

Land Application/Storage of Industrial Wastes, Biosolids, Water Treatment Residuals, or Domestic Wastewater

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Complete Permit Application |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Owner Name on Application matches Arkansas Secretary of State ¹ |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Proof of Good Standing with the Arkansas Secretary of State and State of Origin, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Application signed by Responsible Official ² |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Complete Disclosure Statement³ |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Applicant Name on Disclosure Statement matches Arkansas Secretary of State ¹ |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Disclosure Statement signed by Responsible Official ² |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Proof of ownership or control of land (Land Use Contract/Deed/Lease) |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Arkansas Department of Health notification letter (New or Modified Applications) |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Complete Waste Management Plan⁴ |
| <input type="checkbox"/> | <input type="checkbox"/> | i. WMP signed, dated, and stamped by an Arkansas Registered Professional Engineer |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Adjacent Land Owner Notification ⁵ |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Complete Waste Analysis |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Aerial Maps of Land Application Sites with buffers |
| <input type="checkbox"/> | <input type="checkbox"/> | v. Topographical Maps of Land Application Sites with buffers |
| <input type="checkbox"/> | <input type="checkbox"/> | vi. Complete Soil Analysis |
| <input type="checkbox"/> | <input type="checkbox"/> | a. One Soil Analysis per every 40-acre per site |
| <input type="checkbox"/> | <input type="checkbox"/> | vii. Construction Drawings of storage facilities certified by an Arkansas Registered Professional Engineer |
| <input type="checkbox"/> | <input type="checkbox"/> | viii. Complete Nutrient Management Plan for land application in Nutrient Surplus Areas |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Nutrient Management Plan signed by certified Nutrient Management Planner |
| <input type="checkbox"/> | <input type="checkbox"/> | ix. Testing to show compliance with 40 CFR 257 for industrial wastes |
| <input type="checkbox"/> | <input type="checkbox"/> | x. Complete Nonmunicipal Domestic Sewage Treatment Works Form, if applicable |

Permit Application

PDF: <https://www.adeg.state.ar.us/water/permits/pdfs/waste-storage-land-application-application-and-instructions.pdf>

Word: <https://www.adeg.state.ar.us/water/permits/pdfs/waste-storage-land-application-application-and-instructions.docx>

Disclosure Statement

PDF: https://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf

Nonmunicipal Domestic Sewage Treatment Works Form

PDF: <https://www.adeg.state.ar.us/water/permits/pdfs/ndstw-trust-fund-certification-form.pdf>

Word: <https://www.adeg.state.ar.us/water/permits/pdfs/ndstw-trust-fund-certification-form.doc>

Nutrient Surplus Areas Map

https://static.ark.org/eeuploads/anrc/nas_area.pdf

¹ Not required for sole proprietorships/private, municipal, state, federal, or other public facility.

² See permit application for signatory requirements.

³ See exemptions on Disclosure Statement. All others must complete the Disclosure Statement.

⁴ See Technical Requirements in the permit application.

⁵ Required for land application of biosolids and domestic wastewater only.