

Fw: Permit Renewal for Permit No. 4815-WR-4

McWilliams, Katherine

Tue 4/21/2020 10:56 AM

To: Deardoff, Amy <DEARDOFF@adeq.state.ar.us>;

 1 attachment

CCF04212020_0001.pdf;

4815-WR-5_Revised Application and Disclosure Statement

From: Kathy Bartlett <kathy@aquatechsys.com>

Sent: Tuesday, April 21, 2020 10:07 AM

To: McWilliams, Katherine

Subject: RE: Permit Renewal for Permit No. 4815-WR-4

Good Morning Katherine

Attached is the revised permit application and disclosure statement for the Improvement District. Do I need to mail a hard copy as well?

Kathryn Bartlett

Internal Operations Manager

NWA Utility Services, Inc

www.nwautilityservices.com

Direct: 479-530-5926

From: McWilliams, Katherine [mailto:MCWILLIAMSK@adeq.state.ar.us]

Sent: Thursday, April 16, 2020 4:03 PM

To: Kathy Bartlett

Subject: Re: Permit Renewal for Permit No. 4815-WR-4

It depends on how it was formed. It does appear though that Goshen Municipal Property Owners Improvement District #2 had to submit one when the permit was transferred last time to them, so I am assuming that they discussed it with our Legal office last time and were told they had to submit a disclosure statement.

Katherine McWilliams, P.E. | Engineer

Division of Environmental Quality | Office of Water Quality

5301 Northshore Drive | North Little Rock, AR 72118

t: 501.682.0651 | e: mcwilliamsk@adeq.state.ar.us

From: Kathy Bartlett <kathy@aquatechsys.com>
Sent: Thursday, April 16, 2020 3:55 PM
To: McWilliams, Katherine
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

Katherine

It is my understanding that Improvement Districts do not have to submit disclosure statements. Please confirm. If that is correct then I will just change the renewal application to show the Improvement District as the applicant

Kathryn Bartlett
Internal Operations Manager
NWA Utility Services, Inc
www.nwautilityservices.com
Direct: 479-530-5926

From: McWilliams, Katherine [mailto:MCWILLIAMSK@adeq.state.ar.us]
Sent: Thursday, April 16, 2020 2:39 PM
To: Kathy Bartlett
Subject: Re: Permit Renewal for Permit No. 4815-WR-4

https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/PermitInformation/4815-WR-3_Permits%20Transfer%20Form_20150410.pdf

From: Kathy Bartlett <kathy@aquatechsys.com>
Sent: Thursday, April 16, 2020 11:53 AM
To: McWilliams, Katherine
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

I am concerned this will not go to draft notice in a timely manner. Is there anyword from your supervisor yet?

Thanks

Kathryn Bartlett
Internal Operations Manager
NWA Utility Services, Inc
www.nwautilityservices.com
Direct: 479-530-5926

From: McWilliams, Katherine [mailto:MCWILLIAMSK@adeq.state.ar.us]
Sent: Monday, April 06, 2020 7:27 AM
To: 'Kathy Bartlett'
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

I am still waiting on a response from my supervisor regarding the permittee situation. As soon as I receive a response, I will let you know.

Katherine McWilliams, P.E. | Engineer
Division of Environmental Quality | **Office of Water Quality**
 5301 Northshore Drive | North Little Rock, AR 72118
 t: 501.682.0651 | | e: mcwilliamsk@adeq.state.ar.us



From: Kathy Bartlett [mailto:kathy@aquatechsys.com]
Sent: Friday, April 3, 2020 11:36 AM
To: McWilliams, Katherine
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

Hi Katherine

Any further information on this permit renewal being administratively complete?

Thanks

Kathryn Bartlett
 Internal Operations Manager
NWA Utility Services, Inc
www.nwautilityservices.com
 Direct: 479-530-5926

From: McWilliams, Katherine [mailto:MCWILLIAMSK@adeq.state.ar.us]
Sent: Tuesday, March 24, 2020 2:22 PM
To: 'Kathy Bartlett'
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

Kathy,

Thank you for the information. I will look into what needs to be done for this situation and let you know.

Katherine McWilliams, P.E. | Engineer
Division of Environmental Quality | **Office of Water Quality**
 5301 Northshore Drive | North Little Rock, AR 72118
 t: 501.682.0651 | | e: mcwilliamsk@adeq.state.ar.us



ARKANSAS

ENERGY & ENVIRONMENT

From: Kathy Bartlett [<mailto:kathy@aquatechsys.com>]
Sent: Tuesday, March 24, 2020 2:19 PM
To: McWilliams, Katherine
Subject: RE: Permit Renewal for Permit No. 4815-WR-4

Katherine

The last permit issued was for a developer who took over the subdivision. I cannot explain how he permitted this under Goshen Municipal Property Owners Improvement District #2 d/b/a Waterford Estates at Hissom Ranch. The application was done by his attorney. Refer back to the application and supporting document for further understanding. My opinion is that the applicant, Robert Holmes was trying to avoid the financial assurance requirements by permitting this facility under a POID. The property was deeded over in 2007 by Waterford Estates Development, Inc to Waterford Estates at Hissom Ranch Property Owners Association, Inc. The POA has always owned the facility and should be permitted as such. The facility address is 2597 Bowen Blvd.

Do you need a copy of the deed showing the POA's ownership? This one seems quite muddled because of Mr Holmes' permitting of the facility in 2015

Let me know what you need to get this right.

Kathryn Bartlett
 Internal Operations Manager
 NWA Utility Services, Inc
www.nwautilityservices.com
 Direct: 479-530-5926

hanks

From: McWilliams, Katherine [<mailto:MCWILLIAMSK@adeq.state.ar.us>]
Sent: Tuesday, March 24, 2020 1:20 PM
To: 'Kathy Bartlett'
Subject: Permit Renewal for Permit No. 4815-WR-4

Kathy,

I am reviewing the renewal application submitted for 4815-WR-4. I have a few questions regarding some of the information on the application form that need to be addressed.

- The permittee name on the application form does not match the disclosure statement. Neither match the permittee name on file with the Office of Water Quality. The permittee name on file with the Office of Water Quality is **Goshen Municipal Property Owner's Improvement District #2 d/b/a Waterford Estates at Hissom Ranch.**

- The facility address on the application (2597 Bowen Blvd, Fayetteville, AR 72703) does not match the address we have on file (2323 W Bowen Blvd, Goshen, AR 72735). I just wanted to confirm the address for the facility on the renewal application is the correct updated address.

If you have any questions, please email me. Our phone system is currently having some issues.

Katherine McWilliams, P.E. | Engineer

Division of Environmental Quality | **Office of Water Quality**

5301 Northshore Drive | North Little Rock, AR 72118

t: 501.682.0651 | | e: mcwilliamsk@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

Arkansas Department of Environmental Quality

No-Discharge Section Permit Application

Drip Irrigation

Permit No.:	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: AR)	<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>Improvement District</u>)	
<input type="checkbox"/> New Permit	<input checked="" type="checkbox"/> Renewal	<input checked="" type="checkbox"/> Modification of Permit, Describe: <u>Increase CBOD and TSS Limits</u>	

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

Owner Name: Goshen Municipal Property Owners Improvement District #2			
Address: PO Box 8295		Phone Number: 479-841-4932	
City: Fayetteville	State: Arkansas		Zip Code: 72703
Contact Person: (Mr. / Mrs. / Ms.) Ryan Goens		Email: RGoen@SBofA.com	
Title: Treasurer	Phone Number: 479-841-4932	Cell Number: 479-841-4932	

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

Facility Name: Waterford Estates at Hissom Ranch			
Address (911 Address): 2597 Bowen Blvd		Phone Number: 479-841-4932	
City: Fayetteville	State: AR		Zip Code: 72703
1/4 Sec.:	Section: 35	Township: 17N	Range: 29W
Latitude: <u>36 Deg 6 Min 0 Sec.</u>		Longitude <u>94 Deg 2 Min 2 Sec.</u>	
County: Washington		Source Datum: NAD 83	
Nearest Town: Goshen			
Nearest Stream: White River		Distance: 990 (ft)	Stream Segment: 4K
Licensed Operator Name (if applicable): Kenneth Gregory		Lic. # and Class:	010277 Class III Municipal

4. Consultant Information:

Name: Charlie Presley		Consulting Firm: Presley Engineering	
Email: cjpres@madisoncounty.net		Phone Number: 479-738-2979	
Address: PO Box 807		Cell Number: 479-409-6550	
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: Ryan Goens Title: Treasurer

Responsible Telephone: 479-841-4932 Email: RGoens@SBofA.com

Responsible Signature: [Signature] Date: 4.17.2020

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

Cognizant Official: Kathryn Bartlett Title: VP NWA Utility Services Inc

Cognizant Telephone: 479-530-5926 Email: kathy@aquatechsys.com

Cognizant Signature: [Signature] Date: 4/17/2020

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)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Responsible Official match the Secretary of State? |
| | | Submittal of Waste Management Plan |
| | | Stamped & Signed by an Arkansas Licensed PE |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are maps and site description included? |
| | | Submittal of Disclosure Statement (completed and executed) |
| | | Not required for public entity |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of 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) |

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)

Goshen Municipal Property Owners Improvement District #2

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

PO Box 8295

3. CITY, STATE, AND ZIPCODE:

Fayetteville AR 72703

4a. Applicant Type:

☐ Individual ☒ Corporate or Other Entity

4b. Reason for Submission:

☐ Permit ☐ License ☐ Certification ☐ Operational Authority

☐ New Application ☐ Modification ☒ Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

☐ Air ☒ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste ☐ Used Tire Program

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 _____

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.)

Prior permits 4815-W 4815-WR-1 4815- WR-2 and 4815-WR-4

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.)

None

* 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: Lauri Miesner TITLE: President/ Commissioner
STREET: 2530 Riverfront Lane
CITY, STATE, ZIP: Fayetteville AR 72703

NAME: Steve Whitelaw TITLE: V President/Commissioner
STREET: 2303 Riverfront Lane
CITY, STATE, ZIP: Fayetteville AR 72703

NAME: Ryan Goens TITLE: Treasurer/ Commissioner
STREET: 2487 Riverwater Lane
CITY, STATE, ZIP: Fayetteville AR 72703

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: NWA Utility Services Inc TITLE: contracted facility operator
STREET: PO Box 9299
CITY, STATE, ZIP: Fayetteville AR 72703

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:

None

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

None

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law 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.

None

18. VERIFICATION AND ACKNOWLEDGEMENT

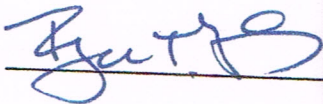
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of 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, Ryan Goens, 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:



TITLE: Treasurer/District Commissioner

DATE: 4/17/2020