

GEOLOGICAL ENGINEERING SOLUTIONS FOR TODAY'S ENVIRONMENTAL CONCERNS P.O. BOX 1507 • PITTSBURG, KS 66762 • (620) 231-5660 • FAX (620) 231-5661 triad@triad-es.com

18 March 2019

Sent by Certified Mail 7017 1450 0001 9813 2290

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

Re:

River Valley Quarries, LLC - Backbone Quarry

Notice of Intent under Permit ARG-500000 for a Facility in Sebastian County

Dear Madam or Sir,

Submitted on behalf of our Client, River Valley Quarries, LLC, enclosed please find a completed NOI Form, topographic map, Disclosure Statement, and \$200 check for coverage of our Client's facility northeast of Midland in Sebastian County.

If any questions arise in regard to the submission, please contact Chet Hiatt Triad at Environmental Services (triad@triad-es.com or 620-231-5660).

Thank you for your cooperation in this matter and your timely review of the project.

Respectfully,

Thet D. Hiatt CHMM

## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

#### NOTICE OF INTENT AGGREGATE FACILITIES

## NPDES GENERAL PERMIT ARG500000

Application Type:	New 🗵	Renewa	ıl 🗌 (Po	ermit # ARG50_		$\overline{}$
I. PERMITTEE/OPERATOR INFORMATION						
Permittee (Legal Name):	River Valley Quar	ries, LLC			Operator Typ	e:
Permittee Mailing Address:	-	•		State		Partnership
Permittee City:				— Ederal		Corporation*
Permittee State:	Oklahoma	Zip: 7	74362	Sole Pro	prietorship/Priva	ate
Permittee Telephone Number:	918-825-3370			*State of Inc	corporation: Ark	ansas
Permittee Fax Number:	918-825-3388					mittee must be
Permittee E-mail Address:	jkemp@kempquar	ries.com			o the name lecretary of State.	isted with the
II. INVOICE MAILING INFORMATION						
Invoice Contact Person: Si	helia Pilant			City:	Pryor	
****	iver Valley Quarries	, LLC	-	State:	Oklahoma	Zip: 74362
Invoice Mailing Address: P.		,		Telephone:	918-825-3370	•
				-		
III. FACILITY INFORMATION Facility Name: Backbone Q	uarry		-	ontact Person:J		
Facility Address: Sec. 4, 5, 8,	<del></del>		•	one Number: _9		
Driving Directions to From intersection of Hwy 253 & 45 in Midland, go 3.5 miles on Hwy 253 to the quarry road on the east.						
Facility County: Sebastian		Faci	ility City.	, State & Zip: V	Witcherville, AR	72940
• • —	Min 55.88 Sec		lity Long	·	94 Deg 19 Min :	
	Interpolatio ethod: n - Satellite	Datum : V	WGS84	Scale: 1:100 Facility NAICS:	Description 212312	Facility n: entrance
IV. DISCHARGE INFORMA  Outfall Number: 001  Effluent Description: Stormwa	TION  tter and small amoun			ow: <0.10 MGl	•	ons per Day)
Stream Segment: 1110201 Hydrologic Basin Code: 3H						
<u> </u>						
Accuracy: 15 m Me	Interpolatio n - Satellite		WGS84	Scale: 1:100	Description	n: Release point
<u></u>	d tributary of MacKe	enay Creek				
Treatment System*: Settling	in pit					
Outfall Number: NA			Flo	ow:MG	D (Million Gallo	ons per Day)
Effluent Description		**	1 1 .	D ' C '	<del></del>	
Stream Segment:		Hy	drologic	Basin Code:		

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118

		Deg Min	Sec	Outfall Longitud	e: Deg	g Min	Sec
		/lethod:	Datum:		***************************************	Description:	
	Receiving Stream:						A
Tre	eatment System*:						B-74-14-14-14-14-14-14-14-14-14-14-14-14-14
inci	ude addition of any chemicals, if ap	plicable.			**************************************	<del></del>	<del></del>
V.	FACILITY PERMIT II	NFORMATIO	N				
	NPD	ES Individual	Permit Number	(If Applicable):	AR00		
•	NI	PDES General.	Permit Number	(If Applicable):	ARG		
	A Intermet of	Stat	e Construction	Permit Number:	ARG50	С	
	NPDES General Construction	on Stormwater	Permit Number	(If Applicable):	ARR15		a parameter and a manager of the state of th
	NPDES I	ndustrial Storn		Permit Number:	ARR001495		
				Permit Number:	0123-MQ-A2	2	
*			Other Dep	artment Permits:	1916-ΛGP-1.	35	
VI.	OTHER INFORMAT	ION:					
1.	Does this facility intend to	o dredge or ren	ove sand or gr	avel from Ye	:S	Nö	
_	within the submerged por	tions of a stream	n or drainage?			$\boxtimes$	
2.	ls the facility a producer of	of industrial sar	id?			$\boxtimes$	
	Geological Description of S		9; T9N; R29W	/ in Sebastian Co	unty		
A	dditional Location Descripti	on: North on H				ore bridge about 1 nn.	Wangara Barangara
	Additional Comme	nts:					
	Consultant Contact Nat	**************************************	ll				*************
	Consultant Email Addre		ad-es.com				
	Consultant Addre Consultant Phone Numb			Pittsburg	State: Kans		66762
~~~	Consultant Phone Numb	oer: <u>620-231-</u>	2000	Consultant Fa	ıx Number: 6	20-231-5661	
VII.	CERTIFICATION OF	OPERATOR					
Appl in acc Bases the be	rtify that, if this facility is a crial designated in this Applic 22(b). If no cognizant officialicant. I certify under penalty cordance with a system design on my inquiry of the personest of my knowledge and belinformation, including the p	cation is qualified has been des of law that this gned to assure to n or persons did lief, true, accuration in the cation is the cation in the cation is dief, true, accuration is accurated in the cation is dief, true, accurated in the cation is dief,	ed to act as a gnated, I under document and hat qualified peetly responsibate, and comple	duly authorized restand that the Departments were all attachments were one liptoperly the for gathering the control of the for gathering the control of the	epresentative upartment will a vere prepared ur gather and evalue information. at there are sign	inder the provision coupt reports sign ander my direction of luste the information of the	ns of 40 CFR ed only by the or supervision ion submitted,
Res	ponsible Official Printed Na		. Kemp	Title	: President		
	Responsible Official Signat	-/	AKP	Date	: 03/12/1	9	
123.D. (C)	Responsible Official En	nail: jkemp@	kempquarries.c	om			
C	ognizant Official Printed Na	ime: Cher D.	High /		Title: Co	nsultant	
	Cognizant Official Signat		DXIA	<u>&gt;</u> то	elephone: 620	0-231-5660	
	Cognizant Official En	nail!triad@tr	iad-es.com				

Please check the following to verify capplication will be considered incomplete.		permit requirements. If you answer "NO" a delay in the permitting process.	to any of questions below the
	Yes/ No		
Submittal of Complete NOI?			
Submittal of Required Permit Fee?		New Permittees Only Check Number:	4989
Submittal of Topographic Map?		•	
Submittal of Disclosure	/		
Statement?	lacksquare		
Industrial Operator's License Num	ber:	A A	

X. PERMIT REQUIREMENT VERIFICATION

# 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 ADE of through 4, and 6 through 18.	Q Disclosure Statement, complete 1				
Mail to:	Hand Deliver to:				
ADEQ	ADEQ				
DISCLOSURE STATEMENT	DISCLOSURE STATEMENT				
[List Proper Division(s)]	[List Proper Division (s)]				
5301 Northshore Drive	5301 Northshore Drive				
North Little Rock, AR 72118-5317	North Little Rock, AR 72118-5317				
1. APPLICANT: (Full Name) River Valley Quarries, LLC					
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : P. O. Box 988					
3. CITY, STATE, AND ZIPCODE:					
Pryor, Oklahoma 74362					
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. <u>Declaration of No Changes:</u> The violation history, experience and credentials, involvement in current or pending environal last Disclosure Statement I filed with ADEQ on 11/22/2011	mental lawsuits, civil and criminal, have not changed since the				
Signature of Individual or Authorized Representative of Firm or Legal Entity (Also complete #18.)					

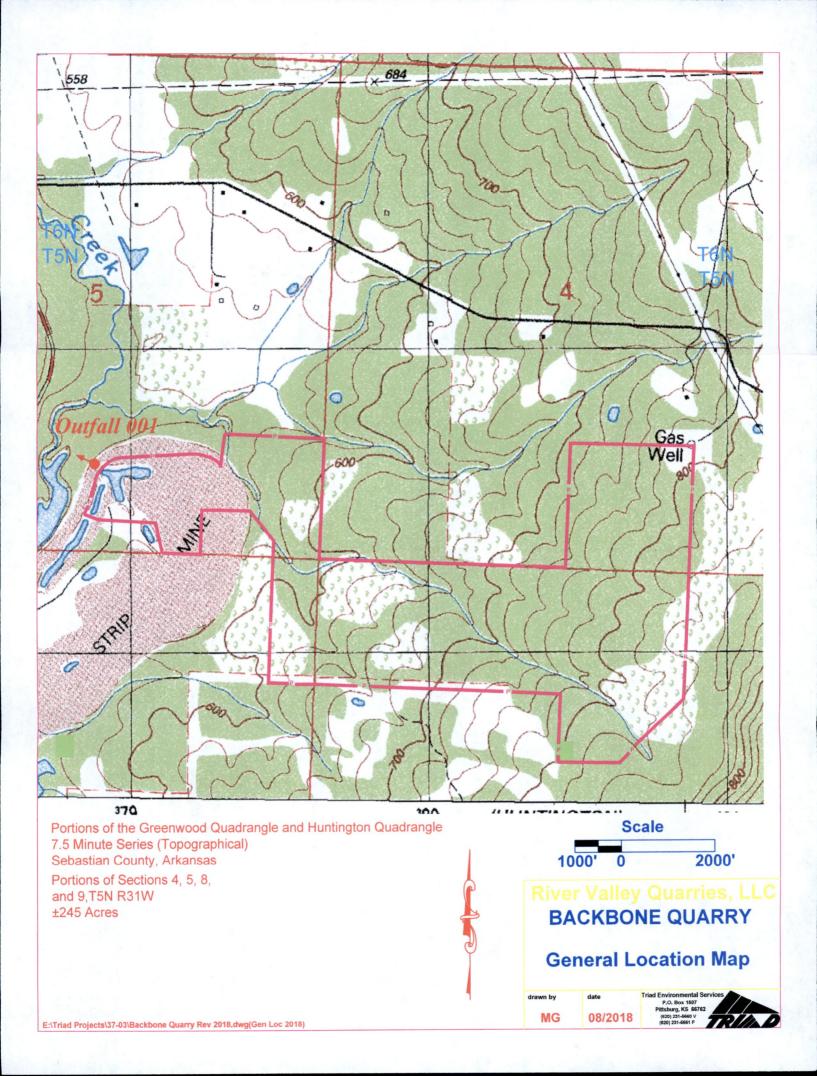
### 18. VERIFICATION AND ACKNOWLEDGEMENT

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,					
possibility of fines and imprisonment for knowing vio					
TITLE: President					
DATE: 03/12/19					





**ENVIRONMENTALSERVICE** 

P.O. Box 1507 Pittsburg, KS 66762







Arkansas Dept. of Environmental Quality Water Division 5301 Northshore Drive North Little Rock, AR. 70248