



NWA UTILITY SERVICES, INC
PO Box 9299 Fayetteville, AR 72703
Office 479-530-5926 Fax 479-925-7217
www.nwautilityservices.com

September 27, 2017

Jamal Solaimanian, PhD, PE
Office of Water Quality
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: Renewal Application / Bethel Oaks Subdivision WWTF
Permit No 4875-WR-2

Dear Dr. Solaimanian,

On behalf of the permittee for the above referenced facility, I am submitted the application paperwork for the renewal of Permit No 4875-WR-2. This facility will continue to operate under the previously approved Waste Management Plan as there have been no changes to the facility. Currently this facility does not require any capital expenditures, system upgrades or significant repairs. The subdivision currently has 68 homes connected to the facility and there will be no additional connections.

The following documents are included with this packet:

- No Discharge Form
- ADEQ Disclosure Statement
- Request for Change of Authorization Form
- Arkansas Secretary of State Certificate of Good Standing
- Legal Description of the service area by means of a plat

Thank you for your attention to this matter. If there is any further information you require feel free to contact me directly.

Regards


Kathy Bartlett
Internal Operations Manager
NWA Utility Services
Office: 479-530-5926

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)	Bethel Oaks Property Owners Assoc
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	12531 Bethel Oaks Dr
3. CITY, STATE, AND ZIPCODE:	Farmington AR 72730

4a. Applicant Type:
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:
<input 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 checked="" 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 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.)

currently operating WWTF
under ADEQ Permit NO 4875-WR-2

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.)

* 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: DAVID Levine TITLE: PRESIDENT
STREET: 12519 Bethel OAKS
CITY, STATE, ZIP: FARMINGTON AR 72730

NAME: Nona Rutherford TITLE: SEC / Treasurer
STREET: 12531 Bethel OAKS DR
CITY, STATE, ZIP: FARMINGTON AR 72730

NAME: GREG Reeves TITLE: VICE PRESIDENT
STREET: 12564 Barranger DR
CITY, STATE, ZIP: FARMINGTON AR 72730

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Dennis Lester TITLE: BOARD Member
STREET: 12563 Barranger
CITY, STATE, ZIP: FARMINGTON AR 72730

NAME: Randall Marris TITLE: BOARD Member
STREET: 12594 Bethel OAKS
CITY, STATE, ZIP: FARMINGTON AR 72730

NAME: MIKE TUCKER TITLE: BOARD Member
STREET: 12508 Meadow OAKS
CITY, STATE, ZIP: FARMINGTON AR 72730

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: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

8. List all officers 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: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: Colby Clark TITLE: Board Member

STREET: 12484 Meadow Oaks Dr

CITY, STATE, ZIP: Farmington AR 72730

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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:

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

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 EPOTAL:

I, David Levine, 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:

President

DATE:

9/27/17

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

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 checked="" 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 type="checkbox"/> Public Entity (Type: _____)	
<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 type="checkbox"/> Slaughter House <input type="checkbox"/> Laundromat	
<input type="checkbox"/> Other <u>RESIDENTIAL DEVELOPMENT</u>	

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

Owner Name: BETHEL OAKS PROPERTY OWNERS ASSOCIATION			
Address: 12531 BETHEL OAKS DR		Phone Number: 479-466-2812	
City: FARMINGTON	State: AR	Zip Code: 72730	
Contact Person: <i>(Mr. / Mrs. / Ms.)</i> DAVID LEVINE		Email: countryprideautos@gmail.com	
Title: POA PRESIDENT	Phone Number:	Cell Number: 479-466-2812	

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

Facility Name: BETHEL OAKS SUBDIVISION			
Address <i>(911 Address):</i> COUNTY RD 62		Phone Number:	
City: FARMINGTON	State: AR	Zip Code: 72730	
1/4 Sec.: <u>SW</u>	Section: <u>28</u>	Township: <u>16-N</u>	Range: <u>31-W</u>
Latitude <u>36</u> Deg <u>1</u> 'Min <u>46</u> " Sec.	Longitude <u>94</u> Deg <u>16</u> 'Min <u>43</u> " Sec.	Source Datum: <u>NAD 83</u>	
County: WASHINGTON		Nearest Town: FARMINGTON	
Nearest Stream: GOOSE CREEK	Distance: 1300 (ft)	Stream Segment:	
Licensed Operator Name (if applicable):	KENNETH GREGORY	Lic. # and Class:	#010277 CLASS II

4. Consultant Information:

Name: CHARLEE PRESLEY		Consulting Firm: PRESLEY BRANNON ASSOCIATES	
Email: cjpres@madisoncounty.net		Phone Number:	
Address: PO BOX 607		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: DAVID LEVINE Title: POA PRESIDENT

Responsible Telephone: 479-466-2812 Email: countryprideautos@gmail.com

Responsible Signature:  Date: 9/27/17

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

Cognizant Official: KENNETH GREGORY Title: PLANT OPERATOR / NWA UTILITY SERVICES INC

Cognizant Telephone: 479-790-3813 Email: ken@aquatechsys.com

Cognizant Signature:  Date: 9/27/17

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

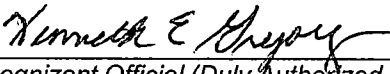
**REQUEST FOR CHANGE OF AUTHORIZATION
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: NA Facility Name: Bethel Oaks WWTF

- Type of Change: (check one)
- New Cognizant Official (or duly authorized representative) (sections 1 and 2)
 - New Responsible Official (complete section 2 only)
 - Both (sections 1 and 2)
 - Additional Cognizant Official (or duly authorized representative) (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following **individual** as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:



Signature of the Cognizant Official (Duly Authorized Representative)

Kenneth Gregory NWA Utility Services Inc

Name (First Name, MI, Last Name) Typed or Printed


8533 Apple Glen _____ Rogers AR 72756
Mailing Address _____ City, State, and Zip

Plant Operator _____ (479) 790-3813 _____ 479-267-4265
Title _____ A/C Phone Fax

Email Address: ken@aquatechsys.com

By signature below, the responsible official certifies that the above named **individual** is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (**Note:** The responsible official is the person authorized to sign the permit application i/a/w 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

 _____ 09-28-17
Signature of the Responsible Official _____ Date

David Levine

Name (First Name, MI, Last Name) Typed or Printed

12531 Bethel Oaks Dr _____ Farmington AR 72730
Mailing Address _____ City, State, and Zip

POA President _____ (479) 466-2812 _____ 479-846-2887
Title _____ A/C Phone Fax

Email Address: countryprideautos@gmail.com

Certification: I certify under penalty of law that this document and all attachments were prepared under my direct 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.

Will the Responsible Official also be the person signing submittals? Yes No



ARKANSAS
SECRETARY OF STATE

Mark Martin

Search Incorporations, Cooperatives, Banks and Insurance Companies

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

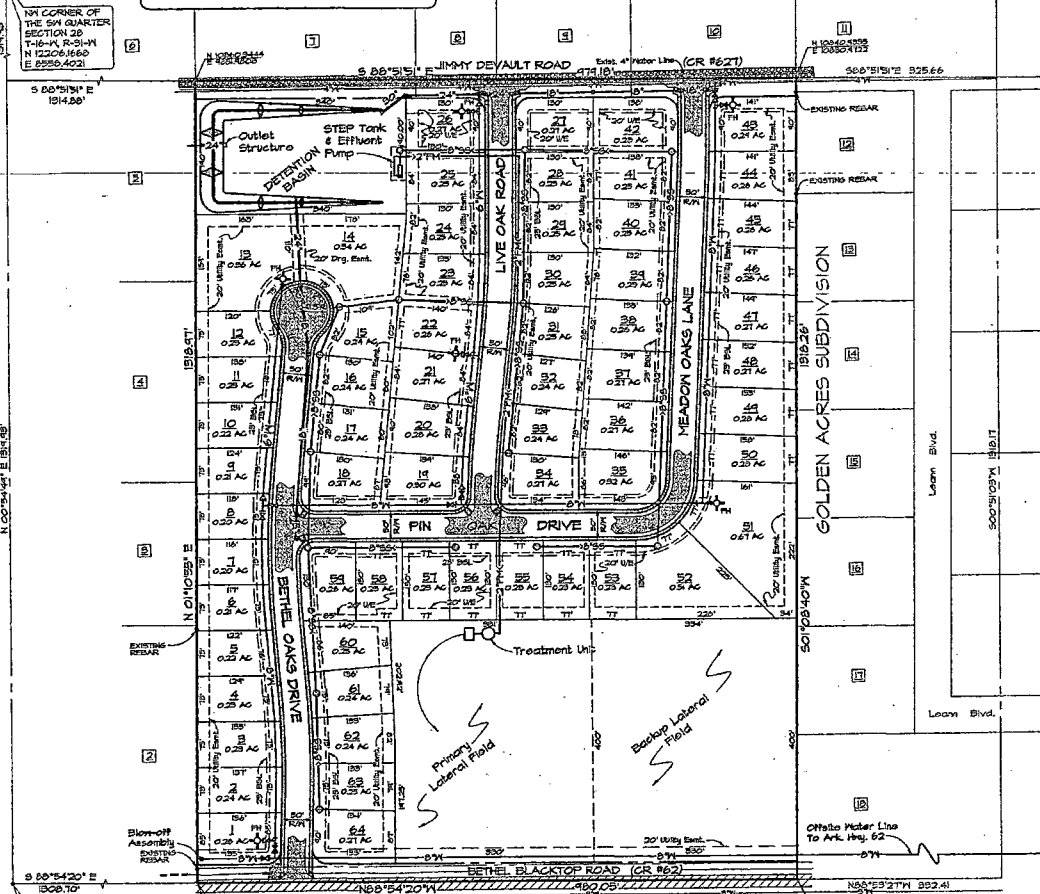
Corporation Name	BETHEL OAKS PROPERTY OWNER'S ASSOCIATION, INC.
Fictitious Names	
Filing #	800121600
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	9524 WEY BRIDGE DRIVE FORT SMITH, AR 72916
Reg. Agent	R. AARON WIRTH
Agent Address	9524 WEY BRIDGE DRIVE FORT SMITH, AR 72916
Date Filed	10/30/2007
Officers	DAVID C. GEAN , Incorporator/Organizer R. AARON WIRTH , President JANET RISLEY , Secretary DAVID LEVINE , Vice-President R. AARON WIRTH , Director DAVID LEVINE , Director JANET RISLEY , Director GREG REEVES , Director DENNIS LESTER , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)

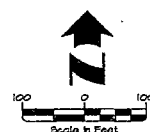
Lat/Long for the Center of the Project:
 Lat= North 36°01'44"
 Long= West 94°16'44" (MSS584)



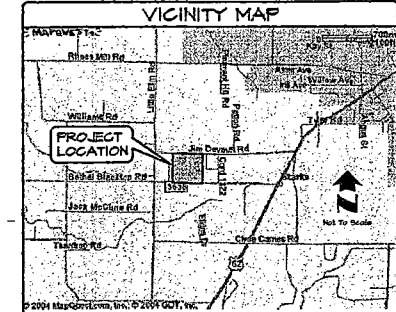
NW CORNER OF THE SW QUARTER SECTION 28 T-16-N, R-31-W N 23°06'16.60" E 8555.4021

SW CORNER SECTION 28 T-16-N, R-31-W N 75°46'52.7" E 8516.320

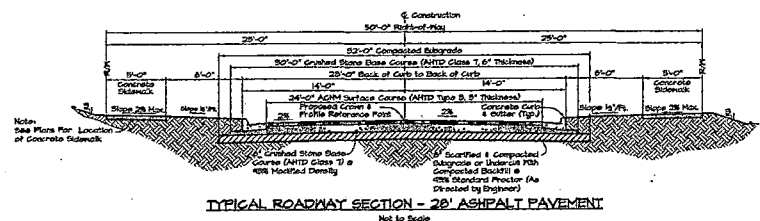
POINT OF BEGINNING SW CORNER OF THE SW 1/4 OF THE SW 1/4 SEC 28, T-16-N, R-31-W N 05°41'25.9" E 8524.1212



LEGEND	
	Boundary Line
	Right-of-Way Line
	Building Setback Line
	Proposed Easement Line
	Proposed Fire Hydrant Assembly
	Proposed Gate Valve
	Proposed PVC Meter Line HWIze
	Proposed Meter Line Tee
	Proposed Meter Line Bond
	Proposed Storm Drain
	Proposed Flood Ebd Section
	Existing Drainage Channel
	Proposed 3' Conc. Sidewalk
	Proposed Handicap Ramp
	Dividing Setback Line
	Utility Easement



LIST OF PROPERTY OWNERS		
NAME	ADDRESS	Parcel #
1. David G. Johnson		
2. Ozark Electric Cooperative Corp.		
3. Daray & Karla Long		
4. William D. & V. Denise Harth		
5. Jimmie Don & Martha Devault		
6. Albert & Terri Taylor		
7. Dale & Madhu Barron		
8. Mark H. & Barbara D. Silva		
9. Carole Ann Cooper		
10. Dale & Madhu Barron		
11. Amanda Chapman		
12. Dallas Royal & Geneva Prentice		
13. Kenneth & Kay Plichta		
14. Shaila J. Ravera		
15. Gary D. Morris		
16. Janis H. Arnold		
17. Zed C. & Mary Robitt		
18. Samuel F. & Helen F. Cheatham		
19. Marlon J. & Jay R. Sellers		



- NOTES:
- Elevations Based on USGS Quadrangle Map (Wheeler).
 - Return Radii at Intersections Shall be 25 Feet at the Right-of-Way Line And 30 Feet at the Back of Curb, Unless Noted Otherwise.
 - Front Setback to be 20' From the Street ROP, Side Setback to a Minimum of 10', From the Side Property Line, Rear Setback to a Minimum of 20' From the Rear Property Line.
 - Soils Classification on Site, Pictnick Loam (P42) and Johnsons Loam (J2).
 - Storm Drain Pipes to be Class III RCP Under Pavement And Corrugated Plastic Pipe Elsewhere.
 - County is NOT Responsible for Sidewalk Maintenance.
 - Proposed Land Use: Residential Subdivision

FLOOD INFORMATION
 Property NOT in the 100 Year Flood Zone. Zone Panel No. 0519C0010 D, Revised July 21, 1991.

SURVEY DESCRIPTION
 Part of the Southeast Quarter of the Southwest Quarter of Section 28, Township 16 North, Range 31 West, Washington County, Arkansas, Being More Particulars Described As Follows:
 Commencing At An Existing Monument At The Southwest Corner of The Southwest Quarter of Solid Section 28, Township 16 North, Range 31 West, Thence South 88°14'21" East, 1308.70 Feet Along The South Line of Solid Southwest Quarter To A Set Pin Nail And The Point of Beginning; Thence North 01°10'50" East, 518.47 Feet Along The West Line of The Solid Southwest Quarter of The Southwest Quarter, To A Set Rebar And Cap Stamped 1954; Thence South 88°15'18" East, 471.10 Feet, Along The North Line of Solid Southwest Quarter of The Southwest Quarter To A Set Rebar And Cap Stamped 1954; Thence South 01°00'40" West, 1810.26 Feet To A Set Pin Nail; Thence North 88°14'20" West, 980.25 Feet To The Point of Beginning, Containing 24.65 Acres More Or Less.

CURRENT ZONING
 N/A

OWNER & DEVELOPER
 Park Lane Development Group, LLC
 91 Gordon Avenue
 Ft. Smith, AR 72501

ENGINEER & SURVEYOR
 Morrison Shipley Engineers, Inc.
 P.O. Box 80712
 Ft. Smith, AR 72517
 (479) 652-1933

Revision	By	Date

MORRISON SHIPLEY ENGINEERS, INC.
 5704 SUPPL LANE, SUITE 200
 FORT SMITH, ARKANSAS 72517
 WWW.MORRISONSHIPLEY.COM

PHONE: (479) 452-1933
 FAX: (479) 452-1939



Drawn By	BB	Vertical Scale	N/A
Approved By		Horizontal Scale	1"=100'
NTM		Plotting Scale	1"=100'
Date	01.18.05	Sheet	1
Project No.	CAN-03	Drawing Name	PREL PLAT

BETHEL OAKS
 at FARMINGTON
 Washington County, Arkansas

PRELIMINARY PLAT
 Issued for Review

Sheet No.	1
of	1

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007



72118

U.S. POSTAGE
PAID
FARMINGTON, AR
72730
SEP 28 17
AMOUNT

\$23.75

R2305E124144-02

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.



This envelope is made from post-consumer waste. Please recycle - again.

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE (478 530 5720)
NWA Utility
PO Box 9299
Fayetteville AR
72703

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
 - Sunday/Holiday Delivery Required (additional fee, where available*)
 - 10:30 AM Delivery Required (additional fee, where available*)
- *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()
ADEQ
Water Div. Permits
Branch
5301 Northshore Dr
N Little Rock, AR
72118-5317

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.



EL804534245US



PRIORITY
★ MAIL ★
EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 72730	Scheduled Delivery Date (MM/DD/YY) 9/29/17	Postage \$ 23.75	
Date Accepted (MM/DD/YY) 9/28/17	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$	COD Fee \$
Time Accepted 2:27 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 23.75	
Weight lbs. 3.7 ozs.	Acceptance Employee Initials M		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, OCTOBER 2016

PSN 7690-02-000-9996

3-ADDRESSEE COPY

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS 10001000006

ORDER FREE SUPPLIES ONLINE

