

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Trevor Cross Sr Operator Type:
Permittee Mailing Address: P.O. Box 33 State Partnership
Permittee City: Camden Federal Corporation*
Permittee State: AR Zip: 71711 Sole Proprietorship/Private
Permittee Telephone Number: 870-818-8680 *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 (Home owners are exempt.)

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

III. FACILITY INFORMATION

Facility Name: Trevor Cross Sr Facility Contact Person: Trevor Cross Sr
Facility Address: 3333 Mt. Holly Rd Telephone Number: 870-818-8680
Facility County: Ouachita Facility City, State & Zip: Camden, AR 71701
Facility Latitude: 33 Deg 31 Min 33.92 Sec Facility Longitude: 92 Deg 50 Min 42.52 Sec
Accuracy: Un Method: Un Datum: Un Scale: Un Description: Un

IV. DISCHARGE INFORMATION

Outfall Number: One Flow: 450 gpd (Gallons per Day)
Stream Segment: 2c Hydrologic Basin Code: _____
Outfall Latitude: 33 Deg 31 Min 34.46 Sec Outfall Longitude: 92 Deg 50 Min 43.29 Sec
Accuracy: Un Method: Un Datum: Un Scale: Un Description: Un
Type of Treatment: Norweco Model 960 w/Chlorine
Receiving Stream: Unknown tributary thence the Ouachita River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Operator Name: Mike O'Connor
Operator License Number: 010202 License Class: 11
Consultant Contact Name: Mike O'Connor
Consultant Email Address: Mike O ARKANSASSEPTIC.COM
Consultant Address: 152 Spruce City: Austin State: AR Zip: 72007
Consultant Phone Number: 501 517-7198 Consultant Fax Number:

Has this treatment system been approved by AHD? Yes [X] No []

Disclosure Statements:

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. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeg.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
TC (Initial) "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."
TC (Initial) "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: Trevor Cross Sr Title: Owner
Responsible Official Signature: [Signature] Date: 12/31/19
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 No is answered for any of the questions, then a permit can not be issued!

Table with 3 columns: Question, Yes, No. Rows include: Submittal of Complete NOI?, Submittal of Required Permit Fee?, Submittal of AHD Form EHP-19?, Submittal of Site Map?, Submittal of Disclosure Statement?.

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