

# Annual Compost Facilities Report (All Types of Facility)

version 2.10

(Submission #: HQM-FCP3-ZYEHT, version 1)

## Details

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**Submitted** 3/31/2026 (7 days ago) by F Owen Carpenter  
**AFIN** 60-01071  
**Reference #** 0031-SCYW  
**Submission ID** HQM-FCP3-ZYEHT  
**Submission Reason** Report  
**Submission Assigned Staff** Michael Marchman  
**Status** Submitted

## Form Input

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### Facility Identification

**Reporting Year**

2025

**Facility Name**

City of Little Rock Yard Waste Compost Facility

**Permit Number**

0031-SCYW

**Arkansas DEQ Facility Identification Number (AFIN)**

60-01071

**Permit Expiration Date**

3/31/2026

**Permitted Capacity (CY)**

1

**Facility Status**

Open

**Class**

Compost Yard Waste

**Site Address**

**Site Physical Location**

little rock

little rock, AR 72206

Pulaski

**District**

Pulaski County RSWMD

**Responsible Official****First Name**   **Last Name**Bernard   *Owens***Title***Manager***Material Amounts Processed****Monitoring results of stormwater runoff and/or site discharges as required by facility NPDES permits.**[2025 CoLR Compost AEIR 3.31.2026.pdf - 03/31/2026 03:43 PM](#)**Comment**

attached is the Compost AEIR. The AEIR will also be submitted via email per historical protocol. The ePortal form has not been filled out in lieu of the attached AEIR as this was not contracted for this reporting period. In the future, the ePortal form will be considered and a project assistant will upload information in accordance with the ePortal AEIR form. The attached AEIR has the required submitter seal and signature.

**Permit, design drawings, operating narrative, modifications, annual reports, and Department correspondence**[Upload Reference.pdf - 03/31/2026 03:45 PM](#)**Comment**

NONE PROVIDED

**Facility operating records as required by Rule 22.804(b)(1).**[Upload Reference.pdf - 03/31/2026 03:46 PM](#)**Comment**

NONE PROVIDED

**Organic Waste (CO)/Mixed SW (CS)/Yard Waste (CY) Received**

Month	Source and Type (Type only for non-Yard Waste)	Volume (cu. yds.)	Weight (tons)
January	1	1	1
February	1	1	1
March	1	1	1
April	1	1	1
May	1	1	1
June	1	1	1
July	1	1	1
August	1	1	1
September	1	1	1
October	1	1	1
November	1	1	1
December	1	1	1

**Compost Removed/Disposed**

Type	Volume (cu. yds.)	Weight (tons)	Disposal Location
Processed Compost	1	1	1
Unprocessed Compost	1	1	1
Mulch	1	1	1

**Compost Sold**

Type	Volume (cu. yds.)	Weight (tons)	Buyer
Processed Compost	1	1	1
Unprocessed Compost	1	1	1
Mulch	1	1	1

## Attachments

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Date	Attachment Name	Context	User
3/31/2026 3:56 PM	CertificationForm.pdf	Unknown	F Carpenter
3/31/2026 3:46 PM	Upload Reference.pdf	Attachment	F Carpenter
3/31/2026 3:45 PM	Upload Reference.pdf	Attachment	F Carpenter
3/31/2026 3:43 PM	2025 CoLR Compost AEIR 3.31.2026.pdf	Attachment	F Carpenter

## Status History

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	User	Processing Status
3/31/2026 3:39:00 PM	F Owen Carpenter	Draft
3/31/2026 3:50:58 PM	F Owen Carpenter	Submitting
3/31/2026 3:51:07 PM	F Owen Carpenter	Submitted



## ENVIRONMENTAL QUALITY

### Certification of ePortal Submission

This form is to be used to certify electronic ePortal submissions. Please check with the appropriate section for who has the authority to sign this form. A hardcopy of this form with original signature must be sent to DEQ, 5301 Northshore Drive, North Little Rock, AR 72118. Please do **not** send a hardcopy of the ePortal submission with this form. **All fields are required.**

<b>1. Section to which the ePortal Submission was Submitted:</b>	Solid Waste Management Section
<b>2. Form Name:</b>	Annual Compost Facilities Report (All Types of Facility)
<b>3. Arkansas DEQ Facility Identification Number (AFIN), if available:</b>	60-01071
<b>4. Facility Name:</b>	City of Little Rock Yard Waste Compost Facility
<b>5. Facility Physical Address:</b>	little rock little rock, AR 72206

I certify under penalty of law that the ePortal submission with Submission ID# HQM-FCP3-ZYEHT and revision # 1 which was submitted electronically on 3/31/2026 3:51:07 PM 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 fine and imprisonment for knowing violations.

Bernard Owens

Manager

typed/printed name of signatory authority

title

signature of signatory authority

date