

Arkansas Department of Environmental Quality
No-Discharge Section Permit Application
 Liquid Animal Waste Management Systems

Permit No.: <small>(Office Use Only)</small>	AFIN: <small>(Office Use Only)</small>	SIC Code: 0213	NAICS Code: 112210
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1. Permit Action and Type *(Please check one of the following):*

Operator Type: <input type="checkbox"/> Corporation (State of Incorporation: _____) <input type="checkbox"/> Limited Liability Company (State of LLC: _____)	
<input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship/Private <input type="checkbox"/> Public Entity (Type: _____)	
<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification of Permit, Describe: <u>permit modification to receive litter</u>	
<input type="checkbox"/> Cattle Feedlot <input checked="" type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Poultry <input type="checkbox"/> Other _____	

2. Permittee Legal Name and Mailing Address: *(Must Match Arkansas's Secretary of State)*

Owner Name: <u>EC Farms (Ellis Campbell)</u>		
Address: <u>P.O. Box 52</u>		Phone Number: <u>870-688-8992</u>
City: <u>Vender</u>	State: <u>AR</u>	Zip Code: <u>72683</u>
Contact Person: <u>(Mr./Mrs./Ms.) Ellis Campbell</u>		Email: _____
Title: <u>Owner</u>	Phone Number: <u>870-688-8992</u>	Cell Number: _____

3. Facility Location *(physical address is required; NO P.O. BOX):*

Facility Name: <u>EC Farms</u>			
Address (911 Address): <u>Smith Mountain Rd (no 911)</u>			Phone Number: <u>870-688-8992</u>
City: <u>Jasper</u>		State: <u>AR</u>	Zip Code: <u>72641</u>
1/4 Sec.:	Section: <u>34</u>	Township: <u>15 N</u>	Range: <u>21</u>
Latitude: <u>35</u> Deg <u>54</u> Min <u>43</u> Sec. <u>N</u>		Longitude <u>93</u> Deg <u>12</u> Min <u>09</u> Sec. <u>W</u> Source Datum: _____	
County: <u>Newton</u>		Nearest Town: <u>Deer, AR</u>	
Nearest Stream: <u>Shop Creek</u>		Distance: <u>2,035</u> (ft)	Stream Segment: <u>4J</u>

4. Consultant Information:

Name:		Consulting Firm:	
Email:		Phone Number:	
Address:		Cell Number:	
City:	State:	Zip Code:	

Please read the following carefully and sign below.

I certify under penalty of law that this document and all attachments were prepared under my direction and 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, which may include fines and/or imprisonment.

SIGNATORY REQUIREMENTS:

The information contained in this form must be certified by a **responsible official** as defined below:

Corporation: principal officer at least the level of vice president (must be an officer or register agent with the secretary of state)

Partnership: a general partner

Sole Proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official

Responsible Official: Ellis Campbell Title: Owner
Responsible Telephone: 870-688-8992 Email: _____
Responsible Signature: Ellis Campbell Date: 2-31-15

Cognizant Official is an individual that is given signature authority from the Responsible Official

Cognizant Official: Ellis Campbell Title: Owner
Cognizant Telephone: 870-688-8992 Email: _____
Cognizant Signature: Ellis Campbell Date: 2-31-15

PERMIT REQUIREMENT VERIFICATION (Please check the following to verify the completion of permit requirements.)

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Complete Application
Does the Organization name match the Secretary of State (Corporation or Limited Liability Company)?
Does the Responsible Official match the Secretary of State? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Nutrient Management Plan |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Disclosure Statement (completed and executed)
Not required for public entity |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Land use Contract/Deed/Lease |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Arkansas Department of Health notification letter (letter transmitting documents to ADH)
(New permits or modified permits) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adjacent Landowner Notifications |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Provide Certificate of Good Standings with the Arkansas Secretary of State
(If foreign corporation, provide Certificate of Good Standings from the state of Origin) |

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880

www.adeq.state.ar.us

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.

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) Ellis Junior Campbell
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : P.O. Box 52
3. CITY, STATE, AND ZIPCODE: Vendor, AR 72683

4a. Applicant Type: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission: <input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division: <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

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>2/11/15</u>

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.)

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.)

*** 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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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.

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, Ellis Campbell, 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: Ellis Campbell

TITLE: Owner

DATE: 7-31-15

July 27, 2015

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

RE: Ellis Campbell
EC Farm
Permit No: 3540-WR-6
AFIN No: 51-00020

Dear Sir or Madam,

Per your letter dated April 17, 2015, I am applying for a major modification of my current permit (3540-WR-6) to become a land application site only permit in Newton County, Arkansas. Please find the enclosed documents: permit application, disclosure statement, letter and maps to the Arkansas Department of Health, and an updated phosphorous based Site Management Plan. If you have any questions, you may contact me at:

Ellis Campbell
P.O. Box 52
Vendor, AR 72683
(870) 688-8992

For questions about the Site Management Plan, please contact myself or the following professional:

Monica Hancock
ANRC
Certified Planner
(479) 968-3881 Ext 116

Sincerely,

Ellis Campbell

Ellis Campbell