

From: [Guffey, Rachel](#)
To: [Water Permit Application](#)
Cc: [Carpenter, Owen](#); [Nick Steele](#); [McWilliams, Carrie](#); [Carroll, Zachary](#)
Subject: Aggregate Facilities Permit Application for Dan Processing, Inc.
Date: Thursday, April 04, 2019 2:37:55 PM
Attachments: [Dan Processing Aggregate Facilities Permit Application April 2019.pdf](#)

Dear ADEQ Water Division,

Please see the attached application for the Aggregate Facilities Permit ARG500000, prepared by Terracon Consultants, Inc, on behalf of Dan Processing, Inc. The proposed mining site is located along the White River and was previously permitted for construction sand and gravel dredge mining. Currently, it is in the reclamation stage. Dan Processing would like to resume sand and gravel dredge mining operations, with a water-only washing/sorting plant onsite as well. An application for the General Open-Cut Mining Permit was submitted to ADEQ on March 12, 2019. If additional information is needed or if you have any questions or comments regarding the submittal, please do not hesitate to contact me.

Sincerely,
Rachel Guffey

Rachel Tutor Guffey
Staff Engineer I Solid Waste Department I Terracon
25809 Interstate 30 South I Bryant, Arkansas 72022
P (501) 481-7007 I F (501) 847-9210

Terracon provides environmental, facilities, geotechnical, and materials consulting engineering services delivered with responsiveness, resourcefulness, and reliability.

Private and confidential as detailed here (www.terracon.com/disclaimer). If you cannot access the hyperlink, please e-mail sender.

Aggregate Facilities General Permit Application

DAN PROCESSING, INC.
2927 Heber Springs Rd.
Desha, Arkansas
Independence County

April 2019
Project No. 35197037

PREPARED FOR:
DAN PROCESSING, INC.
P.O. Box 416
Newark, Arkansas 72562
(870) 307-7603

PREPARED BY:
Terracon Consultants, Inc.
25809 Interstate 30 South
Bryant, Arkansas 72022
(501) 847-9292

terracon.com

Terracon

Environmental



Facilities



Geotechnical



Materials

Attachment 1
NOI Form

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

Application Type: **New X** **Renewal** ☐ **(Permit # ARG50_____)**

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Dan Processing Inc. Operator Type:
Permittee Mailing Address: P.O Box 416 ☐ State ☐ Partnership
Permittee City: Newark ☐ Federal X Corporation*
Permittee State: Arkansas Zip: 72562 ☐ Sole Proprietorship/Private
Permittee Telephone Number: (870)-307-7603 *State of Incorporation: Arkansas
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: Nick151513@gmail.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Nick Steele City: Newark
Invoice Mailing Company: Dan Processing Inc. State: Arkansas Zip: 72562
Invoice Mailing Address: P.O Box 416 Telephone: (870)-307-7603

III. FACILITY INFORMATION

Facility Name: Deshae Mine Facility Contact Person: Nick Steele
Facility Address: 2927 Heber Springs Rd. Telephone Number: (870)-307-7603
Driving Directions to Facility: Front gate is located ~0.9 miles north of the intersection of Hwy 25 and Greenbriar Farm Rd
Facility County: Independence Facility City, State & Zip: Desha, AR 72527
Facility Latitude: 35 Deg 45 Min 14.3Sec Facility Longitude: -91 Deg 42 Min 9.32Sec
Accuracy: 1m Method: Google Earth Datum: WGS84 Scale: 1"=500' Description: Front Gate
Facility SIC Code: 1442 Facility NAICS: 212321

IV. DISCHARGE INFORMATION

Outfall Number: 001 Estimated Flow: 0 MGD (Million Gallons per Day)
Effluent Description: No discharge is expected except upon potential release of flood waters.
Stream Segment: 4F Hydrologic Basin Code: 11010004
Outfall Latitude: 35 Deg 45 Min 45.4Sec Outfall Longitude: -91 Deg 41 Min 58.1Sec
Accuracy: 1m Method: Google Earth Datum: WGS84 Scale: 1"=500 Description: Outfall
Receiving Stream: White River
Treatment System*: N/A
Outfall Number: _____ Flow: _____ MGD (Million Gallons per Day)
Effluent Description: _____
Stream Segment: _____ Hydrologic Basin Code: _____

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

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

Datum _____

Accuracy: _____ Method: _____ : _____ 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: 0002-MN-AG2

Other Department Permits: _____

VI. OTHER INFORMATION:

- | | | |
|---|---------------------------------|---|
| 1. Does this facility intend to dredge or remove sand or gravel from within the submerged portions of a stream or drainage? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Is the facility a producer of industrial sand? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Geological Description of Site: Alluvial sands and gravels

Additional Location Description: _____

Additional Comments: _____

Consultant Contact Name: Rachel Guffey

Consultant Email Address: Rachel.Guffey@terracon.com

25809 I-30

Consultant Address: South City: Bryant State: Arkansas Zip: 72022

Consultant Phone Number: (501)-847-9292 Consultant Fax Number: (501)-847-9210

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: Nicholas Steele Title: President / owner

Responsible Official Signature: Nicholas Steele Date: 4-4-2019

Responsible Official Email: _____

Cognizant Official Printed Name: Nick 151513@gmail.com Title: _____

Cognizant Official Signature: _____ Telephone: _____

WATER DIVISION

5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118

PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

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
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	NA	

New Permittees Only Check Number: 1339

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

Attachment 2

NOI Application Fee

DAN PROCESSING INC
P.O. BOX 416
NEWARK, AR 72562

1339

81-756/829

4-4-2019

Date

CHECK ARMOR
FRAUD PROTECTION

Pay to the
Order of

ADEQ Water Division

\$ 200.⁰⁰

two hundred dollars & ⁰⁰/₁₀₀

Dollars



Photo
Safe
Deposit
Details on back



Merchants & Planters Bank

Batesville - Newport - McCrory
Southside - Des Arc - Swifton
Newark - Tuckerman - Searcy

For

Aggregate Facilities Permit

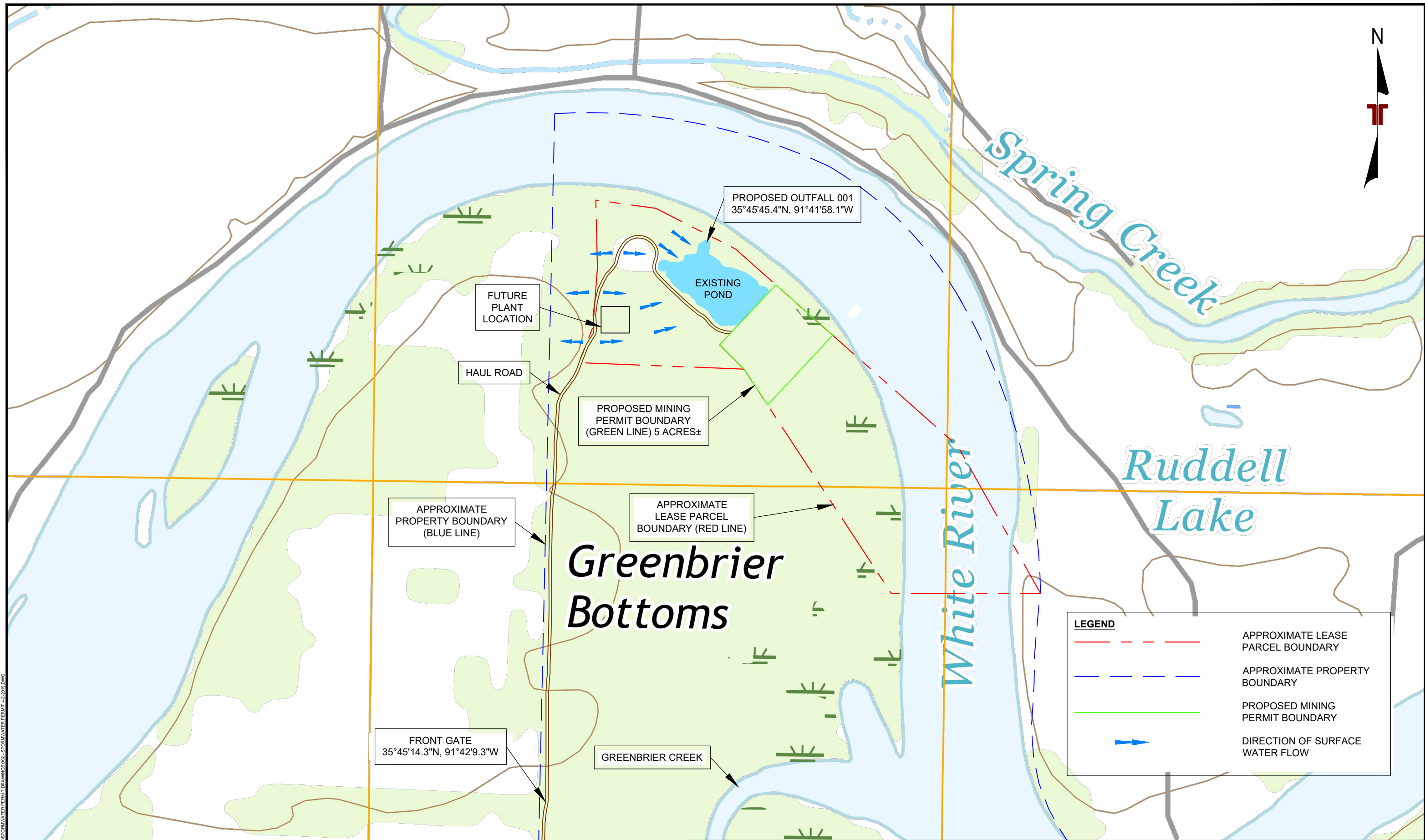
Nirhal D. Searcy

MP

⑆08290756⑆ ⑆0⑆06289⑆ 1339

Attachment 3

Permit Application Figures



BATESVILLE QUADRANGLE 2017
ARKANSAS-INDEPENDENCE CO.
7.5 MINUTE SERIES (TOPOGRAPHIC)
CONTOUR INTERVAL 20 FEET
NORTH AMERICAN VERTICAL DATUM OF 1988

Project Mgr:	RTG
Drawn By:	RTG
Checked By:	FOC
Approved By:	FOC

Project No.	590-001-35197037
Scale:	1" = 500'
File No.	002
Date:	APRIL 2019

Terracon
Consulting Engineers and Scientists

25809 I-30 SOUTH
PH. (501) 847-9292

BRYANT, AR 72022
FAX. (501) 847-9210

OUTFALL MAP
NPDES GENERAL PERMIT ARG500000 AGGREGATE FACILITIES DAN PROCESSING, INC.
INDEPENDENCE COUNTY ARKANSAS

FIG. No.
2

Attachment 4

Disclosure Statement

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)

Dan Processing, inc

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

PO Box 416

3. CITY, STATE, AND ZIP CODE:

Newark AR 72562

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.)

Dan Processing was a custom operator of a sand mine near Vicksburg, MS for 2 yrs. Members of Dan have been managers of other mines (black sand & gravel) since 2007.

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

* 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: Nick Steele TITLE: owner
STREET: PO Box 416
CITY, STATE, ZIP: Newark AR 72562

NAME: David Steele TITLE: owner
STREET: 300 Macedonia Rd
CITY, STATE, ZIP: Newark AR 72562

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

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

NAME: Nick Steele TITLE: (50%)
STREET: _____
CITY, STATE, ZIP: _____

NAME: David Steele TITLE: (50%)
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: Nick Steele TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: David Steele 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: Nick Steele 50%

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: David Steele 50%

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: Ø

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: Ø

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: Ø

CITY, STATE, ZIP: _____

Organizational Relationship:

Arkansas Incorporated
S-corp

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

NAME: _____

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: _____ 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.

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, Nicholas Steele, 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:

owner, Dan Processing, inc

DATE:

Feb 25, 2019