

From: [McWilliams, Katherine](#)
To: [Deardoff, Amy](#)
Subject: Fw: Permit No. 4890-WR-3
Date: Thursday, June 4, 2020 11:54:42 AM
Attachments: [CCF06042020.pdf](#)
[CCF06042020_0001.pdf](#)
[subsurface-drip-irrigation-app.pdf](#)
[NDSTW Trust Fund Requirement Form Legacy Estates.pdf](#)

4890-WR-3_Revised Forms

From: Kathy Bartlett <kathy@aquatechsys.com>
Sent: Thursday, June 4, 2020 11:39 AM
To: McWilliams, Katherine
Subject: RE: Permit No. 4890-WR-3

Here you go, sorry about that error

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, June 04, 2020 9:50 AM
To: Kathy Bartlett
Subject: Permit No. 4890-WR-3

Kathy,

I am reviewing the application submitted for the renewal of Legacy Estates' no-discharge permit. The only item that needs to be addressed for the administrative completeness review is the permittee name. According to the proof of good standing from the Arkansas Secretary of State submitted with the application, the new permittee name on the permit application form, disclosure form, transfer form, and trust fund form should be Legacy Estates Utility LLC. The permittee name on those forms is currently Legacy Utility LLC, which is not registered with the Arkansas Secretary of State. The permittee name needs to be identical to the name registered with the Arkansas Secretary of State.

The revised pages can be emailed back to me. Please let me know if there is a name change submitted to the Arkansas Secretary of State to change from Legacy Estates Utility LLC to Legacy Utility LLC that is pending.

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 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: _____) <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 Estates 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: <u>36 Deg 8 Min 18 Sec.</u>		Longitude: <u>94 Deg 17 Min 12 Sec.</u>	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	

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
If No, list owner name: Date of June 30, 2020

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Legacy Estates 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
Responsible Official E-mail: Kathy@aquatichsys.com
Permittee Mailing Address: PO Box 9299
Permittee City: Fayetteville
Permittee State: AR Zip: 72703
Permittee Phone No.: (479) 530-5926
Permittee Type:
☐ STATE ☐ PARTNERSHIP
☐ FEDERAL ☐ PUBLIC
☒ CORPORATION/LLC
State of Incorporation: _____
☐ 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@aquatichsys.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@aquatichsys.com

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

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adec.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 Estates Utility, LLC

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

P.O. Box 9299

3. CITY, STATE, AND ZIP CODE:

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 _____

Nonmunicipal Domestic Sewage Treatment Works Trust Fund Requirement Form

Permittee (Legal) Name: Legacy Estates 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 Cost¹
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				
Management Fee	1	500.00	6000.00	31,800
TOTAL			32,376	227,769.00

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