sir or Madam:

Please find enclosed the Notice of Intent, Drainage Map, Disclosure Form, and a \$200.00 check for the permit fee for Tennessee Arkansas Materials.

If you have any questions regarding the information contained herein, please feel free to telephone me at (501) 975-8100.

Sincerely,

ECCI

A handwritten signature in black ink, appearing to read "Jeremy Stehle", is written over a light gray rectangular background.

Jeremy Stehle
Environmental Scientist

Enclosure

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LLC Member information is now confidential per Act 865 of 2007

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Corporation Name	TN AR MATERIALS CORP.
Fictitious Names	
Filing #	800186402
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	400 WEST CAPITOL AVENUE, SUITE 2700 LITTLE ROCK, 72201
Reg. Agent	JOSEPH F. KOLB JOSEPH F. KOLB
Agent Address	400 WEST CAPITOL AVENUE, SUITE 2700 LITTLE ROCK, AR 72201
Date Filed	10/05/2010
Officers	CHARLES R. SMITH , Incorporator/Organizer
Foreign Name	N/A
Foreign Address	
State of Origin	N/A
<u>Purchase a Certificate of Good Standing for this Entity</u>	<u>Pay Franchise Tax for this corporation</u>



Denotes Rock Check Dam

ECCI 13000 CANTRELL ROAD
LITTLE ROCK, ARKANSAS 72223-1637
PH: 501.975.8100 FAX: 501.975.6789

**TENNESSEE MATERIALS
STORMWATER SITE DRAINAGE MAP**

DESIGNED BY	DES-BY	JS	SCALE	1"=200'	PROJECT NO.	4661-3003	DRAWING NO.	4661-3003-03	REV.
DRAWN BY	DRAWN-BY	JLB							
CHECKED BY	CHK-BY	JS							
APPROVED BY	APP-BY	JS							

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