

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

version 1.31

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

## Details

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Submitted	5/12/2022 (34 days ago) by Shayna Brooks
AFIN	16-01874
Reference #	ARG550704
Submission ID	HPH-M992-YREEQ
Submission Reason	New
Submission Assigned Staff	Zachary Carroll
Status	In Review

## Fees

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Annual Permit Fee (Homeowners are exempt from the fee.)	\$200.00
Payments/Adjustments	\$0.00
Balance Due	\$200.00 (Waived)

## Form Input

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### Common Information

#### Facility Information

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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**

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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

<b>First Name</b>	<b>Last Name</b>
Bo	Stocker

**Title**  
NONE PROVIDED

**Organization Name**  
NONE PROVIDED

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Mobile	8707592715	

**Email**  
NONE PROVIDED

**Fax**  
NONE PROVIDED

**Owner Address**  
135 County Road 381  
Bono, AR 72416  
United States

**Billing Information**

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

**Billing Information**

**Billing Contact**

**Prefix**  
NONE PROVIDED

<b>First Name</b>	<b>Last Name</b>
Bo	Stocker

**Title**  
NONE PROVIDED

**Organization Name**  
NONE PROVIDED

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Mobile	8707592715	

**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**

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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

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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

## Attachments

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Date	Attachment Name	Context	User
6/3/2022 3:49 PM	ARG550704_AFIN Request_20220603.docx	Submission	Deena Thuston
6/3/2022 3:32 PM	ARG550704 Form Checklist.pdf	Submission	Zachary Carroll
6/3/2022 3:31 PM	Stocker_Hardcopy_signed.PDF	Submission	Zachary Carroll
6/3/2022 3:31 PM	EmailReCoordinates.pdf	Submission	Zachary Carroll
5/12/2022 2:14 PM	Stocker_Bo_CR 381_ATU.pdf	Attachment	Shayna Brooks
5/12/2022 2:13 PM	Map.pdf	Attachment	Shayna Brooks

## Agreements and Signature(s)

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### **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