
4815-WR-5 Permit Transfer Form/4815-WR-6 Permit Renewal Documentation Edits

From Rachel D. Lipsey (adpce.ad) <Rachel.Lipsey@arkansas.gov>

Date Thu 5/8/2025 2:17 PM

To kathy@aquatechsys.com <kathy@aquatechsys.com>

Cc bwright@wregional.com <bwright@wregional.com>

 2 attachments (6 MB)

4815-WR-6_Permit Transfer Edits_20250430.pdf; 4815-WR-6_Trust Fund Edits Needed_20250430.pdf;

Kathy,

I have been assigned the 4815-WR-5 permit transfer and 4815-WR-6 permit renewal for the Waterford Estates facility. DEQ is processing these as two separate entries, however I did the review for both at the same time. The annual permit fee for this permit is \$500.

Here is where I am in the review of these items, and the clarification needed to continue processing. Please let me know if you need more than two weeks (5/22/2025) to address these items.

Permit Transfer

The renewal letter stated that "The reason for submission of the Permit transfer form is to correct the name of the facility to align with the deed and renewal paperwork being submitted. This facility was transferred to the name, Goshen Municipal Property Owners Improvement District during the 2010-2015 permit cycle (See Permit Information for Permit 4815-WR-2 on the department's database). I was not involved with that renewal application, so I do not know the reason this was done by the past permittee."

After a review of available resources, here is what I have found:

9/29/2004 - 4815-W Permit established under Waterford Estates, Inc.

7/12/2005 - Ordinance #59 Established the Goshen Municipal Property Owner's Improvement District No. 2 (pg. https://www.adeg.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/PermitInformation/4815-WR-3_Permits%20Transfer%20Form_20150410.pdf). This information was submitted to DEQ by Quattlebaum, Grooms, and Tull on April 10, 2015 in that request to transfer to the permit to the current established name (Permit 4815-WR-2) "Goshen Municipal Property Owners' Improvement District No. 2".

12/28/2007 - Warranty Deed Provided in the recent permit transfer information showing ownership by the requested new permittee (pgs. 14-16, https://www.adeg.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/PermitInformation/4815-WR-6_Renewal%20Application_20250425.pdf) - Exhibit "A" states that this is part of File #23A-174 of the Washington County Final Plat Book.

3/31/2010 - 4815-WR-1 Effective Date to Waterford Estates at Hissom Road Ranch Property Owners Association, Inc.

6/28/2013 - Special Warranty Deed on file with DEQ (pgs. 15-20) - https://www.adeg.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/PermitInformation/4815-WR-2_Application%20and%20Permit%20Transfer%20Form_20150102.pdf. - Exhibit A also states that this is part of Plat Book 23A at page 174 of the Washington County Plat Book.

4/1/2015 - 4815-WR-2 Effective Date to Waterford Septic Operations, LLC / Waterford Estates

4/28/2025 - 4815-WR-3 Effective Date to Goshen Municipal Property Owner's Improvement District #2 based on the information submitted from Ordinance #59 and from attorneys at Quattlebaum, Grooms and Tull. Exhibit "A" was provided on pg. 11 of that documentation regarding the location of this facility.

12/1/2025 - 4815-WR-4 Effective Date to Goshen Municipal Property Owner's Improvement District #2

12/1/2020 - 4815-WR-5 Effective Date to Goshen Municipal Property Owner's Improvement District #2

DEQ received the permit transfer request on 4/24/2025 and the permit renewal application (with updated name change) on 4/25/2025 to Waterford Estates at Hissom Road Ranch Property Owners Association, Inc.

Questions I have after reading the permit transfer form and permit file:

1. What is the status of Goshen Municipal Property Owner's Improvement District #2 per the previously submitted ordinance 59 provided to DEQ?
2. What is the status of the special warranty deed on file from 6/28/2013 that appears to be from this same parcel location of the warranty deed submitted from an earlier date at the this location in April 2025?

Please provide this information signed by the Responsible Official for further processing of the permit transfer request.

Renewal Application

Please see attached for comments and corrections on both the permit transfer form and the trust fund form. Thank you for reviewing and submitting updated items to me in the next two weeks (5/22/2025).

As far as using the previous Waste Management Plan for this renewal, DEQ is requesting a signed and dated letter from the responsible official stating this information with the date of the WMP that is being proposed for continued use for this facility. Upon review of the permit information and the most recent permit, the Waste Management Plan for the current permit appears to be from December 20, 2014. Thank you for providing this validation from the Responsible Official at your earliest convenience.

Unfortunately, this Waste Management Plan from December 20, 2014, is missing the original design drawings, aerial maps, and topographic maps that are now requested in updated waste management plans. Please be aware that DEQ leadership may request these items, and other items requested in waste management plans, in renewal applications during technical review.

Sincerely,

Rachel

Rachel Lipsey | Engineer
Division of Environmental Quality | **Office of Water Quality**
Permits Section
5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0764 | r: 501.335.3140 | e: rachel.lipsey@arkansas.gov



ARKANSAS
ENERGY & ENVIRONMENT

PERMIT TRANSFER FORM

Changed from Ryan Goens. This needs to be selected as well.

PERMIT NUMBER: 4815-WR-5

SELECT ALL OF THE FOLLOWING THAT APPLY:

☐ Permittee (legal name) change [CHANGE OF OWNERSHIP]

☒ Permittee (legal name) change [NAME CHANGE ONLY]

☐ Facility name change

☐ Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Goshen Municipal Property Owners Improvement District # 2

Facility Name: Waterford Estates at Hissom Ranch

Responsible Official Name (see Section IV below): Birch Wright

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

If No, list owner name: Waterford Estates at Hissom Ranch Property Owners Association Inc.

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Waterford Estates at Hissom Ranch Property Owners Association, Inc.

Facility Name (if different from Permittee Name): Waterford Estates at Hissom Ranch

Is the Permittee the owner of the facility? ☒ Yes ☐ No If No, list owner name:

Responsible Official Name (see Section IV below): Birch Wright

Responsible Official Title: President

Permittee Type:

Responsible Official E-mail: bwright@wregional.com

☐ STATE

☐ PARTNERSHIP

Permittee Mailing Address: PO BOX 8295

☐ FEDERAL

☐ PUBLIC

Permittee City: Fayetteville

☒ CORPORATION/LLC

Permittee State: AR Zip: 72703

State of Incorporation: AR

Permittee Phone No.: 479-313-9700

☐ SOLE PROPRIETORSHIP

☐ OTHER:

Is the new permittee registered with the Arkansas Secretary of State?

☒ Yes ☐ No

If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.

A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: PO BOX 8295

Facility City: Fayetteville

Facility State: AR Zip: 72703

Facility Contact Person Name: Birch Wright

Contact Person Title: President

Phone Number: 479-313-9700 Fax Number:

E-mail: bwright@wregional.com

Invoice Contact Person: Birch Wright

City: Fayetteville

Invoice Mailing Address: PO BOX 8295

State: AR Zip: 72703

Invoice Mailing Address:

Phone: 479-313-9700

Cognizant Official Name*: Kathryn Bartlett

Cognizant Official Title: VP NWA Utility Services

Phone Number: 479-530-5924 Fax Number:

E-mail: kathy@aquatechsys.com

* Duly Authorized Representative as outlined in 40 CFR 122.22(b)

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: _____

Current Permittee (Seller): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

New Permittee (Buyer): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

Disclosure Statement:

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

Is Disclosure Statement enclosed: ☒ Yes ☐ No

Trust Fund Requirements:

If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

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 (Responsible Official in Section II)

"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: _____

Birch Wright

Title: _____

President

Signature: _____

[Handwritten Signature]

Date: _____

3/17/25 4/23/2025

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adeq.state.ar.us

Nonmunicipal Domestic Sewage Treatment Works Trust Fund Requirement Form

Permittee (Legal) Name: WATERFORD ESTATES AT HISSOM RANCH PROPERTY OWNERS' ASSOCIATION, INC.
 Facility Name: WATERFORD ESTATES AT HISSOM RANCH
 Permit No. 4815-WR-5 RENEWAL MARCH 2025

Match Filing No.: 800065665:
 "WATERFORD ESTATES AT HISSOM RANCH PROPERTY OWNERS ASSOCIATION, INC." No apostrophe on owners.

Section A – Information Requiring Engineering Certification

Part I – Operating and Maintenance Expenses

$$12 \times 225 = 2700$$

Replace with 4815-WR-5 for permit transfer, & 4815-WR-6 for renewal

	Units/Year	Unit Cost	Annual Cost	5-Year Cost ¹
Operating Expenses				
Operating Labor ²	12	2500.00	30,000.00	159,000.00
Electricity ³	12	975.00	11,700.00	62,010.00
Supplies & Chemicals	12	225.00	2,700.00	14,946.00
Analytical Testing	12	135.00	1,620.00	8,586.00
Generator Fuel Based on generator rental				1,950.00 Based on 7 days
Other: Mowing drip field	8	1,500.00	12,000.00	63,600.00
Maintenance Expenses				
Maintenance Labor ² STEP SYSTEM AT HOME			8,000.00	42,640.00
Parts & Supplies	Included above under operating expenses			
Other: SLUDGE REMOVAL	1		1,000.00	5,300.00
Administrative Expenses				
Administrative Labor ²	12	1,000.00	12,000.00	63,600.00
Customer Fee Collection	0			0
Insurance & Bonding	1		1300.00	6890.00
Consulting and Legal Fees	1			1,200.00
Interest Expenses	0			0
Property Taxes	0			0
Permit Fees	1		500.00	2500.00
Other Miscellaneous Expenses				
TOTAL			80940.00	432,222.00

Recalculate based on annual cost, if change is done.

Use units/year and unit cost (7 days each year? 7 days every 5 years?)

$$8000 \times 5.3 = 42400$$

A value is needed here.

$$500 \times 5.3 = 2650$$

Recalculate based on above.

Part II – Capital Expenditures

- The wastewater treatment plant (WWTP) must be examined by a Professional Engineer registered in the State of Arkansas to determine all necessary capital expenditures, system upgrades, or significant repairs which may be needed within the following five (5) years. A list of all of these items must be attached to this document.

ENGINEERS STATEMENT:

This facility has no planned repairs, upgrades, capital expenditures or significant repairs required for the next five years.

- A milestone schedule for completion of the capital expenditures, system upgrades, or significant repairs must be attached to this document.

Not Applicable

There is a Feb 2018 form on the website as of 4/30/25.

Part III – Financial Plan

ADEQ Office of Water Quality

September 2017

Nonmunicipal Domestic Sewage Treatment Works Trust Fund Requirement Form

A financial plan that demonstrates to the Department's satisfaction the permittee's ability to operate and maintain the WWTP for five (5) years must be prepared. This plan should also include a comprehensive connection summary listing the number of connections and types of connections based on Appendix B of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems. The summary should include the number of existing connections and an estimated number of new connections for the next five (5) years. The financial plan must be attached to this document.

See Attachment B

←
Unsure where this document is located. Please advise.

Part IV – Certification

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, 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.

Printed Name of AR Professional Engineer: Charlee Presley

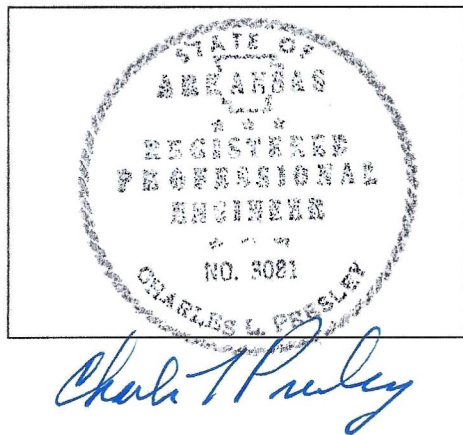
Registration License Number: 3081

Signature of AR Professional Engineer: Charles T Presley

Date: 3/27/2025 Telephone Number: 479-409-6550

E-mail: cjpres@madisoncounty.net Fax Number: _____

Stamp of AR Professional Engineer



Nonmunicipal Domestic Sewage Treatment Works Trust Fund Requirement Form

Section B -- Service Area Information and Certification of Compliance

Part I -- Legal Description

A legal description of the service area *must be attached to this document*. This requirement may be satisfied by providing a plat for the area served by the non-municipal domestic sewage treatment works.

See attached Exhibit A from Warranty Deed for treatment plant/drip field

See attached Exhibit B for service area

Part II -- Potable Water Sources

A list of the sources of the potable water for the service area *must be attached to this document*.

City of Fayetteville Water Department

Part III -- Certification of Compliance

Has the permit applicant complied with all local zoning ordinances, local planning authority regulations, local permitting requirements, and any other applicable local regulations necessary for the construction and operation of this facility?

Yes ☒ No ☐

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, 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.

Printed Name of Permittee Responsible Official: Birch Wright

Signature of Permittee Responsible Official: 

Date: 11/23/2025

Telephone Number: 479-313-9700

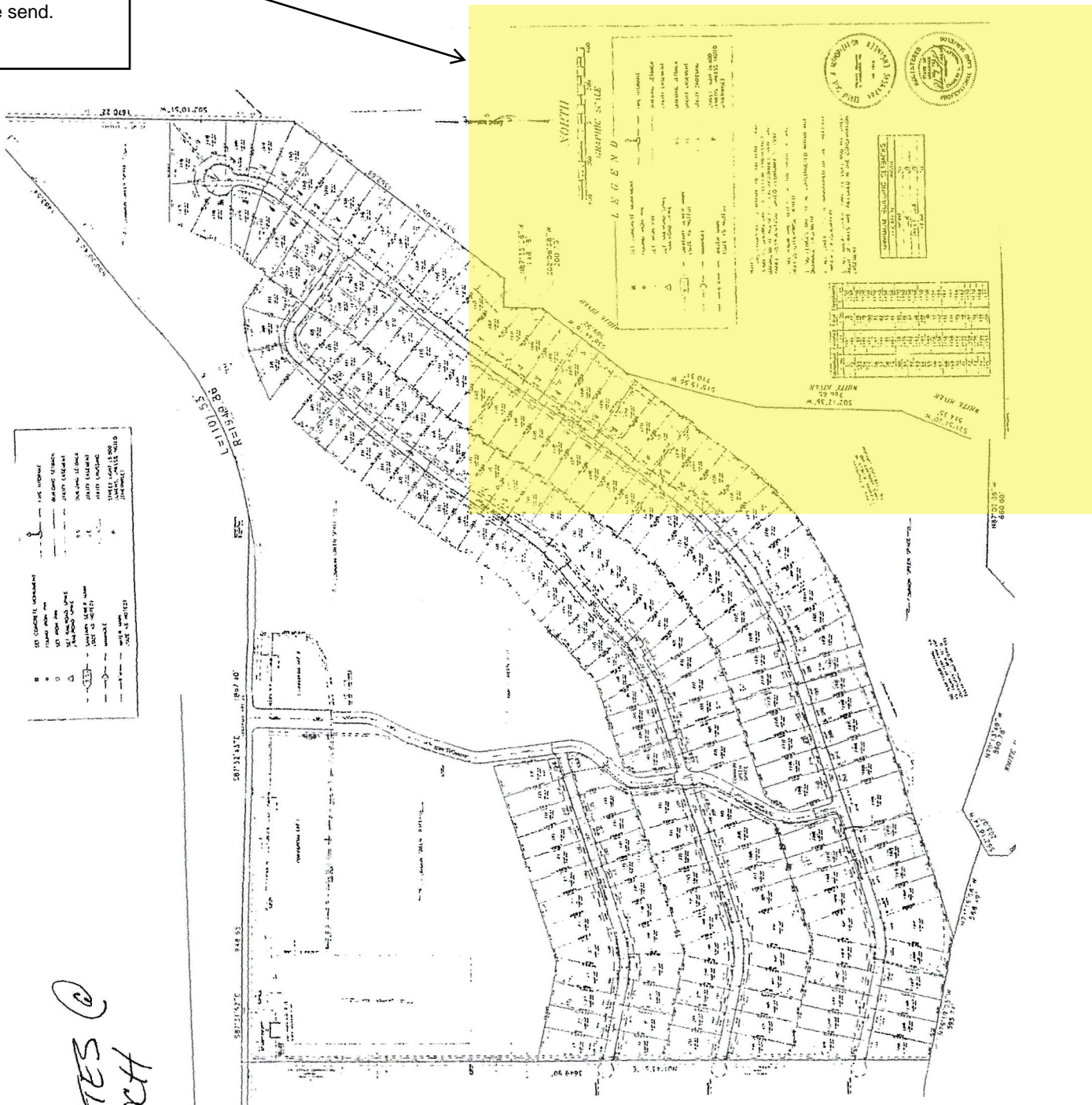
E-mail: bwright@wregional.com

Fax Number: _____

Exhibit
B - Service Area Plat

WATERFORD ESTATES @
Hissom Ranch

ENG cannot read
this page. Assume
this is for the Part I
Legal Description,
Exhibit B. If a clearer
copy is available,
please send.



150930