

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS
NPDES GENERAL PERMIT ARG640000**

Application Type: New Renewal Permit # ARG64 _____
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): CHEROKEE VILLAGE SUBURBAN IMPROVEMENT DISTRICT #1 Operator Type:
 Permittee Mailing Address: P.O. Box 840 State Partnership
 Permittee City: CHEROKEE VILLAGE Federal Corporation*
 Permittee State: AR Zip: 72525 Sole Proprietorship/Private
 Permittee Telephone Number: 870-257-2468 *State of Incorporation: _____
 Permittee Fax Number: 870-257-2321 The legal name of the Permittee must be
 Permittee E-mail Address: Cvsidgm@msn.com identical to the name listed with the
 Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: DAVID WEBB City: CHEROKEE VILLAGE
 Invoice Mailing Company: CHEROKEE VILLAGE S.I.D. State: AR Zip: 72525
 Invoice Mailing Address: P.O. Box 840 Telephone: 870-257-2468

III. FACILITY INFORMATION

Facility Name: OMAHA CENTER Facility Contact Person: DAVID WEBB
 Facility Address: 20 OMAHA CIRCE Contact Title: GENERAL MGR.
 Facility County: FULTON Telephone Number: 870-257-2468
 Facility City, State & Zip: CHEROKEE VILLAGE, AR 72525 Contact E-mail: Cvsidgm@msn.com
 Facility SIC Code: 7999 Facility NAICS Code: 713990 Type of Business: RECREATIONAL
 Facility Latitude: 36 Deg 18 Min 2 Sec Facility Longitude: 91 Deg 36 Min 1 Sec
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Section: 15 Township: 19N Range: 6W"

IV. DISCHARGE INFORMATION

Outfall Type: FILTER BACKWASH Flow: 7500 GALLS / EVERY TWO WEEKS DURING A 100 DAY SEASON
 Stream Segment: 11010010 Hydrologic Basin Code: 4-H
 Outfall Latitude: 36 Deg 18 Min 2 Sec Outfall Longitude: 91 Deg 36 Min 1 Sec
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Type of Treatment: GROUND FILTER BEFORE ENTERING LAKE
 Receiving Stream: WHITE RIVER
 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

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

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

VI. OTHER INFORMATION:

Treatment System Operator Name: DAVID WEBB License Number: TBD
 License Class: Basic Advanced 1 2 3 4
 Additional Location Information: _____
 Additional Comments: _____
 Consultant Contact Name: _____
 Consultant Email Address: _____
 Consultant Address: _____ City: _____
 State: _____ Zip: _____
 Consultant Phone Number: _____ Consultant Fax Number: _____

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.adeg.state.ar.us/disclosure_stmt.pdf.

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 www.adeg.state.ar.us

VII. CERTIFICATION OF OPERATOR

DW (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
DW (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."
DW (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: DAVID WEBB Title: GENERAL MANAGER
Responsible Official Signature: DWEBB Date: 3-10-2020
Responsible Official Email: CVSIDGMCMSN.COM

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Date: _____
Cognizant Official Email: _____ Telephone: _____

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

* If No is answered for any of the questions, then a permit can not be issued!

- | | Yes | No |
|------------------------------------|-------------------------------------|--------------------------|
| Submittal of Complete NOI? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Submittal of Required Permit Fee? | <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"/> |

Check Number: 063436

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PHONE 501-682-0623 / FAX 501-682-0880
www.adeg.state.ar.us

Omaha Lake

Omaha Ln

Pinal Cir

Yamasee Rd

2 Jore Cir

Omaha Ln

Underground Pipe

GROUND FILTER

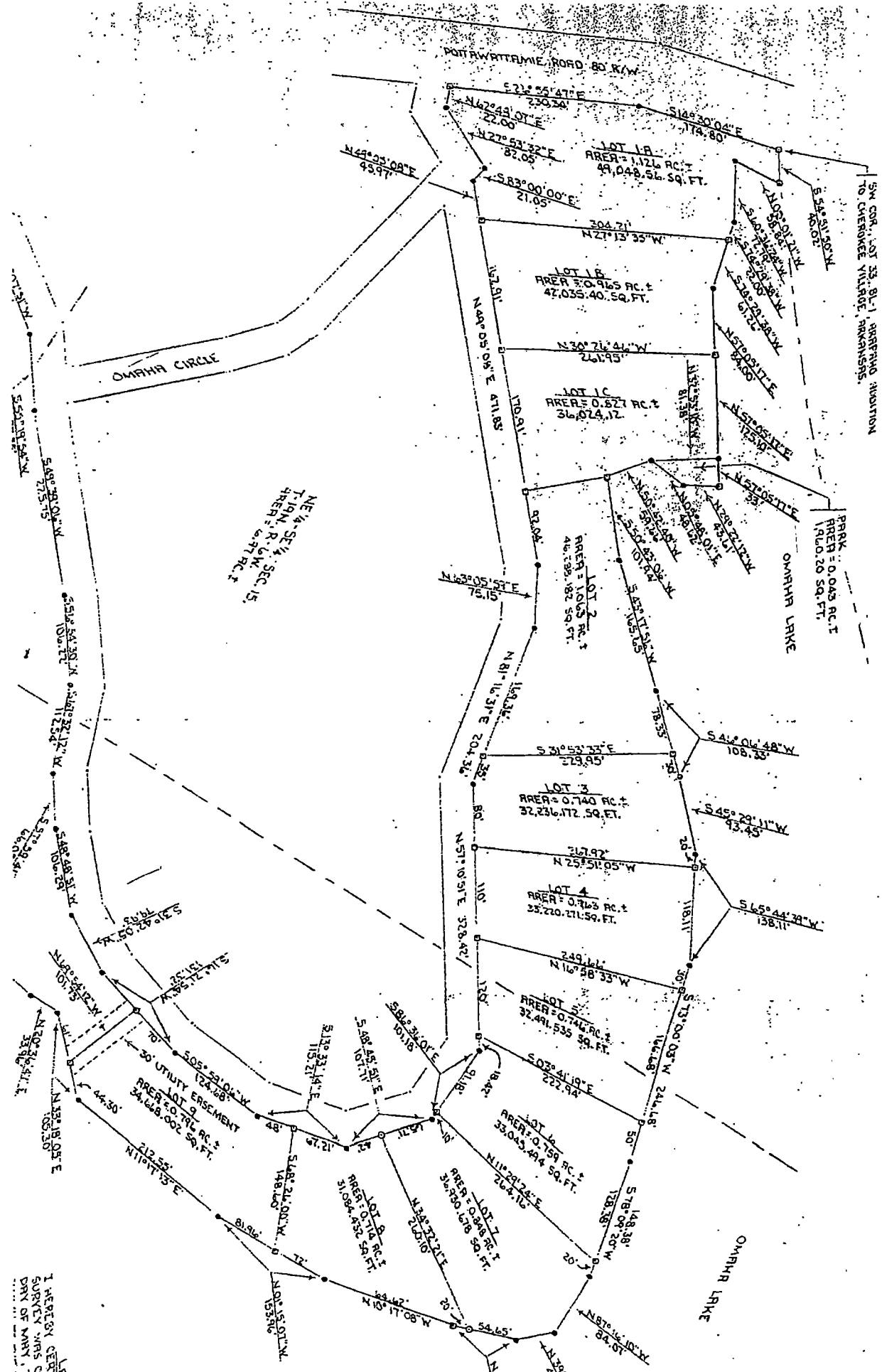
LAKE OMAHA

*

* 20 OMAHA CIRCLE



001-01569-001
 001-01570-001
 001-01576-001
 001-01584-001



I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF MY SURVEY.

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)

CHEROKEE VILLAGE SUBURBAN IMPROVEMENT DISTRICT No. 1

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

P.O. Box 840

3. CITY, STATE, AND ZIP CODE

CHEROKEE VILLAGE, AR 72525

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.)

REGULATED STORAGE TANKS DIVISION
#003031 CERTIFIED UST OPERATOR IN ARKANSAS
OPERATOR A 12/18/2004

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.)

NONE

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

NAME: JOE WAGGONER TITLE: COMMISSIONER

STREET: 1 SETSI CIRCLE

CITY, STATE, ZIP: CHEROKEE VILLAGE, AR 72529

NAME: RON PATTERSON TITLE: COMMISSIONER

STREET: 70 WEST WAKITA DRIVE

CITY, STATE, ZIP: CHEROKEE VILLAGE, AR 72529

NAME: JIM BEST TITLE: COMMISSIONER

STREET: 1 LAKOTA TRACE

CITY, STATE, ZIP: CHEROKEE VILLAGE, AR 72529

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

NAME: _____ 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: _____

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: DAVID WEBB TITLE: GENERAL MANAGER

STREET: 4 TADS CIRCLE

CITY, STATE, ZIP: CHEROKEE VILLAGE, AR 72529

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: _____

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: _____

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: _____

NONE

Organizational Relationship:

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

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

NONE

Organizational Relationship:

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: _____

N/A

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.

NONE

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, DAVID WEBB, 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:

DWEBB

TITLE:

GENERAL MANAGER CHEROKEE VILLAGE SUBURBAN IMPROVEMENT DISTRICT No. 1

DATE:

3-3-2020