

**WATER POLLUTION CONTROL PERMIT APPLICATION
ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY**

Septic Tank and Leach Field

Revised September 24, 2007

Permit No.:	AFIN No.:	SIC Code:	NAICS Code:
(Office use only)	(Office use only)	(Office use only)	(Office use only)

1. Permit Action Requested: (Please check one of the following.)

<input type="checkbox"/> New Permit for New Facility	<input type="checkbox"/> New Permit for Existing Facility	<input checked="" type="checkbox"/> Permit Renewal
<input type="checkbox"/> Modification of Existing Permit, Please Describe: _____		

2. Name and Mailing Address of Organization/Individual Requesting Permit:

Owner/Organization Name: (Mr./Mrs./Ms.) First Asset Holdings, LLC			
Address: PO BOX 7		Phone:	
City: Fort Smith	State: AR	Zip: 72902	
Contact Person: (Mr./Mrs./Ms.) Charles B Cook		Phone: (479) 788-4309	
Fax: (479) 788-4602	Email: charlescook@fnbfs.com		

3. Type of Waste Management: (Please check all that apply to your system.)

<input type="checkbox"/> Car Wash	<input type="checkbox"/> Truck Wash	<input type="checkbox"/> Laundromat	<input type="checkbox"/> Slaughterhouse
<input checked="" type="checkbox"/> Other, Please Describe: Residential subdivision			

4. Waste Storage and/or Treatment Facility Location: (actual facility address is required; NO P.O. BOXES)

Facility Name: Deer Haven Subdivision				
Address: 15046 Smith Ridge Rd			Phone:	
City: Garfield		State: AR	Zip: 72732	
¼ Sec.: NW	Section: 15	Township: T-20-N	Range: R-29-W	County: Benton
Latitude: 36.24.28	Longitude: 94.02.26	Source Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27		
Name and Distance to Nearest Stream: Little Sugar Creek 10 miles			Nearest Town: Avoca, AR	

5. Consultant Information:

Name: (Mr./Mrs./Ms.) Charles L Presley			
Consulting Firm Name: Presley Brannan & Associates			
Address:		Phone: (479) 738-6630	
City: Huntsville		State: AR	Zip:
Fax:	Email: cjpres@madisoncounty.net		

6. Please describe the location of the facility with respect to roads, towns and other easily identifiable landmarks:

See Attached

7. Please list and describe all waste storage and/or treatment components:

See Attached

8. Is the applicant organized as a corporation? YES or NO; If yes, is it foreign or domestic? _____

Is the corporation currently registered to do business with the Arkansas Secretary of State? YES or NO

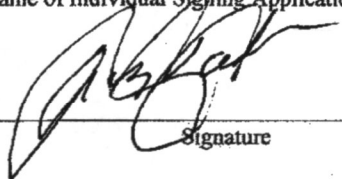
Please read the following carefully and sign below.

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 signature below must be in compliance with Part I, Item 4 on pages 1-2.

Charles B. Cook
Name of Individual Signing Application (Please Print)

Sr. Vice President
Title


Signature

Date

6. Location of facility with respect to roads, towns and other easily identifiable landmarks:

From I-540 exit on Hwy 102, travel 3.5 miles to Hwy 62, continue on Hwy 62 to the Avoca One Stop Convenience Store, turn right on Rose and travel 0.2 miles, turn left on Pearl Ave. and travel 0.5 miles to Smith Ridge Rd, turn right travel 0.2 to the tee in the road, go left at the tee 0.9 miles to the subdivision.

7. Please list and describe all waste storage and/or treatment components:

Wastewater flows thru 8" gravity collection from residents to the lift station. From lift station the wastewater pumps to a 33K Primary Settling Tank and then to an 11K Equalization Tank. The wastewater is pumped from the Equalization Tank to 2 Bioclere Treatment Units. Biosolids in the Bioclere Treatment Unit Clarifier are pumped back to the Primary Settling Tank. Treated effluent gravity flows from the Bioclere units to a 12K Final Settling Tank/ Dosing Tank. The treated effluent is then dosed into the drip irrigation field lines

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.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)] .
5301 Northshore Drive
North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

First Asset Holding, LLC

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

PO Box 7

3. CITY, STATE, AND ZIPCODE:

Fort Smith, AR 72902

4. (check all that apply.)

- Individual Corporate or Other Entity
- Permit License Certification Operational Authority
- New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
- Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste
- Environmental Preservation and Technical Service

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 I filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #18.)

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.)

None

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: Charles B Cook TITLE: Senior VP of FNB

STREET: PO Box 7

CITY, STATE, ZIP: Fort Smith, AR 72902

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: _____ 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: _____ 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: None _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

NAME: None _____

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: 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

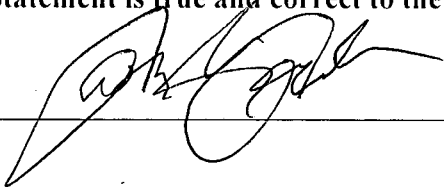
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of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

State of Arkansas

County of Logan

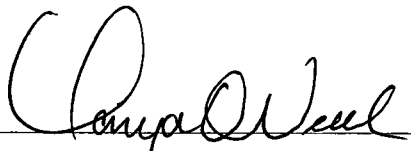
I, Charles B. Cook, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: 

COMPANY TITLE: Sr. Vice President of First National Bank

DATE: 9/26/11

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF September 20 11


NOTARY PUBLIC

MY COMMISSION EXPIRES:

TANYA O'NEAL
NOTARY PUBLIC-ARKANSAS
LOGAN COUNTY
My Commission Expires 05-13-2015

State Permitted Facility
Operation & Maintenance (O&M) Expense Estimate

State Water Permit No. 4901-W

Date: 9/18/2011

By: Greenfield Capital Development for First Asset Holding LLC

O&M Expense Categories	Units/Year	Unit Cost	Annual Cost	5-Year Cost ¹
Operating Expenses				
Operating Labor ²	12	700	8400.00	44,520.00
Electricity ³	12	184	2208.00	11,703.00
Supplies & Chemicals				
Analytical Testing	16	110.00	1760.00	9,327.00
Generator Fuel				
Maintenance Expenses				
Maintenance Labor ²				
Parts & Supplies				
Building Materials				
Administrative Expenses				
Administrative Labor ²				
Customer Fee Collection				
Insurance & Bonding				
Consulting & Legal Fees	1	500	500.00	2650.00
Interest Expenses				
Property Taxes				
Permit Fees	1	500	500.00	2650.00
Other Miscellaneous Expenses				
TOTAL				70850.00

Notes:

- 1 Assuming no inflation data are available, assume an inflation rate of 3% in years two through five and multiply the annual cost by 5.3 to estimate the five-year cost.
- 2 Labor costs must include fringe benefits and payroll taxes.
- 3 For existing facilities, include historical data if they are representative of future operations. For new facilities, show the electricity consumption calculations in kilowatt hours (kWh).