



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

March 13, 2013

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 Deer Haven Subdivision
Permit No 4908-WR-1

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 4908-WR-1. This facility will continue to operate under the previously approved Waste Management Plan as there have been no changes to the facility.

The following documents are included with this packet:

- No Discharge Form
- ADEQ Disclosure Statement
- Arkansas Secretary of State Certificate of Good Standing

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
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 type="checkbox"/> Corporation (State of Incorporation: _____)		<input checked="" type="checkbox"/> Limited Liability Company (State of LLC: <u>AR</u>)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship/Private	<input type="checkbox"/> Public Entity (Type: _____)	
<input type="checkbox"/> New Permit <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification of Permit, Describe: _____			
<input type="checkbox"/> Carwash/Truck Wash		<input type="checkbox"/> Domestic Septic System	<input checked="" type="checkbox"/> Drip Irrigation System
<input type="checkbox"/> Slaughter House		<input type="checkbox"/> Laundromat	
<input type="checkbox"/> Other _____			

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

Owner Name: First Asset Holdings LLC			
Address: PO Box 7		Phone Number: 479-788-4309	
City: Fort Smith	State: AR		Zip Code: 72902
Contact Person: (Mr. / Mrs. / Ms.) Charles Cook		Email: charlescook@fnbfs.com	
Title: VP	Phone Number: 479-788-4309	Cell Number: 479-651-3298	

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

Facility Name: Deer Haven Subdivision			
Address (911 Address): 15046 Smith Ridge Rd		Phone Number: 479-788-4309	
City: Avoca	State: AR		Zip Code: 72732
1/4 Sec.: NW	Section: 15	Township: T-20-N	Range: R-29-W
Latitude: 36 Deg 24Min 38Sec.		Longitude 94 Deg 02Min 26Sec.	Source Datum: WGS 84
County: Benton		Nearest Town: Avoca	
Nearest Stream: Little Sugar Creek		Distance: 52,800 (ft) 10 miles	Stream Segment:

4. Consultant Information:

Name: Charles Presley		Consulting Firm: Presley Engineering	
Email: cjpres@madisoncounty.net		Phone Number: 479-738-6630	
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: Charles Cook Title: Senior VP

Responsible Telephone: 479-788-4309 Email: charlescook@fnbfs.com

Responsible Signature: [Signature] Date: 3/10/17

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

Cognizant Official: Kenneth Gregory Title: Plant Operator

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

Cognizant Signature: [Signature] Date: 3/10/17

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 Registered PE/ ADH Designated Representative |
| | | Are maps and site description included? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Submittal of Operation/Maintenance Plan (nonmunicipal wastewater treatment systems) |
| | | Is the cost estimate 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 Land use Contract/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) |

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

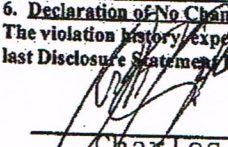
- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 6 and 19.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 5, 7, 8, and 17 through 19.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 5, and 7 through 19.

Mail to:

ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
P.O. Box 8913
Little Rock AR 72219-8913

Hand Deliver to:

ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
8001 National Drive
Little Rock AR 72209

<p>1. APPLICANT: (Full Name) First Asset Holding, LLC</p>	<p>2. SOCIAL SECURITY NUMBER OR TAX ID. NUMBER: 26-3119165</p>
<p>3. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route): PO Box 7</p>	
<p>4. CITY, STATE, AND ZIPCODE: Fort Smith AR 72902</p>	
<p>5. (check all that apply.)</p> <p> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity <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 6 and 19.) <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 <input type="checkbox"/> Environmental Preservation and Technical Service </p>	
<p>6. 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 filed with ADEQ on <u>October 2011</u></p> <p style="text-align: center;">  Charles B. Cook, Agent Signature of Individual or Authorized Representative of Firm or Legal Entity (Also complete #19.) </p>	

7. 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.)

8. List and explain all civil or criminal legal actions (except minor traffic violations) by government agencies against the Applicant * in the last ten 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 9-17 of this Disclosure Statement.

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

NAME: Charles B Cook

TITLE: Sr Vice President

SSN: _____

STREET: PO Box 7

CITY, STATE, ZIP: Fort Smith AR 72902

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

11. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

12. 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: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____

TITLE: _____

SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

15. 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:

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

17. 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: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

18. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

19. VERIFICATION AND ACKNOWLEDGEMENT

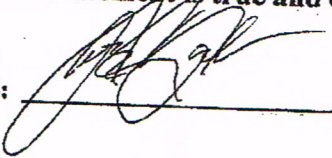
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of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

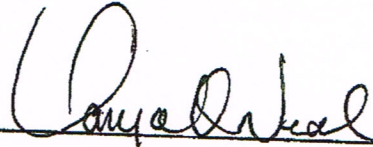
I, Charles B. Cook, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT
SIGNATURE: 

COMPANY
TITLE: Agent

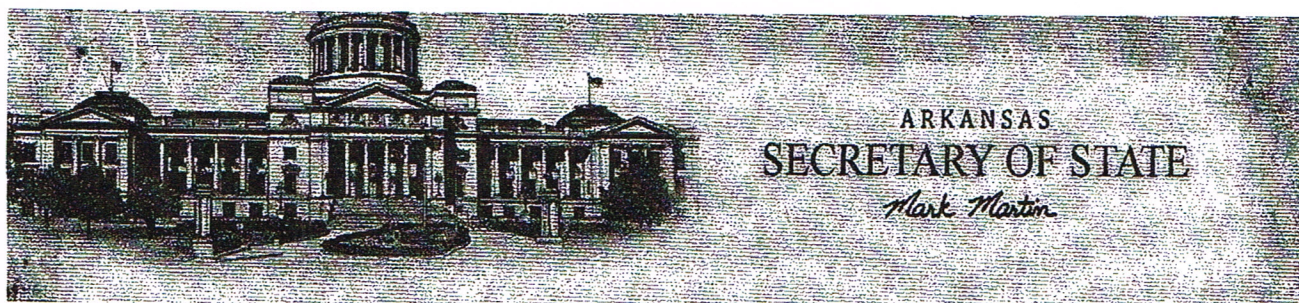
DATE: 3-10-2017

SUBSCRIBED AND SWORN TO BEFORE ME THIS 10th DAY OF March 2017


NOTARY PUBLIC

MY COMMISSION EXPIRES:

TANYA O'NEAL
NOTARY PUBLIC-ARKANSAS
LOGAN COUNTY
COMMISSION NO. 12403943
COMMISSION EXP. 3-25-2025



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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	FIRST ASSET HOLDINGS, LLC
Fictitious Names	
Filing #	800138671
Filing Type	Limited Liability Company
Filed under Act	Domestic LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	R. RAY FULMER II
Agent Address	622 PARKER AVE. FORT SMITH, AR 72901
Date Filed	07/23/2008
Officers	R. RAY FULMER II, Incorporator/Organizer AL SNIDER , Tax Preparer
Foreign Name	N/A
Foreign Address	
State of Origin	N/A
Purchase a Certificate of Good Standing for this Entity	Pay Franchise Tax for this corporation

From: [Solaimanian, Jamal](#)
To: [Deardoff, Amy](#)
Subject: FW: Permit renewal 4908-WR-1
Date: Monday, March 13, 2017 1:33:10 PM
Attachments: [4908-WR-1 renewal application.pdf](#)

Jamal Solaimanian, Ph.D., P.E.

Engineering Supervisor
Office of Water Quality, ADEQ
501-682-0620
jamal@adeq.state.ar.us

From: Kathy Bartlett [mailto:kathy@aquatechsys.com]
Sent: Monday, March 13, 2017 1:27 PM
To: Solaimanian, Jamal
Subject: Permit renewal 4908-WR-1

Dr. Solaimanian

Attached is the paperwork for the renewal application for 4908-WR-1. Please forward to the necessary department for processing for me. Thank you for your assistance

Regards

Kathryn Bartlett
Internal Operations Manager
NWA Utility Services, Inc
www.nwautilityservices.com
Direct: 479-530-5926