



ARKANSAS
Department of Environmental Quality

**NOTICE OF INTENT
NPDES GENERAL PERMIT ARG500000
AGGREGATE FACILITIES**

The attached form can be used by all persons desiring coverage under NPDES general permit ARG500000 (Aggregate Facilities). The form should be completed and submitted to this Department in accordance with Part 1.2.4 of the general permit.

Be sure to read the Permit No. ARG500000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit. A copy of the permit, fact sheet and other information for this permit can be obtained on the Department's website: http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm

If you have any questions concerning the ARG500000 permit information or Notice of Intent, please contact General Permits Section of the Water Division at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A Topographic map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG500000).
5. A Disclosure form. Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. A new disclosure statement must be submitted even if one is already on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf

Please call the following number if you have any questions on this Form:

<u>Topic</u>	<u>Contact person</u>	<u>Phone Number</u>
Area Map and USGS Hydrologic Unit Code	Department of the Interior United States Geological Survey	(501)296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501)661-2623
General Information	Permits Branch	(501)682-0623

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

**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): _____ Operator Type: _____
Permittee Mailing Address: _____ State Partnership
Permittee City: _____ Federal Corporation*
Permittee State: _____ Zip: _____ Sole Proprietorship/Private
Permittee Telephone Number: _____ *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: _____ identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: _____ City: _____
Invoice Mailing Company: _____ State: _____ Zip: _____
Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: _____ Facility Contact Person: _____
Facility Address: _____ Telephone Number: _____
Driving Directions to Facility: _____
Facility County: _____ Facility City, State & Zip: _____
Facility Latitude: _____ Deg Min Sec Facility Longitude: _____ Deg Min Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Facility SIC Code: _____ Facility NAICS: _____

IV. DISCHARGE INFORMATION

Outfall Number: _____ Estimated Flow: _____ MGD (MillionGallons 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*: _____
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

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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:

- | | | |
|---|---------------------------------|--------------------------------|
| 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 type="checkbox"/> |
| 2. Is the facility a producer of industrial sand? | <input type="checkbox"/> | <input type="checkbox"/> |

Geological Description of Site: _____
Additional Location Description: _____
Additional Comments: _____
Consultant Contact Name: _____
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: _____ Title: _____
Responsible Official Signature: _____ Date: _____
Responsible Official Email: _____

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

INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserver-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal **Accuracy** Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection **Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	

Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point **Description** - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 7.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

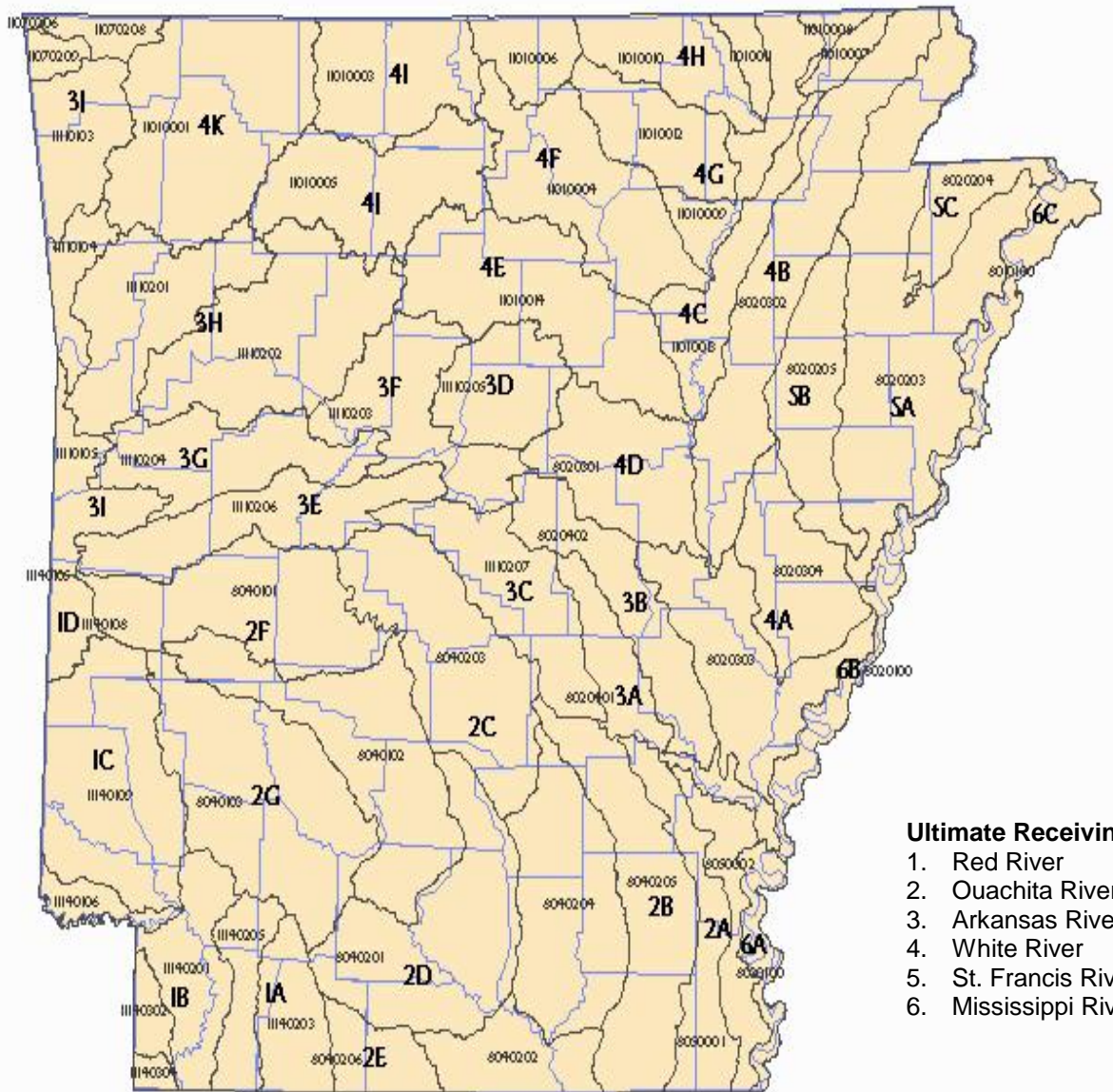
Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president, treasurer

Partnership, a general partner

Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official



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