

Arkansas Department of Environmental Quality

No-Discharge Section Permit Application

Liquid Animal Waste Management Systems

Permit No.:	AFIN:	SIC Code:	NAICS Code:
(Office Use Only)	(Office Use Only)		

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

Operator Type: <input type="checkbox"/> Corporation (State of Incorporation: _____) <input type="checkbox"/> Limited Liability Company (State of LLC: _____)	
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Private <input type="checkbox"/> Public Entity (Type: _____)	
<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input type="checkbox"/> Modification of Permit, Describe: _____	
<input type="checkbox"/> Cattle Feedlot <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Poultry <input type="checkbox"/> Other _____	

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

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

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

Facility Name:			
Address <i>(911 Address):</i>			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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Complete Application
Does the Organization name match the Secretary of State (Corporation or Limited Liability Company)?
Does the Responsible Official match the Secretary of State? |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Nutrient Management Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Disclosure Statement (completed and executed)
Not required for public entity |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Land use Contract/Deed/Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Arkansas Department of Health notification letter (letter transmitting documents to ADH)
(New permits or modified permits) |
| <input type="checkbox"/> | <input type="checkbox"/> | Adjacent Landowner Notifications |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Certificate of Good Standings with the Arkansas Secretary of State
(If foreign corporation, provide Certificate of Good Standings from the state of Origin) |