

**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:
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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 type="checkbox"/> Sole Proprietorship/Private <input checked="" type="checkbox"/> Public Entity (Type: <u>SSD</u>)
<input type="checkbox"/> New Permit <input 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>Benton County, Arkansas Suburban Sewer District</u> <u>Village of Cross Creek</u> NO 1		
Address: <u>PO Box 9299</u>	Phone Number: <u>479</u> <u>530 5926</u>	
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@aquatech44.com</u>	
Title: <u>District Commissioner</u>	Phone Number: <u>479</u> <u>530-5926</u>	Cell Number: <u>479</u> <u>530 5926</u>

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

Facility Name: <u>Benton County, Arkansas Suburban Sewer District</u> <u>Village of Cross Creek</u> NO 1		
Address (911 Address): <u>3302 N Dixie Road AR</u>	Phone Number: <u>479</u> <u>930 5924</u>	
City: <u>Little Flock</u>	State: <u>AR</u>	Zip Code: <u>72756</u>
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>37.31</u> Sec.	Longitude: <u>94</u> Deg <u>8</u> Min <u>33.43</u> Sec.
County: <u>Benton</u>	Source Datum: _____	
Nearest Stream: <u>Brush Creek</u> <u>Tributary</u>	Distance: <u>2000</u> (ft)	Stream Segment: <u>4 K</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 667</u>	Cell Number: <u>479</u> <u>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 Martlett Title: District Commissioner
Responsible Telephone: 479 530 5124 Email: kathy@aguatech944.com
Responsible Signature: K Martlett Date: 12/19/14

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.)

- | Yes | No | |
|-------------------------------------|--------------------------|--|
| <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 checked="" 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) |

*Formation Documents
from Benton County*

NA

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

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

4a. Applicant Type:
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:
<input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority
<input type="checkbox"/> New Application <input 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:

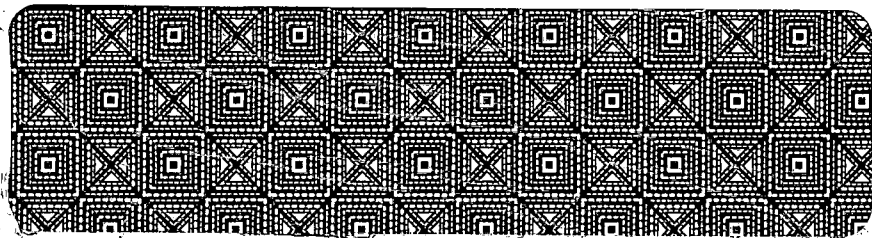
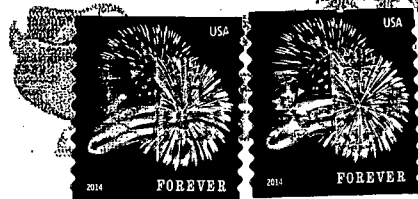
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #18.)

Villages of Cross Creek
PO BOX 9299
Fayetteville, AR
72703

NW ARKANSAS AR 727

23 DEC 2014 PM 2 T



7211845317

ADEQ
Water Div Permits
Branch
Casey Vickerson
5301 Northshore Dr
N. Little Rock, AR

