



**VI. OTHER INFORMATION:**

Operator Name: Sheldon Hadley  
 Operator License Number: 007836 License Class: II  
 Consultant Contact Name: N/A  
 Consultant Email Address: N/A  
 Consultant Address: N/A City: N/A State: N/A Zip: N/A  
 Consultant Phone Number: N/A Consultant Fax Number: N/A

Has this treatment system been approved by AHD? Yes  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.adeq.state.ar.us/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

**VII. CERTIFICATION OF OPERATOR**

*SM* (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
*SM* (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."  
*SM* (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: Joseph Mitchell Title: None Owned  
 Responsible Official Signature: Joseph Mitchell Date: 8-2-23  
 Responsible Official Email: \_\_\_\_\_  
 Cognizant Official Printed Name: N/A Title: N/A  
 Cognizant Official Signature: N/A Telephone: N/A  
 Cognizant Official Email: N/A

**X. PERMIT REQUIREMENT VERIFICATION**

Please check the following to verify completion of permit requirements.

Yes No \* If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI?    
 Submittal of Required Permit Fee?   Check Number: Private Homeowner  
 Submittal of AHD Form EHP-19?    
 Submittal of Site Map?    
 Submittal Statement of Disclosure Statement?   Private Homeowner

WATER DIVISION  
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