

# ADEQ

ARKANSAS  
Department of Environmental Quality

**JAN 16 2015**

Robert Holmes  
Waterford Septic Operations, LLC  
3838 Oaklawn Drive, Ste. 920  
Dallas, TX 75219

Re: Permit No.: 4815-WR-3; AFIN: 72-00974

Dear Mr. Holmes:

The application for a no-discharge permit was received on January 2, 2015. In accordance with Department policy, your application has been reviewed and determined to be incomplete. The deficiencies are described below. Information to satisfy the deficiencies must be received by the Department no later than **two weeks from the date of this letter** before processing of your application can begin. Failure to submit the required information will result in your application being returned.

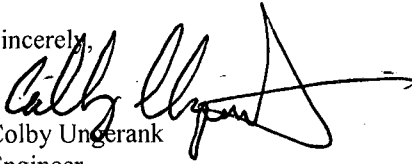
- The second page of your application (enclosed) was not signed. Please have the page signed by the proper representative and return it to the Department.
- Both telephone numbers on the application are incorrect. Please update the application with correct telephone numbers.

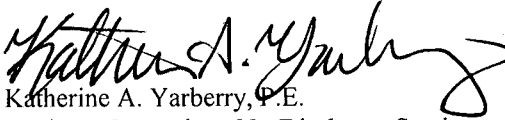
If you find that you are unable to meet the deadline, you may request, upon receipt of this letter, in writing a reasonable extension to the deadline above addressed to the Engineering Supervisor of the No-Discharge Section of the Water Division or by email to [water-permit-application@adeq.state.ar.us](mailto:water-permit-application@adeq.state.ar.us). The Department will inform you whether your request is approved or refused.

Nothing in this request shall preclude the Department from requiring that additional information be submitted in order to complete processing of your application. Performing an activity without the permit required by state and federal regulations may subject you to an injunction and penalties.

Thank you for your cooperation in this matter. If there are any questions concerning this submittal, please contact me at (501) 682-0047 or by email at [ungerank@adeq.state.ar.us](mailto:ungerank@adeq.state.ar.us).

Sincerely,

  
Colby Ungerank  
Engineer  
Water Division, No-Discharge Section

  
Katherine A. Yarberry, P.E.  
Engineer Supervisor, No-Discharge Section  
Water Division

KAY:CU:ad

cc: File

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

Permit No.: <u>4815-WR-3</u>	AFIN: _____	SIC Code: _____	NAICS Code: _____
(Office Use Only)	(Office Use Only)		

**1. Permit Action and Type** (Please check one of the following):

Operator Type: <input type="checkbox"/> Corporation (State of Incorporation: _____) <input checked="" type="checkbox"/> Limited Liability Company (State of LLC: <u>AR</u> )	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Private <input type="checkbox"/> Public Entity (Type: _____)	
<input type="checkbox"/> New Permit <input checked="" type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification of Permit, Describe: <u>owner name change</u>	
<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: Waterford Septic Operations, LLC			
Address: 3838 Oaklawn Drive, Suite 920		Phone Number: <u>214-613-6506</u> <del>479-601-2153</del>	
City: Dallas	State: TX		Zip Code: 75219
Contact Person: (Mr. / Mrs. / Ms.) <u>Robert H. Holmes, II</u>		Email: <u>Robert@hhhfund.com</u>	
Title: Managing member	Phone Number: <u>214 613 0506</u>	Cell Number: <del>479-601-2153</del> <u>214 797 5845</u>	

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

Facility Name: Waterford Estates			
Address (911 Address): 2323 W. Bowen Blvd.		Phone Number: <u>214-613-0506</u> <del>479-601-2153</del>	
City: Goshen		State: AR	Zip Code: 72735
1/4 Sec.:	Section:	Township:	Range:
Latitude: <u>36</u> Deg <u>6</u> Min <u>0</u> Sec.		Longitude <u>94</u> Deg <u>2</u> Min <u>2</u> Sec.	
County: Washington		Source Datum: NAD83	
Nearest Stream: unnamed _____ of White River		Nearest Town: Goshen, AR	
Distance: 990 (ft)		Stream Segment: 4K	

**4. Consultant Information:**

Name: Charles L. Presley		Consulting Firm: Presley, Brannan & Associates, Inc.	
Email: _____		Phone Number: 479-738-6630	
Address: 111 Madison 7805		Cell Number: _____	
City: Huntsville	State: AR	Zip Code: 72740	

**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

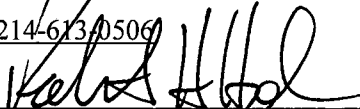
**Municipal, state, federal, or other public facility:** principal executive officer, or ranking elected official

Responsible Official: Robert H. Holmes, II

Title managing member

Responsible Telephone: 214-613-0506

Email: Robert@hhhfund.com

Responsible Signature: 

Date: December 31, 2014

**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 checked="" 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)     |

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

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

www.adeq.state.ar.us

Waterford Estates, LLC  
3838 Oaklawn Ave, Ste 920  
Dallas, Texas 75219

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US POSTAGE  
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