

**Recertification Notice of Intent (NOI)
Landfill Sediment Pond Discharge General Permit ARG160000**

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG160000. You must submit this form **no later than January 31, 2020**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG160050 AFIN: 35-00223
Permittee Name: Cannon Landfill, LLC

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections (if needed)
Facility Address:	Cannon Landfill, LLC Class 4 Landfill 4400 German Springs Road White Hall, AR 71602	
Responsible Official:	O.C. Cannon	<i>John C. Cannon</i>
Responsible Official Email:	cannonlandfill@aol.com	
Cognizant Official:	Pamela Holland	<i>Hunter Cannon</i>
Cognizant Official Email:	cannonlandfill@aol.com	
Contact Person:	O.C. Cannon	<i>John C. Cannon</i>
Contact Email	cannonlandfill@aol.com	
Phone Number	870-247-1427	<i>870-247-2220</i>

1. Are the mailing and invoice addresses the same? Yes No N/A
If "No" please provide invoice address → _____
2. Have you attached an updated disclosure statement*? Yes No N/A

** A disclosure statement IS NOT required for Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by law. This does not include improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.*

Outfall Currently Listed in ADEQ's Database**

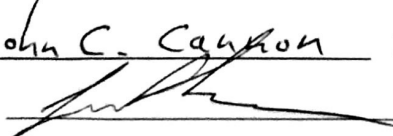
Outfall 001: Latitude: 34° 20' 16" N; Longitude: 92° 11' 03" W

** Only one outfall may be listed. If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

Additional Comments: _____

"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 certify that I have read and will comply with all the requirements of the renewal Landfill Sediment Pond Discharge General Permit (ARG160000).

Responsible Official Name: *John C. Cannon* Responsible Official Title: *Owner*
Responsible Official Signature:  Date: *2-12-2020*

Return the NOI form to the address below or send it electronically to water.permit.application@adeq.state.ar.us:

Office of Water Quality, Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

DATE: 2-19-2020

**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, 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) <i>Cannon Landfill LLC</i>
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route) <i>P.O. Box 20005</i>
3. CITY, STATE, AND ZIP CODE: <i>White Hall, AR 71612</i>

4a. Applicant Type: <input type="radio"/> Individual <input checked="" type="radio"/> Corporate or Other Entity
4b. Reason for Submission: <input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input checked="" type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Programs: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste <input type="checkbox"/> 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 <u>5/2014</u>
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Re: ARG160050 - Permit Recertification Application

cannonlandfill@aol.com

Thu 2/20/2020 4:26 PM

To: Khan, Faizan <Faizan.Khan@adeq.state.ar.us>;

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, John C. Cannon, 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