

***Ron Kingston, D.R.
4641 Greene 628 Rd.
Paragould, Ar. 72450
Phone: (870) 215-2745
Fax: (870) 236-8781
Email: ronkkdisaster@yahoo.com***

June 8, 2021

Mr. Zachary Carroll
ADEQ Water Division
5301 Northshore Drive
North Little Roc, AR 72118

Mr. Carroll,

I have enclosed a request for a NPDES Permit ARG550000. This will be on a apartment complex to house farm workers. Health Department approval is enclosed.

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): Delta Farms of Lake City, Inc Operator Type:
Permittee Mailing Address: 782 Hwy 135 ☐ State ☐ Partnership
Permittee City: Lake City ☐ Federal ☒ Corporation*
Permittee State: AR Zip: 72437 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 870-616-0024 *State of Incorporation: AR
Permittee Fax Number: 870-616-0025 The legal name of the Permittee must be
Permittee E-mail Address: deltafarm@deltafarminc.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Greg Garner City: Lake City
Invoice Mailing Company: Delta Farms State: AR Zip: 72437
Invoice Mailing Address: 782 Hwy 135 Telephone: 870-616-0024

III. FACILITY INFORMATION

Facility Name: Delta Farms Facility Contact Person: Greg Garner
Facility Address: 782 Hwy 135 Telephone Number: 870-616-0024
Facility County: Craighead Facility City, State & Zip: Lake City, AR 72437
Facility Latitude: 35 Deg 83 Min 29 Sec 88 Facility Longitude: 90 Deg 46 Min 37 Sec 42
Accuracy: 20m Method: Google Datum: NAD83 Scale: N/A Description: Treatment

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 1380 gpd (Gallons per Day)
Stream Segment: 5A Hydrologic Basin Code: 8020203
Outfall Latitude: 35 Deg 88 Min 45 Sec 98 Outfall Longitude: 90 Deg 59 Min 48 Sec 87
Accuracy: 20m Method: Google Datum: NAD83 Scale: N/A Description: Discharge
Type of Treatment: _____
Receiving Stream: St. Francis

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: Earth Tech, Inc.
Operator License Number: 007865 License Class: 2

Consultant Contact Name: Robert Goff
Consultant Email Address: Robert1goff@gmail.com
Consultant Address: P.O. Box 373 City: Vilonia State: AR Zip: 72173
Consultant Phone Number: 501-472-1624 Consultant Fax Number: N/A

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: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

☒ (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
☒ (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."
☒ (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: Greg Garner Title: President
Responsible Official Signature: [Signature] Date: 5-15-2021
Responsible Official Email: deltafarm@deltafarmsinc.com
Cognizant Official Printed Name: Robert Goff Title: Operator
Cognizant Official Signature: [Signature] Telephone: 501-472-1624
Cognizant Official Email: Robert1goff@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: <u>50908</u>
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"/>	

Carroll, Zachary

From: Ron Kingston <ronkkdisaster@yahoo.com>
Sent: Friday, June 18, 2021 10:31 AM
To: Carroll, Zachary
Subject: Re: Delta Farms of Lake City, Inc.

Mr. Carroll,

Here is the information you requested.

1. We will be using a Fujiclean CEN 21.
2. Email is deltafarms@deltafarmsinc.com (with the s on the end)
3. SIC 0112, NAICS 111160
4. What you have on driveway and discharge point is spot on.

Thanks

Ron

On Thursday, June 10, 2021, 03:12:52 PM CDT, Carroll, Zachary <zachary.carroll@adeq.state.ar.us> wrote:

Good afternoon Mr. Kingston,

There's a few additional pieces of information I need for the Delta Farms ARG55 permit:

1. What Fujiclean model will be used for this facility?
2. Is their email @deltafarminc.com or @deltafarmsinc.com ? (with or without the "s" after farm)
3. What SIC and NAICS code best describes their corporation?
4. The listed outfall coordinates looked off, but I think I was able to figure it out from the treatment system coordinates and site map. Could you confirm if the coordinates in the picture below reflect the front driveway and the discharge point?:



Thanks,

Zachary Carroll | Permit Engineer

Division of Environmental Quality | Office of Water Quality
5301 Northshore Drive | North Little Rock, AR 72118

t: 501.682.0625 | e: zachary.carroll@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT



Arkansas Department of Health
Environmental Health Protection

Receipt Number

24353023

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	\$ 60.00	<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)

- ☒ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)
☒ ATU = Aerobic Treatment Unit
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

Disposal Method (check one)

- ☐ STD = Standard Absorption Field
☒ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other
☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name
Delta Farms of Lake City, Inc.

2. Phone Number
870-215-2745

3. Mailing Address
702 Hwy 105, Lake City, AR 72407

4. County
Craighead

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
782 Hwy 135, Lake City, AR 72437

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
982'x1412'x1412'x1482

11. Total Area (Acres)
39

12. # Bedrooms # People
(4) 2 BR, (2) 1 BR

13. Daily Flow (GPD)
1380

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Pt NW 1/4, Sec 21, T14N, R8E

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

Lake City water

16. GPS Coordinates
Prim 35 832988N 90.463742W

17. Loading Rates (gpd/ft²)

18. System Specifications

Primary Area	N/A	a. Size of Septic Tank	(2) 1500	gal	f. Trench Depth	N/A	Inches
Secondary Area	N/A	b. Size of Dose Tank	Fuji Clean	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft ²	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

[Signature]

Date 5-19-2021

20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

Designated Representative Signature

Ron Kingston
Print Name

D.R.

Title

5/19/21
Date

Soil Certified ☒ Yes ☐ No

870-215-2745
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:

[Signature] 5/26/21

5/26/21

Individual Onsite Wastewater System Permit Application

Receipt Number

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 ²)
N/A	N/A	N/A	N/A	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 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 ²)
N/A	N/A	N/A	N/A	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	N/A	In					
Moderate	N/A	In					
Long	N/A	In					
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	N/A	In					
Moderate	N/A	In					
Long	N/A	In					
Comments No area to put traditional system. Property is mostly under chat or had buildings or grain bins on it							

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



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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)

Delta Farms of Lake City, Inc.

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

782 Hwy 135

3. CITY, STATE, AND ZIP CODE:

Lake City, AR . 72437

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: Gregg Garner TITLE: President

STREET: 4684 Hwy 135

CITY, STATE, ZIP: Lake City Ar 72437

NAME: Len Hall TITLE: Sec.

STREET: 815 CR 813

CITY, STATE, ZIP: Lake City Ar 72437

NAME: Aaron Garner TITLE: V. Pres.

STREET: 3201 Pragsack Circle

CITY, STATE, ZIP: Jonesboro Ar. 72401

9. List all directors 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: _____

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: Gregg Garner TITLE: President

STREET: 4654 Hwy 135

CITY, STATE, ZIP: Lake City Ar

NAME: Ken Nell TITLE: Sec.

STREET: 815 CR 813

CITY, STATE, ZIP: Lake City Ar 72437

NAME: Aaron Garner TITLE: V-Pres

STREET: 3201 Preswick Circle

CITY, STATE, ZIP: Donabono Ar 72401

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: _____

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: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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, Greg GARNER, 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:

Greg Garner For Delta Farms of Lake City Inc

TITLE:

Pres.

DATE:

5-19-2021