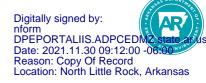
## ARG550000 Notice of Intent for Individual Treatment Facilities Generating Only Domestic Waste



version 1.29

(Submission #: HPD-M1YP-1FQFP, version 1)

## **Details**

Submission ID HPD-M1YP-1FQFP

Submission Reason New

## **Form Input**

#### **Common Information**

#### **Facility Information**

Please provide the following information about the Facility.

Facility Name Oak Hill Campground

North American Industry Classification System (NAICS) Please provide the NAICS codes and descriptions for your facility. Click here to search for and review the NAICS Codes via the Census Bureau NAICS Lookup

## Primary NAICS Code and Description

NONE PROVIDED

Secondary NAICS Code and Description NONE PROVIDED

Tertiary NAICS Code and Description NONE PROVIDED

#### **Facility Physical Address**

**Contact** 

Prefix

NONE PROVIDED

#### First Name Last Name Carlena

Heath

Title NONE PROVIDED

**Organization Name** NONE PROVIDED

Phone Type Number Mobile

Extension

501-317-9616

Email NONE PROVIDED Fax

NONE PROVIDED

### **Physical Address**

18298 Highway 70

Lonsdale, AR 72087

Saline, United States

#### Facility Physical Location Latitude and Longitude 34.550818,-92.78278

#### **Facility Mailing Address**

**Contact** Prefix NONE PROVIDED

First Name Last Name Carlena Heath

Title NONE PROVIDED

**Organization Name** 

NONE PROVIDED Phone Type

Number Extension

Mobile Email

501-317-9616

NONE PROVIDED

Fax

NONE PROVIDED

#### **Mailing Address**

18298 Highway 70 Lonsdale, AR 72087

United States

#### **Owner Information**

Please provide the following information for the owner. If the owner is a corporation it must exactly match the name registered with the Secretary of State. Please use the following link to reference the Secretary of State registered name listing. Click here to view the Secretary of State registered name listing

#### Secretary of State's Filing Number NONE PROVIDED

Legal Organization

Solely Owned Proprietorship (includes individual and individual d/b/a company)

#### Owner Type

Private Industry

#### **Owner Information**

Contact

Prefix

NONE PROVIDED

First NameLast NameCarlenaHeath

Title NONE PROVIDED

Organization Name

Phone Type	Number	Extension
Mobile	5013179616	
<b>Email</b> NONE PROVIDED		
Fax		
NONE PROVIDED		
Owner Address		
40000 11 1 70		

18298 Highway 70 Lonsdale, AR 72087 United States

#### **Billing Information**

Please provide the following information for the Billing contact for this permit application.

#### **Billing Information Billing Contact** Prefix NONE PROVIDED **First Name** Last Name Carlena Heath Title NONE PROVIDED **Organization Name** NONE PROVIDED Phone Type Extension Number Mobile 5013179616 Email NONE PROVIDED Fax NONE PROVIDED **Billing Address** 18298 Highway 70 Lonsdale, AR 72087 **United States**

### **Other Information**

Permittee (Legal Name) Carlena Heath

# State of Incorporation NONE PROVIDED

Facility SIC Code

Current Facility Permit Information NONE PROVIDED

#### **Consultant Information**

Prefix NONE PROVIDED

First Name NONE PROVIDED

Last Name NONE PROVIDED

Title NONE PROVIDED

Phone Type

Organization Name

NONE PROVIDED

Number Extension

NONE PROVIDED

Email NONE PROVIDED

Fax NONE PROVIDED

#### Address

[NO STREET ADDRESS SPECIFIED] [NO CITY SPECIFIED], AR [NO ZIP CODE SPECIFIED] United States

Additional Information

Licensed Operator Information

Name Robert Goff Title Class II WW Operator

**Operator License Number** 007865

Operator License Class

AFIN (if applicable) NONE PROVIDED

## **Outfall Information (1 of 1)**

Outfall Number 001

**Estimated Flow (Gallons per day)** 1450

#### Map showing Stream Segments and Hydrologic Basin Codes

If you need assistance determining the Stream Segment and/or Hydrologic Basin Code for this location, please use the map at the link provided below.

The Stream Segment is a number followed by a letter.

The Hydrologic Basin Code is a seven or eight digit number. Map showing Stream Segments and Hydrologic Basin Codes

Stream Segment 2C

Hydrologic Basin Code 8040203

Outfall Latitude and Longitude 34.552765,-92.7827

Receiving Stream Ouachita River

**Treatment System** Fuji Clean CE21 w/Chlorine Disinfection

### **Required Attachments**

#### Site Map Attachment

Heath\_Site Map.pdf - 11/30/2021 09:05 AM Comment NONE PROVIDED

#### Disclosure Statement (or both 10Q and 10K) Attachment

Heath\_Disclosure Statement.pdf - 11/30/2021 09:02 AM Comment

NONE PROVIDED

#### Arkansas Department of Health EHP-19 Form

Oak Hill Approval Letter ADH.pdf - 11/30/2021 09:05 AM Comment There is no EHP 19 for RV parks so this is an approval letter from James Kisner stating he is ok with the discharge point as it meets all ADH setbacks.

#### **Proof of Good Standing**

NONE PROVIDED Comment NONE PROVIDED

### **Responsible and Cognizant Official Information**

#### **Responsible Official Signatory Requirements**

The information contained in this form must be certified by a RESPONSIBLE OFFICIAL as defined below: Corporation: principal officer at least the level of vice president Partnership: a general partner Sole Proprietorship: the proprietor/owner Municipal, State, Federal, or other public facility: principal executive officer, or ranking elected official

#### **Responsible Official First Name**

Carlena

#### **Responsible Official Last Name**

Heath

#### **Responsible Official Email Address**

carlenaheath124@gmail.com

#### **Responsible Official Title**

Owner

#### **Cognizant Official Requirements**

A COGNIZANT OFFICIAL is an individual that is given signature authority from the Responsible Official.

Cognizant Official First Name Robert

Cognizant Official Last Name Goff

Cognizant Official Email Address robertlgoff@gmail.com

Cognizant Official Title Class II WW Operator

#### SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ✓ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

"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 lawthat 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."

Signed By Shayna Brooks on 11/30/2021 at 9:11 AM