



NWA UTILITY SERVICES, INC
PO Box 9299 Fayetteville AR 72703
Office 479-530-5926
www.nwutilityservices.com

May 28, 2020

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

Re: Legacy Estates WWTP
Permit Number 4890-WR-2

Dear Dr. Solaimanian,

On behalf of the current permittee and as the new permittee for the referenced facility, I am submitting the application paperwork for the renewal of the permit. This facility will continue to operate under the previously approved Waste Management Plan as there have been no changes to the facility. The Operations and Maintenance manual is the same as the one previously submitted.

The following documents are included with this packet:

- Complete Permit Application
- Complete Disclosure Statement
- Proof of Ownership
- Complete Nonmunicipal Domestic Sewage Treatment Works Form
- Complete Permit Transfer Form

If there is any further information you or your department personnel require feel free to contact me directly.

Regards

A handwritten signature in black ink, appearing to read "K Bartlett", is written over the typed name.

Kathy Bartlett
Internal Operations Manager

Arkansas Department of Environmental Quality
No-Discharge Section Permit Application
Drip Irrigation

Permit No.: <small>(Office Use Only)</small>	AFIN: <small>(Office Use Only)</small>	SIC Code:	NAICS Code:
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1. Permit Action and Type *(Please check one of the following):*

Operator Type: <input 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: _____	

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

Owner Name: Legacy Utility LLC			
Address: PO Box 9299		Phone Number: 479-530-5926	
City: Fayetteville		State: AR	Zip Code: 72703
Contact Person: <i>(Mr. / Mrs. / Ms.)</i> Kathryn Bartlett		Email: kathy@aquatechsys.com	
Title: V President	Phone Number: 479-530-5926		Cell Number: 479-530-5926

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

Facility Name: Legacy Estates			
Address <i>(911 Address):</i> 13158 Randolph Rd		Phone Number: 479-530-5926	
City: Fayetteville		State: AR	Zip Code: 72704
1/4 Sec.: NW	Section: 22	Township: 17N	Range: 31W
Latitude: 36 Deg 8 Min 18 Sec.		Longitude: 94 Deg 17 Min 12 Sec.	Source Datum: NAD 83
County: Washington		Nearest Town: Fayetteville	
Nearest Stream: unnamed tributary of Wildcat Creek		Distance: 1000 (ft)	Stream Segment: 3J Arkansas River
Licensed Operator Name (if applicable): Kenneth Gregory		Lic. # and Class:	010277 Class III Municipal

4. Consultant Information:

Name: Charlee Presley		Consulting Firm: Presley Engineering	
Email: cjpres@madisoncounty.net		Phone Number: 479-723-2979	
Address: PO Box 607		Cell Number: 479 466-9297	
City: Huntsville		State: AR	Zip Code: 72740

Nonmunicipal Domestic Sewage Treatment Works Trust Fund Requirement Form

Permittee (Legal) Name: Legacy Utility LLC
 Facility Name: Legacy Estates
 Permit No. 4890-WR-2 current permit

Section A – Information Requiring Engineering Certification

Part I – Operating and Maintenance Expenses

	Units/Year	Unit Cost	Annual Cost	5-Year Cost ¹
Operating Expenses				
Operating Labor ²	12	1000.00	12,000.00	63,600.00
Electricity ³	12	246.00	2952.00	15,645.00
Supplies & Chemicals	2	125.00	250.00	1325.00
Analytical Testing	12	102.00	1224.00	6487.00
Generator Fuel Based on generator rental				1950.00 Based on 7 days
Other: Mowing drip field	8	600.00	4800.00	25,440.00
Maintenance Expenses				
Maintenance labor	Included with operating Labor			0
Parts & Supplies			500.00	2650.00
Other: SLUDGE REMOVAL	1		1000.00	5300.00
Administrative Expenses				
Administrative Labor ²	12	1000.00	12,000.00	63,600.00
Customer Fee Collection	0			0
Insurance & Bonding	12	75.00	900.00	4797.00
Consulting and Legal Fees	1 every 5 years			1200.00
Interest Expenses	0			0
Property Taxes	0			0
Permit Fees	1		750.00	3975.00
Other Miscellaneous Expenses				
TOTAL			36,376.00	195,969.00

The above O & M costs are based on actual historical figures for this facility and are an accurate representation thereof.

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

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: Kathryn Bartlett Title: Vice President


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

Responsible Signature:  Date: _____

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

Cognizant Official: Kenneth Gregory Title: Operations Manager NWA Utility Services, Inc

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

Cognizant Signature:  Date: _____

PERMIT REQUIREMENT VERIFICATION (Please check the following to verify the completion of permit requirements.)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input 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 type="checkbox"/> | Submittal of Waste Management Plan
Stamped & Signed by an Arkansas Licensed PE
Are maps and site description included? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |

Nonmunicipal Domestic Sewage Treatment Works Trust Fund Certification Form

Part III – Financial Plan

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.*

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: Charles L. Presley

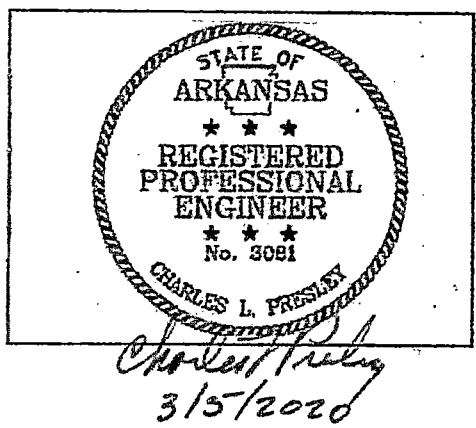
Registration License Number: 3081

Signature of AR Professional Engineer: *Charles L. Presley*

Date: March 5, 2020 Telephone Number: 479-738-2979

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

Part II – Potable Water Sources

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

Washington water Authority

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: Kathryn Bartlett

Signature of Permittee Responsible Official: _____

K Bartlett

Date: _____

5/28/2020

Telephone Number: 479-530-5926

E-mail: kathy@aquatechsys.com Fax Number: None

EXHIBIT "A"

LEGAL DESCRIPTION

Being a portion of Lot 101, Legacy Estates Subdivision, Washington County, Arkansas and being more particularly described as follows:

Commencing at the Northeast corner of the Northwest Quarter (NW 1/4) of the Northwest Quarter (NW 1/4) of Section 22, Township 17 North, Range 31 West; thence North $88^{\circ}00'45''$ West - 265.81 feet; thence South $01^{\circ}49'32''$ West - 484.84 feet; thence North $89^{\circ}15'32''$ West - 85.47 feet to the POINT OF BEGINNING; thence South $01^{\circ}11'09''$ West - 507.59 feet; thence South $77^{\circ}43'10''$ West - 539.87 feet; thence North $11^{\circ}11'09''$ East - 63.01 feet; thence North $78^{\circ}48'51''$ West - 17.71 feet; thence North $01^{\circ}11'09''$ East - 82.31 feet; thence North $88^{\circ}48'51''$ West - 98.48 feet; thence North $01^{\circ}11'09''$ East - 490.61 feet; thence North $86^{\circ}03'54''$ East - 58.61 feet; thence South $87^{\circ}07'25''$ East - 386.37 feet; thence South $89^{\circ}15'32''$ East - 185.43 feet to the POINT OF BEGINNING, containing 8.10 acres, more or less. Subject to rights-of-way and/or easements, if any.



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

FINANCIAL PLAN FOR LONG TERM OPERATIONS AND MAINTENANCE

As per the historical operational cost and the monthly service fees of current and planned connections for this facility this, there is sufficient revenue to cover cost and maintain any necessary capital reserves.

CONNECTION SUMMARY

YEAR	NUMBER OF RESIDENTIAL CONNECTIONS	ESTIMATED NUMBER OF BEDROOMS PER HOME	MONTHLY SEWER RATE	ANNUAL REVENUE	OPERATIONAL COST
2020	100	3	50.00	60,000.00	36,376.00
2021	110	3	50.00	66,000.00	36,376.00
2022	110	3	50.00	66,000.00	36,376.00
2023	110	3	50.00	66,000.00	36,376.00
2024	110	3	50.00	66,000.00	36,376.00



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


LEGACY ESTATES UTILITY LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 29, 2016.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 26th day of February 2020.





John Thurston
Secretary of State
Online Certificate Authorization Code: aa7bcb21beb723e
To verify the Authorization Code, visit sos.arkansas.gov

PERMIT TRANSFER FORM

PERMIT NUMBER: _____

SELECT ALL OF THE FOLLOWING THAT APPLY:

- Permittee (legal name) change [CHANGE OF OWNERSHIP]
- Facility name change
- Permittee (legal name) change [NAME CHANGE ONLY]
- Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Legacy Estates Homeowners Association
 Facility Name: Legacy Estates INC.
 Responsible Official Name (see Section IV below): Ryan Russell
 Is the permittee identified above, the owner of the facility? Yes ; No * until closing date of JUNE 30, 2020
 If No, list owner name: _____

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Legacy Utility LLC
 Facility Name (if different from Permittee Name): _____
 Is the Permittee the owner of the facility? Yes ; No If No, list owner name: will be owner at closing date of JUNE 30, 2020
 Responsible Official Name (see Section IV below): Kathryn Bartlett
 Responsible Official Title: Managing Member Permittee Type: _____
 Responsible Official E-mail: kathy@aquatechsys.com STATE PARTNERSHIP
 Permittee Mailing Address: PO Box 9299 FEDERAL PUBLIC
 Permittee City: Fayetteville CORPORATION/LLC
 Permittee State: AR Zip: 72703 State of Incorporation: _____
 Permittee Phone No.: (479) 530-5926 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 9299 Facility City: Fayetteville
 Facility State: AR Zip: 72703
 Facility Contact Person Name: Kathryn Bartlett Contact Person Title: Managing Member
 Phone Number: (479) 530-5926 Fax Number: None E-mail: kathy@aquatechsys.com
 Invoice Contact Person: Kathryn Bartlett City: Fayetteville
 Invoice Mailing Address: PO Box 9299 State: AR Zip: 72703
 Invoice Mailing Address: _____ Phone: (479) 530 5926
 Cognizant Official Name*: Kathryn Bartlett Cognizant Official Title: Managing Member
 Phone Number: (479) 530-5926 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: June 30, 2020

Current Permittee (Seller): Legacy Estates Homeowner Association, Inc

Signature of Responsible Corporate Officer: Mike Roberts

Title of Responsible Corporate Officer: HOA President

Printed Name of Responsible Corporate Officer: MIKE ROBERTS

Date: 5/27/2020

New Permittee (Buyer): Legacy Utility, LLC

Signature of Responsible Corporate Officer: K Bartlett

Title of Responsible Corporate Officer: MANAGING MEMBER

Printed Name of Responsible Corporate Officer: KATHRYN BARTLETT

Date: 5/27/2020

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.adeg.state.ar.us/water/permits/npdes/individual/pdis/ndstsw-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: Kathryn Bartlett Title: Managing Member

Signature: K Bartlett Date: 5/27/2020

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

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)

Legacy Utility LLC

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

PO BOX 9299

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.)

Applicant has operational authority thru ownership or by contract for the following

4890 - WR-2

4815 - WR-4

4879 - WR-3

4899 - WR-3

4843 - WR-3

4908 - WR-2

4811 - WR-4

4957 - WR-3

5298 - W

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: Tom Bartlett TITLE: President

STREET: 8533 Apple Ct

CITY, STATE, ZIP: Rogers, AA 72756

NAME: Kathy Bartlett TITLE: Vice President

STREET: 8533 Apple Ct

CITY, STATE, ZIP: Rogers, AR 72756

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: None 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: None 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: Ken Gregory TITLE: Operations Manager

STREET: 189 Ruth St

CITY, STATE, ZIP: Farmington AR 72730

NAME: James Bartlett TITLE: Plant Operator

STREET: 509 Carol Dr

CITY, STATE, ZIP: Bella Vista AR 72714-3239

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: None 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: None 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: NWA Utility Services, Inc
STREET: PO Box 9299
CITY, STATE, ZIP: Fayetteville, AR 72703

Organizational Relationship:

Member
100% ownership

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 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: None 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, NATHRYN BURKETT, 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: N M Burkett

TITLE: Vice President

DATE: 5/27/2020

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PRESS FIRMLY TO SEAL



1007



72118

U.S. POSTAGE PAID
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72756
MAY 28, 20
AMOUNT

\$26.35

R2307M1 52508-02



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CUSTOMER USE ONLY

FROM: (PLEASE PRINT) **PHONE:** 479, 530-5920
 NWA Utility Service
 PO BOX 9299
 Fayetteville AR
 72704

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

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.

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

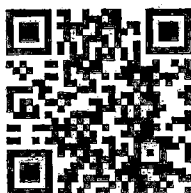
PO ZIP Code 72756	Scheduled Delivery Date (MM/DD/YY) 5/29/20	Postage \$ 26.35
Date Accepted (MM/DD/YY) 5/28/20	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee \$
Time Accepted 4:02 PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Live Animal Transportation Fee \$
Weight 4 lbs.	Acceptance Employee Initials T.M.	Total Postage & Fees \$ 26.35

TO: (PLEASE PRINT) **PHONE:** ()
 ADEQ
 Jamal Solimanian
 Water Division
 5301 Northshore Dr
 N. Little Rock, AR
 ZIP + 4® (U.S. ADDRESSES ONLY)
 72118-5317

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

To schedule free Package Pickup, scan the QR code.



USPS.COM/PICKUP



PS 10001000006

PEEL FROM THIS CORNER

EP13F Oct 2018
OD: 12 1/2 x 9 1/2

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