

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
LANDFILL SANITARY DISCHARGE
NPDES GENERAL PERMIT ARG160000

Application Type: New Renewal (Permit # ARG16 0003)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Waste Management of Arkansas Operator Type:
Permittee Mailing Address: 100 Two Pine Drive State Partnership
Permittee City: North Little Rock Federal Corporation*
Permittee State: AR Zip: 72117 Sole Proprietorship/Private
Permittee Telephone Number: (501) 982-7336 *State of Incorporation: DE
Permittee Fax Number: (501) 982-2606 The legal name of the Permittee must be
Permittee E-mail Address: Lrotenbe@wm.com identical to the name listed with the Arkansas
Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Kirby Thompson City: Springdale
Invoice Mailing Company: Eco-Vista Landfill State: AR Zip: 72762
Invoice Mailing Address: 2210 Waste Management Drive Telephone: (479) 361-2069

III. FACILITY INFORMATION

Facility Name: WM - Eco-Vista Landfill Facility Contact Person: Kirby Thompson
Facility Address: 2210 Waste Management Drive Telephone Number: (479) 361-2069

Driving Directions to Facility: HWY 412 W, Left on Klenc Rd, R on Arbor Acres, L on Waste Management Dr.

Facility County: Washington Facility City, State & Zip: Springdale, AR 72762
Facility Latitude: 36 Deg 08 Min 26 Sec Facility Longitude: -94 Deg 15 Min 45 Sec
Accuracy: Method: Datum: Scale: Description:
Facility SIC Code: 4953 Facility NAICS:

IV. DISCHARGE INFORMATION

Outfall Number: 001A Estimated Flow: 0-2 MGD (Million Gallons per Day)
Outfall Description: South central sedimentation pond discharge
Stream Segment: 3I Hydrologic Basin Code: 111 101 03
Outfall Latitude: 36 Deg 7 Min 59 Sec Outfall Longitude: -94 Deg 15 Min 22 Sec
Accuracy: Method: Datum: Scale: Description:
Receiving Stream: Wildcat Creek, thence Clear Creek, thence Arkansas River

Outfall Number: 003A Flow: 0-2 MGD (Million Gallons per Day)
Outfall Description: Expansion area sedimentation pond discharge
Stream Segment: 3I Hydrologic Basin Code: 111 101 03
Outfall Latitude: 36 Deg 7 Min 55 Sec Outfall Longitude: -94 Deg 15 Min 11 Sec
Accuracy: Method: Datum: Scale: Description:
Receiving Stream: Wildcat Creek, thence Clear Creek, thence Arkansas River

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adcq.state.ar.us

V. FACILITY PERMIT INFORMATION

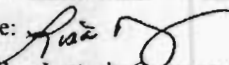
NPDES Individual Permit Number (If Applicable): AR00
 NPDES General Permit Number (If Applicable): ARG
 State Construction Permit Number: ARG160003
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15
 NPDES Industrial Stormwater General Permit Number: ARR000231
 Other Department Permits: 0290-S1-R2, 0290-S4-R1, 1884-AOP-R2, 0005-SWTP, 0013-SCYW-MC, 0023-STSW-MC

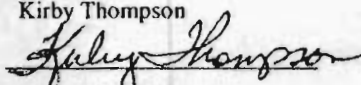
VI. OTHER INFORMATION:

Additional Location Description: _____
 Additional Comments: _____
 Consultant Contact Name: _____
 Consultant Email Address: _____
 Consultant Address: _____ City: _____ State: _____ Zip: _____
 Consultant Phone Number: _____ Consultant Fax Number: _____

VII. CERTIFICATION OF OPERATOR

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only 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 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."

Responsible Official Printed Name: Lisa Rotenberry Title: Environmental Protection Manager
 Responsible Official Signature:  Date: 8/26/2010
 Responsible Official Email: Lrotenbe@wm.com

Cognizant Official Printed Name: Kirby Thompson Title: Landfill Manager
 Cognizant Official Signature:  Telephone: (479) 361-2069
 Cognizant Official Email: KThomps5@wm.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

	Yes	No	
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: _____
Submittal of Topographic Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>N/A</u>		

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