Arkansas Department of Environmental Quality
No-Discharge Section Permit Application
Subsurface Disposal System

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>AFIN:</th>
<th>SIC Code</th>
<th>NAICS Code</th>
</tr>
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</table>

1. **Permit Action and Type** *(Please check one of the following):*

- [ ] Corporation *(State of Incorporation:___________)*
- [ ] Limited Liability Company *(State of LLC:___________)*
- [ ] Partnership
- [ ] Sole Proprietorship/Private
- [ ] Public Entity *(Type:___________________________)*

- [ ] New Permit
- [ ] Renewal
- [ ] Modification of Permit, Describe: ____________________________

- [ ] Carwash/Truck Wash
- [ ] Domestic Septic System
- [ ] Drip Irrigation System
- [ ] Laundromat
- [ ] Slaughter House
- [ ] Other ____________________________

2. **Permittee Legal Name and Mailing Address:** *(Must Match Arkansas's Secretary of State)*

   **Owner Name:**
   
   **Address:**
   
   **City:**
   
   **State:**
   
   **Zip Code:**
   
   **Contact Person:** *(Mr. / Mrs. / Ms.)*
   
   **Email:**
   
   **Title:**
   
   **Phone Number:**
   
   **Cell Number:**

3. **Facility Location** *(physical address is required; NO P.O. BOX):*

   **Facility Name:**
   
   **Address (911 Address):**
   
   **Phone Number:**
   
   **City:**
   
   **State:**
   
   **Zip Code:**
   
   **1/4 Sec.:**
   
   **Section:**
   
   **Township:**
   
   **Range:**
   
   **Latitude:** Deg Min Sec. **Longitude:** Deg Min Sec.
   
   **Source Datum:**
   
   **County:**
   
   **Nearest Town:**
   
   **Nearest Stream:**
   
   **Distance:** (ft) **Stream Segment:**

4. **Consultant Information:**

   **Name:**
   
   **Consulting Firm:**
   
   **Email:**
   
   **Phone Number:**
   
   **Address:**
   
   **Cell Number:**
   
   **City:**
   
   **State:**
   
   **Zip Code:**
Please read the following carefully and sign below.

I certify under penalty of law that this document and all attachments were prepared under my direction and 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, which may include fines and/or imprisonment.

SIGNATORY REQUIREMENTS:

The information contained in this form must be certified by a responsible official as defined below:

**Corporation:** principal officer at least the level of vice president (must be an officer or register agent with the secretary of state)
**Partnership:** a general partner
**Sole Proprietorship:** the proprietor/owner
**Municipal, state, federal, or other public facility:** principal executive officer, or ranking elected official

Responsible Official: __________________________  Title: __________________________
Responsible Telephone: __________________________  Email: __________________________
Responsible Signature: __________________________  Date: __________________________

**Cognizant Official** is an individual that is given signature authority from the Responsible Official

Cognizant Official: __________________________  Title: __________________________
Cognizant Telephone: __________________________  Email: __________________________
Cognizant Signature: __________________________  Date: __________________________

PERMIT REQUIREMENT VERIFICATION (Please check the following to verify the completion of permit requirements.)

Yes  No  Submittal of Complete Application
Does the Owner name match the Secretary of State (Corporation or Limited Liability Company)?
Does the Responsible Official match the Secretary of State?

Yes  No  Submittal of Waste Management Plan
Stamped & Signed by an Arkansas Registered PE/ ADH Designated Representative
Are maps and site description included?

Yes  No  Submittal of Operation/Maintenance Plan (nonmunicipal wastewater treatment systems)
Is the cost estimate included?

Yes  No  Submittal of Disclosure Statement (completed and executed)
Not required for public entity

Yes  No  Submittal of Land use Contract/Deed/Lease

Yes  No  Arkansas Department of Health notification letter (letter transmitting documents to ADH)
(New permits or modified permits)

Yes  No  Provide Certificate of Good Standings with the Arkansas Secretary of State
(If foreign corporation, provide Certificate of Good Standings from the state of Origin)