

**From:** [Lance Powell](#)  
**To:** [Water Permit Application](#)  
**Cc:** ["John Cannon"](#)  
**Subject:** NPDES Permit No. 160050  
**Date:** Tuesday, April 24, 2018 9:32:10 AM  
**Attachments:** [Cannon Landfill Class 4 Landfill SW Information.pdf](#)  
[Cannon form1.pdf](#)  
[Sedimentation Pond Construction Plans.pdf](#)

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The attached information is being submitted on behalf of Cannon Landfill, LLC. The permit application fee will be mailed by the owner. Please contact me if you have questions or comments.

Thanks,

Lance Powell, P.E.

*Member*

[CIVIL ENGINEERING ASSOCIATES, LLC](#)

2114 East Matthews Avenue

Jonesboro, Arkansas 72401

Phone: (870) 972-5316

Fax: (870) 932-0432

Mobile: (870) 243-9400



2114 East Matthews Avenue  
Jonesboro, Arkansas 72401  
870-972-5316  
Fax 870-932-0432

April 24, 2018

Arkansas Department of Environmental Quality  
Permits Branch, Office of Water Quality  
5301 Northshore Drive  
North Little Rock, Arkansas 72218

**RE: NPDES Permit Modification  
Cannon Landfill, LLC Class 4 Landfill  
Solid Waste Permit No. 0256-S4-R4; NPDES Permit No. ARG160050**

On behalf of Cannon Landfill, LLC (Cannon), Civil Engineering Associates, LLC (CEA) is submitting the enclosed information regarding a modification to the storm water control system at their Class 4 landfill. Specifically, Cannon is building an additional sedimentation pond that was included with a permit modification associated with their solid waste permit. The following information is intended to address the requirements of NPDES Permit No. ARG160050, Part 1.3.2 as it relates to the proposed sedimentation pond. Each subpart of Part 1.3.2 is shown below in bold italics for reference, followed by information addressing the item.

***1. Part 1.3.2.1***

Arkansas Form 1 has been completed and enclosed with this letter. In addition, the construction plans associated with the sedimentation pond are enclosed and stamped by a Professional Engineer registered in the State of Arkansas.

***2. Part 1.3.2.2***

Section 51.2 of the Ten State Standards requires the protection of treatment plant structures, electrical, and mechanical equipment and is not applicable to the sedimentation pond.

***3. Part 1.3.2.3***

Based on borings that were drilled at the facility, the approximate groundwater elevation is 387.28 in the vicinity of the proposed sedimentation pond. This complies with the minimum separation requirement of four feet between the bottom of the pond and the seasonal high groundwater elevation.

***4. Part 1.3.2.4***

A boring was drilled in the vicinity of the proposed sedimentation pond to an approximate elevation of 377.86 and bedrock was never encountered in the borehole. As such, the

sedimentation pond complies with the minimum separation requirement of two feet between the bottom of the pond and the top of bedrock.

**5. Part 1.3.2.5**

All fill material placed for construction of the sedimentation pond will be compacted to at least 95 percent Standard Proctor Density.

**6. Part 1.3.2.6**

As shown on the enclosed construction plans associated with the sedimentation pond, the slopes are not steeper than the 1 vertical to 3 horizontal requirement.

**7. Part 1.3.2.7**

As shown on the enclosed construction plans associated with the sedimentation pond, the inner slopes are not flatter than the 1 vertical to 4 horizontal requirement.

**8. Part 1.3.2.8**

The sedimentation pond will have a minimum freeboard of two feet.

**9. Part 1.3.2.9**

Vegetation will be established on all disturbed areas around the sedimentation pond.

**10. Part 1.3.2.10**

The sedimentation pond will have a bottom liner with a permeability equivalent to what is required for the adjacent Class 4 landfill which is less than or equal to  $1 \times 10^{-5}$  cm/sec.

**11. Part 1.3.2.11**

As shown on the enclosed construction plans associated with the sedimentation pond, a pond level gauge has been provided.

**12. Part 1.3.2.12**

The outfall structure has been designed in accordance with Section 55 of the Ten State Standards as it relates to a storm water sedimentation pond.

**13. Part 1.3.2.13**

The \$500 fee is included in the enclosed check.

On behalf of Cannon, CEA appreciates the cooperation and assistance of the Arkansas Department of Environmental Quality on this matter. Please contact me if you have any questions or if you need additional information.

Sincerely,  
**CIVIL ENGINEERING ASSOCIATES, LLC**



Lance Powell, P.E.  
*Project Manager*

Enclosures

cc: John Cannon (Cannon Landfill, LLC)

**Arkansas Department of Environmental Quality**  
**NPDES PERMIT APPLICATION**  
**FORM 1**

**INSTRUCTIONS:**

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item, please continue on an attached sheet of paper.
2. Please complete the following section(s). If a section is not required, please check the Not Applicable (N/A) box at the top of the section.

Sections	A	B	C	D	E	F	G	H	I
POTW	X	X	X	X					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X	X			X	X
Modification	X	X	X	X		*	*	X	X
All Other Applicants	X	X	X	X	X				X

\* As necessary

3. If you need help on SIC or NAICS go to [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html) .
4. If you have any questions about this form you may call NPDES Section at 501-682-0623 or go to [www.adeq.state.ar.us/water](http://www.adeq.state.ar.us/water). You may also contact :

Department  
Arkansas Department of Health

Information in Regard to  
Water Supply

Telephone #  
501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

**Form 2A** - Municipal Dischargers

**Form 2B** - Concentrated Animal Feeding Operations

**Form 2C** - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

**Form 2D** - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

**Form 2E** - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)

**Form 2F** - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

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

Or by email to:

[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)

**NPDES PERMIT APPLICATION  
FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF WATER QUALITY  
5301 Northshore Drive  
North Little Rock, AR 72118-5317  
[www.adeq.state.ar.us/water](http://www.adeq.state.ar.us/water)

**PURPOSE OF THIS APPLICATION**

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY  
☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY  
☐ MODIFICATION OF EXISTING PERMIT  
☐ REISSUANCE (RENEWAL) OF EXISTING PERMIT  
☒ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT  
☐ CONSTRUCTION PERMIT

**SECTION A- GENERAL INFORMATION**

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

John Cannon

Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☐ State ☐ Federal ☐ Partnership ☒ Corporation ☐ Other ☐

State of Incorporation: \_\_\_\_\_

3. Facility Name: Cannon Landfill, LLC

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR00

6. NPDES General Permit Number (If Applicable): ARG160050

7. NPDES General Storm Water Permit Number (If Applicable): \_\_\_\_\_

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name

Permit Number

Held by

Class 4 Solid Waste

0256-S4-R4

Cannon Landfill, LLC

9. Give driving directions to the wastewater treatment plant with respect to known landmarks: From Little Rock travel I-530 south to the Gravel Pit Road Exit (Exit 27), travel west on Gravel Pit Road (County Road 4) for 0.2 miles to German Springs Road on the left, travel south on German Springs Road 1.7 miles to the entrance on the right to Cannon Landfill, LLC.

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: 4400 German Springs Road

City: White Hall

County: Jefferson

State: AR

Zip: 71602

11. Facility Mailing Address for permit, DMR, and invoice (Street or Post Office Box):

Name: John Cannon Title: Member

Street: \_\_\_\_\_ P.O. Box 20005

City: White Hall State: AR Zip: 71612

E-mail address\*: cannonlandfill@aol.com Fax: (870) 247-1427

\* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☐ Yes ☒ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

4953 SIC Facility Activity under this SIC or NAICS:  
562212 NAICS Solid Waste Landfill

14. Design Flow: 0.80 MGD Highest Monthly Average of the last two years Flow: NA MGD

15. Is the outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: John Cannon Title: Member

Address: Post Office Box 20005 Phone Number: (870) 247-1427

E-mail Address: cannonlandfill@aol.com

City: White Hall State: AR Zip: 71612

17. Cognizant Official (Duly Authorized Representative of responsible official as described on the last page of this application):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: Lance Powell, P.E.

Company Name: Civil Engineering Associates, LLC

Address: 2114 East Matthews Avenue Phone Number: (870) 972-5316

E-mail Address: lpowell@ce-associates.biz

City: Jonesboro State: AR Zip: 72401

19. Wastewater Operator Information

Wastewater Operator Name: \_\_\_\_\_ NA License number: NA

Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☐

Class of industrial wastewater operator: Basic ☐ Advanced ☐

## SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on the **front door (gate)** location of the facility):

Lat: N 34 ° 20 ' 18 " Long: W 92 ° 10 ' 43 " County: Jefferson Nearest Town: White Hall

2. **Outfall** Location (The location of the end of the pipe discharge point.):

**Outfall No. 001 :**

Latitude: N 34 ° 20 ' 16 " Longitude: W 92 ° 11 ' 03 "

Where is the collection point? End of the discharge pipe.

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

An un-named tributary of Derrieussaux Creek, thence into Derrieussaux Creek, thence into Saline River

**Outfall No. \_\_\_\_\_:**

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Where is the collection point? \_\_\_\_\_

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

4. Type of Treatment system (Include all components of the treatment system and attach the process flow diagram):

Storm water sedimentation pond



5. Do you have, or plan to have, **AUTOMATIC** sampling equipment or **CONTINUOUS** wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/>	Yes	Type: _____	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	Sampling Equipment	<input type="checkbox"/>	Yes	Type: _____	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Planned:	Flow Metering	<input type="checkbox"/>	Yes	Type: _____	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
	Sampling Equipment	<input type="checkbox"/>	Yes	Type: _____	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

If **YES**, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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If **NO**, please describe the method and location of flow measurement below:

A flow chart that provides the flow in relation to the head level in the pond based on orifice flow. A staff gauge is located on the discharge structure to determine the head level.

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6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at [www.fema.gov](http://www.fema.gov).

If "No", what measures are (or will be) used to protect the facility? \_\_\_\_\_

7. Population for Municipal and Domestic Sewer Systems: NA

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☐ No ☒

If Yes, How many? \_\_\_\_\_ Total Horsepower (hp)? \_\_\_\_\_

If No, Please explain? \_\_\_\_\_

## SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name \_\_\_\_\_ ADEQ Solid Waste Permit No. \_\_\_\_\_

☐ **Land Application:** ADEQ State Permit No. \_\_\_\_\_

☐ **Septic tank** Arkansas Department of Health Permit No.: \_\_\_\_\_

☐ **Distribution and Marketing:** Facility receiving sludge:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Rail: ☐ \_\_\_\_\_ Pipe: ☐ \_\_\_\_\_ Other: \_\_\_\_\_

☐ **Subsurface Disposal** (Lagooning):

Location of lagoon \_\_\_\_\_ How old is the lagoon? \_\_\_\_\_

Surface area of lagoon: \_\_\_\_\_ Acre Depth: \_\_\_\_\_ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator \_\_\_\_\_

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? \_\_\_\_\_ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? \_\_\_\_\_ Sludge Depth? \_\_\_\_\_ ft If No, When will it be measured? \_\_\_\_\_

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? \_\_\_\_\_

☐ **Other** (Provide complete description): \_\_\_\_\_

## SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☒ **Private Well** - Distance from Discharge point: ☒ Within 5 miles ☐ Within 50 miles

☐ **Municipal Water Utility** (Specify City):

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☐ **Surface Water**- Name of Surface Water Source: \_\_\_\_\_

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

☐ **Other** (Specify): \_\_\_\_\_

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

## SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203 provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – “The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years.”

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
  - B. Obtaining a letter of credit;
  - C. Obtaining a surety/performance bond;
  - D. Obtaining a trust fund or an escrow account; or
  - E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.
2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit 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 application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

[https://www.adeq.state.ar.us/ADEQ\\_Disclosure\\_Statement.pdf](https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf)

NOT APPLICABLE (N/A): ☒

## SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES ☐ (Answer questions 2 and 3)      NO ☐

2. What Part of 40 CFR? \_\_\_\_\_

3. What Subpart(s)? \_\_\_\_\_

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
	Highest Month	Days of Operation	Monthly Average	Days of Operation

\* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

**NOT APPLICABLE (N/A):** ☒

## SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked “Yes” in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: \_\_\_\_\_ per day      Average discharge per batch: \_\_\_\_\_ (GPD)

Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)

Flow rate: \_\_\_\_\_ gallons/minute      Percent of total discharge: \_\_\_\_\_

**Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.**

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)



NOT APPLICABLE (N/A): ☐

## SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

The storm water sedimentation pond discharge structure has been designed to release the run-off from the landfill via orifice flow to release the water slowly, thus allowing additional detention time.

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2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:
  - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
  - b. Specifications and complete design calculations.
  - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.



## SECTION I: SIGNATORY REQUIREMENTS

### Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Cognizant Official: \_\_\_\_\_

Official title of Cognizant Official: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### Responsible Official

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

**Partnership**, a general partner

**Sole proprietorship**: the proprietor

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

\_\_\_\_\_  
(Initial) "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

\_\_\_\_\_  
(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"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 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 fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official: \_\_\_\_\_ Date: 4-23-18

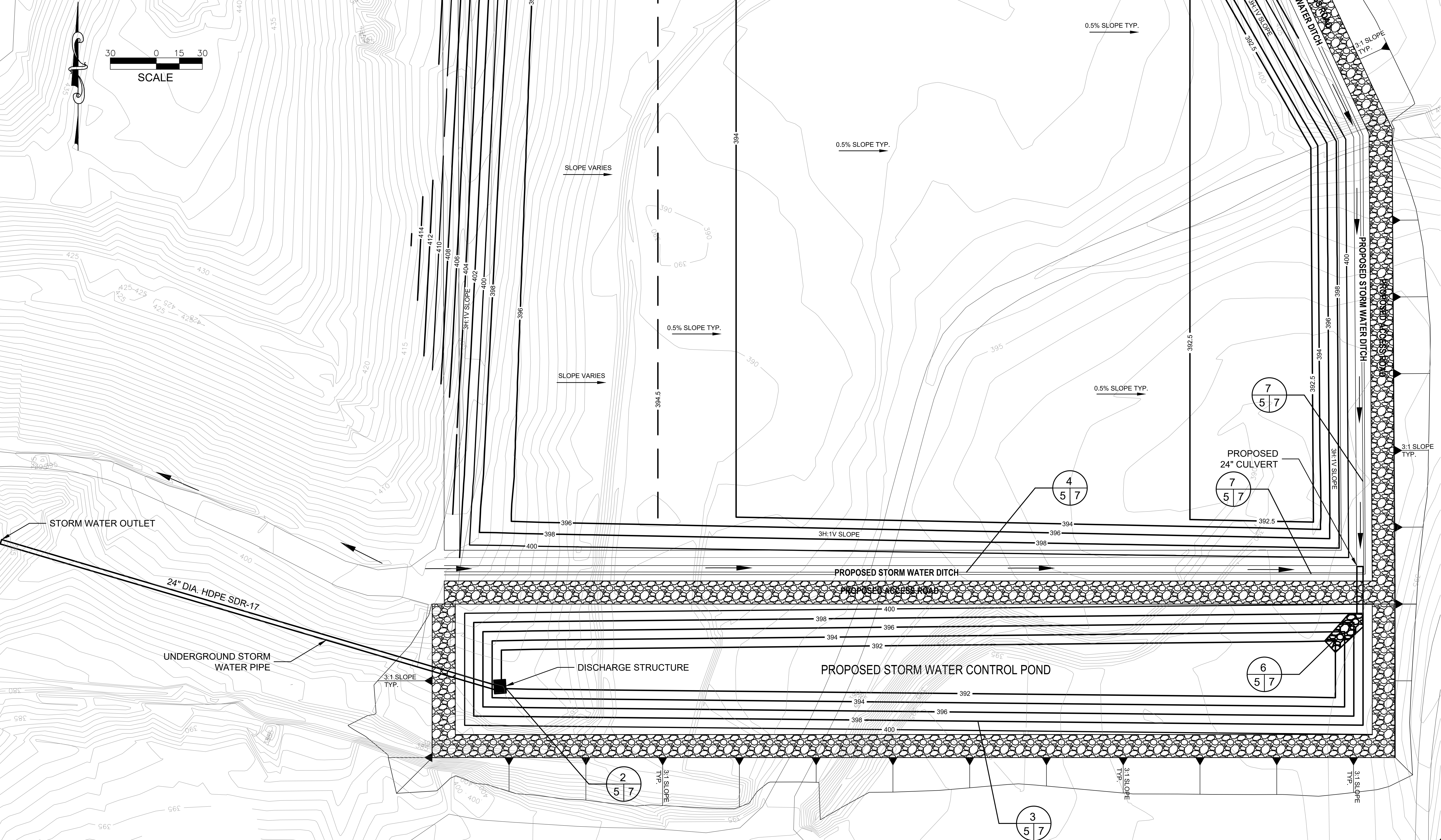
Printed name of Responsible Official: John Cannon

Official title of Responsible Official: Member Telephone Number: (870) 247-1427



NOTES:

1. THE PROPOSED STORM WATER CONTROL POND SHALL BE CONSTRUCTED IN CONJUNCTION WITH THE CONSTRUCTION OF CELL 1 IN THE EXPANSION AREA.
2. STORM WATER DITCHES AND ASSOCIATED ACCESS ROADS IN THE EXPANSION AREA SHALL BE CONSTRUCTED AS NECESSARY IN CONJUNCTION WITH CELL CONSTRUCTION TO CONVEY STORM WATER FROM THE NEWLY CONSTRUCTED CELL TO THE PROPOSED STORM WATER CONTROL POND.
3. CONTROL DATA FOR THE GRADES SHOWN ON THIS DRAWING WILL BE PROVIDED BY THE ENGINEER.



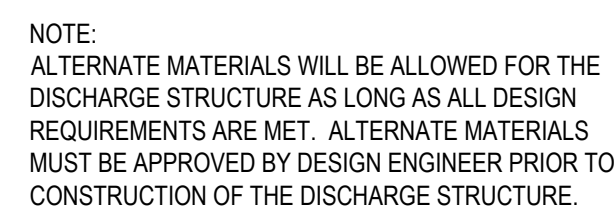
**CELL 1 CONSTRUCTION**  
**CANNON LANDFILL, LLC CLASS 4 LANDFILL**  
**PINE BLUFF, ARKANSAS**

**STORM WATER**  
**CONTROL PLAN**

Designed	RLP
Checked	JSS
Drawn	ALA
Approved	RLP

SCALE: 1" = 30'	JOB NO: CL-18-02
DATE: APRIL 2018	SHEET: 5





DETAIL

SCALE: NTS

2

5 7



**CELL 1 CONSTRUCTION**

**CANNON LANDFILL, LLC CLASS 4 LANDFILL**

**PINE BLUFF, ARKANSAS**

## STORM WATER CONTROL DETAILS

<b>Designed</b>	<u>RLP</u>
<b>Checked</b>	<u>JSS</u>
<b>Drawn</b>	<u>ALA</u>
<b>Approved</b>	<u>RLP</u>

<b>SCALE:</b> AS SHOWN	<b>JOB NO:</b> CL-18-02
<b>DATE:</b> APRIL 2018	<b>SHEET:</b> 7