



Do the ponds have a retention time > 24 hours? Yes  No

Outfall Type: \_\_\_\_\_ Flow: \_\_\_\_\_ MGD (Million Gallons per Day)

Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_

Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_ Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec

Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Receiving Stream: \_\_\_\_\_

Water Source: Surface water  Groundwater

Are aluminum based coagulants used? Yes  No

Is chlorinated water used for filter backwash? Yes  No

Do the ponds have a retention time > 24 hours? Yes  No

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG640058

State Construction Permit Number(If Applicable): \_\_\_\_\_

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Treatment System Operator Name: A.W. Curtis License Number: 006950

License Class: Basic  Advanced  1  2  3  4

Additional Location Information: N/A

Additional Comments: N/A

Consultant Contact Name: Wayne Menley P.E., Miller-Newell Engineers, Inc

Consultant Email Address: wmenleyengr@aol.com

Consultant Address: P.O. Box 705 City: Newport

State: AR Zip: 72112

Consultant Phone Number: 870-523-6531 Consultant Fax Number: 870-523-6533

**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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

**VII. CERTIFICATION OF OPERATOR**

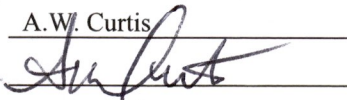
\_\_\_\_ (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

\_\_\_\_ (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."

\_\_\_\_ (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: Steven Stricklin  
Responsible Official Signature:   
Responsible Official Email: treasurer@vb-water.com

Title: President  
Date: 11-11-21

Cognizant Official Printed Name: A.W. Curtis  
Cognizant Official Signature:   
Cognizant Official Email: treasurer@vb-water.com

Title: Manager  
Date: 11-11-21  
Telephone: 870-588-4336

**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?  Yes  No
- Submittal of Required Permit Fee?  Yes  No
- Submittal of Site Map?  Yes  No
- Submittal of Disclosure Statement?  Yes  No

Check Number: 15271

WATER DIVISION  
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
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