

ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.21

(Submission #: HQ3-ZF0V-VCQ4G, version 4)



Details

Reference # ARG550844
Submission ID HQ3-ZF0V-VCQ4G
Submission Reason New

Form Input

Type of Permit Application

Permit Type

ARG550000 - Individual Treatment System for Domestic Waste

Is this permit for an individual homeowner?

No

CORRECTION REQUEST (APPROVED)

Not an individual homeowner

Rogers fantasy ranch cannot be considered an individual home system.

Created on 6/20/2024 8:43 AM by **Ben Wilson**

1 COMMENT

Matthew Johnson (johnsonsofdq@yahoo.com) (6/23/2024 8:24 AM)

Completed. Changed to Not an Individual Homeowner. Changed Legal Name to Rodgers Fantasy Ranch LLC. Attached Disclosure Statement.

Initial Fee (in dollars)

200

Total Fee due with Application (in dollars)

200

ARG550000: Specific Information

Exclusions

Please note that the following discharges are excluded from coverage under the ARG550000 general permit:

1. Systems with multiple discharges,

2. Facilities requiring financial assurance in accordance with Arkansas Code Annotated 8-4-203(b), and
3. Discharges that include non-domestic waste

I certify that to the best of my knowledge, this facility is not subject to the exclusions listed above.

Yes

Other Exclusions

In addition to the above exclusion, waterbody-specific exclusions and/or other exclusions may be applicable.

See the permit for details:

<https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG550000.pdf>

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility:

<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

Site Map

Please attach a site map that shows the following:

1. Entrance/driveway of the facility/residence,
2. Location of the treatment system, and
3. Location of the outfall

Site Map

[Lewis Green Overview.png - 05/28/2024 08:36 PM](#)

[Lewis Green Discharge Point.png - 05/28/2024 08:36 PM](#)

Comment

NONE PROVIDED

Please attach approval from the Arkansas Department of Health (typically the EHP-19 form)

[Lewis Green ADH Docs.pdf - 05/28/2024 08:38 PM](#)

Comment

NONE PROVIDED

Permittee Information

AFIN (Enter if available)

NONE PROVIDED

Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or Inc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match:

[Arkansas Secretary of State](#)

Permittee (Legal Name)

Rodgers Fantasy Ranch LLC

Permittee Type

Corporation/LLC

State of Incorporation or Registration

Arkansas

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name

Lewis

Middle Name

NONE PROVIDED

Last Name

Green

Title

Owner

Phone Type

Mobile

Number

602-487-8661

Extension**Email**

lewisgreen@gmail.com

Address

596 Hempstead 20

Ozan, AR 71855

Is the invoice address the same as the mailing address for permit documents?

Yes

Is there an active consultant for this facility?

Yes

Consultant Information

Prefix

NONE PROVIDED

First Name

Matthew

Middle Name

Tyler

Last Name

Johnson

Title

CMP/Installer

Consulting Firm Name

NONE PROVIDED

Phone Type

Mobile

Number

870-584-6664

Extension**Email**

johnsonsofdq@yahoo.com

Address

PO Box 123

De Queen, AR 71832

United States

Facility/Site Information

Facility/Site Name

Rogers Fantasy Ranch

Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

Facility/ Site Information**Facility/Site Contact****Prefix**

NONE PROVIDED

First Name	Middle Name	Last Name
Lewis	NONE PROVIDED	Green

Title

Owner

Phone Type	Number	Extension
Mobile	602-487-8661	

Email

lewisgreen@gmail.com

Facility/Site Address596 Hempstead 20
Ozan, AR 71855**Facility County (if the facility/site is in multiple counties, choose "other" and explain)**

Hempstead

Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing

33.89903055556554,-93.78616075973385

Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
Solid Waste Landfill	4953	562212
Construction Sand and Gravel	1442	212321
Crushed and Broken Limestone	1422	212321
Crushed and Broken Stone, Not Elsewhere Classified	1429	212319
Water Supply	4941	221310
Carwashes	7542	811192

For other SIC and NAICS codes, you can search the following website:<https://www.naics.com/search/>**Primary SIC Code**

4952

Primary NAICS Code

221320

Other applicable SIC codes and/or NAICS codes

NONE PROVIDED

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

Permit Name	Permit Number	Held By
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Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

Operator Name	License Number	Municipal License Class	Industrial License Class
Sheldon Hadley	007836	II	N/A

Discharge/Outfall Information

Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

[Aquaview](#)

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36°12'34.56", 92°12'34.56") that you need to convert?

No

Outfall Information

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check
001	33.900093	-93.786979	1020 GPD	Treated Sanitary Wastewater from ATU	Unnamed Tributary to Caney Creek to Middle Ozan Creek to Middle Fork Ozan Creek to South Fork Ozan Creek to Ouachita River	Fuji Clean	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

Responsible and Cognizant Official Information

Cognizant Official (duly authorized representative)

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:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

Cognizant Official Designation

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Cognizant Official

Prefix

NONE PROVIDED

First Name Middle Name Last Name

Matthew Tyler Johnson

Title

CMP/Installer

Phone Type Number Extension

Mobile 870-584-6664

Email

johnsonsofdq@yahoo.com

Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:
- a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;
- 3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:
- a. The chief executive officer of the agency; or
 - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

Responsible Official Information

Prefix

NONE PROVIDED

First Name Middle Name Last Name

Lewis NONE PROVIDED Green

Title

Owner

Phone Type Number Extension

Mobile 602-487-8661

Email

lewisgreen@gmail.com

Disclosure Statement or SEC Forms

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the DEQ file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. 8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10-K and 10-Q filings to the Securities and Exchange Commission (SEC) in lieu of the Disclosure Statement.

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

Disclosure Statement

I will attach a disclosure statement

Disclosure Statement or SEC 10-K and 10-Q forms

Lewis Green Disclosure Updated - 2.pdf - 06/28/2024 08:46 AM
Comment
NONE PROVIDED

CORRECTION REQUEST (CORRECTED)
Disclosure statement must match Secretary of State Exactly

The form lists "Rodgers Fantasy Ranch" and the secretary of state filing is under "Rodgers Fantasy Ranch LLC"
Created on 6/25/2024 2:54 PM by **Ben Wilson**

1 COMMENT
Ben Wilson (Ben.Wilson@adeq.state.ar.us) (6/28/2024 8:33 AM)
The form now lists "Rodgers Fantasy Ranch, LLC.". The secretary of state listing does not have a period after LLC

Revisions

Revision	Revision Date	Revision By
Revision 1	5/28/2024 7:42 PM	Matthew Johnson
Revision 2	6/23/2024 8:14 AM	Matthew Johnson
Revision 3	6/28/2024 7:57 AM	Matthew Johnson
Revision 4	6/28/2024 8:45 AM	Matthew Johnson



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

26747645

Non-Individual Onsite Wastewater System Permit Application

Permit Type



New Installation



Alteration / Repair

DR Environmental I.D. #

7601085852

Part 1 Treatment Type (check one)

Disposal Method (check one)

<input type="checkbox"/> STD = Standard Septic Tank	<input checked="" type="checkbox"/> ATU = Aerobic Treatment Plant	<input type="checkbox"/> STD = Standard Absorption Field	<input type="checkbox"/> LPD = Low Pressure Distribution
<input type="checkbox"/> ISF = Intermittent Sand Filter	<input type="checkbox"/> RSF = Re-circulating Sand Filter	<input checked="" type="checkbox"/> SUR = Surface Discharge	<input type="checkbox"/> HLD = Holding Tank
<input type="checkbox"/> PMF = Proprietary Media Filter	<input type="checkbox"/> RGF = Re-circulating Gravel Filter	<input type="checkbox"/> CPF = Capping Fill	<input type="checkbox"/> SRL = Serial Distribution
<input type="checkbox"/> OTH = Other (Describe)	<input type="checkbox"/> HLD = Holding Tank	<input type="checkbox"/> OTH = Other	<input type="checkbox"/> DRP = Drip Irrigation

1. Owner/Applicant's Name <u>Rogers Fantasy Ranch cabins</u>	2. Phone Number <u>85138 602 487 8661</u>		
3. Mailing Address <u>43433 West Maricopa Avenue Maricopa AZ</u>	4. County <u>Hempstead</u>		
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.) <u>596 Hempstead 20</u>			
6. Subdivision Name <u>—</u>	7. Approval Date <u>—</u>	8. Date Recorded <u>—</u>	9. Lot Number <u>—</u>
10. Lot Dimensions <u>440 x 880 x 440 x 880 yards</u>	11. Total Area (Acres) <u>80</u>	12. # Bedrooms / # People/GPD <u>7</u>	13. Daily Flow (GPD) <u>1020</u>
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.) <u>SEC 9 T-10-S R-26-W S NW</u>			
15. Water Supply (Specify supplier if Public Water.) <u>Nashville Rural Water</u>		16. GPS Coordinates <u>33.89969 -93.18618</u>	
17. Loading Rates gpd / ft ²	18. System Size <u>NORWECO CLEARSTREAM 1000</u>		
Primary Site <u>0</u>	a. Size of Septic Tank <u>ATU</u>	gal	f. Trench Depth <u>—</u> inches
Secondary Site <u>0</u>	b. Size of Dose Tank <u>—</u>	gal	g. Trench Spacing <u>—</u> feet
Percolation Test (min/in)	c. Absorption Area <u>SD</u>	ft ²	h. Trench Media <u>no load</u> I. Trench Width <u>—</u> in.
Primary Site Ave <u>—</u>	d. Number of Field Lines <u>—</u>	<u>—</u>	<u>—</u> in.
Secondary Site <u>—</u>	e. Length of Field Lines <u>—</u>	ft	<u>—</u> in.

TO THE OWNER

The authorization 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 authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document 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. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) 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, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non- individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature [Signature] Date 11-14-23

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.

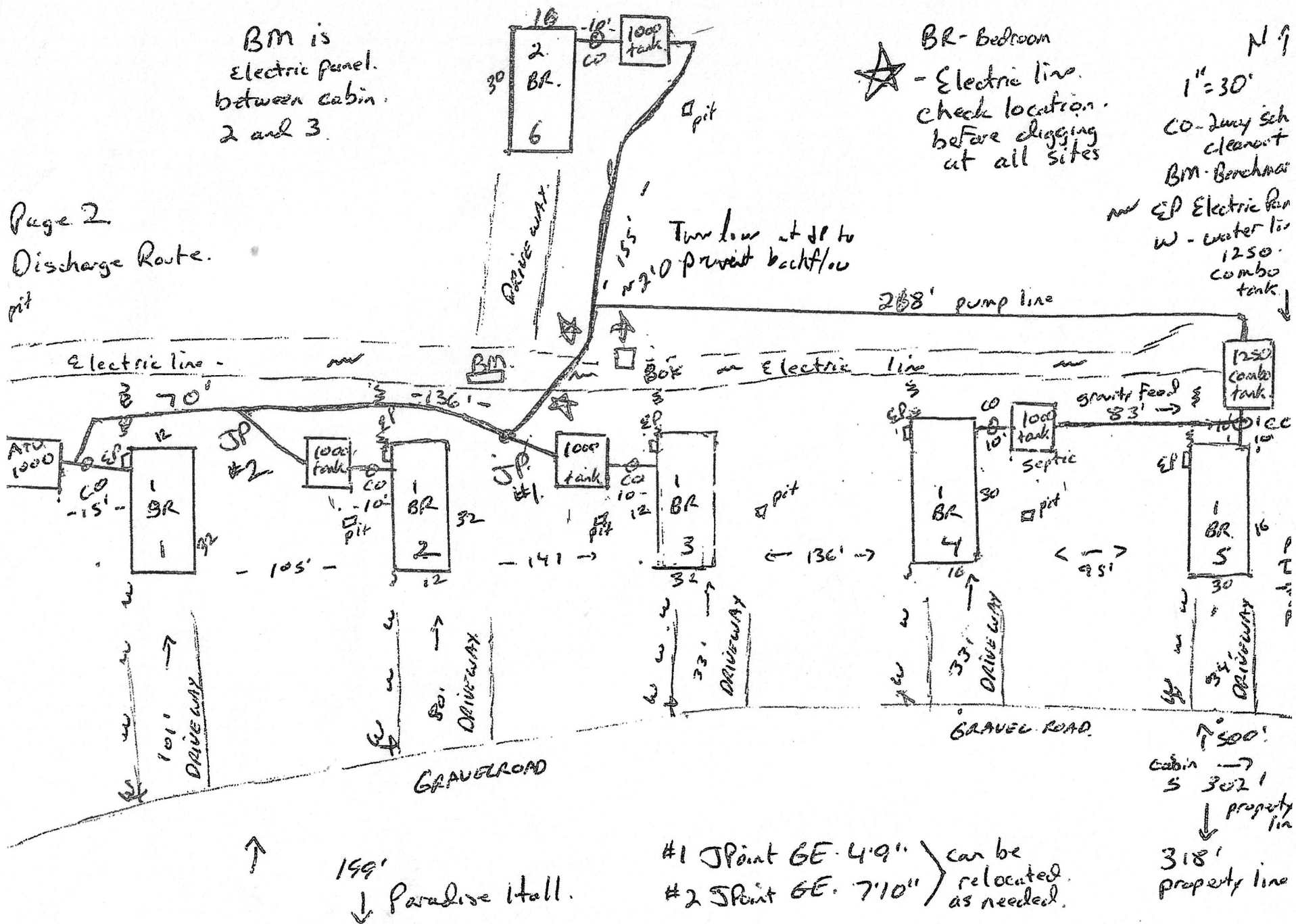
Designated Representative Signature [Signature] ID Number 7601085852 Soil Certified ☒ Yes ☐ No
Print Name Robbie Crocker Date 5-3-24 Phone Number 820 285 5779

21. Authorization of Health Authority

The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature [Signature] ID Number 331 Date 5-20-24

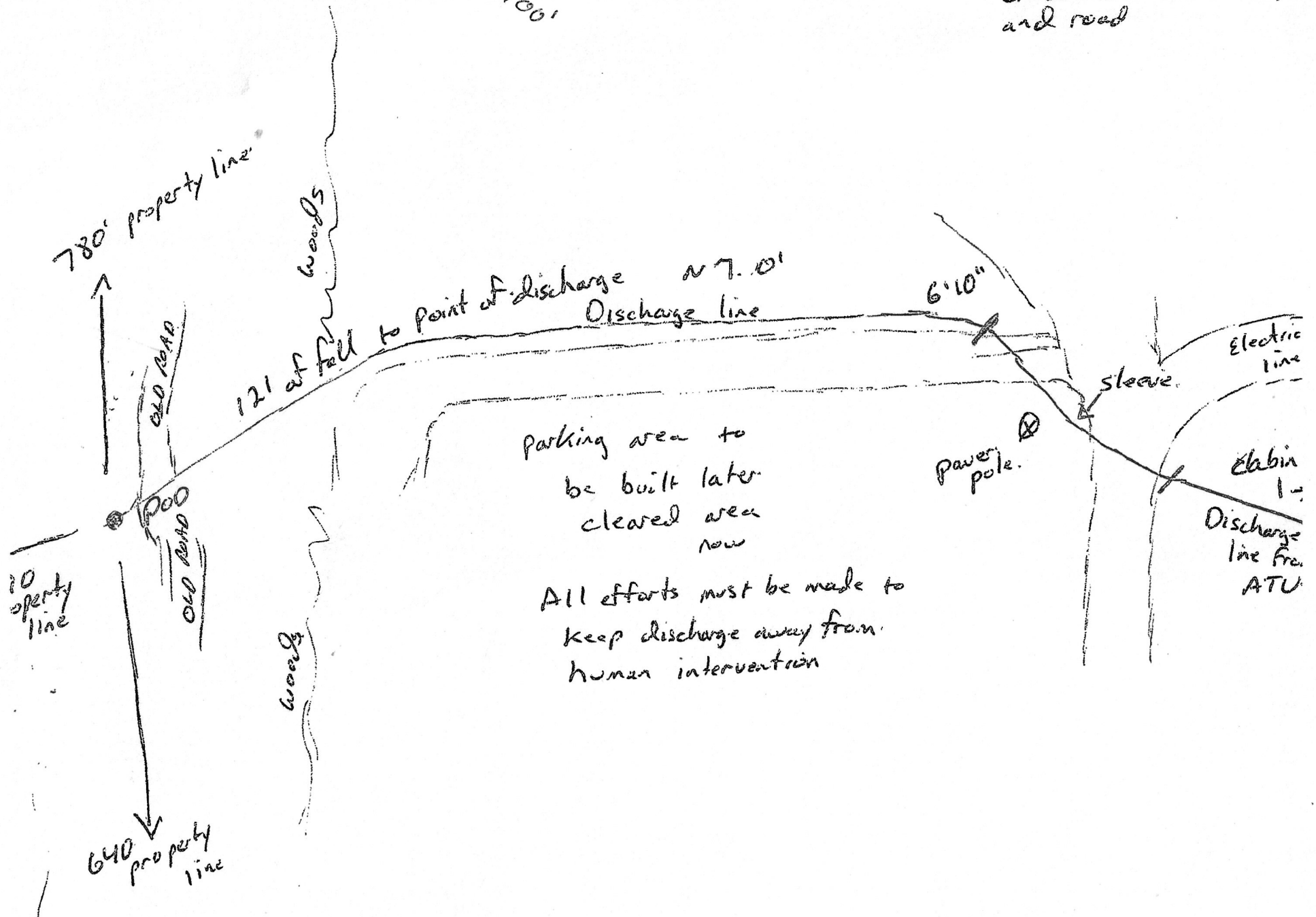
Page 2.
Discharge Route.
pit



Page 2.

Sleeve with 4" sch 40
where discharge line
crosses electric line
and road

700'





ENVIRONMENTAL
QUALITY

DISCLOSURE STATEMENT

Instructions for the completion of this document:

- A. Individuals, firms, or other legal entities with no changes to a DEQ Disclosure Statement, complete items I through III and XVI.
- B. Individuals who never submitted a DEQ Disclosure Statement, complete items I through II, IV, V, and XIV through XVI.
- C. Firms or other legal entities who never submitted a DEQ Disclosure Statement, complete items I through III, and IV through XVI.

IF NOT SUBMITTING BY EPORTAL, MAIL ORIGINAL TO:

Arkansas Energy & Environment,
Division of Environmental Quality,

Select or Type Office

Disclosure Statement
5301 Northshore Drive,
North Little Rock, AR 72118-5317

I. APPLICANT INFORMATION

APPLICANT NAME: Rodgers Fantasy Ranch LLC

STREET ADDRESS: 596 Hempstead 20

CITY: Ozan

STATE: AR



ZIP CODE: 71855

II. APPLICANT CATEGORY

APPLICANT TYPE:

☐ INDIVIDUAL

☒ OTHER LEGAL ENTITY

REASON FOR SUBMISSION:

☐ PERMIT

☐ CERTIFICATION

☐ OPERATIONAL AUTHORITY

☐ LICENSE

☐ MODIFICATION

☒ NEW APPLICATION

☐ RENEWAL APPLICATION

(If no changes from previous disclosure statement, complete number III and XVI.)

PROGRAMS:

☐ AIR

☐ MINING

☐ HAZARDOUS WASTE

☒ WATER

☐ SOLID WASTE

☐ REGULATED STORAGE TANK

☐ USED TIRE PROGRAM

III. 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 DEQ on N/A.

IV. 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

V. 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:

- A. Administrative enforcement actions resulting in the imposition of sanctions
- B. Permit or license revocations or denials issued by any state or federal authority
- C. Actions that have resulted in a finding or a settlement of a violation
- D. Pending actions

(Attach additional pages, if necessary.)

N/A

*Firms or other legal entities shall also include this information for all persons and legal entities identified in sections VI through XIV of this Disclosure Statement.

VI. List all officers of the Applicant. (Add additional pages, if necessary.)

OFFICER NAME: Lewis Green
JOB TITLE: Owner
STREET ADDRESS: 43433 West Maricop Avenue
CITY: Maricopa **STATE:** AZ **ZIP CODE:** 85138

OFFICER NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICER NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

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

DIRECTOR NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DIRECTOR NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DIRECTOR NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

VIII. List all partners of the Applicant. (Add additional pages, if necessary.)

PARTNER NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARTNER NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARTNER NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

IX. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application. (Add additional pages, if necessary.)

EMPLOYEE NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYEE NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMPLOYEE NAME: N/a
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

X. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity. (Add additional pages, if necessary.)

INDIVIDUAL/ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

INDIVIDUAL/ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XI. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%). (Add additional pages, if necessary.)

ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

ENTITY NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XII. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: N/a
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XIII. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant. (Add additional pages, if necessary.)

COMPANY NAME: N/A
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
ORGANIZATIONAL RELATIONSHIP:

XIV. List any person who is not now in compliance or has a history of noncompliance with the environmental law or rules 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. (Add additional pages, if necessary.)

INDIVIDUAL NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

INDIVIDUAL NAME: N/A
JOB TITLE: _____
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

XV. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant. (Attach additional pages, if necessary.)

N/A

XVI. VERIFICATION AND ACKNOWLEDGMENT

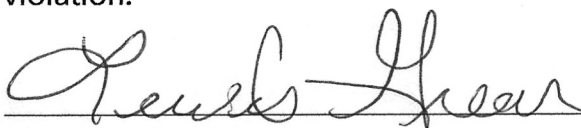
The Applicant agrees to provide any other information the DEQ Chief Administrator may require at any time to comply with the provisions of the Disclosure Law and any rules promulgated thereto. The Applicant further agrees to provide the DEQ with any changes, modifications, deletions, additions or amendments 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.

SKIP THIS SECTION IF SUBMITTING WITH CROMERR-APPROVED SIGNATURE ON EPORTAL

I, Lewis Green, 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:



JOB TITLE: Owner

DATE: 6/9/24



Hempstead 20 Rd



Hempstead County
Arkansas

33.900093, -93.786979

