



ARKANSAS
Department of Environmental Quality

NOTICE OF COMPLETION OF CONSTRUCTION
FOR STATE CONSTRUCTION PERMITS

Permit Number: AR00 C

I. PERMITTEE INFORMATION

Permittee Legal Name : _____ Permittee Type: _____
Permittee Mailing Address: _____ STATE PARTNERSHIP
City: _____ FEDERAL CORPORATION*
State: _____ Zip: _____ SOLE PROPRIETORSHIP
Permittee Telephone Number: _____ *State of Incorporation: _____
Permittee Fax Number: _____ E-mail: _____

II. FACILITY SITE INFORMATION

Facility Name: _____ Facility Contact Person: _____
Facility County: _____ Facility Physical Address: _____
Telephone Number: _____ Facility City: _____ Zip: _____

When was construction completed? Date: _____
Was construction completed in accordance with the approved plans and specifications? No Yes
If not, what changes were made? Attach page(s) if necessary. _____

III. RESPONSIBLE OFFICIAL AND PROFESSIONAL ENGINEER 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 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."

NOTE: The responsible official and the professional engineer must both sign this form.

Responsible Official Name: _____ Title: _____
Responsible Official Signature: _____ Date: _____
Professional Engineer Name: _____ Title: _____
Professional Engineer Signature: _____ Date: _____

Stamp of Professional Engineer