PERMIT TRANSFER FORM

Please select o	one of the following	options:					
A. Permittee (legal name) change	B. Fac	ility name change		C. Responsible official name change		
ΠA	□В	□с	☐ A & B	▼ A & C	□ B & C	□ A & B & C	
PE	RMIT NUMBER:						
I. CURRE	NT PERMITTEE 1	INFORMATION	•				
Permittee	e (legal name):		Grun	FILIA	Capital	Developmed division	
Facility 1	Name:		Sloan	_ Estat	tes sun	d1V13100	
Responsi	ible Official Name (see Section IV bel	ow): / / /	ithy Da	rtlett		
Is the per	rmittee identified ab	ove, the owner of	the facility? Ye	es 🗹 No			
If you ma	ark No, please list th	ne name of the owr	ner:	24nnKo	hn, ccc		
II. NEW PE	RMITTEE INFO	RMATION		·			
Darmittae	e (legal name):		Sloan.	ESTA	Les Do	Δ	
	, ,	om D	5/100	n Ext	144 5.11	10115100	
	Name (if different fr			N CON	2 Jul	ialv 15100	
Permittee (legal name): Facility Name (if different from Permittee Name): Is the permittee identified above, the owner of the facility? If you mark No, please list the name of the owner: Yes No Permittee Lynnkohn						7	
n you ma	ak No, piease list in	ie name or the own	ier:	YMAROR	, <u>200</u>		
Responsi	Responsible Official Name (see Section IV below): JR MCCK 5						
	Title of Responsible		rector		Owner	Tyme:	
	Address:	PO	Box 109	18		PARTNERSHIP	
Permittee	City:	Fa	12ttav11	7.		CORPORATION*	
Permittee	-	A	R Zip: 727		SOLE PROPRIET	_	
Permittee	Telephone No.:	(479)	582-600	5		ORBINI	
Is the nev	v permittee registere	ed with the Arkans	as Secretary of State?		Yes Γ	l Na	
If yes, ple	ase provide the full		on if different than the				
permittee	name listed above.						
Facility M	Mailing Address:	PO BOX	10918	Facility City:	Fayette	ville	
				Facility State:	AR Zip:	72703	
Facility C	ontact Person Name	IR Me	cks		7.	ree lee	
	e Number: 592		Fax Number:	Contact Pen	son Title: W/ Chan E-mail:	herz-bank	
Invoice C	ontact Person:	R Much	5	City		ville	
Invoice M	failing Address:	POBOX	10918	State	: AR 2	Cip: 72703	
Invoice M	failing Address:			Telephone	91 582-	6005	
Comizant	t Official Name	Ken Gr	c.401~1	Comi+ Off ·	1 min - A 19 s	rator	
Telephone	t Official Name:	0-3813	Fay Number 17 52	Cognizant Officia		aquatee h 3 4 5	
Lorobitotic	ortuniour.	, , , ,	rak indhiber:		E-mail: NC/16	.Com	

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT TRANSFER FORM

Pendin Jure Foreclosure

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: Capital nevelopment Current Permittee (Seller): Signature of Responsible Corporate Officer: Title of Responsible Corporate Officer: Printed Name of Responsible Corporate Officer: Date: Sloan New Permittee (Buyer): Signature of Responsible Corporate Officer: Title of Responsible Corporate Officer: Printed Name of Responsible Corporate Officer: **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:

From: <u>Vickerson, Casey</u>
To: <u>Deardoff, Amy</u>

Subject: FW: Sloan Estates 4837-WR-2

Date: Thursday, September 05, 2013 2:48:45 PM
Attachments: Permit Transfer Form Sloan09052013 0001.pdf

From: Kathy Bartlett [mailto:kathy@aquatechsys.com]

Sent: Thursday, September 05, 2013 2:46 PM

To: Vickerson, Casey

Subject: Sloan Estates 4837-WR-2

Casey

Attached is the permit transfer form for the referenced facility.

Kathy Bartlett Greenfield Capital Development 479-527-9880