



NOTICE OF INTENT

Application for Coverage under General Permit 0000-WG-WR
For the Land Application of Water Treatment Residuals (WTR)

Permit Tracking No.:	AFIN No.:
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1. Name and Mailing Address of Organization/Individual Requesting Permit:

Owner/Organization Name: (Mr. / Mrs. / Ms.)			
Address:		Phone:	
City:	State:	Zip:	
Contact Person: (Mr. / Mrs. / Ms.)		Phone:	
Fax:	Email:		
Applicant Type (check the most appropriate): <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Municipal <input type="checkbox"/> Public Entity <input type="checkbox"/> Corporation (*State of incorporation: _____)			

2. Name and Mailing Address of Organization/Individual Conducting the Disposal (if different than above):

Owner/Organization Name: (Mr. / Mrs. / Ms.)			
Address:		Phone:	
City:	State:	Zip:	
Fax:	Email:		

3. Treatment Facility Location: (actual facility address is required; NO P.O. BOXES)

Facility Name:		Operator:		
Address:		Phone:		
City:	State:	Zip:		
¼ Sec.:	Section:	Township:	Range:	County:
Latitude:	Longitude:	Source Datum: ___WGS 84 ___NAD 83 ___NAD 27		
Name and Distance to Nearest Stream:			Nearest Town:	

4. Consultant Information:

Name: (Mr. / Mrs. / Ms.):		Phone:		
Consulting Firm Name:		Fax:		
Address:		Email:		
City:	State:	Zip:		

5. Land Application Site(s). Please provide the following information for all land application sites. A Land Use Contract (Attachment 1) must be provided for all application sites not owned by the applicant. Please attach additional sheets if necessary.

Owner	Field ID	Section(s)	Township	Range	Latitude	Longitude	Acres	Nearest Stream	Distance to Stream

6. Please describe the location of the facility with respect to roads, towns and other easily identifiable landmarks:

7. Please describe the location of the land application sites with respect to roads, towns and other easily identifiable landmarks:

8. State the raw water source(s) and the type and estimated quantities of all chemicals and substances used in the treatment process:

Raw water source(s): _____

Treatment additive(s): _____

9. State the water treatment plant’s average and design production of potable water. Estimate approximately the amount of residuals generated on a dry basis by the plant in a year. This calculation may be based on the volume of raw water processed amount of suspended solids in the water plus the insoluble chemicals added during treatment:

Plant design capacity _____ GPD Plant average production _____

_____ GPD Dry solid residuals produced _____

_____ lbs/yr or tons/yr

Show the sample calculation to determine the residuals generated in the space provided below or in a separate sheet.

10. Please list and describe all Water Treatment Residuals (WTR) storage components including volume:

11. Please list and describe the method(s) for processing, loading, transporting, and applying the WTR in detail:

12. Maximum volume of WTR loading rate per acre determined from the 10 dry tons per acre limit: Provide calculations in space provided below or in a separate sheet.

15. Authorized Representative

- a. All reports required by the permit (or other information requested by the Department) will be signed by the applicant, or the person authorized by the applicant, or by a duly authorized representative of that person.
- b. The applicant hereby designates the following person or position as the “duly authorized representative” having signatory authority on documents required by the permit or other information required by the Department.

Name _____ Position _____

By signing in the section below, the owner or operator certifies that the above-named individual or positions qualified to act as the duly authorized representative.

16. Is the applicant organized as a corporation? ___YES or ___NO; If yes, is it foreign or domestic? _____

Is the corporation currently registered to do business with the Arkansas Secretary of State? ___YES or ___NO

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 signature below must be in compliance with Part II, Section E. Condition 21 of the permit.

Name of Individual Signing Application (Please Print)

Title

Signature

Date

LAND USE CONTRACT

I, _____, agree to allow _____ to land apply water treatment residuals
 Landowner Operation Owner

from the _____ potable water treatment facility located in _____ of _____ County to
 Name of Facility City of Facility County of Facility

_____ acres of my property located in _____ County.
 Total Acreage Available County of Application Site

A description of the areas to be used as land application sites are as follows:

Site No.	¼ Section	Section	Township	Range	Latitude	Longitude	Available Acreage*

*Available acreage is the total acreage minus buffer zone areas.

I am also aware that the land applicator or the owner of the operation is to apply water treatment residuals according to the management plan and guidelines and conditions set forth by the Arkansas Department of Environmental Quality.

In addition to these guidelines, the following requirements must also be satisfied when applying water treatment residuals to my land:

State of _____

County of _____

I, _____, swear and affirm that the information contained in this Land Use Contract is true and correct to the best of my knowledge, information, and belief.

 Applicant/Permittee Signature Date

 Landowner Signature Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

MY COMMISSION EXPIRES:

 NOTARY PUBLIC