



ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.15

(Submission #: HPV-QAEH-3VD6J, version 1)

Details

Submission ID HPV-QAEH-3VD6J

Form Input

Type of Permit Application

Permit Type

ARG500000 - Aggregate Facility

Are you constructing or installing a new treatment system?

No

Initial Fee (in dollars)

200

Total Fee due with Application (in dollars)

200

ARG500000: Specific Information

Exclusions

Please note that the following types of discharges are explicitly excluded from ARG500000 coverage:

1. Facilities producing sand for industrial use (as opposed to construction use)
2. Facilities conducting streambed mining as regulated by APC&EC Rule 15.403 or in-stream dredging operations as described by Section 404 of the Clean Water Act.

I certify that to the best of my knowledge, this facility is not subject to any of the exclusions listed above.

Yes

Other Exclusions

In addition to the above list, waterbody-specific exclusions and/or other exclusions may be applicable.

See the permit for details:

<https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG500000.pdf>

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility:

<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

Geological Description of Site

Clay, Sand and Gravel

Chemicals used onsite coming into contact with water (if applicable)

None at this time

Site map

Please attach a site map that shows the following:

1. All outfalls discharging water at the site (including outfalls permitted under other NPDES permits),
2. Direction of stormwater flow onsite,
3. Areas of active and inactive mining,
4. Processing areas,
5. Location of potential pollutant sources, and
6. Nearby receiving waters.

Site Map

Wells Maps-Site Map 11.17.23.pdf - 11/17/2023 03:57 PM

Comment

NONE PROVIDED

Will the facility be using an existing process water pond not previously covered under the ARG500000 general permit, or converting a mine pit into a process water pond?

Yes

Ponds not previously covered under the ARG500000 general permit must be certified by a Professional Engineer registered in the State of Arkansas to meet the the Pond Construction Requirements specified in Part 1.2.2 of the ARG500000 general permit. If chemical treatment is used, the pond must also be certified to meet the Chemical Addition Pond Requirements in Part 1.2.3 of the ARG500000 general permit. Contact DEQ if you have any questions regarding the pond certification requirements.

Pond Certification

Wells Certification pdf.pdf - 11/17/2023 10:00 AM

Comment

NONE PROVIDED

Permittee Information

AFIN (Enter if available)

NONE PROVIDED

Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or Inc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match:

[Arkansas Secretary of State](#)

Permittee (Legal Name)

Wells Sand & Gravel LLC

Permittee Type

Corporation/LLC

State of Incorporation or Registration

AR

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Robert	Brandon	Wells

Title

Member

Phone Type	Number	Extension
Mobile	8702156700	

Email

rbwells1782@hotmail.com

Address

1198 Greene Road 624

Paragould, AR 72450

Is the invoice address the same as the mailing address for permit documents?

Yes

Is there an active consultant for this facility?

Yes

Consultant Information

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Brad	NONE PROVIDED	Cline

Title

Consultant

Consulting Firm Name

Cline Environmental, Inc

Phone Type	Number	Extension
Mobile	870-926-6496	

Email

Brad.cline@yahoo.com

Address

3621 CO-OP drive

--

Bono, AR 72416

United States

Facility/Site Information

Facility/Site Name

Wells Sand & Gravel

Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

Facility/ Site Information

Facility/Site Contact

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Robert	Brandon	Wells

Title
Member

Phone Type	Number	Extension
Mobile	8702156700	

Email
rbwells1782@hotmail.com

Facility/Site Address

1198 Greene Road 624
Paragould, AR 72450

Facility County (if the facility/site is in multiple counties, choose "other" and explain)
Greene

Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing
36.10000290782349,-90.57658709774563

Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
Solid Waste Landfill	4953	562212
Construction Sand and Gravel	1442	212321
Crushed and Broken Limestone	1422	212321
Crushed and Broken Stone, Not Elsewhere Classified	1429	212319
Water Supply	4941	221310
Carwashes	7542	811192

For other SIC and NAICS codes, you can search the following website:
<https://www.naics.com/search/>

Primary SIC Code
1442

Primary NAICS Code
212321

Other applicable SIC codes and/or NAICS codes
NONE PROVIDED

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

Permit Name	Permit Number	Held By
Industrial Stormwater	Pending	Wells Sand & Gravel, LLC
Mining	Pending	Wells Sand & Gravel, LLC

Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

Operator Name	License Number	Municipal License Class	Industrial License Class
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Discharge/Outfall Information

Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

[Aquaview](#)

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36°12'34.56", 92°12'34.56") that you need to convert?

No

Outfall Information

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check
001	36.098145	-90.572992	1 MGD	Settling Water	An unnamed tributary to 8 Mile ditch, thence into 8 mile ditch, thence into Village Creek, thence into St. Francis River	settling ponds	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

Responsible and Cognizant Official Information

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.

Cognizant Official Designation

No Cognizant Official - the Responsible Official will sign all reports and other required documents

Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:

- a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;

3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

- a. The chief executive officer of the agency; or
- b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

Responsible Official Information

Prefix		
NONE PROVIDED		
First Name	Middle Name	Last Name
Robert	Brandon	Wells
Title		
members		
Phone Type	Number	Extension
Mobile	8702156700	
Email		
rbwells1782@hotmail.com		

Disclosure Statement or SEC Forms

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the DEQ file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. 8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10-K and 10-Q filings to the Securities and Exchange Commission (SEC) in lieu of the Disclosure Statement.

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

Disclosure Statement

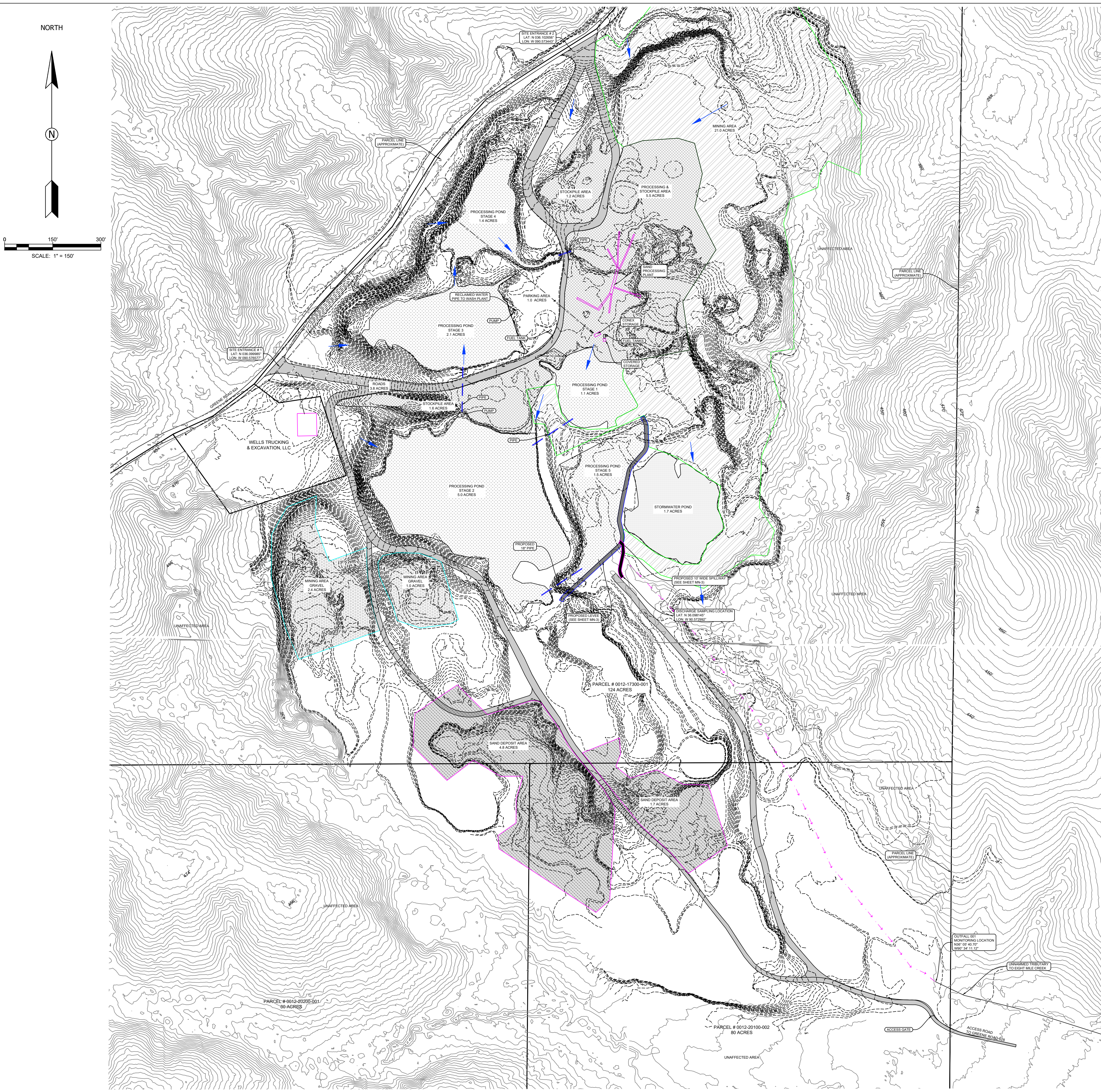
I will attach a disclosure statement

Disclosure Statement or SEC 10-K and 10-Q forms

ADEQ Wells Disclosure Form 11.17.23.pdf - 11/17/2023 09:44 AM

Comment

NONE PROVIDED



NOTES:

- TOTAL ACRES = 284. CURRENT AFFECTED ACRES = 74. (2023)
- SIGNIFICANT STRUCTURES SHOULD BE UPDATED ON MAP AS CONSTRUCTED.
- DIRECTION OF STORMWATER FLOW MARKED WITH BLUE ARROWS.
- STRUCTURAL CONTROLS INCLUDE SEDIMENT PONDS AND ROCK CHECKS AS NEEDED
- RECEIVING WATERS AT OUTFALL 001 - UNNAMED TRIBUTARY TO 8 MILE CREEK, THENCE INTO 8 MILE CREEK, THENCE INTO VILLAGE CREEK, THENCE INTO ST. FRANCIS RIVER.
- LOCATION OF ALL DITCHES, PIPES AND DRAINAGE SWALES SHALL BE KEPT UP TO DATE ON THIS MAP.
- POLLUTANT SOURCES INCLUDE MINING, WASHING, STOCKPILING, LOADING OF MATERIAL, AND EQUIPMENT WASHING/MAINTENANCE.
- OUTFALL 001 IS THE MONITORING POINT- QUARTERLY VISUALS AND DMR SAMPLING IS REQUIRED.
- ANY NEW OUTFALLS CREATED WILL BE LABELED, PERMITTED AND MARKED ON MAP.
- NO MS4 IN RECEIVING STREAM
- NON-STORMWATER DISCHARGES WILL BE IDENTIFIED ON THIS MAP.
- THE FOLLOWING AREAS OF ACTIVITIES SHALL BE KEPT CURRENT ON THIS MAP
 - FUELING STATIONS
 - TRUCK AND EQUIPMENT MAINTENANCE AREAS
 - LOADING/UNLOADING AREAS
 - LOCATION OF DUMPSTERS
 - LIQUID STORAGE TANKS
 - PROCESSING AND STORAGE AREAS
 - ACCESS ROADS
 - TRANSFER AREAS FOR BULK SUBSTANCES
 - MACHINERY STORAGE AREAS
- LOCATION OF ANY RUN ON WATERS THAT MAY CONTAIN POLLUTANTS WILL BE MARKED ON MAP.
- MINING AREA/AFFECTED AREAS SHALL BE UPDATED AT A MINIMUM OF YEARLY

2023 AFFECTED AREAS SUMMARY	
AREA	ACRES
MAINTENANCE & PARKING	3
PARKING	0.8
MINING GRAVEL	29
MINING GRAVEL	3.5
MINING SAND	6.5
PROCESSING POND 1	1.3
PROCESSING POND 2	6
PROCESSING POND 3	2.5
PROCESSING POND 4	3
PROCESSING POND 5	1.5
PROCESSING & STOCKPILE	5.8
STOCKPILE	1.5
ACCESS ROADS	7.4
MISCELLANEOUS	2
TOTAL AFFECTED ACRES	73.3

MAP REQUIREMENTS FOR PERMIT:

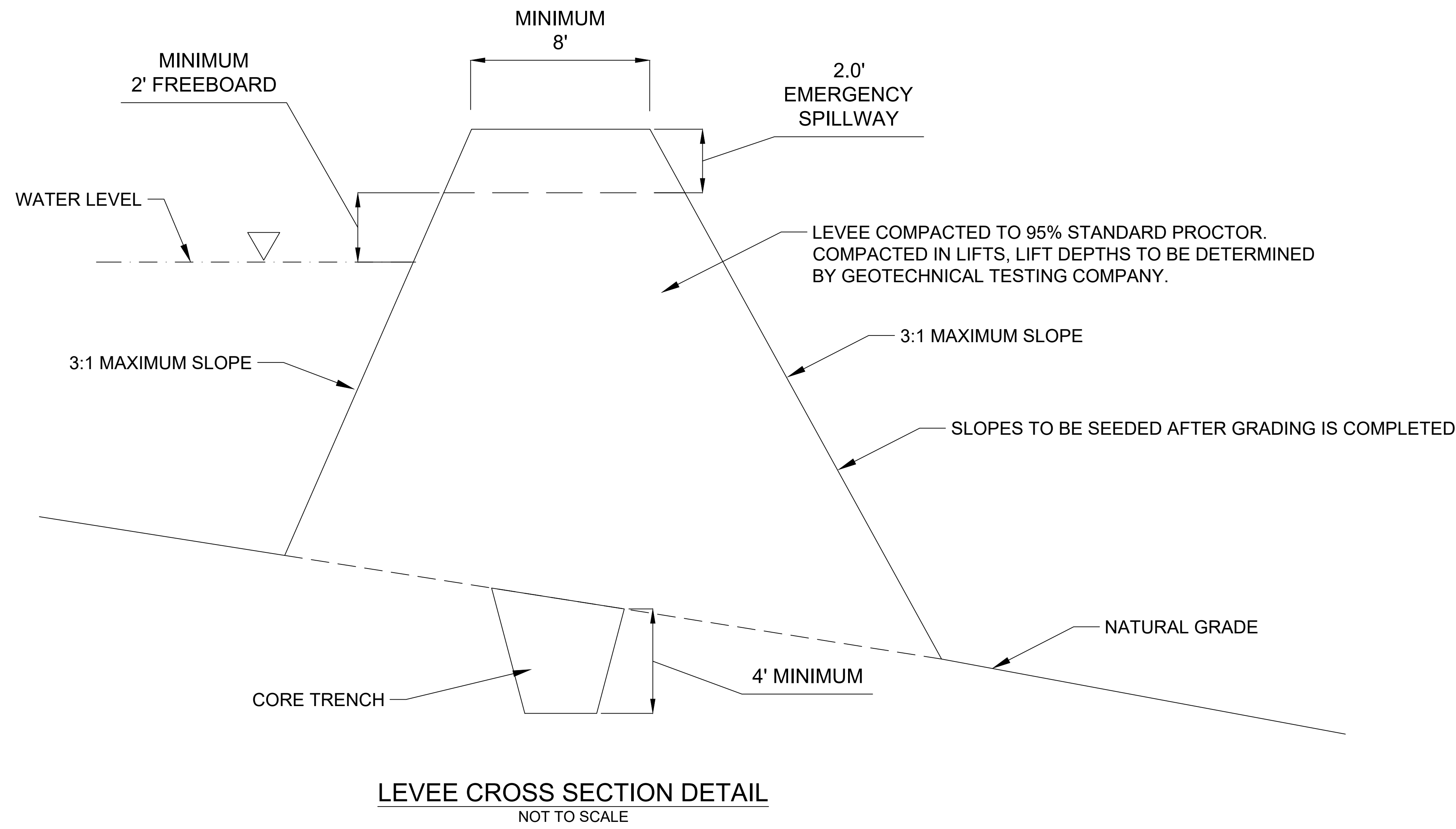
- THE PERMIT AREA MUST ILLUSTRATE DIMENSIONS AND ELEVATIONS TIED TO TEMPORARY REFERENCE POINTS OUTSIDE THE PERMIT AREA.
- AFFECTED AND UNAFFECTED AREAS.
- DIMENSIONS AND ELEVATIONS BEFORE AND AFTER MINING.
- DIVERSION DITCHES AND FLOW PATTERNS IN THE EVENT DECANT PONDS ARE USED.
- PRECAUTIONS TO AVOID AFFECTING NEARBY WATER BODIES.
- IDENTIFICATION OF ANY DIVERSIONS USED TO CHANNEL WATER FROM SENSITIVE AREAS INCLUDING FLOW PATTERNS.
- MINING PLAN MAP
 - MINING INCREMENTS
 - PROCESS PONDS
- FOR AN IN-STREAM APPLICATION, THE SITE MAP IS TO SHOW ADJACENT PROPERTY LINES WHEN THE PROPERTY BOUNDARIES ARE DEFINED BY THE CENTERLINE ON THE STREAM.

WELLS SAND & GRAVEL
 JONESBORO, AR
 SITE MAP

DATE: 09/22/2023
 REV:
 DRAWN BY:

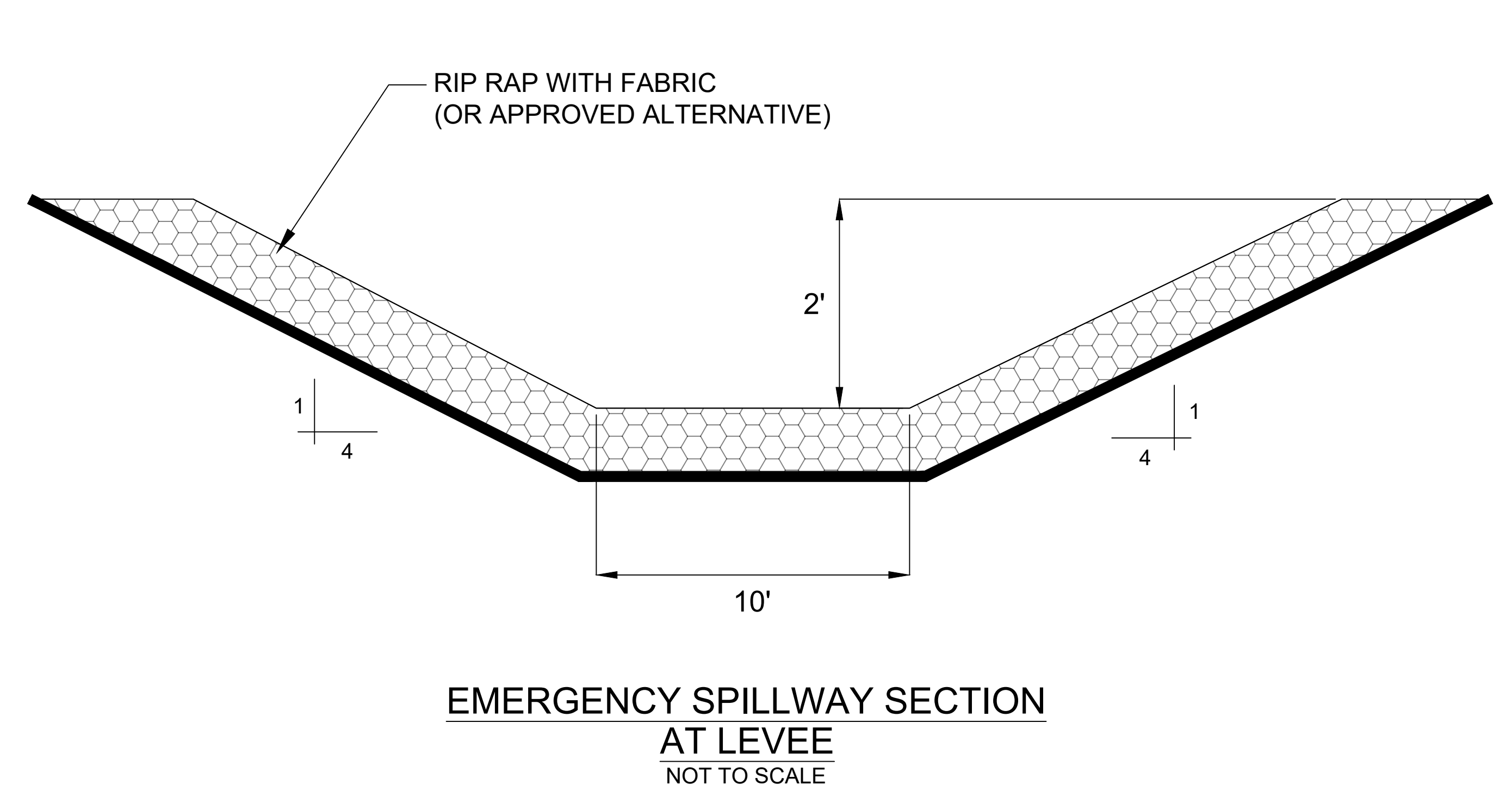
Cline
 ENVIRONMENTAL
 ENGINEERS - CONTRACTORS
 PROBLEM SOLVERS

3621 COOP DRIVE,
 BOONVILLE, AR 72415
 PHONE: (870) 935-4466
 FAX: (870) 972-0027
 BRAD.CLINE@YAHOO.COM
 WWW.CLINEENVIRONMENTAL.COM

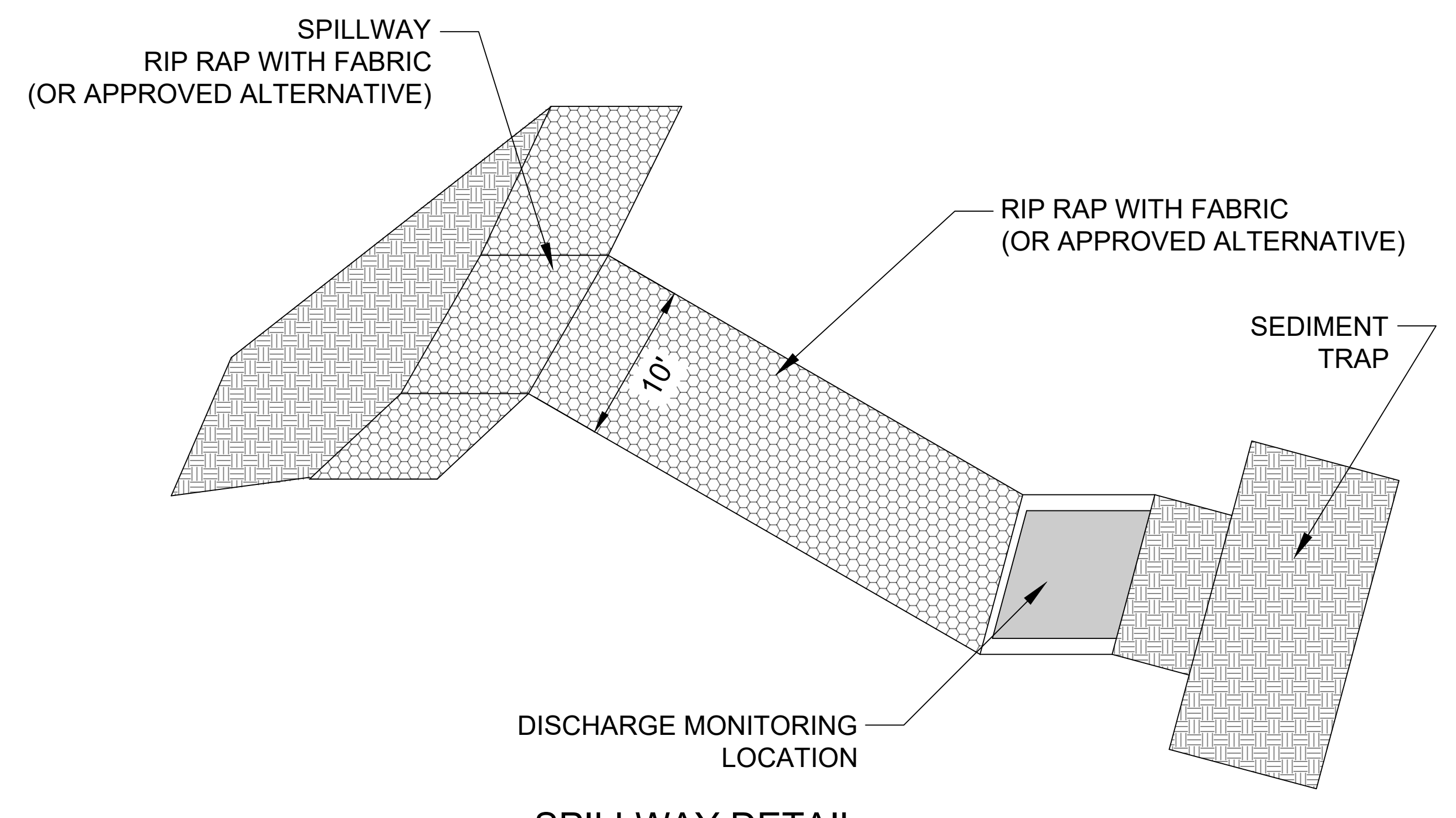


LEVEE CROSS SECTION DETAIL
NOT TO SCALE

ARG500000 PERMIT REQUIREMENTS:
PART 1
1.2.2 POND CONSTRUCTION REQUIREMENTS
ALL PROCESS WATER PONDS (NEW, OR EXISTING AND NOT COVERED UNDER ARG500000) MUST BE DESIGNED AND CONSTRUCTED TO THE FOLLOWING STANDARDS:
1.2.2.1 THE PROCESS WATER POND SHALL BE PROTECTED FROM PHYSICAL DAMAGE BY THE ONE HUNDRED (100) YEAR FLOOD AND SHOULD REMAIN FULLY OPERATIONAL AND ACCESSIBLE DURING THE TWENTY-FIVE (25) YEAR FLOOD IN ACCORDANCE WITH SECTION 93.413 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.2 THE OUTFALL STRUCTURE MUST BE DESIGNED IN ACCORDANCE WITH SECTION 55 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.3 DIKES SHALL BE COMPACTED TO AT LEAST 95 PERCENT STANDARD PROCTOR DENSITY TO FORM A STABLE STRUCTURE IN ACCORDANCE WITH SECTION 93.411 OF THE LATEST EDITION OF THE TEN STATE STANDARDS. THE DIVISION MAY WAIVE THIS REQUIREMENT ON A CASE-BY-CASE BASIS FOR EXISTING PONDS OR QUARRYMINE PITS CONVERTED TO PROCESS WATER PONDS, PROVIDED THAT CHEMICALS ARE NOT ADDED TO MEET PERMIT LIMITS OR TO AID IN PROCESSING OPERATIONS;
1.2.2.4 INNER AND OUTER DIKE SLOPES SHALL NOT BE STEEPER THAN 1 VERTICAL TO 3 HORIZONTAL (1:3) IN ACCORDANCE WITH SECTION 93.413 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.5 INNER SLOPES ARE RECOMMENDED TO NOT BE FLATTER THAN 1 VERTICAL TO 4 HORIZONTAL (1:4). FLATTER SLOPES MAY BE JUSTIFIED IN ACCORDANCE WITH SECTION 93.414 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.6 MINIMUM FREEBOARD SHALL BE TWO (2) FEET IN ACCORDANCE WITH SECTION 93.415 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.7 DIKES SHALL HAVE A COVERED LAYER OF AT LEAST FOUR (4) INCHES OF FERTILE TOPSOIL TO PROMOTE ESTABLISHMENT OF AN ADEQUATE VEGETATIVE COVER WHEREVER RIPRAP IS NOT USED. EROSION CONTROL ON THE INTERIOR DIKE SLOPES MAY BE NECESSARY FOR PONDS WHICH ARE SUBJECT TO SEVERE WAVE ACTION IN ACCORDANCE WITH SECTION 93.417 OF THE LATEST EDITION OF THE TEN STATE STANDARDS;
1.2.2.8 A POND LEVEL GAUGE SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 93.66 OF THE LATEST EDITION OF THE TEN STATE STANDARDS.
TEN STATE STANDARDS:
51.2 FLOOD PROTECTION:
THE TREATMENT PLANT STRUCTURES, ELECTRICAL, AND MECHANICAL EQUIPMENT SHALL BE PROTECTED FROM PHYSICAL DAMAGE BY THE ONE HUNDRED (100) YEAR FLOOD. TREATMENT PLANTS SHOULD REMAIN FULLY OPERATIONAL AND ACCESSIBLE DURING THE TWENTY-FIVE (25) YEAR FLOOD. THIS REQUIREMENT APPLIES TO NEW CONSTRUCTION AND TO EXISTING FACILITIES UNDERGOING MAJOR MODIFICATION. FLOOD PLAIN REGULATIONS OF STATE, PROVINCE, AND FEDERAL AGENCIES SHALL BE CONSIDERED.
93.4 POND CONSTRUCTION DETAILS
93.41 EMBANKMENTS AND DIKES
93.411 MATERIAL
DIKES SHALL BE CONSTRUCTED OF RELATIVELY IMPERVIOUS SOIL AND COMPACTED TO AT LEAST 95 PERCENT STANDARD PROCTOR DENSITY TO FORM A STABLE STRUCTURE. VEGETATION AND OTHER UNSUITABLE MATERIALS SHALL BE REMOVED FROM THE AREA WHERE THE EMBANKMENT IS TO BE PLACED.
93.412 TOP WIDTH
THE MINIMUM DIKE WIDTH SHALL BE 8 FEET (2.4 M) TO PERMIT ACCESS FOR MAINTENANCE VEHICLES.
93.413 MAXIMUM SLOPES
INNER AND OUTER DIKE SLOPES SHALL NOT BE STEEPER THAN 1 VERTICAL TO 3 HORIZONTAL (1:3).
93.414 MINIMUM SLOPES
INNER SLOPES SHOULD NOT BE FLATTER THAN 1 VERTICAL TO 4 HORIZONTAL (1:4). FLATTER SLOPES CAN BE SPECIFIED FOR LARGER INSTALLATIONS BECAUSE OF WAVE ACTION, BUT SUCH SLOPES HAVE THE DISADVANTAGE OF ADDED SHALLOW AREAS THAT ARE CONDUCTIVE TO EMERGENT VEGETATION. OUTER SLOPES SHALL BE SUFFICIENT TO PREVENT SURFACE RUNOFF FROM ENTERING THE POND.
93.415 FREEBOARD
MINIMUM FREEBOARD SHALL BE 3 FEET (0.9 M). FOR SMALL SYSTEMS, 2 FEET (0.6 M) MAY BE ACCEPTABLE.
93.66 POND LEVEL GAUGES
POND LEVEL GAUGES SHALL BE PROVIDED.



EMERGENCY SPILLWAY SECTION
AT LEVEE
NOT TO SCALE



SPILLWAY DETAIL
NOT TO SCALE

WELLS SAND & GRAVEL
JONESBORO, AR
DETAILS

DATE: 09/22/2023
REV:
DRAWN BY:

3871 CO-OP DRIVE,
BONO AR 72418
PHONE: (870) 935-4466
FAX: (870) 972-0027
BRAD.CLINE@YAHOO.COM
WWW.CLINEENVIRONMENTAL.COM

Cline
ENVIRONMENTAL
ENGINEERS - CONTRACTORS
PROBLEM SOLVERS



Instructions for the completion of this document:

- A. Individuals, firms, or other legal entities with no changes to a DEQ Disclosure Statement, complete items I through III and XVI.
- B. Individuals who never submitted a DEQ Disclosure Statement, complete items I through II, IV, V, and XIV through XVI.
- C. Firms or other legal entities who never submitted a DEQ Disclosure Statement, complete items I through III, and IV through XVI.

IF NOT SUBMITTING BY EPORTAL, MAIL ORIGINAL TO:

Arkansas Energy & Environment,
Division of Environmental Quality,

Disclosure Statement
5301 Northshore Drive,
North Little Rock, AR 72118-5317

I. APPLICANT INFORMATION

APPLICANT NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

II. APPLICANT CATEGORY

APPLICANT TYPE: INDIVIDUAL OTHER LEGAL ENTITY

REASON FOR SUBMISSION:

- | | | |
|--|--|--|
| <input type="checkbox"/> PERMIT | <input type="checkbox"/> CERTIFICATION | <input type="checkbox"/> OPERATIONAL AUTHORITY |
| <input type="checkbox"/> LICENSE | <input type="checkbox"/> MODIFICATION | <input type="checkbox"/> NEW APPLICATION |
| <input type="checkbox"/> RENEWAL APPLICATION | | |

(If no changes from previous disclosure statement, complete number III and XVI.)

PROGRAMS:

- | | | |
|--|--|---|
| <input type="checkbox"/> AIR | <input checked="" type="checkbox"/> MINING | <input type="checkbox"/> HAZARDOUS WASTE |
| <input type="checkbox"/> WATER | <input type="checkbox"/> SOLID WASTE | <input type="checkbox"/> REGULATED STORAGE TANK |
| <input type="checkbox"/> USED TIRE PROGRAM | | |

III. 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 DEQ on _____.

IV. 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.)

V. 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:

- A. Administrative enforcement actions resulting in the imposition of sanctions
- B. Permit or license revocations or denials issued by any state or federal authority
- C. Actions that have resulted in a finding or a settlement of a violation
- D. Pending actions

(Attach additional pages, if necessary.)

*Firms or other legal entities shall also include this information for all persons and legal entities identified in sections VI through XIV of this Disclosure Statement.

VI. List all officers of the Applicant. (Add additional pages, if necessary.)

OFFICER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

OFFICER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

OFFICER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

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

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

DIRECTOR NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

VIII. List all partners of the Applicant. (Add additional pages, if necessary.)

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARTNER NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

IX. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application. (Add additional pages, if necessary.)

EMPLOYEE NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYEE NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYEE NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

X. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity. (Add additional pages, if necessary.)

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XI. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%). (Add additional pages, if necessary.)

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: _____
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XII. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XIII. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

ORGANIZATIONAL RELATIONSHIP:

XIV. List any person who is not now in compliance or has a history of noncompliance with the environmental law or rules 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. (Add additional pages, if necessary.)

INDIVIDUAL NAME: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

INDIVIDUAL NAME: _____

JOB TITLE: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

XV. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant. (Attach additional pages, if necessary.)

[Empty box for listing agencies]

XVI. VERIFICATION AND ACKNOWLEDGMENT

The Applicant agrees to provide any other information the DEQ Chief Administrator may require at any time to comply with the provisions of the Disclosure Law and any rules promulgated thereto. The Applicant further agrees to provide the DEQ 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.

SKIP THIS SECTION IF SUBMITTING WITH CROMERR-APPROVED SIGNATURE ON EPORTAL

I, Brandon Wells, 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.

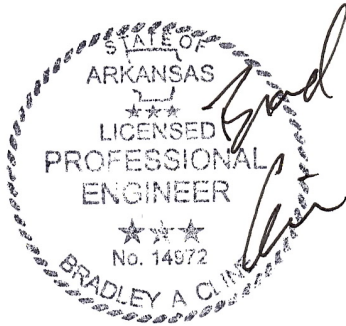
APPLICANT SIGNATURE: 
JOB TITLE: Member **DATE:** 11.16.23



3621 CO-OP Dr.
Bono, AR 72416
Phone 870-935-4466
Fax 870-972-0027

ENGINEER'S CERTIFICATION

I hereby certify that I am familiar with the requirements of ARG500000 and that I or my agent have visited and examined the facility. This plan has been prepared in accordance with good engineering practice, including consideration of applicable industry standards, and in accordance with the requirements of ARG500000. Procedures for required inspections and testing have been included in this plan. This plan is adequate for this facility.



Brad Cline, PE.

Printed Name of Professional Engineer

Brad Cline
Signature of Professional Engineer

Date 11/17/2023 Registration No. 14972 State Arkansas

If you have any questions or comments concerning this report, please do not hesitate to contact Brad Cline at 870-926-6496.

Sincerely,
CLINE ENVIRONMENTAL, INC

Brad Cline, P.E.
Project Manager