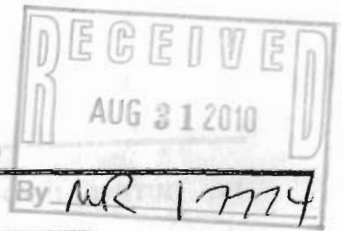


**NOTICE OF INTENT (NOI)  
FOR DISCHARGERS OF STORMWATER RUNOFF  
ASSOCIATED WITH INDUSTRIAL ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**



Application Type: New  Renewal  Permit No. ARR00\_000231

**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  
 Permittee Telephone Number: 501-982-7336  PUBLIC  
 Permittee Fax Number: 501-982-2606  OTHER: \_\_\_\_\_  
 Permittee E-mail Address: Lrotenbe@wm.com \*\*State of Incorporation: DE

\* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION (if different from facility mailing address)**

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

**III. FACILITY INFORMATION**

Facility Name  
(if different from Permittee): Waste Management - Eco-Vista Landfill  
 Facility Physical Address: 2210 Waste Management Drive Contact Person: Kirby Thompson  
 Facility County: Washington Contact Title: Landfill Manager  
 Facility City: Springdale Zip: 72762 Telephone Number: (479) 576-2776  
 Directions to the Facility: HWY 412 W. Left on Klenc Rd, R on Arbor Acres. L on Waste Management Dr Fax Number: \_\_\_\_\_  
 AFIN (if known): 75-00046 Email Address: KThomps5@wm.com

Is mailing address different from facility address?  Yes  No If yes, provide mailing address in the space provided.

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: Municipal Solid Waste Landfill/Hauling Company Facility SIC Code(s): 4953/4212 NAICS Code (s): 562212 / 325314

Description of Major Process(es) at Facility:

Non-hazardous waste landfill with a yard waste compost facility and a staging and maintenance facility for MSW collection vehicles

List of Chemicals Used in the Process:

N/A

Facility Latitude: \* 35 degrees 03 minutes 09 seconds  
 Facility Longitude: \* -93 degrees 07 minutes 22 seconds

36 08 38.74 N  
94 15 21.19 W

\* Facility coordinates should be taken at the **entrance to the facility.**

**NOTICE OF INTENT (NOI)  
FOR DISCHARGERS OF STORMWATER RUNOFF  
ASSOCIATED WITH INDUSTRIAL ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

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**IV. OUTFALL INFORMATION**

Outfall number should be assigned sequentially to stormwater discharge locations if the facility has more than one outfall. (i.e. 001, 002, etc.) These should coincide with the Outfall locations on the site map for the facility.

Outfall: \_\_\_\_\_

Outfall Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Outfall Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Receiving Stream: \_\_\_\_\_

Outfall: Little Wildcat → Clear Cr → Milling → AR

Outfall Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Outfall Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Receiving Stream: \_\_\_\_\_

*36° 7' 53.21" N  
94° 57.66" W*

**Similar Outfalls:** Please indicate any similar outfall numbers that the facility may have in accordance to Part 3.7.1.

N/A

Pages may be added for additional outfalls.

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**V. DISCHARGE INFORMATION**

Is this a new discharge?  Yes  No If yes, date coverage desired: \_\_\_\_\_

Does the facility have a stormwater pollution prevention plan?  Yes  No

For existing dischargers, date SWPPP was last updated? August 2010

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**VI. FACILITY PERMIT INFORMATION**

List any additional permits from the Water Division that the facility may have coverage under.

NPDES Individual Permit Number (If Applicable): ARR000231

NPDES General Permit Number (If Applicable): ARG160003

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

No Discharge Permit Number (If Applicable): \_\_\_\_\_

List any permits the facility has from another division within ADEQ: 0290-S1-R2, 0290-S4-R1, 1884-AOP-R2, 0005-SWTP, 0013-SCYW-MC, 0023-STSW-MC

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**NOTICE OF INTENT (NOI)  
FOR DISCHARGERS OF STORMWATER RUNOFF  
ASSOCIATED WITH INDUSTRIAL ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

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**VII. CONSULTANT INFORMATION (If applicable)**


Consultant Company: N/A  
Consultant Contact Name: \_\_\_\_\_  
Consultant Email Address: \_\_\_\_\_  
Consultant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Consultant Phone Number: \_\_\_\_\_ Consultant Fax Number: \_\_\_\_\_

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**VIII. CERTIFICATION OF OPERATOR**

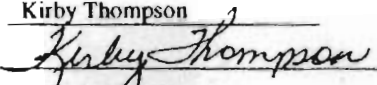
(This statement must be completed for all applicants requesting coverage under the ARR000000. The Certification must be initialed and signed.)

- "I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above."
- "I certify that a stormwater pollution prevention plan has been developed in accordance with Part 4 of the general permit."
- "I certify that the cognizant official designated in Part IX of this Notice of Intent 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 only signed 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 who manage the system, or those persons directly responsible for gathering 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 known violations."

Responsible Official Printed Name: Lisa Rotenberry Title: Environmental Protection Manager  
Responsible Official Signature:  Date: August 26, 2010

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**IX. COGNIZANT OFFICIAL**

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

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**NOTICE OF INTENT (NOI)  
FOR DISCHARGERS OF STORMWATER RUNOFF  
ASSOCIATED WITH INDUSTRIAL ACTIVITY  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

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**PERMIT REQUIREMENT VERIFICATION**

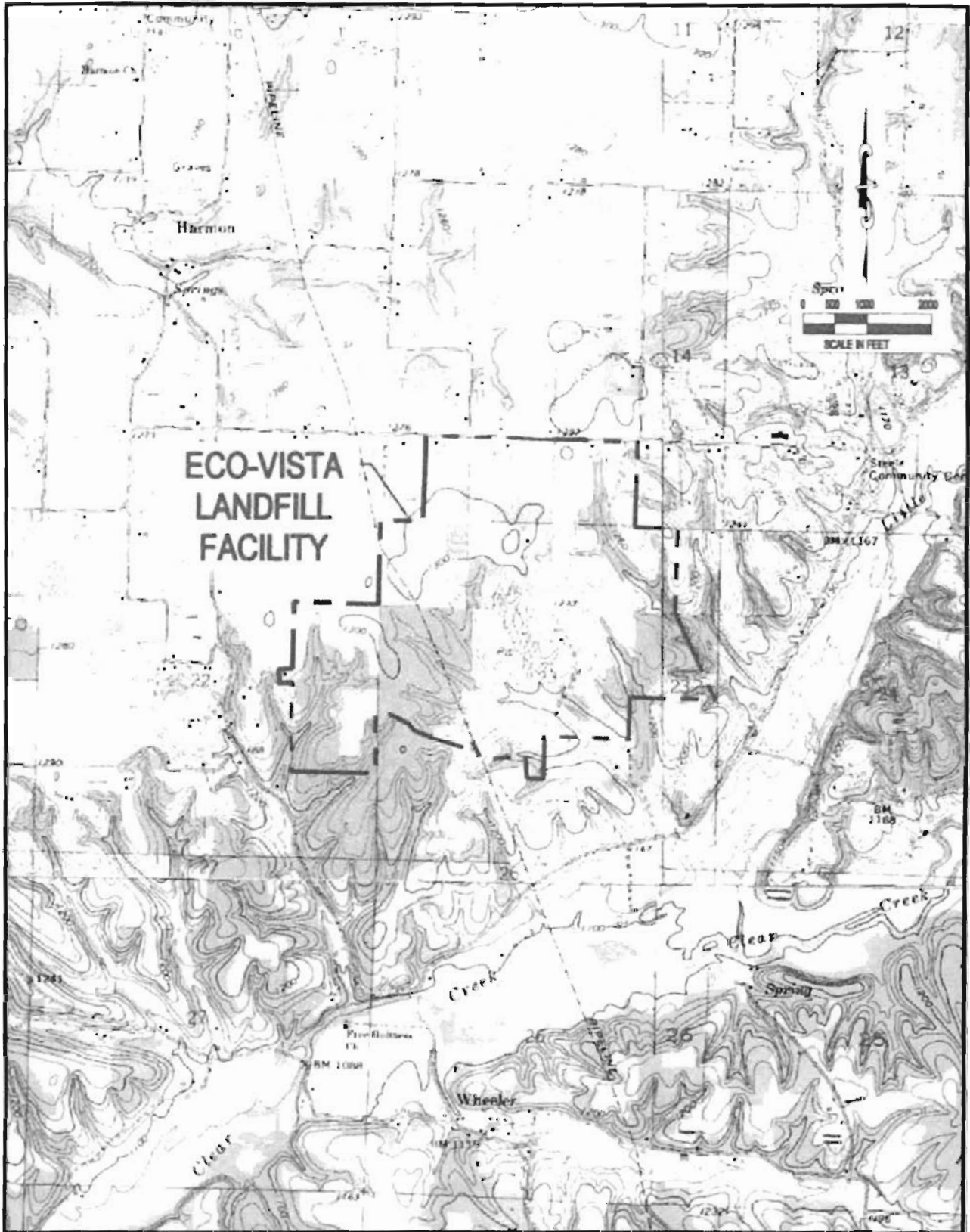
Please check the following to verify completion of permit requirements.

	Yes	No
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee? (New Discharger Only)	<input type="checkbox"/>	<input type="checkbox"/>

Check Number:   N/A

# Attachment B – Site Map





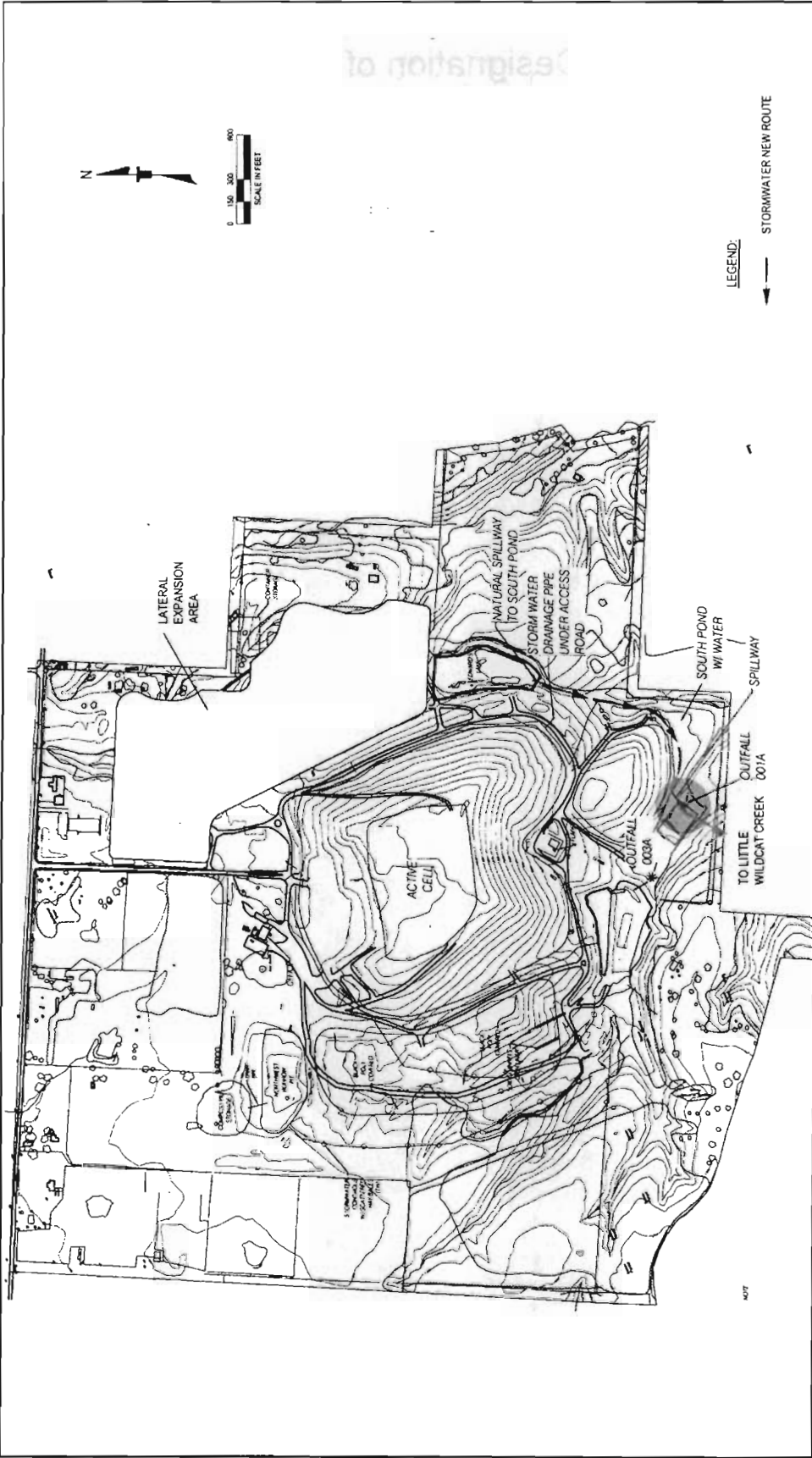
Project Mgr: TSW  
 Drawn By: TSW  
 Checked By: TSW  
 Approved By: TSW

Project No: 062-WM GLM  
 Scale: 1" = 2000'  
 File No: Eco-Vista  
 Date: 8/24/10

**Terracon**  
 Consulting Engineers and Scientists  
 11408 WEST BASELINE ROAD LITTLE ROCK, AR 72208  
 PH. (501) 455-2700 FAX. (501) 455-4547

SITE LOCATION MAP  
**WASTE MANAGEMENT, LLC**  
 ECO-VISTA LANDFILL  
 TONTITOWN ARKANSAS

FIG. No.  
**1**



REV#	DATE	BY	DESCRIPTION

**Terracon**  
 Consulting Engineers and Scientists  
 1100 WEST MADLAD ROAD  
 PH: (501) 452-1190 FAX: (501) 452-4251  
 LITTLE ROCK, AR 72798

**WASTE MANAGEMENT OF ARKANSAS**  
 TONTITOWN LANDFILL

SPRINGDALE ARKANSAS

<b>FIGURE 1</b>	
DESIGNED BY	PH/COM
DRAWN BY	TEW
APPROVED BY	
DATE	08-27-2008
SHEET NO.	01
TOTAL SHEETS	05

## Attachment C – Designation of Responsible Official



**ECO-VISTA, LLC**

**WRITTEN CONSENT OF  
THE SOLE MEMBER**

The undersigned, being the Sole Member of ECO-VISTA, LLC, a(n) Arkansas limited liability company (the "Company"), hereby consents to the taking of the following actions:

RESOLVED, that the Market Area Vice President, Market Area General Manager, District Manager, General Manager, Director of Operations and Market Area Manager – Environmental Protection, and each of them, for each facility owned or operated by the Company, in accordance with corporate policies and procedures and subject to specific regulatory signature requirements, are hereby authorized to prepare, execute and/or submit on behalf of the Company, as an authorized signatory or designated representative, any and all reports, affidavits, applications, modifications, instruments, documents or papers, including, without limitation, any NSPS and SSM compliance, NPDES storm water and NPDES treatment plant discharge reports, required to be submitted by the Company with respect to such facility in order to maintain compliance with federal, state and local environmental permits, laws and regulations, and to take any required or desired action in connection therewith, as such manager shall deem necessary or advisable, consistent with regulatory requirements, and that any such action taken to date is hereby ratified and approved; and

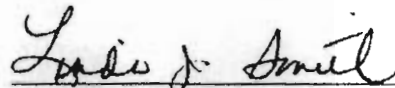
RESOLVED FURTHER, that the foregoing authority shall continue in full force and effect until revoked or modified by a subsequent resolution of the Member of the Company; and

RESOLVED FURTHER, that the Secretary or any Assistant Secretary of the Company may certify these resolutions to any party requesting the same to be certified.

The Secretary or any Assistant Secretary of the Company is directed to file a copy of this Written Consent with the minutes of the proceedings of the Company.

Dated: July 14, 2008

WASTE MANAGEMENT OF ARKANSAS, INC.,  
Member



Linda J. Smith  
Vice President & Secretary



**ECO-VISTA LANDFILL, LLC**  
2210 Waste Management Drive  
Springdale, AR 72762  
Office: (479) 361-2069  
Fax: (479) 361-5934

August 26, 2010

Arkansas Department of Environmental Quality  
Water Division – Permits Branch  
5301 Northshore Drive  
North Little Rock, AR 72118

RE: Notice of Intent for Authorization under NPDES Permit ARR000000

**FACILITY:** *ECO-VISTA LANDFILL, LLC*  
*2210 Waste Management Drive*  
*Springdale, AR 72762*  
*Office: (479) 361-2069*  
*NPDES Permit: ARR000231*

Dear Sirs:

Please find attached the Notice of Intent (NOI) for continued coverage under the NPDES Permit ARR000000. The NOI has been completed and signed by the appropriate personnel.

Should you have any questions or require additional information, please call me at (501) 982-7336.

Sincerely,  
**On behalf of Waste Management of Arkansas, Inc.**

A handwritten signature in black ink that reads "Lisa Rotenberry". The signature is written in a cursive style with a large, flowing 'L' and 'R'.

Lisa Rotenberry  
Market Area Environmental Protection Manager

Attachments:

- A – NOI Forms
- B – Site Map
- C – Designation of Responsible Official

## Attachment A – NOI Forms



**FIGURE 1**

DESIGNED BY	JAT
DRAWN BY	FTG/JDW
APPROVED BY	TSW
SCALE	1" = 600'
DATE	02/18/08
JOB NO.	062-014-55697022
ACCU. NO.	061
SHEET NO.	CF

**SITE MAP**

**WASTE MANAGEMENT OF ARKANSAS**

**TONTITOWN LANDFILL**

SPRINGDALE ARKANSAS

REV	DATE	BY	DESCRIPTION

**Terracon**  
 Consulting Engineers and Scientists

11400 WEST BASELINE ROAD  
 LITTLE ROCK, AR 7208  
 PH: (501) 465-2199 FAX: (501) 455-4547