

Internal ARG NPDES General Permit (all ARGs EXCEPT ARG67)

version 1.27

(Submission #: HPR-DVH7-2M3HT, version 1)

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM
Date: 2023.02.13 10:07:30 -0600
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

Submission ID HPR-DVH7-2M3HT

Submission Reason New

Form Input

Application and Information

Date Request Received

2/13/2023

Type of Application

New Application

What Type of Permit?

ARG55 Individual Home Systems

Admin Name

Tanya Ester

AFIN Number if available

NONE PROVIDED

Attach NOI, SWPPP, Maps, Checklist

ARG550739_Notice of Intent_20230213.pdf - 02/13/2023 10:07 AM

Comment

NONE PROVIDED



ARKANSAS
Department of Environmental Quality

NOTICE OF INTENT
NPDES GENERAL PERMIT ARG550000
INDIVIDUAL TREATMENT FACILITIES

The attached form can be used by all persons desiring coverage under NPDES general permit ARG550000 (Individual Treatment Facilities). The form should be completed and submitted to this Department no later than thirty (30) days prior to the date coverage is desired.

All information must be provided. If a question does not apply, place "NA" in that space. Do not leave questions blank.

Be sure to read the Individual Treatment Facilities General Permit, ARG550000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit.

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if the authorization is made in writing by the applicant (or person authorized by the applicant); the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equal responsibility for environmental matters for the company; the written authorization is submitted to the Director. This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG550000 permit information or Notice of Intent, please contact Permits Branch of this Department at (501) 682-0623. For the purpose of this permit a Home Owner is an individual owning a single residence.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG550000). (Home owners are exempt.)
5. A Disclosure form as required by ACA 8-1-106. (Home owners are exempt.)
6. **Written approval from the Arkansas Department of Health (ADH) (EHP-19Form) must be submitted with the NOI.**
7. Please call the following number if you have any questions on this Form:

<u>Topic</u>	<u>Contact person</u>	<u>Phone Number</u>
Area Map and USGS Hydrologic Unit Code	Department of the Interior United States Geological Survey	(501)296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501)661-2623
General Information	Permits Branch	(501)682-0623

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us



ARKANSAS
Department of Environmental Quality

INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserver-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal **Accuracy** Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection **Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	

Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and



ARKANSAS
Department of Environmental Quality
longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point **Description** - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president, treasurer

Partnership, a general partner

Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official



1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

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): Cantrell Service Inc Operator Type:
Permittee Mailing Address: 7601 Young Road ☐ State ☐ Partnership
Permittee City: North Little Rock ☐ Federal ☒ Corporation*
Permittee State: AR Zip: 72118 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 501-758-1188 *State of Incorporation: AR
Permittee Fax Number: 501-758-3410 The legal name of the Permittee must be
Permittee E-mail Address: Sarah@cscauto.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Sarah Steele City: North Little Rock
Invoice Mailing Company: Cantrell Service Center State: AR Zip: 72118
Invoice Mailing Address: 7601 Young Road Telephone: 501-758-1188

III. FACILITY INFORMATION

Facility Name: Cantrell Service Center Facility Contact Person: Sarah Steele
Facility Address: 7601 Young Road Telephone Number: 501-758-1188
Facility County: Pulaski Facility City, State & Zip: NLR, AR 72118
Facility Latitude: 34 Deg 48 Min 30.38 Sec Datum Facility Longitude: 92 Deg 21 Min 3.46 Sec
Accuracy: UN Method: UN : UN Scale: UN Description: UN

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 180 gpd (Gallons per Day)
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: 34 Deg 48 Min 31.79 Sec Datum Outfall Longitude: 92 Deg 21 Min 3.43 Sec
Accuracy: UN Method: UN : UN Scale: UN Description: UN
Type of Treatment: Norweco Model 960 With Chlorine
Receiving Stream: unnamed tributary thence Arkansas 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

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NOTICE OF INTENT
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Permittee Telephone Number: 501-758-1188 *State of Incorporation: AR
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Permittee E-mail Address: Sarah@cscauto.com identical to the name listed with the
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Invoice Mailing Company: Cantrell Service Center State: AR Zip: 72118
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State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

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VI. OTHER INFORMATION:

Operator Name: Mike O'Conner
Operator License Number: 010202 License Class: two

Consultant Contact Name: Mike O'Conner
Consultant Email Address: mike@arkansasseptic.com
Consultant Address: 152 Spencer Ln City: Austin State: AR Zip: 72007
Consultant Phone Number: 501-517-7198 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: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

SS (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
SS (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."
SS (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: Sarah Steele Title: Owner
Responsible Official Signature: Sul Steel Date: 2-10-23
Responsible Official Email: Sarah@cscauto.com
Cognizant Official Printed Name: Sarah Steele Title: Owner
Cognizant Official Signature: Sul Steel Telephone: 501-758-1188
Cognizant Official Email: Sarah@cscauto.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"/>	Check Number: <u>17142</u>
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	

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Arkansas Department of Health
Environmental Health Protection

Receipt Number

23823997

Individual Onsite Wastewater System Permit Application

Permit Type

- ☐ New Installation
☒ Alteration / Repair

DR Environmental ID #

0029000198

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 type="checkbox"/>
Alteration and Repair	\$ 30.00	<input checked="" type="checkbox"/>

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

- ☐ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)

- ☒ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

- ☐ 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
SARAH STEELE dba CANTRELL SERVICE (automotive)

2. Phone Number
501-758-1188

3. Mailing Address
7601 YOUNG RD., NLR, 72118

4. County
PULASKI

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
same:

6. Subdivision Name
na

7. Approval Date
na

8. Date Recorded
na

9. Lot Number
Tract 1

10. Lot Dimensions
197'x304'

11. Total Area (Acres)
1.4

12. # Bedrooms # People
9 @ 20

13. Daily Flow (GPD)
180

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
SE 1/4, NW 1/4, SEC. 13, T2N, R13W

exist. W.M. 156

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

16. GPS Coordinates

JOB: 34.8085 92.3508

17. Loading Rates

(gpd/ft²)

18. System Specifications

POD: 34.8088 92.3507

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

** NORWECO 500GPD A.T.U. or equal.

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 2-21-20

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.

STEVEN R. EVANS, D.R. #199

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

E & E COMMERCIAL, INC.

Title

P.O. BOX 17531, NLR, AR 72117 7-10-20 8-7-20

Print Name

Date

Phone Number

21. Approval of Health Authority

(501) 690-8558

(501) 961-2566

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

EHS Number

Date

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

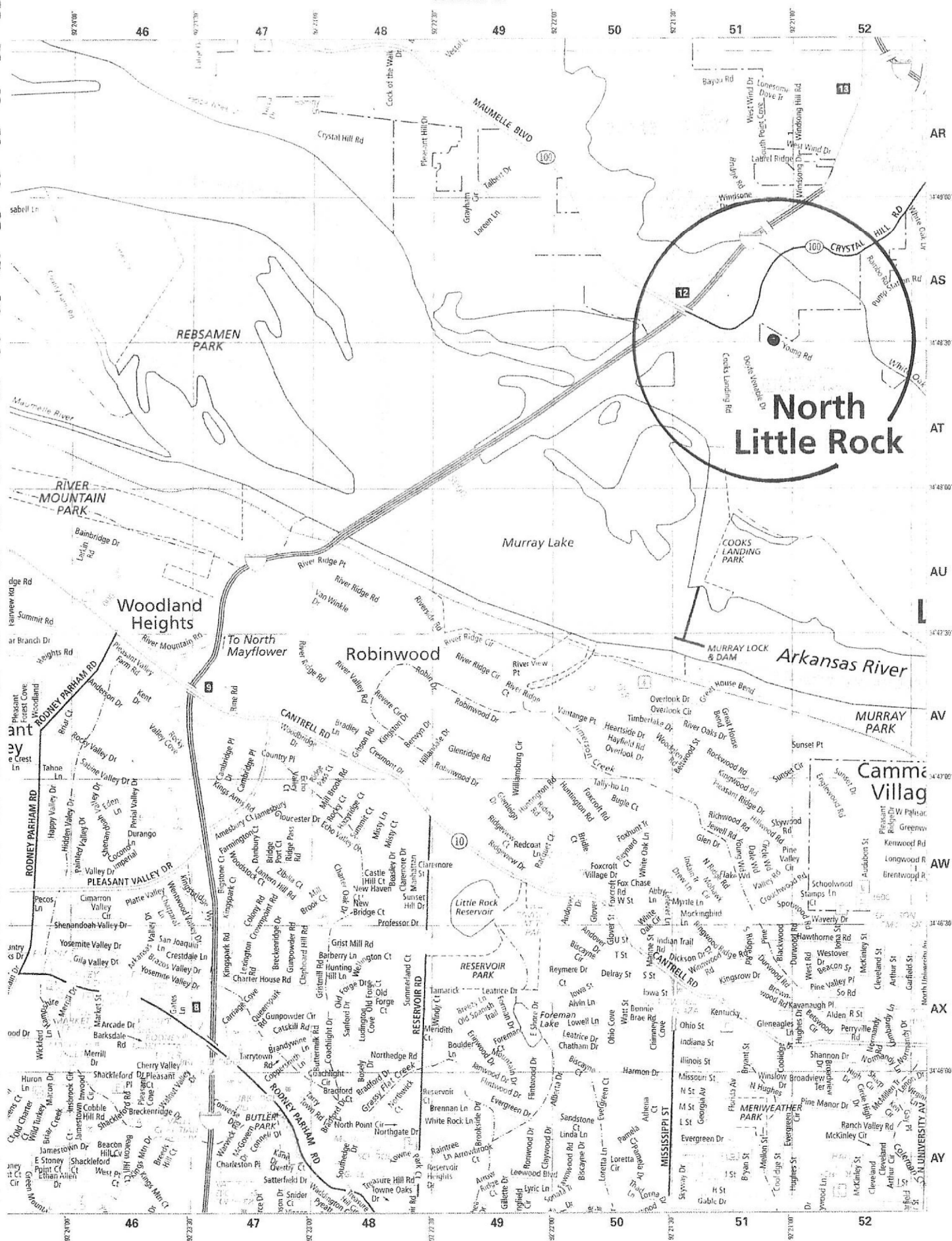
22. Soil Criteria (Primary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
(FILL)							A.T.U.
23. Soil Criteria (Secondary Area)		Indicate the depth to items 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)
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in						
Moderate	in	(FILL)					
Long	in						
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	3.25.20 / N12W / JIM MILLER					
Moderate	in	NEAREST M.H. 700' WEST.					
Long	in	NO SEWER EAST.					
Comments SAVE EXIST. TANK & FIELD LINES FOR SHOP FLOOR DRAINS. SANITARY SEWER ONLY TO A.T.U.							

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 E.S.E. COMMERCIAL INC. P.O. BOX 17531, BILBO, LA 70017 (504) 885-8558 (504) 885-8558		
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date



INSTRUCTIONS FOR DISCLOSURE STATEMENT

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.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000; Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22; Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and Asbestos Certification Renewals, as defined in Regulation 21.**

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.

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)

Cantrell Service Inc

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

7601 Young Road

3. CITY, STATE, AND ZIPCODE:

North Little Rock, AR 72118

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.)

NA

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.)

NA

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

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

NAME: Sarah Steele TITLE: President

STREET: 7506 Westwind Drive

CITY, STATE, ZIP: North Little Rock AR 72118

NAME: DiAnne Nichol TITLE: Vice President

STREET: 14010 Lawson Road

CITY, STATE, ZIP: Little Rock AR 72210

NAME: RoxeAnn Rohrer TITLE: Secretary / Treasurer

STREET: 36 Pine Mountain Drive

CITY, STATE, ZIP: Conway AR 72034

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: NA 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: NA

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: Sarah Steele TITLE: General Manager

STREET: 7506 Westwind Drive

CITY, STATE, ZIP: North Little Rock AR 72118

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: NA

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: NA

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:

NA

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

NA

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: _____

NA

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.

NA

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, Sarah Steele, 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:

Owner

DATE:

2-10-23

NORWECO Waste Treatment Systems Service Contract

In consideration of prepayment of the Service Contract cost indicated below, this authorized NORWECO service company agrees to the following:

During the service period specified, make _____ inspection calls on the NORWECO system located at the following address:

CANTRELL SERVICE CENTER
7601 YOUNG RD, (501-758-1138)
N.L.R, AR 72113 PULASKI
(City) (State) (Zip) (County)

Inspection calls will include:

- An effluent quality inspection consisting of a visual check for color and examination for odors.
- Adjustment and servicing of any mechanical and electrical components that are out of order.
- Periodic sampling of the settled solids in the aeration chamber.
- Additional service: _____
- If any improper operation is observed, which cannot be corrected at that time, the user shall be notified in writing of the conditions and the estimated date of correction.

The cost of this Service Contract will be _____ and is to be effective from _____ to _____.

Additional service (as ordered), replacement of out-of-warranty components, laboratory test work, pumping of unit or pre-tank will be done upon written authority from the customer and at an additional charge.

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by phoning:

E & E COMMERCIAL, INC.
877.20

Authorized Service Representative
NAYADIC, Waste Treatment Systems
For Home and Commercial Use

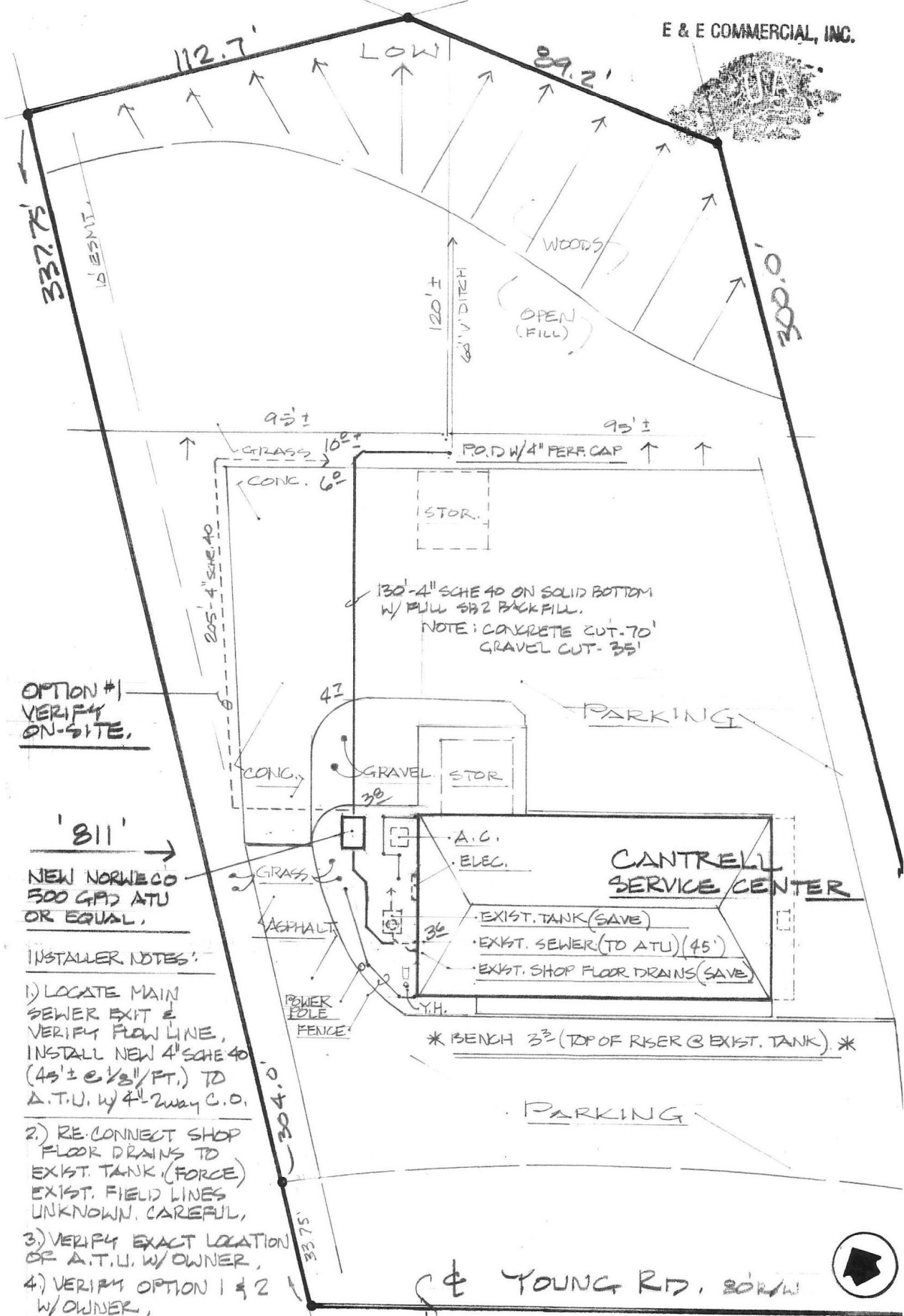


Signature of Owner

- ☒ INITIAL 2 YEAR WARRANTY
☐ CONTINUING SERVICE AGREEMENT

Date

E & E COMMERCIAL, INC.



OPTION #1
VERIFY
ON-SITE.

'811'
NEW NORWECO
500 GPD ATU
OR EQUAL.

INSTALLER NOTES:

1) LOCATE MAIN
SEWER EXIT &
VERIFY FLOW LINE.
INSTALL NEW 4" SCHED 40
(45' ± @ 1/8" / FT.) TO
A.T.U. w/ 4" 2way C.O.

2) RE-CONNECT SHOP
FLOOR DRAINS TO
EXIST. TANK (FORCE)
EXIST. FIELD LINES
UNKNOWN. CAREFUL.

3) VERIFY EXACT LOCATION
OF A.T.U. w/ OWNER.

4) VERIFY OPTION 1 & 2
w/ OWNER.

5) CALL 501-690-8558 BEFORE INSTALL.

STEVEN R. EVANS, D.R. #199
E & E COMMERCIAL, INC.
P.O. BOX 17531, N.L.R., AR 72117
(501) 690-8558 (501) 961-2586

SEPTIC PLOT PLAN (REPAIR/ATU)

CANTRELL SERVICE CENTER
7601 YOUNG RD., NLR, AR

1"=30' R.O.D.=1/10 7.10.20 8.7.20