

**Arkansas Department of Environmental Quality
No-Discharge Section Permit Application
Subsurface Disposal System**

Permit No.: (Office Use Only)	AFIN: (Office Use Only)	SIC Code:	NAICS Code:
---	-----------------------------------	------------------	--------------------

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 type="checkbox"/> Sole Proprietorship/Private <input checked="" type="checkbox"/> Public Entity (Type: <u>SSD</u>)
<input type="checkbox"/> New Permit <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification of Permit, Describe: _____
<input type="checkbox"/> Carwash/Truck Wash <input type="checkbox"/> Domestic Septic System <input checked="" type="checkbox"/> Drip Irrigation System <input type="checkbox"/> Laundromat
<input type="checkbox"/> Slaughter House <input type="checkbox"/> Other _____

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

Owner Name: <u>Village of Cross Creek AR Suburban Sewer Dist No 1</u>		
Address: <u>PO BOX 9299</u>		Phone Number:
City: <u>Fayetteville</u>	State: <u>AR</u>	Zip Code: <u>72703</u>
Contact Person: (Mr. / Mrs. / Ms.) <u>Kathy Bartlett</u>	Email: <u>Kathy.Bartlett@chss.com</u>	
Title: <u>Commissioner</u>	Phone Number: <u>479 530 5926</u>	Cell Number: <u>479 530 5926</u>

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

Facility Name: <u>Village of Cross Creek Apartments</u>			
Address (911 Address): <u>3302 N NIXIE AVE</u>			Phone Number: <u>479 530 5926</u>
City: <u>Little Flock</u>		State:	Zip Code:
1/4 Sec.:	Section: <u>35</u>	Township: <u>20 N</u>	Range: <u>30 W</u>
Latitude: <u>36</u> Deg <u>21</u> Min <u>33.21</u> Sec.		Longitude: <u>94</u> Deg <u>8</u> Min <u>35.25</u> Sec.	
County: <u>Benton</u>		Nearest Town: <u>Little Flock</u>	
Nearest Stream: <u>Brush Creek</u> <u>Tributary</u>		Distance: <u>2000</u> (ft)	Stream Segment: <u>21K</u>

4. Consultant Information:

Name: <u>Charles Presley</u>	Consulting Firm: <u>Presley Engineering</u>
Email: <u>CJpres@madisoncounty.net</u>	Phone Number:
Address: <u>PO BOX 607</u>	Cell Number: <u>(479) 409-6550</u>
City: <u>Huntsville</u>	State: <u>AR</u> Zip Code: <u>72740</u>

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: Kathy Bartlett Title: District Commissioner
 Responsible Telephone: (479) 530 3924 Email: Kathy@aquatechs.com
 Responsible Signature: K Bartlett Date: 12/15/14

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

Cognizant Official: _____ Title: _____
 Cognizant Telephone: _____ Email: _____
 Cognizant Signature: _____ Date: _____

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

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Complete Application
Does the Owner 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 Waste Management Plan
Stamped & Signed by an Arkansas Registered PE/ ADH Designated Representative
Are maps and site description included? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Submittal of Operation/Maintenance Plan (nonmunicipal wastewater treatment systems)
Is the cost estimate included? |
| <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 type="checkbox"/> | <input type="checkbox"/> | Arkansas Department of Health notification letter (letter transmitting documents to ADH)
(New permits or modified permits) |
| <input type="checkbox"/> | <input 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) |

NA
 Yes → Court order establishing District with Benton County

PERMIT TRANSFER FORM

Please select one of the following options:

A. Permittee (legal name) change

B. Facility name change

C. Responsible official name change

A B C A & B A & C B & C A & B & C

PERMIT NUMBER: 4811-WR 2-3-4

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Greenfield Capital Development

Facility Name: Villages of Cross Creek Apartment

Responsible Official Name (see Section IV below): Kathryn Bartlett

Is the permittee identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: Village of Cross Creek Suburban Sewer District No 1

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Village of Cross Creel AR Suburban Sewer District No 1

Facility Name (if different from Permittee Name): _____

Is the permittee identified above, the owner of the facility? Yes No

If you mark No, please list the name of the owner: _____

Responsible Official Name (see Section IV below): Kathryn Bartlett

Official Title of Responsible Officer: District Commissioner

E-mail: kathy@aquatechsys.com

Owner Type:

Permittee Address: PO Box 9299 STATE PARTNERSHIP

Permittee City: Fayetteville FEDERAL CORPORATION*

Permittee State: AR Zip: 72703 SOLE PROPRIETORSHIP

Permittee Telephone No.: 479-527-9880

Is the new permittee registered with the Arkansas Secretary of State? Yes No *N/A*

If yes, please provide the full name of corporation if different than the legal permittee name listed above. _____

Facility Mailing Address: PO Box 9299 Facility City: Fayetteville

Facility State: AR Zip: 72703

Facility Contact Person Name: Tom Bartlett Contact Person Title: District Commissioner

Telephone Number: 479-530-5926 Fax Number: 479-527-9830 E-mail: tom.bartlett53@gmail.com

Invoice Contact Person: Kathy Bartlett City: Fayetteville

Invoice Mailing Address: PO Box 9299 State: AR Zip: 72703

Invoice Mailing Address: _____ Telephone: 479-530-7922

Cognizant Official Name: Tom Bartlett Cognizant Official Title: District Commissioner

Telephone Number: 479-530-7922 Fax Number: 479-527-9830 E-mail: tom.bartlett53@gmail.com

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete this Section (III.) only if the permit has a new owner or a new ownership.

Please specify the closing date for this transaction: 10/10/2012

Current Permittee (Seller): Greenfield Capital Development

Signature of Responsible Corporate Officer: *K Bartlett*
Title of Responsible Corporate Officer: Mg Member
Printed Name of Responsible Corporate Officer: Kathryn Bartlett
Date: 6/30/2014

New Permittee (Buyer): Village of Cross Creek Suburban Sewer District No 1

Signature of Responsible Corporate Officer: *K Bartlett*
Title of Responsible Corporate Officer: District Commissioner
Printed Name of Responsible Corporate Officer: Kathryn Bartlett
Date: 12/15/2014

Disclosure Statement:

Disclosure Statement must be submitted for new permittee. **Disclosure Statement is not required for Stormwater Permits.**

Is Disclosure Statement enclosed: Yes No

Financial Assurance:

Please note that if Financial Assurance is required for the current permittee then the new permittee may have to provide new Financial Assurance before the permit maybe transferred..

Land Use Contract:

For **land application permits** you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed 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 who manage the system, or those persons directly responsible for gathering 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: Kathryn Bartlett Title: District Commissioner
Signature: *K Bartlett* Date: 12/15/2014

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)	Village of Cross Creek AR Suburban
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	PO Box 9299 Sewer Dist No 1
3. CITY, STATE, AND ZIP CODE:	Fayetteville, AR 72703

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 _____

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.)

Commissioners have operated this facility under a previous company name since 2010

also operate and maintain four other facilities in Washington & Blanton Counties since 2007

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.)

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: _____

Commissioner

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

NAME: Tom Burgett TITLE: District Commissioner

STREET: 4516 Mesa St

CITY, STATE, ZIP: Fayetteville, AR 72703

NAME: Kathy Burgett TITLE: District Commissioner

STREET: 4516 Mesa St

CITY, STATE, ZIP: Fayetteville AR 72704

NAME: Larry Sisson TITLE: District Commissioner

STREET: 3302 N Dixie Rd

CITY, STATE, ZIP: Rogers, AR 72754

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: Ken Gregory TITLE: Plant Operator

STREET: 189 Rush

CITY, STATE, ZIP: Farmington, AR 72730

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.

State of ARKANSAS

County of WASHINGTON

I, R Prattitt, 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: R Prattitt

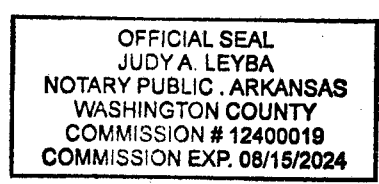
COMPANY TITLE: Village of Cross Creek 350 #1

DATE: 12/16/14

SUBSCRIBED AND SWORN TO BEFORE ME THIS 16th DAY OF DECEMBER 2014

Judy G. Leyba
NOTARY PUBLIC

MY COMMISSION EXPIRES:
08/15/2024



Brenda DeShields-Circuit Clerk
Benton County, AR
Book/Ps: 2014/68343
Term/Cashier: CASH4/Susan Holt
12/15/2014 12:42:54PM
Tran: 312604
Total Fees: \$25.00

Book 2014 Page 68343
Recorded in the Above
DEED Book & Page
12/15/2014

THIS INSTRUMENT PREPARED BY DIXIELAND UTILITY LLC.

AND AFTER RECORDING, RETURN TO:

Dixieland Utility LLC

PO Box 9299

Fayetteville, AR 72703

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That Dixieland Utility LLC, LLC, Grantor, for Ten Dollars (\$10.00) and other valuable consideration to me in hand paid by Villages of Cross Creek Arkansas Suburban Sewer District No 1, does hereby grant, bargain, sell and quitclaim deed unto Villages of Cross Creek Arkansas Suburban Sewer District No 1 and unto its successors and assigns forever, all of its right, title, interest, equity and estate in and to the following lands situate in the County of Benton, State of Arkansas:

PARCEL I - Tract 2 as set forth in the Plat entitled "Tract Split for CC-THP-Little Flock, L.L.C. and Benton County Water District No. 1, Little Flock, Benton County, Arkansas" of record at Plat Book 2007, Page 201 in the Circuit Clerk's Office of Benton County, Arkansas and being part of the same property conveyed to CC-THP-Little Flock, L.L.C. by Warranty Deed of record at Book 2004, Page 48262 in the Circuit Clerk's Office in Benton County, Arkansas, and being more fully described as Parcel I on "Exhibit A" attached hereto:

AND

PARCEL II - The parcel of property located to the North and West of Tract 2 in the Plat entitled "Tract Split for CC-THP-Little Flock, L.L.C. and Benton County Water District No. 1, Little Flock, Benton County, Arkansas" of record at Plat Book 2007, Page 201 in the Circuit Clerk's Office of Benton County, Arkansas and being all the same property conveyed to CC-THP-Little Flock, L.L.C. by Warranty Deed of record at Book 2004, Page 48258 in the Circuit Clerk's Office in Benton County, Arkansas, and being more fully described as Parcel II "Exhibit A" attached hereto.

To have and to hold unto Villages of Cross Creek Arkansas Suburban Sewer District No 1, and unto its successors and assigns forever, with all appurtenances thereunto belonging.

WITNESS my hand and seal on this 15th day of December, 2014.

Dixieland Utility, LLC



Kathryn J Bartlett

ACKNOWLEDGEMENT

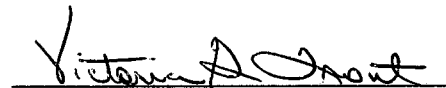
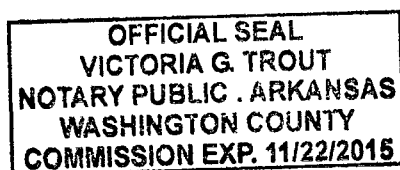
STATE OF ARKANSAS)

) ss.

COUNTY OF WASHINGTON)

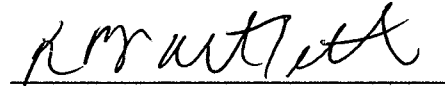
On this day personally appeared before the undersigned, a Notary Public within and for the County AND State aforesaid, dully qualified, commissioned and acting, the within named Kathryn J Bartlett to me personally well known, who stated that she a Managing Member of Dixieland Utility LLC,, and stated and acknowledged that she was duly authorized in her capacity to execute the foregoing instrument for and in the name and behalf of Dixieland Utility, LLC and further stated and acknowledged that she had so signed, executed and delivered said foregoing instrument in consideration, uses and purposes therein mentioned and set forth.

WITNESS my hand and seal as such notary public this 15th day of December, 2014



Notary Public

I certify under penalty of false swearing that at least the legally correct amount of documentary stamps have been placed on this instrument.



GRANTEE / AGENT

Benton County, AR
I certify this instrument was filed on
12/15/2014 12:42:54PM
and recorded in DEED Book
2014 at pages 68343 - 68345
Brenda DeShields-Circuit Clerk

FedEx *NEW Package*
Express *US AIRMAIL*

FedEx Tracking Number **8025 3567 0256**

Form ID No. **0200**

Recipient's Copy

1- From
Date **12/16/14**
Sender's Name **KATHY BARTHELETT** Phone **530 5920**
Company **Village of Cross Creek**
Address **USIA MSA**
City **Five Hettle** State **AR** ZIP **72704**

2 Your Internal Billing Reference

3 To
Recipient's Name **Katherine Yarberr** Phone **501 682 0744**
Company **ADEQ**
Address **5301 North Shore Dr**
We cannot deliver to P.O. boxes or P.O. ZIP codes.
Address **Little Rock** State **AR** ZIP **72118**
City **Little Rock** State **AR** ZIP **72118**
5317

4 Express Package Service * To most locations.
NOTE: Service order has changed. Please select carefully. Packages up to 150 lbs. For packages over 150 lbs, use the new FedEx Express Freight US Airmail.

Next Business Day
 FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Priority Overnight
Next business morning. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight
Next business afternoon. Saturday Delivery NOT available.

2 or 3 Business Days
 FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.
 FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging * Declared value limit \$500.
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?
One box must be checked.
 No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry Ice, 3, UN 1845 x kg Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to: Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

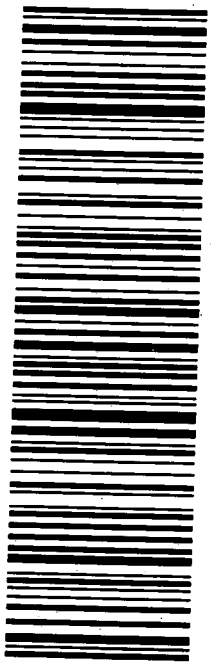
Sender Acct. No. in Section I will be billed. Recipient Third Party Credit Card Cash/Check

Total Packages **1** Total Weight **0.25** lbs. Credit Card Auth. **[REDACTED]**

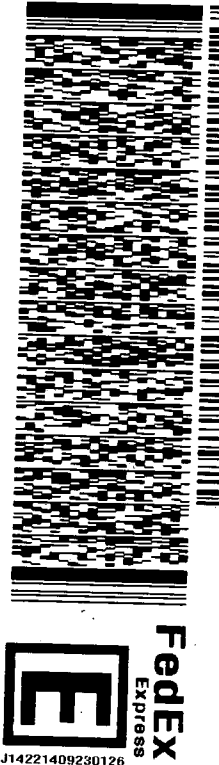
*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.



RT 177
ST 12
A
16:00
A
0256
12.17



TRK# **8025 3567 0256**
X2 LITA
AR - US **LIT**
72118
WED - 17 DEC AA
STANDARD OVERNIGHT



ORIGIN ID: FVVA
UNITED STATES US
TO **KATHERINE YARBERRY**
ADEQ
5301 NORTH SHORE DR
NORTH LITTLE ROCK AR 72118
SHIP DATE: 16DEC14
ACTWT: 0.3 LB
GAD: 70FC1582
DIMS: 0X0X0 IN
BILL SENDER

SMART
carbon-neutral
shipping

Part # 156297-453 RIT 1114
142214096230126
15552028