

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
LANDFILL SANITARY DISCHARGE  
NPDES GENERAL PERMIT ARG160000**

Application Type: New ☒ Renewal ☐ (Permit # ARG16\_\_\_\_\_)

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Alternative Waste Management, LLC Operator Type:  
Permittee Mailing Address: 7 Ouachita Cove ☐ State ☐ Partnership  
Permittee City: Maumelle ☐ Federal ☒ Corporation\*  
Permittee State: Arkansas Zip: 72113 ☐ Sole Proprietorship/Private  
Permittee Telephone Number: 501-804-1227 \*State of Incorporation: Arkansas  
Permittee Fax Number: 501-803-4886 The legal name of the Permittee must be  
Permittee E-mail Address: dale@altwastemgmt.com identical to the name listed with the Arkansas  
Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: Dale Stevener City: Maumelle  
Invoice Mailing Company: Alternative Waste Management State: AR Zip: 72113  
Invoice Mailing Address: PO Box 13556 Telephone: 501-804-1227

**III. FACILITY INFORMATION**

Facility Name: Alternative Waste Mgmt Class 4 LF Facility Contact Person: Dale Stevener  
Facility Address: 43 White City Road Telephone Number: 501-804-1227  
Driving Directions to Facility: North on Hwy 265 from Palarm Creek, then West  
Facility County: Faulkner Facility City, State & Zip: Mayflower, AR 72106  
Facility Latitude: N 34 Deg 55 Min 34 Sec Facility Longitude: W 92 Deg 22 Min 41 Sec  
Facility SIC Code: L2 Facility NAICS: 562212

**IV. DISCHARGE INFORMATION**

Outfall Number: 001 Estimated Flow: 0.001 MGD (Million Gallons per Day)  
Outfall Description: Sedimentation Pond  
Stream Segment: 3F Hydrologic Basin Code: 11110203  
Outfall Latitude: N 34 Deg 55 Min 38 Sec Outfall Longitude: W 92 Deg 26 Min 34Sec  
Receiving Stream: un-named tributary to Palarm creek, to Arkansas River in Segment 3F of Arkansas River Basin  
Outfall Number: 002 Estimated Flow: 0.001 MGD (Million Gallons per Day)  
Outfall Description: Sedimentation Pond  
Stream Segment: 3F Hydrologic Basin Code: 11110203  
Outfall Latitude: N34 Deg 55 Min 36Sec Outfall Longitude: W92Deg 26 Min 30Sec  
Receiving Stream: un-named tributary to Palarm creek, to Arkansas River in Segment 3F of Arkansas River Basin

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
[www.adeq.state.ar.us](http://www.adeq.state.ar.us) Revised 8/2014



**V. CONSTRUCTION REQUIREMENTS**

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| Is this permit covering the construction of a sedimentation pond?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, have you included Arkansas Form 1 and design, plans and specifications (including the requirements in Part 1.3.2 of the permit) stamped by a Professional Engineer registered in the State of Arkansas?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| Is this facility within the area of the Boone or St. Joe formations? Map available at : <a href="http://www.adeg.state.ar.us/water/branch_permits/general_permits/default.htm">http://www.adeg.state.ar.us/water/branch_permits/general_permits/default.htm</a> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**VI. FACILITY PERMIT INFORMATION**

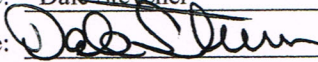
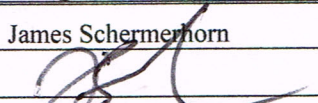
NPDES Individual Permit Number (If Applicable): AR0051764  
NPDES General Permit Number (If Applicable): ARG  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR151782  
NPDES Industrial Stormwater General Permit Number: ARR00  
Other Department Permits: \_\_\_\_\_

**VII. OTHER INFORMATION:**

Additional Location Description: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
Consultant Contact Name: Chimney Rock Consulting  
Consultant Email Address: dan@chimrockconsulting.com  
7529  
Counts  
Consultant Address: Massie City: NLR State: AR Zip: 72113  
Consultant Phone Number: 501-812-4551 Consultant Fax Number: 501-812-4551

**VIII. 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: Dale Stevener Title: Managing Manager  
Responsible Official Signature:  Date: 11/9/2015  
Responsible Official Email: dale@altwastemgmt.com  
Cognizant Official Printed Name: James Schermerhorn Title: Site Manager  
Cognizant Official Signature:  Telephone: 501-804-2625  
Cognizant Official Email: jimmy@altwastemgmt.com

## IX. 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: | <u>010985</u>                       |                          |

New Permittees Only Check Number: \_\_\_\_\_

AK 11/13/15

per Email 11/11/2015

### WATER DIVISION

5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118

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

[www.adeq.state.ar.us](http://www.adeq.state.ar.us)

Revised 8/2014

## Kreps, Alexander

---

**From:** stacie@chimrockconsulting.com  
**Sent:** Wednesday, November 11, 2015 10:48 AM  
**To:** Kreps, Alexander  
**Cc:** pfields@fieldsassociatesllc.com  
**Subject:** AWM info  
**Attachments:** CCF11112015.pdf; Permit Drawings 11.101.5.pdf; pond certification.pdf

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Alex,  
The information you requested is attached.

Phillip Fields' basic industrial license number is 010985.

Stacie E. Whitmer, R.E.M.  
Chimney Rock Consulting  
7529 Counts Massie Road  
North Little Rock, Arkansas 72113

Office (501) 812-4551  
Mobile (501) 626-6332  
[stacie@chimrockconsulting.com](mailto:stacie@chimrockconsulting.com)

-  
-  
**Visit our new web-site: [www.chimrockconsulting.com](http://www.chimrockconsulting.com)**  
-



# ARG160000 Checklist

ARG16 0051

☒ New

☐ Renewal

☐ Modification

Landfill Owner Type:

☐ Public

☒ Private

Disclosure Statement:

☒ Yes

☐ N/A (Public)

Secretary of State:

☒

Notice of Intent:

☒

Permit Fee:

☒

7/20/15

Discharges to unnamed tributary, Palaram Creek, Arkansas River

HUC: 1110203

Planning Segment: 3F

Ecologically Sensitive Water (ESW): ☒ No

☐ Yes

☐ Distance: \_\_\_\_\_

Extraordinary Resource Water (ERW): ☒ No

☐ Yes

☐ Distance: \_\_\_\_\_

Natural Scenic Waterway (NSW): ☒ No

☐ Yes

☐ Distance: \_\_\_\_\_

Potential Losing Stream:

☒ No

☐ Yes

303(d) Impaired: ☒ No

☐ Yes

☐ Category 5

Waterbody: \_\_\_\_\_

Cause: \_\_\_\_\_

☐ Category 4a

Waterbody: \_\_\_\_\_

Cause: \_\_\_\_\_

## Sedimentation Pond

New Pond:

☒ No

☐ Yes, NPDES Permit #: \_\_\_\_\_

Const. Statement:

☐ No

☐ Yes

25 Year Storm Capacity:

☐ No

☒ Yes

Dewatering Requirement:

☐ No

☒ Yes

\* "Basic Industrial" Operator:

☐ No

☒ Yes

Name of Operator: Phillip Fields

License Number: 010985

Stormwater From Active Portions of Landfill:

☒ No

☐ Yes

Site Map:

☐ No

☒ Yes

Other Comments: \_\_\_\_\_



### *Search Incorporations, Cooperatives, Banks and Insurance Companies*

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

|                   |   |
|-------------------|---|
| Corporation Name  | ALTERNATIVE WASTE MANAGEMENT, LLC         |
| Fictitious Names  |   |
| Filing #          | 811048719                                 |
| Filing Type       | Limited Liability Company                 |
| Filed under Act   | Domestic LLC; 1003 of 1993                |
| Status            | Good Standing                             |
| Principal Address | 7 OUACHITA COVE<br>MAUMELLE, AR 72113     |
| Reg. Agent        | DALE WILLIAM STEVENER                     |
| Agent Address     | 7 OUACHITA COVE<br>MAUMELLE, AR 72113     |
| Date Filed        | 02/25/2014                                |
| Officers          | STUART C MATHEWS , Incorporator/Organizer |
| Foreign Name      | N/A                                       |
| Foreign Address   |   |
| State of Origin   | N/A                                       |

**[Purchase a Certificate of Good Standing for this Entity](#)**

**[Pay Franchise Tax for this corporation](#)**

# 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.

Mail to:  
ADEQ  
DISCLOSURE STATEMENT  
[List Proper Division(s)]  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

Hand Deliver to:  
ADEQ  
DISCLOSURE STATEMENT  
[List Proper Division (s)]  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Alternative Waste Management LLC. (Dale Stevener)

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

7 Ouachita Cove

3. CITY, STATE, AND ZIPCODE:

Maumelle, Ar. 72113

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. 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 I filed with ADEQ on October 5, 2013

\_\_\_\_\_  
Signature of Individual or Authorized Representative of Firm or Legal Entity  
(Also complete #18.)



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.)

I have spent most of my adult life in the Solid Waste Industry. 36 years in some type of management position. Most of which was in the hauling of waste. Four plus years managing Class I and IV landfills, MRF's and transfer stations. 2 years of Emergency Response from Hurricane's Katrina and Rita. 3 years of managing appliance recycling and commodity sales. Managed Waste Facilities in the State of Arkansas for 10 of those years. I currently hold a Solid Waste Management Facility Operator License 1C #003590

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.)

I haven't had any civil or criminal legal actions by any government against me ever.

\* 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

9. List all directors 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: \_\_\_\_\_

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: James A. Schermerhorn TITLE: Landfill Manager

STREET: 2217 Rue Beaux Chenes

CITY, STATE, ZIP: Ocean Springs, Mississippi, 39564

NAME: \_\_\_\_\_ 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: James A. Schermerhorn TITLE: Landfill Manager

STREET: 2217 Rue Beaux Chenes

CITY, STATE, ZIP: Ocean Springs, Mississippi, 39564

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

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: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

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: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

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 laws 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.

L.D.E.Q. Louisiana Department of Environmental Quality

E.P.A. Clean Air Section 608

# 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.

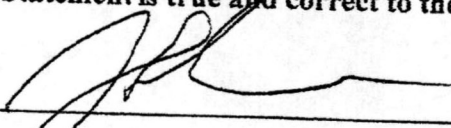
DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Mississippi

County of Jackson

I, James Schermerhorn, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT  
SIGNATURE:



COMPANY  
TITLE:

Landfill Manager

DATE:

1/30/14

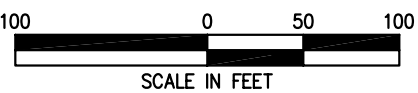
SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF January 20 14

MY COMMISSION EXPIRES:

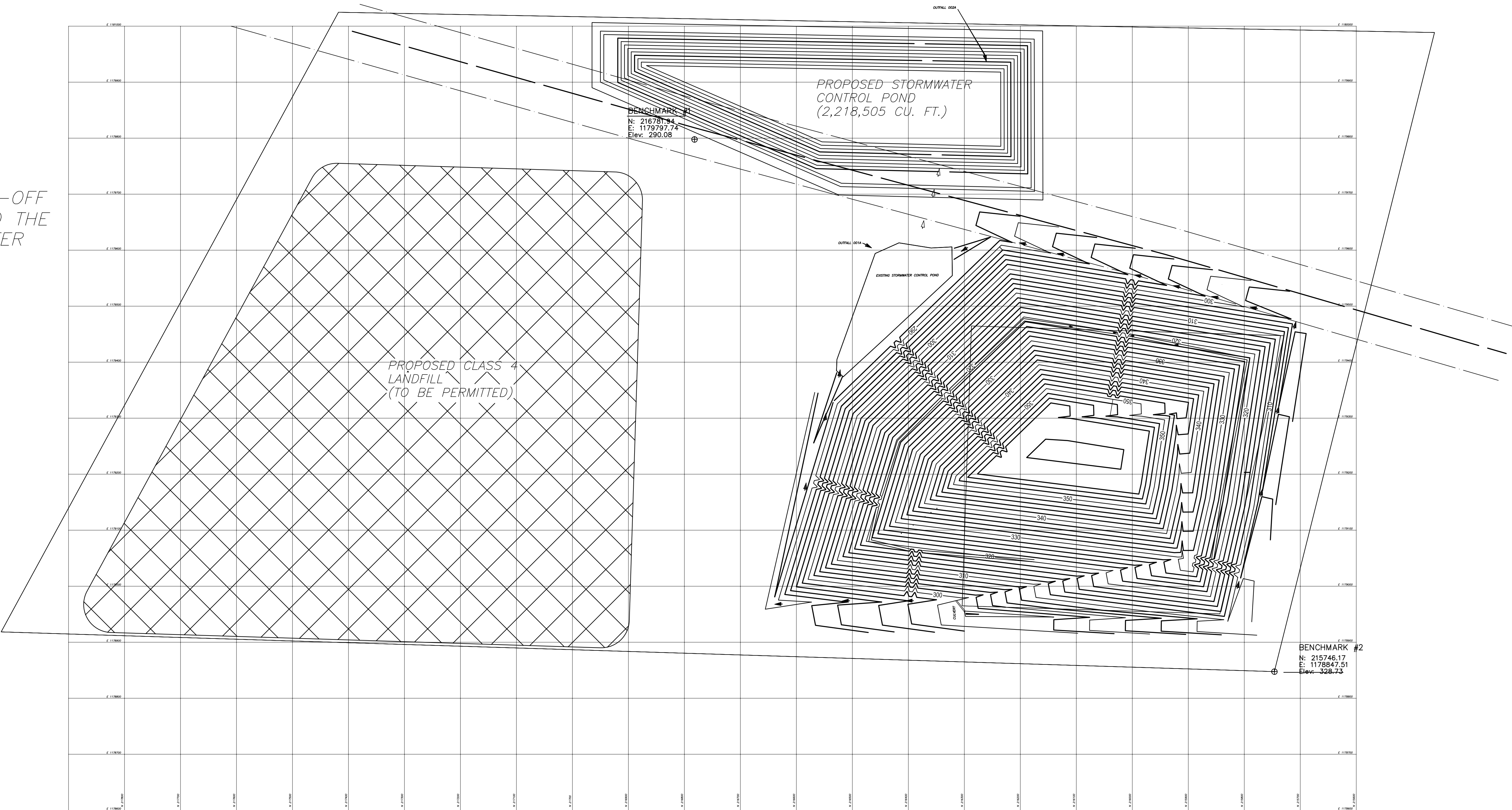
April 30, 2016



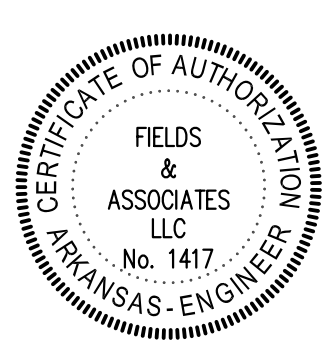
Courtney Seymour  
NOTARY PUBLIC



NOTE: ALL SITE RUN-OFF  
WILL BE DIRECTED TO THE  
PROPOSED STORMWATER  
CONTROL POND



| REV. | DATE | BY | DESCRIPTION |
|------|------|----|-------------|
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |
|      |      |    |             |



*FIELDS & ASSOCIATES, LLC*  
*75 NORFORK DRIVE*  
*MAUMELLE, AR 72113*

SITE LAYOUT

NPDES PERMIT APPLICATION

ALTERNATIVE WASTE MANAGEMENT

CLASS 4 DISPOSAL AREA

MAYFLOWER

ARKANSAS

| FIGURE 1     |           |
|--------------|-----------|
| DESIGNED BY: | PKF       |
| DRAWN BY:    | PKF       |
| APPVD. BY:   | PKF       |
| SCALE:       | 1" = 100' |
| DATE:        | 11/09/15  |
| JOB NO.      | 201599    |
| ACAD NO.     | 003       |
| SHEET NO.:   | OF        |



OUTFALL 002A

PROPOSED STORMWATER  
CONTROL POND  
(2,218,505 CU. FT.)

OUTFALL 001A

EXISTING STORMWATER CONTROL POND

000  
310

## Fields & Associates, LLC

75 Norfolk Drive  
Office: (501) 912-6381

Maumelle, AR 72113  
Fax: (866) 228-5146

"Providing Innovative Solutions to the Solid Waste Industry"

October 9, 2015

Mr. Alex Kreps  
NPDES Engineer  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: Professional Engineer Certification in support of Alternative Waste Management,  
LLC ARG160000 Permit Application

Dear Mr. Kreps:

This letter is in response to the ADEQ Water Division's request for a certification from a professional engineer that no leachate will leave the confines of the Alternative Waste Management (AWM) Class 4 Landfill located south of Mayflower, Arkansas. On October 9, 2015 I conducted an inspection of the AWM's Class 4 landfill. The purpose of this inspection was to determine if there were any leachate breakouts, defects in the interim soil cover and the adequacy of run-on/run-off control measures within active working face area. There were no indications of leachate breakouts found within the current landfill footprint. The inspection found the intermediate cover was adequate across the inactive areas of the landfill. All necessary run-on/run off control measures were in place. These control measures included contouring of the waste to minimize stormwater flowing through the working face, berms and ditching to direct stormwater from the active area and adequate weekly soil cover. Based on this inspection and the knowledge and experience of the Alternative Waste Management personnel, leachate will be confined to the constructed footprint of the Class 4 landfill.

If you have any questions or require additional information please call me at (501) 912-6381.

Fields & Associates, LLC

REGISTERED  
PROFESSIONAL  
Phillip Fields, P.E., P.G.  
ENGINEER  
F&A President

No. 11826

Cc- Mr. Dale Stevener, Managing Member Alternative Waste Management, LLC



## Fields & Associates, LLC

75 Norfolk Drive  
Office: (501) 912-6381

Maumelle, AR 72113  
Fax: (866) 228-5146

*"Providing Innovative Solutions to the Solid Waste Industry"*

November 10, 2015

Mr. Alex Kreps  
NPDES Engineer  
Arkansas Department of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317

RE: Professional Engineer Certification in support of Alternative Waste Management,  
LLC ARG160000 Permit Application

Dear Mr. Kreps:

This letter is in response to the ADEQ Water Division's request for a certification from a professional engineer that the stormwater detention pond at the Alternative Waste Management (AWM) Class 4 Landfill located south of Mayflower, Arkansas has adequate capacity for the run off from a 25 year-24 hour storm event. Based on a review of the stormwater design details and the survey dimension of the existing pond, the stormwater pond as constructed has adequate capacity with a two foot freeboard for a 25 year-24 hour storm event.

If you have any questions or require additional information please call me at (501) 912-6381.

*Fields & Associates, LLC*

  
Phillip Fields, P.E., P.G.  
F&A President

Cc- Mr. Dale Stevener, Managing Member Alternative Waste Management, LLC



Mainstream Engineering  
Corporation  
Technician Certification



HVAC Technician Certification  
EPA Clean Air Section 608  
Program Certification Date: Jan. 26, 1994

**DALE STEVENER**

**35E54CB99AC40FB01**

has been certified as a **Type I (Open-Book)** Technician  
as Required by 40CFR Part 82, Subpart F

**QualiProducts**  
by Mainstream Engineering



**SWANA**<sup>®</sup>  
SOLID WASTE ASSOCIATION  
of North America

## SWANA CERTIFIED PROFESSIONAL

This is to certify that

***Jimmy Schermerhorn***

has met the Solid Waste Association of North America's eligibility requirements and passed a comprehensive examination. Therefore SWANA hereby designates Jimmy Schermerhorn as a:

**Certified Landfill Manager**

As of 10/18/2012 until 10/18/2015

Certification No. 847500

John H. Skinner  
Executive Director/CEO