

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 Attachment 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*.

See Attachment C

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 X 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: Meredith Chisholm

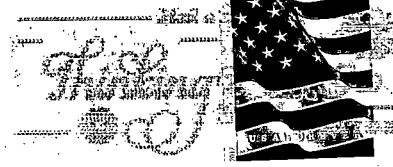
Signature of Permittee Responsible Official: MChisholm

Date: 9-5-10 Telephone Number: 479-409-4767

E-mail: m00com@aol.com Fax Number: NA

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Tim Byrne
Engineer
ADEQ, Water Division
NLR, AR 72118

7211889999

