

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

MAR 20 2012
B-23417
CWA 1185

Application Type: New Renewal (Permit # ARG50)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): HILL COUNTRY PROPERTY G.P. Operator Type:
Permittee Mailing Address: 790 GOAT DR. State Partnership
Permittee City: ST JOE Federal Corporation*
Permittee State: ARKANSAS Zip: 72675 Sole Proprietorship/Private
Permittee Telephone Number: 501-425-0303 *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: THEFARM @ KRITTER.NET identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: DAVID MARAZZO City: SAME
Invoice Mailing Company: SAME State: .. Zip: ..
Invoice Mailing Address: SAME Telephone: ..

III. FACILITY INFORMATION

Facility Name: SILVER HILL FARMS Facility Contact Person: _____
Facility Address: SAME Telephone Number: _____
Driving Directions to Facility: 8 MILES NORTH OF CITY OF MARSHALL STOPLIGHT ON HWY 65
Facility County: SCARCY Facility City, State & Zip: ST JOE AR 72675
Facility Latitude: 35 Deg 51 Min 38 Sec Facility Longitude: 92 Deg 44 Min 10 Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Facility SIC Code: 1442 5* Facility NAICS: 212321 5*

IV. DISCHARGE INFORMATION

Outfall Number: 1 Estimated Flow: ONCE IN BLUE MOON MGD (Million Gallons per Day)
Effluent Description: RAIN WATER
Stream Segment: 4J? Hydrologic Basin Code: 11010006
Outfall Latitude: 35 Deg 51 Min 37 Sec Outfall Longitude: 92 Deg 42 Min 53 Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Receiving Stream: BEAR CREEK
Treatment System*: SEDIMENTARY PONDS
Outfall Number: _____ Flow: _____ MGD (Million Gallons per Day)
Effluent Description: _____
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: _____ Deg Min Sec Outfall Longitude: _____ Deg Min Sec

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

MAR 15 2012

Kn 4:01

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): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: ARG50 C
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
NPDES Industrial Stormwater General Permit Number: ARR00
Mining Permit Number: _____
Other Department Permits: _____

VI. OTHER INFORMATION:

Geological Description of Site: CHERT
Additional Location Description: OZARKS
Additional Comments: _____
Consultant Contact Name: NONE
Consultant Email Address: _____
Consultant Address: _____ City: _____ State: _____ Zip: _____
Consultant Phone Number: _____ Consultant Fax Number: _____

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: DAVID MARAZZO Title: PARTNER
Responsible Official Signature: [Signature] Date: 3-15-12
Responsible Official Email: THEFARM@ERITTER.NET 501-425-0503
Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Telephone: _____
Cognizant Official Email: _____

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

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

Submittal of Complete NOI?
Submittal of Required Permit Fee?
Submittal of Topographic Map?
Submittal of Disclosure Statement?

New Permittees Only Check Number: 1185

Industrial Operator's License Number: Cominco

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.

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

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

1. APPLICANT: (Full Name) <i>DAVID MARAZZO</i>
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : <i>790 GOAT DR.</i>
3. CITY, STATE, AND ZIP CODE: <i>ST LOE ARK 72675</i>

4. (check all that apply.)

Individual Corporate or Other Entity
 Permit License Certification Operational Authority
 New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
 Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
 Environmental Preservation and Technical Service

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 I filed with ADEQ on *David Marazzo*

Signature of Individual or Authorized Representative of Firm or Legal Entity
 (Also complete #18.)

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.)

BASIC INDUSTRIAL LICENSE IN 120 DAYS

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: *NONE*

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.)

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: DAVID MARAZZO TITLE: OWNER
STREET: 790 GOLF DR
CITY, STATE, ZIP: ST LOUIS MO 63125

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: _____ 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: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

None

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

None

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws 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: _____ *NONE*
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. *EPA*

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.

State of Arkansas

County of Searcy

I, DAVID MARAZZO, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: *David Marazzo*

COMPANY TITLE: OWNER

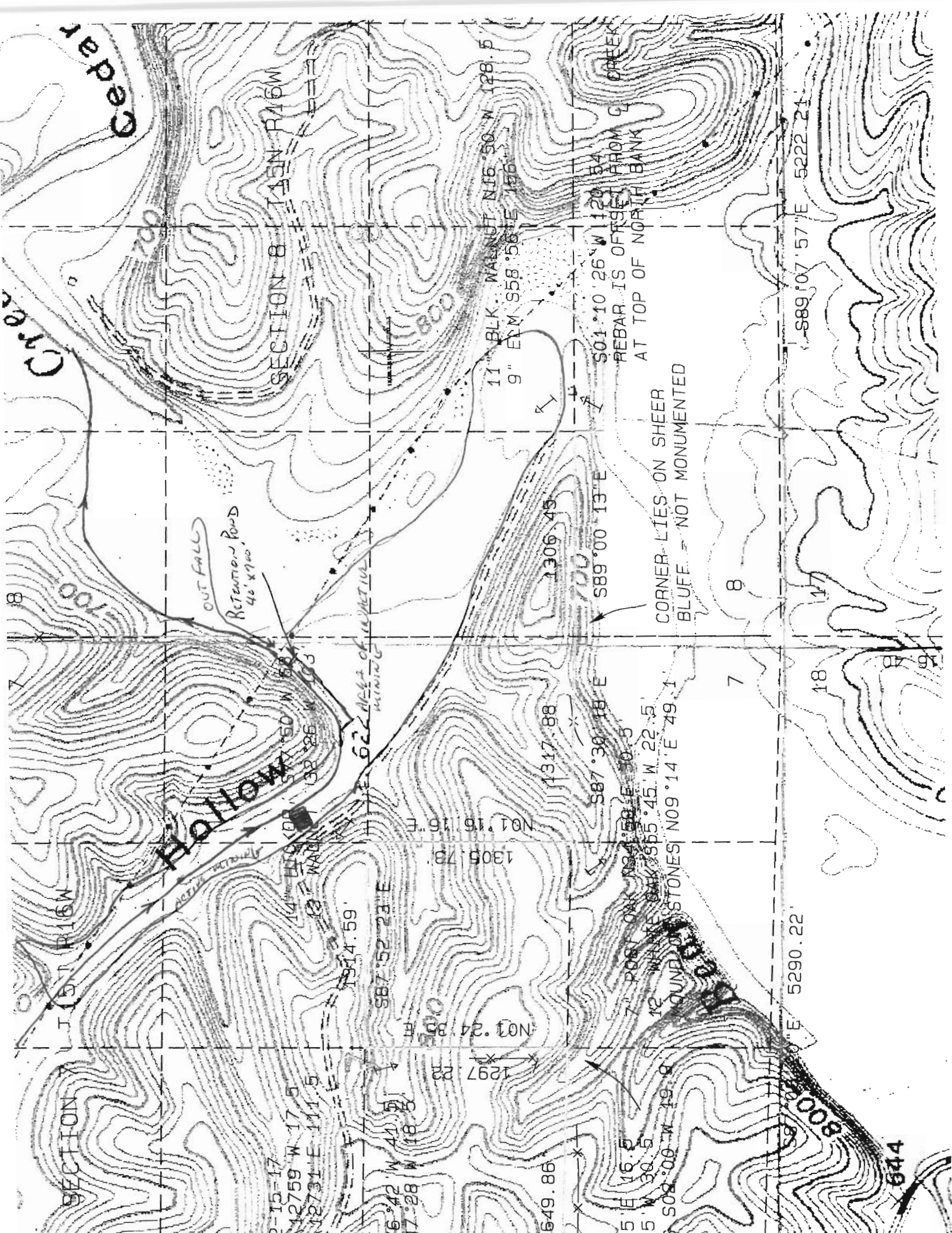
DATE: 3-15-12

SUBSCRIBED AND SWORN TO BEFORE ME THIS 15th DAY OF March 20 12

MARY E. THOMPSON
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires October 11, 2020
Commission No. 12379210
Mary E. Thompson

NOTARY PUBLIC

MY COMMISSION EXPIRES:
10-11-2020



SECTION 8 T145N R16W

14" 12759' W 17.5
13" 12731' E 111.5

176' 42" W 41.5
347' 28" W 18.5

1297.22
1305.78
1301.24 35 ft

1314.59
587' 52" 23' E

1305.78
1301.16 16" E

2649.86

105' E 16.5
45' W 30.5

5' 502' 00" W 19.9

1317.88
587' 30" 18" E

7" POST OAK 82' 50" E 30.5
12" WHITE OAK 55' 45" W 22.5
12" QUINCY STONES N09°14'E 49.1

1306.45
589' 00" 13" E

CORNER LIES ON SHEER BLUFF - NOT MONUMENTED

11" BLK. WALNUT N16°50' W 128.5
9" ELM 558' 56" E 176'

S01°10' 26" W 120.54
REBAR IS OFFSET FROM CREEK AT TOP OF NORTH BANK

5290.22' E

5222.21' E

Hollow

Retention Pond
40' x 90'

622' Area of Utility

Cedar Creek

SECTION 8 T145N R16W

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