Annual Transfer Station Report-Revised 2024

version 1.26

(Submission #: HQB-9EB3-94350, version 1)

Details

Submitted	3/22/2025 (2 days ago) by James Black
AFIN	49-00070
Reference #	0055-STSW-A
Submission ID	HQB-9EB3-94350
Submission Reason	Report
Submission Assigned Staff	Max Weidman
Status	Submitted

Form Input

Facility Identification

Reporting Year
2024

Facility Name
Montgomery County Solid Waste Transfer Station #1

Arkansas DEQ Facility Identification Number (AFIN)
49-00070

Permit Number
0055-ST-SW-A

Permit Expiration Date
05/31/2027

Permitted Capacity (Tons)
5,200

Facility Status
Open

Class
Solid Waste Transfer Station

Site Address

Site Physical Location
637 Hwy 270 West
Mount Ida, AR 71957
Montgomery

District
Upper-Southwest RSWMD

Responsible Official

First Name	Last Name
James	*Black*

Title
Supervisor

Material Amounts Collected and Removed

Solid Waste Received

Source	Amount	Units	Class
Mount Ida Station	3203.61	Weight (tons)	Class 1
Mount Ida Station	1278.15	Weight (tons)	Class 4

Source Separated Recyclables Collected

Amount	Units	Type of Material
2.35	Weight (tons)	Batteries
132.61	Weight (tons)	Cardboard
1.38	Weight (tons)	Aluminum Cans
222.10	Weight (tons)	Metal
5.1	Weight (tons)	Used Oil
8.55	Weight (tons)	Glass

Solid Waste Removed

Amount	Units	Disposal Location
3203.61	Weight (tons)	Upper Southwest Class #1
1278.15	Weight (tons)	Upper Southwest Class #1
2.35	Weight (tons)	A&B Battery
132.61	Weight (tons)	ORE Recovered Material
1.38	Weight (tons)	Haston Recycling
222.10	Weight (tons)	Haston Recycling
5.1	Weight (tons)	Witt Works Enviromental
8.55	Weight (tons)	Garland County Landfill

Attach documents here as needed
NONE PROVIDED
Comment
NONE PROVIDED

Attachments

Date	Attachment Name	Context	User
3/22/2025 2:18 PM	CertificationForm.pdf	Unknown	James Black

Status History

	User	Processing Status
3/22/2025 1:53:04 PM	James Black	Draft
3/22/2025 2:14:17 PM	James Black	Submitting

	User	Processing Status
3/22/2025 2:14:32 PM	James Black	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**.

1. Section to which the ePortal Submission was Submitted:	Solid Waste Management Section
2. Form Name:	Annual Transfer Station Report-Revised 2024
3. Arkansas DEQ Facility Identification Number (AFIN), if available:	49-00070
4. Facility Name:	Montgomery County Solid Waste Transfer Station #1
5. Facility Physical Address:	637 Hwy 270 West Mount Ida, AR 71957

I certify under penalty of law that the ePortal submission with Submission ID# HQB-9EB3-94350 and revision # 1 which was submitted electronically on 3/22/2025 2:14:32 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.

James Black	Supervisor
typed/printed name of signatory authority	title
signature of signatory authority	date