

# Arkansas Department of Environmental Quality

## No-Discharge Section Permit Application

### Waste Storage/Land Application

<b>Permit No.:</b> <small>(Office Use Only)</small>	<b>AFIN:</b> <small>(Office Use Only)</small>	<b>SIC Code:</b>	<b>NAICS Code:</b>
--	--	------------------	--------------------

**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"/> Other _____	
<input type="checkbox"/> New Permit <input type="checkbox"/> Renewal <input type="checkbox"/> Modification of Permit, Describe: _____	
<input type="checkbox"/> Biosolids <input type="checkbox"/> Industrial Waste <input type="checkbox"/> Oil and Gas Waste <input type="checkbox"/> Treated Effluent Residuals	
<input type="checkbox"/> Water Treatment Residuals <input type="checkbox"/> Water Based Drilling Fluids <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<br>Does the Owner name match the Secretary of State (Corporation or Limited Liability Company)?<br>Does the Responsible Official match the Secretary of State? |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Waste Management Plan<br>Stamped & Signed by an Arkansas Registered PE/ ADH Designated Representative<br>Are maps and site description included?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Closure Plan (Oil and Gas/Water Based Drilling Fluids)<br>Is the cost estimate included?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Submittal of Disclosure Statement (completed and executed)<br>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)<br>(New permits or modified permits)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Certificate of Good Standings with the Arkansas Secretary of State<br>(If foreign corporation, provide Certificate of Good Standings from the state of Origin)                           |