

**NPDES PERMIT APPLICATION
FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☒ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☐ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Facility Name: White Oak Lake State Park
2. Legal Applicant Name (If the applicant is different from the above): Arkansas Department of Parks & Tourism
3. Operator name: Arkansas Dept. of Parks and Tourism License number: _____ Class of wastewater operator: I II III IV
4. Is the operator identified in number 3 above, the owner of the facility? ☒ Yes ☐ No
5. NPDES Permit Number (If Applicable): AR00
6. NPDES General Permit Number (If Applicable): ARG
7. NPDES General Storm Water Permit Number (If Applicable): _____
8. Does your facility hold any other permits which are not listed above? ☐ Yes ☒ No
9. Permit Numbers and/or names of any permits issued by ADEQ 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
Ark. Dept. of
Parks & Tourism

16 NPDES Permits in State Parks

10. Driving directions to the facility with respect to known landmarks: From I-30 at Prescott, travel twenty miles east on Highway 24 to Bluff City. Turn right on Highway 299 and go approximately 100 yards before turning left on Highway 387. Go 2.5 miles south to the park.

Give a driving direction to the wastewater treatment plant:

Once at the park, take first park road to the right. Go approximately 125 yards to proposed WWTP site.

11. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: 563 Highway 387
City: Bluff City County: Nevada State: Arkansas Zip: 71722

12. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Arkansas Department of Parks & Tourism Title: White Oak Lake State Park
Street: 563 Highway 387 P.O. Box _____
City: Bluff City State: Arkansas Zip: 71722
E-mail address: whiteoaklake@arkansas.gov Fax: 870-685-9913

13. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

14. Type of ownership: Public ☐ Private ☐ State ☒ Federal ☐ Other ☐

15. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

7033 SIC Facility Activity under this SIC or NAICS:

NAICS _____

16. Design Flow: 0.015 MGD Highest Monthly Average of the last two years Flow: _____ MGD

17. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

18. Responsible Official (as described on the last page of this application):

Name: Greg Butts Title: Director, Ark. State Parks
Address: One Capitol Mall Phone Number: (501) 682-7743
E-mail Address: greg.butts@arkansas.gov
City: Little Rock State: AR Zip: 72201

19. Designated Facility Contact (as describe on the last page of this application):

Name: Sarah Jones Title: Superintendent
Address: 563 Highway 387 Phone Number: (870) 685-2748
E-mail Address: sarah.jones@arkansas.gov

20. Name, address and telephone number of consulting engineer firm (If none, so state):

Contact Name:	Larry J. Stone, P.E.				
Company Name:	RSA, Inc. d/b/a NRS Consulting Engineers				
Address:	600 Main Street, Suite R			Phone Number:	501-623-4444
E-mail Address:	lstone@nrs-engineers.com				
City:	Hot Springs	State:	Arkansas	Zip:	71913

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** of the facility):

Lat: 33 ° 41 ' 23 " Long: 93 ° 06 ' 53 " Section: 13 Township: 12 S
Range: 20W County: Nevada Nearest Town: Bluff City USGS Hydrologic Unit Code: _____

What map scale is used? 1:24,000 What Method is used? A Indicate Technical Accuracy 2
What map datum is used? 1 Where is the collection point? General area of plant

2. Outfall monitoring Location:

Outfall No. 001:

Latitude: 33 ° 41 ' 20 " Longitude: 93 ° 07 ' 02 " _____
USGS Hydrologic Unit Code: _____ What map scale is used? 1:24,000 What Method is used? A
Indicate Technical Accuracy 2 What map datum is used? 1 Where is the collection point? Outfall
Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
White Oak Lake

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____
USGS Hydrologic Unit Code: _____ What map scale is used? _____ What Method is used? _____
Indicate Technical Accuracy _____ What map datum is used? _____ Where is the collection point? _____
Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. Outfall Location (If the location of end of the pipe (Discharge point) is different from the above monitoring location

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

Treatment consists of an equalization tank, activated sludge package plant (extended aeration), tertiary filter, and chlorination.

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	<input type="checkbox"/> Yes	Type _____	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	Type _____	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Planned: Flow Metering	<input checked="" type="checkbox"/> Yes	Type <u>Ultrasonic Level</u>	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	Type _____	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.

If "No", what measures are (or will be) used to protect the facilities? _____

7. Population Est. Equivalent - 100

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☐ **Land Application** ADEQ State Permit No. _____

Method of sludge treatment _____

What is the estimated amount of sludge generated at the treatment facility?

Dry metric Ton/ per year _____ Gallon/Acres per year _____

List all the land application sites with the following information:

Field Number	New/Old	Range	Township	Section	Total Acres	Available Acres	Crop Cover	Loading Rate
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing** : Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ Pipe: ☐ Other: _____

☐ **Subsurface Disposal (Lagooning)**

Location of lagoon _____ How old is the lagoon? _____

Surface are of lagoon: _____ Acre Depth: _____ Ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration** : Location of incinerator _____

☒ **Other** (Provide complete description) The plant will have a holding tank which will be pumped out by a licensed septic tank hauler as needed.

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Camden, Highway 4-24, Prescott

Distance from Discharge point: ☒ Within 5 miles ☒ Within 50 miles

☐ **Surface Water**- Name of Surface Water Source:

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE FORM

1. Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (a)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two(2) or more occupied lots, residences, businesses, or other discernible occupied init without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to shows that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department (Arkansas Code 8-5-703(a)(2)):

- A. By obtaining insurance;
- B. By passing a financial test;
- C. By obtaining a letter of credit;
- D. By obtaining a surety bond;
- E. By obtaining a trust fund or escrow account;
- F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

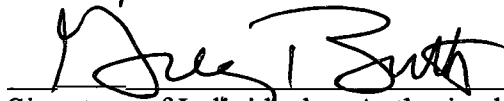
Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. The form may be obtained from ADEQ web site at:

http://www.adeq.state.ar.us/disclosure_stmt.pdf

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 I filed with ADEQ on

N/A (Date of submittal).



Signature of Individual or Authorized Representative of Firm or Legal Entity

The following statement must be completed for Declaration of No Changes.

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.

State of Arkansas

County of Pulaski

I, Greg Butts, swear and affirm that the information contained in the previous Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: *Greg Butts*

COMPANY TITLE: Arkansas Department of Parks & Tourism

Date 7-16-09

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY 16th OF July 2009



Alicia Davis
NOTARY PUBLIC

MY COMMISSION EXPIRES: 4-12-15

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guidelines limitation promulgated by EPA (<http://www.epa.gov/epacfr40/chapt-I.info/chi-toc.htm>) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart (s) ? _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day		lbs/day	
	Highest Month	Days of Operation	Monthly Average	Days of Operation

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked “Yes” in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: _____ (GPD)

Time of batch discharges _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, and 4 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: _____ (GPD)

Time of batch discharges _____ at _____
(days of week) (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☐ No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment/disposal system.

1. Describe the process for wastewater treatment. Include the types control equipment to be installed along with their methods of operation and control efficiency.

A new package plant will be installed with a design flow of 0.015 MGD. A new 0.005 MGD surge tank will be used
with a new tertiary filter and a new chlorine contact chamber. The plant will discharge into the White Oak Lake.

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer (PE)** registered in **Arkansas**, must be submitted as follows:
 - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
 - b. Specifications and complete design calculations.
 - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

The information contained in this form must be certified by a responsible official as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

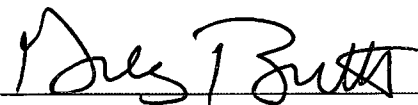
Partnership, a general partner

Sole proprietorship: the proprietor

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

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 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. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested.

Signature of responsible official:



Date:

7-16-09

Printed name of responsible official:

Greg Butts

Official title of responsible official:

Director, Arkansas State Parks

Telephone Number

(501) 682-7743

By signature in Section I above, the applicant certifies that the named individual is qualified as print below to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). (NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department).

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 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.

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:

Sarah Jones / Danny Glover

NAME (first, last)

(870) 685-2748

Superintendent/ Operations Supervisor

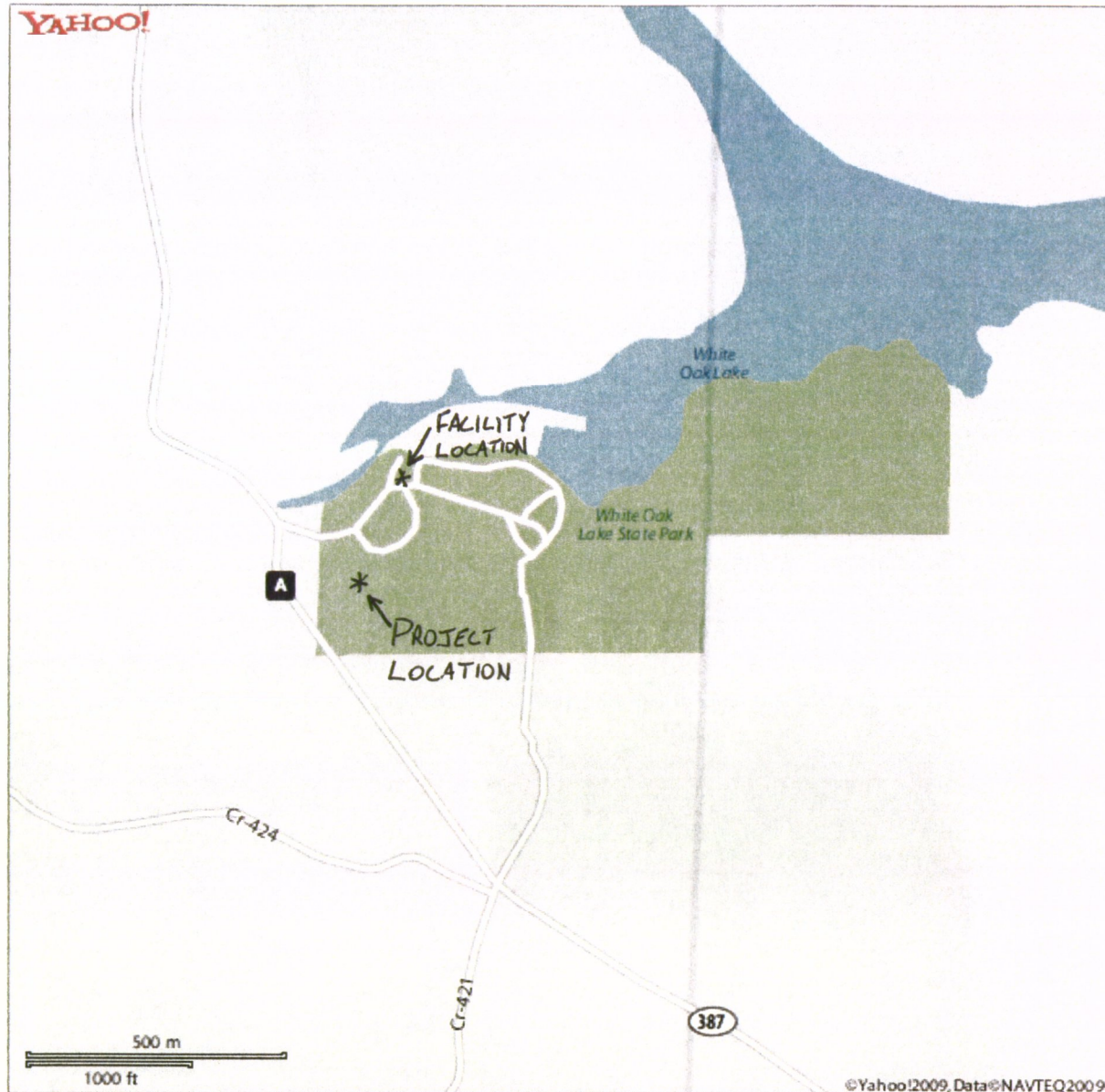
(501) 682-7639

TITLE

TELEPHONE

Map of White Oak Lake State Park

YAHOO!



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

[illegible]

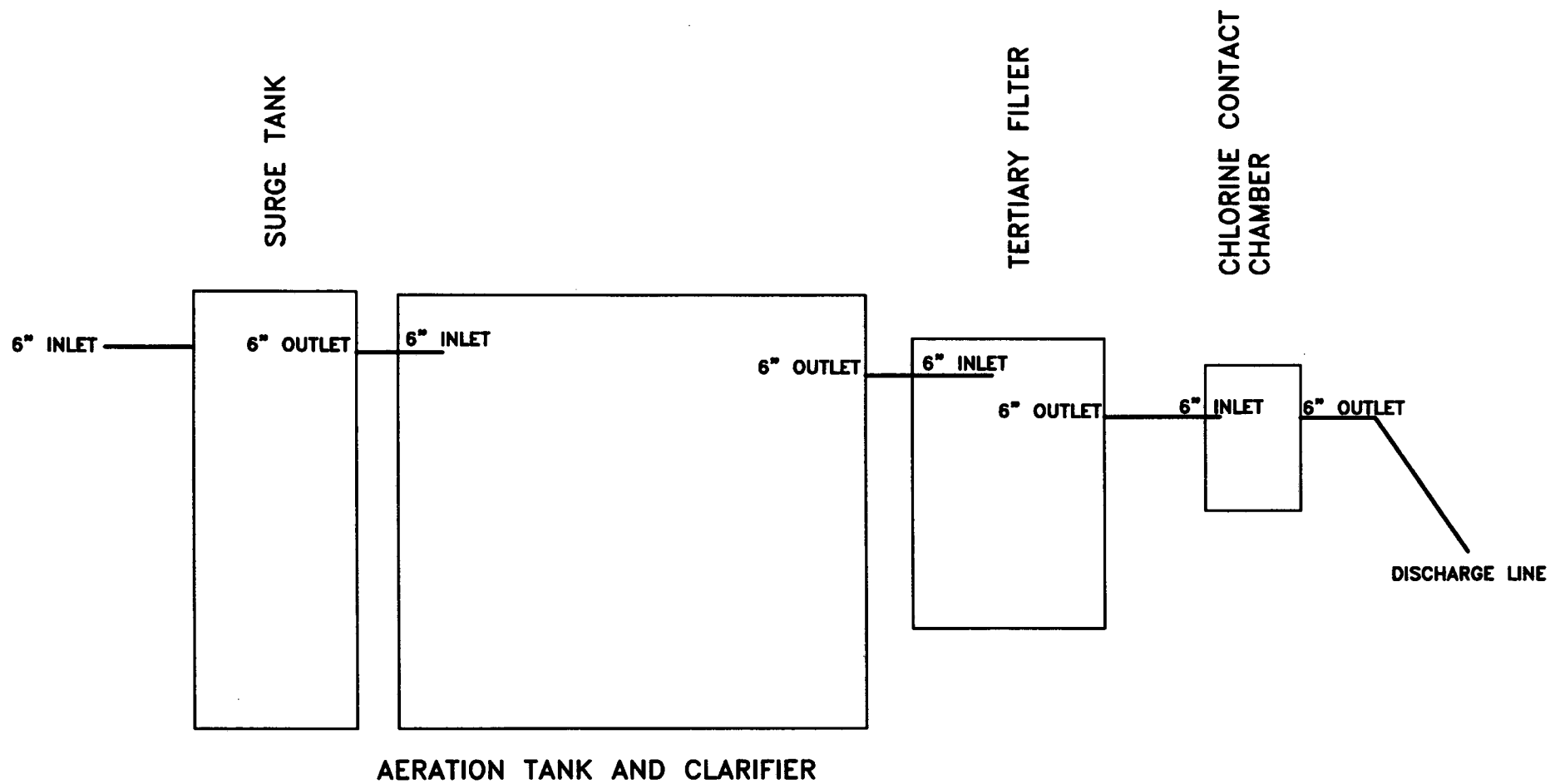
2000	0	2000	4000	6000	FEE T
1	1	1	1	1	1

NEVADA CO., AR
(UNINC AREA)

8/9/77

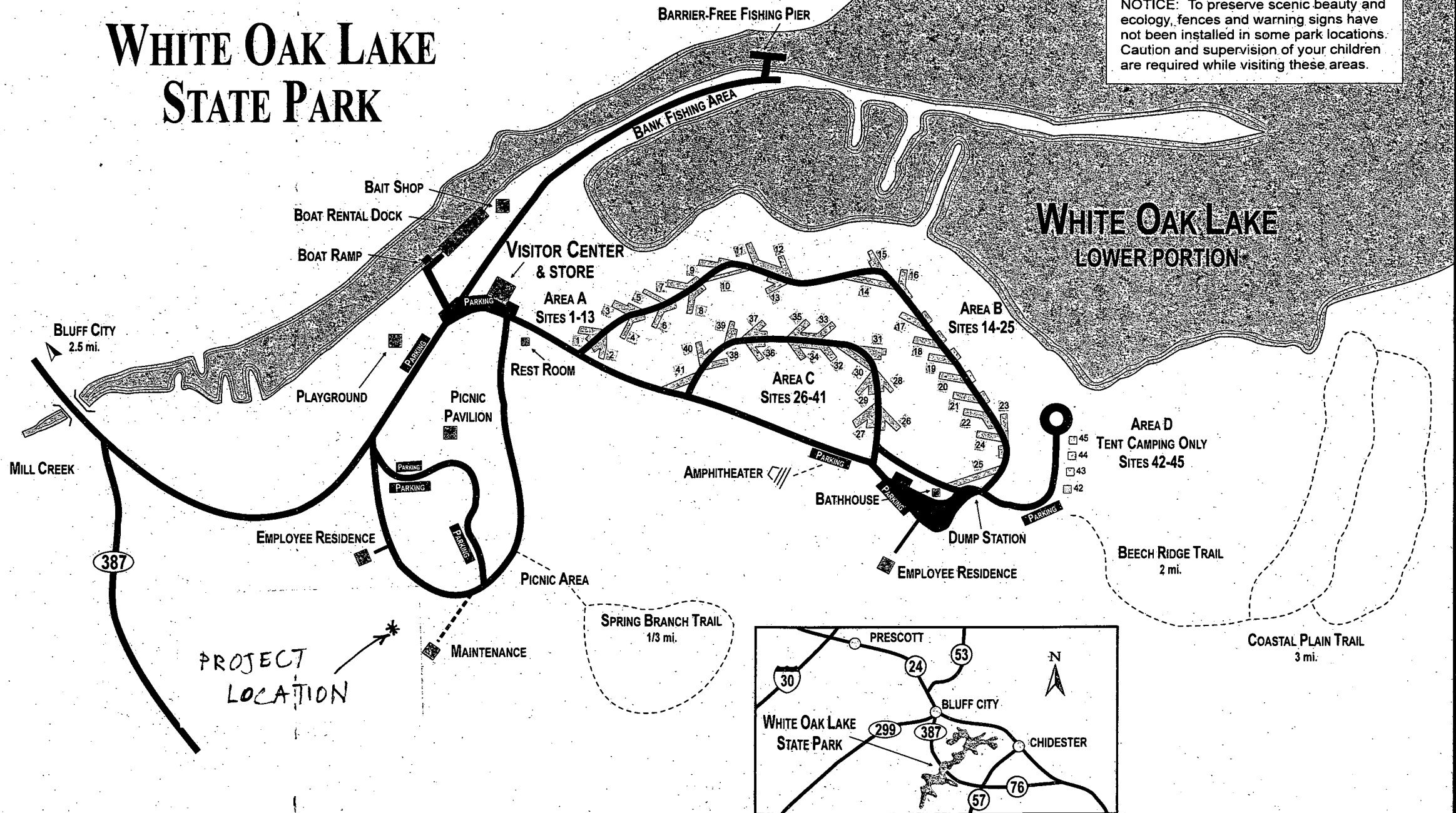


This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov



WHITE OAK LAKE STATE PARK
WWTP FLOW DIAGRAM

WHITE OAK LAKE STATE PARK



EXPLORE THE BEAUTY & HISTORY OF ARKANSAS!

FORM

2E

NPDES



Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	33.00	41.00	20.00	93.00	7.00	2.00	White Oak Lake

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☒ Sanitary Wastes
 ☐ Restaurant or Cafeteria Wastes
 ☐ Noncontact Cooling Water
 ☐ Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)		Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)	15	mg/L					Hist./Avg.
Total Suspended Solids (TSS)	15	mg/L					Hist./Avg.
Fecal Coliform (if believed present or if sanitary waste is discharged)	150	MPN/100 mL					Hist./Avg.
Total Residual Chlorine (if chlorine is used)	1	mg/L					Hist./Avg.
Oil and Grease	90	mg/L					Hist./Avg.
*Chemical oxygen demand (COD)	N/A						N/A
*Total organic carbon (TOC)	N/A						N/A
Ammonia (as N)	15	mg/L					
Discharge Flow	Value 0.015 MGD						
pH (give range)	Value 6-9						
Temperature (Winter)		3.00 °C		°C			Hist./Avg.
Temperature (Summer)		27.00 °C		°C			Hist./Avg.

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?

If yes, briefly describe the frequency of flow and duration.

☐ Yes ☒ No

VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)

A new package plant will be installed with a design flow of 0.015 MGD. A new 0.005 MGD surge tank will be used with a new tertiary filter and a new chlorine contact chamber. The plant will discharge into the White Oak Lake.

VII. OTHER INFORMATION (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

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 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.

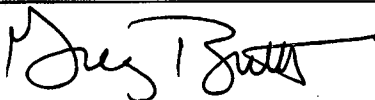
A. Name & Official Title

Greg Butts, Director of Arkansas State Parks

B. Phone No. (area code & no.)

(501) 682-7743

C. Signature



D. Date Signed

8-24-09

ADEQ

ARKANSAS
Department of Environmental Quality

RECEIVED
AUG 03 2009

July 29, 2009

Greg Butts, Director
Arkansas Department of Parks & Tourism
White Oak Lake State Park
One Capitol Mall
Little Rock, AR 72201

mm
PARKS ADMINISTRATION

cc: Kin S. w/ form 2E
Stan G.
Doug W.

Planning & Development

AUG 05 2009

Re: New NPDES Permit Application

RECEIVED

Dear Mr. Butts:

The application for a new NPDES permit was received on 7/21/2009. In accordance with Department policy, the application has been reviewed and determined to be incomplete. Construction plans, specifications and engineering calculations, certified by an Arkansas P.E., in addition to EPA Form 2E (enclosed) will satisfy the deficiencies and must be received by the
✓ Department no later than 8/31/2009. Failure to submit the required information will result in the application being placed in an inactive status.

Upon receipt of the information requested, the application will be determined to be complete, and processing of the application will begin.

Thank you for your cooperation in this matter. If there are any questions concerning this submittal, please contact Guy Lester of my staff at (501) 682-0023 or by email at lester@adeq.state.ar.us.

Sincerely,



Mo Shafii
Assistant Chief, Water Division

cc: Sarah Jones, Park Superintendent

permit section (water division)