

***Ron Kingston, D.R.  
4447 Greene 628 Rd.  
Paragould, Ar. 72450  
Phone: (870) 215-2745  
Fax: (870) 236-8781  
Email: ronkkdisaster@yahoo.com***

April 16, 2021

Zachary Carroll  
Division of Environmental Quality  
5301 Northshore Drive  
Little Rock, AR 72118

Mr. Carroll,

I am requesting a NPDES permit for Blue Sky Technologies. This will be a surface discharge. Enclosed you should find the necessary documents

If you have any questions, please feel free to contact me.

Sincerely,

*Ron Kingston*

Ron Kingston  
License Number-1132520

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
INDIVIDUAL TREATMENT FACILITIES  
NPDES GENERAL PERMIT ARG550000

Application Type: New ☒ Renewal ☐ (Permit # ARG55 \_\_\_\_\_)

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): Blue Sky Technologies Operator Type:  
Permittee Mailing Address: 10843 Hwy 49N ☐ State ☐ Partnership  
Permittee City: Brookland ☐ Federal ☒ Corporation\*  
Permittee State: AR Zip: 72417 ☐ Sole Proprietorship/Private  
Permittee Telephone Number: 870-933-2583 \*State of Incorporation: AR  
Permittee Fax Number: \_\_\_\_\_ The legal name of the Permittee must be  
Permittee E-mail Address: brian.duckworth identical to the name listed with the  
@bmsky.com Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION (Home owners are exempt.)**

Invoice Contact Person: Brian Duckworth City: Jonesboro  
Invoice Mailing Company: 5510 SW Dr Suite 9 State: AR Zip: 72404  
Invoice Mailing Address: \_\_\_\_\_ Telephone: 870-933-2583

**III. FACILITY INFORMATION**

Facility Name: Blue Sky Technologies Facility Contact Person: Brian  
Facility Address: 10843 Hwy 49N Telephone Number: 870-933-2583  
Facility County: Craighead Facility City, State & Zip: Brookland AR 72417  
Facility Latitude: 35 Deg 56 Min 48 Sec N Facility Longitude: 90 Deg 34 Min 39 Sec W  
Accuracy: 20M Method: Google Datum: NADES Scale: N/A Description: Treatment

**IV. DISCHARGE INFORMATION**

Outfall Number: 1 Flow: 900 gpd (Gallons per Day)  
Stream Segment: 5A Hydrologic Basin Code: 8020203  
Outfall Latitude: 35 Deg 44 Min 07 Sec N Outfall Longitude: 90 Deg 58 Min 04 Sec W  
Accuracy: 20M Method: Google Datum: NADES Scale: N/A Description: Discharge  
Type of Treatment: FujiClean CE-21 w/ Aeration and Chlorine disinfect  
Receiving Stream: St. Francis River

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
NPDES General Permit Number (If Applicable): ARG  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Operator Name: Earthtech, Inc.  
Operator License Number: 007865 License Class: 2  
Consultant Contact Name: Robert Goff  
Consultant Email Address: robertgoff@gmail.com  
Consultant Address: Box 73 City: Clinton State: AR Zip: 72113  
Consultant Phone Number: 501-472-1624 Consultant Fax Number: \_\_\_\_\_

Has this treatment system been approved by AHD? Yes ☐ No ☐

**Disclosure Statements:**

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: [www.aadeq.state.ar.us/adeq/permits/permits.html](http://www.aadeq.state.ar.us/adeq/permits/permits.html).

**VII. CERTIFICATION OF OPERATOR**

XBD (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
XBD (Initial) "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."  
XBD (Initial) "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: Brian Duckworth Title: Manager  
Responsible Official Signature: [Signature] Date: 3/18/01  
Responsible Official Email: brian.duckworth@myblue-sky.com  
Cognizant Official Printed Name: Robert Goff Title: Operator  
Cognizant Official Signature: [Signature] Telephone: 501-472-1624  
Cognizant Official Email: robertgoff@gmail.com

**X. PERMIT REQUIREMENT VERIFICATION**

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

WATER DIVISION  
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
[www.aadeq.state.ar.us](http://www.aadeq.state.ar.us)

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**From:** Ron Kingston <ronkkdisaster@yahoo.com>  
**Sent:** Monday, April 26, 2021 7:59 AM  
**To:** Khan, Faizan  
**Subject:** Re: Blue Sky Technologies - ARG55 Permit Application

Mr. Khan,

I verified, your number are correct.

Thanks

Ron

On Wednesday, April 21, 2021, 03:40:56 PM CDT, Khan, Faizan <[faizan.khan@adeq.state.ar.us](mailto:faizan.khan@adeq.state.ar.us)> wrote:

Good afternoon Mr. Kingston,

We have received and have begun reviewing the ARG550000 NPDES general permit Notice of Intent (NOI) submitted on behalf of Blue Sky Technologies, LLC. I have attached the application to this email for reference.

On Section IV of the NOI (titled "Discharge Information" on pg 11 of 18), the stated outfall latitude and longitude seem to follow a different format than the degree/minute/second one used in the form. Based on the satellite image included in the application (pg 15 of 18), my best guess using Google Earth for the outfall coordinates are: **35° 56' 48.04" N, 90° 34' 49.95" W.**

Could you confirm these coordinates, or provide updated ones that accurately reflect the location of the discharge point?

Thank you.

Sincerely,

**Faizan Khan** | Engineer

**Division of Environmental Quality | Office of Water Quality**  
**NPDES Permits Section**

5301 Northshore Drive | North Little Rock, AR 72118

t: 501.682.0670 | e: [faizan.khan@adeq.state.ar.us](mailto:faizan.khan@adeq.state.ar.us)



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number

**Individual Onsite Wastewater System Permit Application**

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

1 1 3 2 5 2 0

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input checked="" type="checkbox"/>
Alteration and Repair	\$ 30.00	<input type="checkbox"/>

**Part 1 Application**

**Treatment Type (check one)**

**Disposal Method (check one)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> STD = Standard Septic Tank     | <input checked="" type="checkbox"/> ATU = Aerobic Treatment Plant | <input type="checkbox"/> STD = Standard Absorption Field    | <input type="checkbox"/> LPD = Low Pressure Distribution |
| <input type="checkbox"/> ISF = Intermittent Sand Filter | <input type="checkbox"/> RSF = Re-circulating Sand Filter         | <input checked="" type="checkbox"/> SUR = Surface Discharge | <input type="checkbox"/> HLD = Holding Tank              |
| <input type="checkbox"/> PMF = Proprietary Media Filter | <input type="checkbox"/> RGF = Re-circulating Gravel Filter       | <input type="checkbox"/> CPF = Capping Fill                 | <input type="checkbox"/> SRL = Serial Distribution       |
| <input type="checkbox"/> OTH = Other (Describe)         | <input type="checkbox"/> HLD = Holding Tank                       | <input type="checkbox"/> OTH = Other                        | <input type="checkbox"/> DRP = Drip Irrigation           |

1. Owner's/Applicant's Name  
Blue Sky Technologies

2. Phone Number  
870-933-2583

3. Mailing Address  
5510 Southwest Drive, Suite 9, Jonesboro, Ar 72404

4. County  
Craighead

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
10843 Hwy 49N, Brookland, Ar 72417

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
194'x1254'x439'x1299'x50'x629'x194'x671'

11. Total Area (Acres)  
9.69

12. # Bedrooms # People  
60 People@15GPD

13. Daily Flow (GPD)  
900

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
Pt MW1/4, Sec 8,T15N,R5E

15. Water Supply (Specify supplier, if Public Water)  
JCWL

16. GPS Coordinates  
35.946919N 90.578233W

17. Loading Rates (gpd/ft<sup>2</sup>)

18. System Specifications

Primary Area	N/A	a. Size of Septic Tank	1850	gal	f. Trench Depth	N/A	inches
Secondary Area	N/A	b. Size of Dose Tank	1500	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft <sup>2</sup>	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		N/A		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	N/A		N/A in

**TO THE OWNER**

The permit for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after approval of this permit, or if the information within this permit is inaccurate or has been found to be misrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.

**19. Utilization Verification**

I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

Owner/Applicant Signature

Date

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

Ron Kingston

3/3/21

870-215-2745

Print Name

Date

Phone Number

**21. Approval of Health Authority**

The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature

Print Name

Date

# Individual Onsite Wastewater System Permit Application

Receipt Number

24195495

Continue Part 1

22. Soil Criteria (Primary Area)				Indicate the depth to items a-f, if observed in the soil (designate in inches)			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )
N/A	Surface	Surface	Surface	N/A	N/A	N/A	N/A
23. Soil Criteria (Secondary Area)				Indicate the depth to items a-f, if observed in the soil (designate inches)			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )
N/A	Surface	Surface	Surface	N/A	N/A	N/A	N/A
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area				List Redoximorphic Features and/or Clay Content Restrictions			
Brief	Surface	in	Fe.Mn				
Moderate	Surface	in	10YR 6/2				
Long	Surface	in	10YR 6/1				
Secondary Area				List Redoximorphic Features and/or Clay Content Restrictions			
Brief	Surface	in	Fe.Mn				
Moderate	Surface	in	10YR 6/2				
Long	Surface	in	10YR 6/1				
Comments							

## Part 2 Installation Inspection

Septic tank manufacturer	Pump information
Septic tank material	Trench media and width
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill
Name of Installer	License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one or installer signs System Installation Verification below)	
Signature	EHS / License Number Date
System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.	
Installer Signature	License Number Date

## Part 3 Permit for Operation

The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.		
Environmental Health Specialist	Signature	EHS Number Date
Comments		
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date

# 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.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Brian Lynn Duckworth

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

5510 Southwest Drive, Suite 9

3. CITY, STATE, AND ZIPCODE:

Jonesboro AR 72404

4a. Applicant Type:

☐ Individual ☒ Corporate or Other Entity

4b. Reason for Submission:

☒ Permit ☐ License ☐ Certification ☐ Operational Authority

☒ New Application ☐ Modification ☐ Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

☐ Air ☐ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste ☐ Used Tire Program

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 that was filed with ADEQ on \_\_\_\_\_

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.)

N/A

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.)

N/A



8. List all officers of the Applicant. (add additional pages, if necessary.)

NAME: Brian Duckworth TITLE: Owner

STREET: 5510 Southwest Drive, Suite 9

CITY, STATE, ZIP: Jonesboro AR 72404

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: Tim Bufford TITLE: Business Development Manager

STREET: 5510 Southwest Drive, Suite 9

CITY, STATE, ZIP: Jonesboro AR 72472

NAME: Paden Raburn TITLE: Director of Operations

STREET: 5510 Southwest Drive, Suite 9

CITY, STATE, ZIP: Jonesboro AR 72404

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: Brian Dickworth TITLE: owner Sole owner  
STREET: 5510 Southwest Drive Suite 9  
CITY, STATE, ZIP: Jonesboro AR 72404

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: N/A

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: \_\_\_\_\_

STREET: N/A

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

N/A

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

NAME: \_\_\_\_\_

STREET: N/A

CITY, STATE, ZIP: \_\_\_\_\_

Organizational Relationship:

N/A

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law 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: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

N/A

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.

N/A

## 18. VERIFICATION AND ACKNOWLEDGEMENT

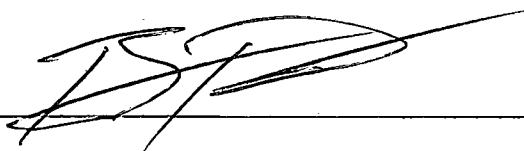
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of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

**COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:**

I, Brian Duckworth, 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 fines and imprisonment for knowing violation.

APPLICANT  
SIGNATURE:

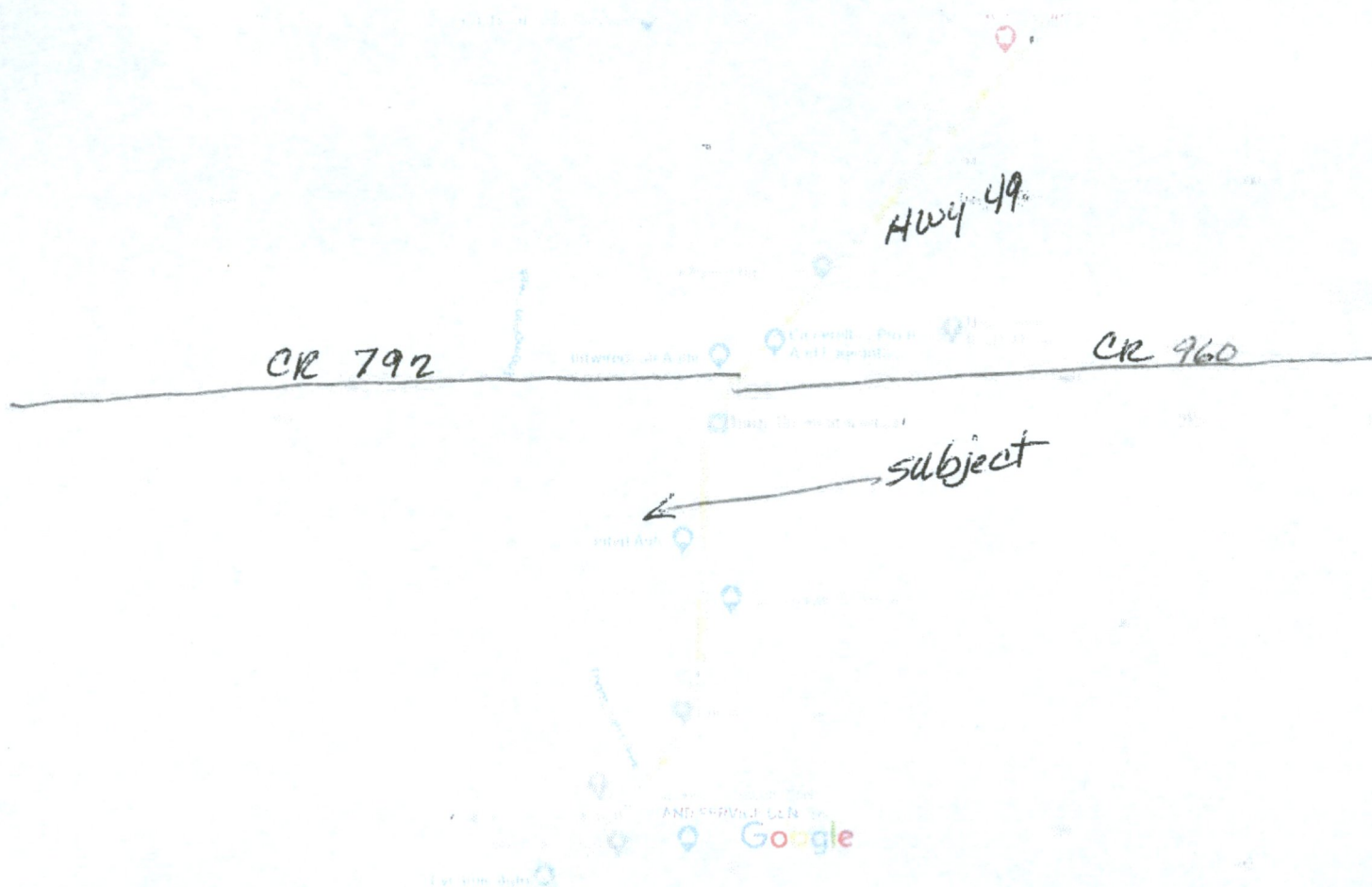


TITLE:

Managing Partner

DATE:

3/18/21





Google Maps



Imagery ©2021 Maxar Technologies, State of Arkansas, USDA Farm Service Agency, Map data ©2021 100 ft

Discharge pt.

Future Office