

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

version 1.31

(Submission #: HPH-M992-YREEQ, version 1)

Digitally signed by:
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Date: 2022.05.12 14:16:00 -0500
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

Submission ID HPH-M992-YREEQ

Submission Reason New

Form Input

Common Information

Facility Information

Please provide the following information about the Facility.

Facility Name

Bo Stocker

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

Bo

Last Name

Stocker

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8707592715

Extension**Email**

NONE PROVIDED

Fax

NONE PROVIDED

Physical Address

135 County Road 381

Bono, AR 72416

[NO COUNTY SPECIFIED], United States

Facility Physical Location Latitude and Longitude

35.725787,-90.789112

Facility Mailing Address**Contact****Prefix**

NONE PROVIDED

First Name

Bo

Last Name

Stocker

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8707592715

Extension**Email**

NONE PROVIDED

Fax

NONE PROVIDED

Mailing Address

135 County Road 381

Bono, AR 72416

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 Name

Bo

Last Name

Stocker

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8707592715

Extension

Email

NONE PROVIDED

Fax

NONE PROVIDED

Owner Address

135 County Road 381

Bono, AR 72416

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

Bo

Last Name

Stocker

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8707592715

Extension

Email

NONE PROVIDED

Fax

NONE PROVIDED

Billing Address

135 County Road 381

Bono, AR 72416

United States

Other Information

Permittee (Legal Name)

Bo Stocker

State of Incorporation

NONE PROVIDED

Facility SIC Code

NONE PROVIDED

Current Facility Permit Information

NONE PROVIDED

Consultant Information**Prefix**

NONE PROVIDED

First Name

NONE PROVIDED

Last Name

NONE PROVIDED

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type**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

NONE PROVIDED

Licensed Operator Information**Name**

Robert L Goff

Title

Wastewater Operator

Operator License Number

007865

Operator License Class

WWII

AFIN (if applicable)

NONE PROVIDED

Outfall Information (1 of 1)**Outfall Number**

001

Estimated Flow (Gallons per day)

450

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

4B

Hydrologic Basin Code

8020302

Outfall Latitude and Longitude

35.725787,-90.789112

Receiving Stream

Cache River

Treatment System

Fuji Clean CE5 w/chlorine disinfection

Required Attachments**Site Map Attachment**

[Map.pdf - 05/12/2022 02:13 PM](#)

Comment

NONE PROVIDED

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

NONE PROVIDED

Comment

NONE PROVIDED

Arkansas Department of Health EHP-19 Form

[Stocker_Bo_CR 381_ATU.pdf - 05/12/2022 02:14 PM](#)

Comment

NONE PROVIDED

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

Bo

Responsible Official Last Name

Stocker

Responsible Official Email Address

NONE PROVIDED

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 Operator

Agreements and Signature(s)

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 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."

Signed
By Shayna Brooks on 05/12/2022 at 2:15 PM