



ARKANSAS DEPARTMENT OF AGRICULTURE

Permit Number: 4979-W-1 Date Rec: 20260401_njw

Office Use Only

LIQUID ANIMAL WASTE MANAGEMENT SYSTEMS PERMIT APPLICATION

1. Permit Action and Type

Operator Type:

- Corporation (State of Incorporation: _____) Partnership
- Limited Liability Company (State of LLC: Arkansas) Sole proprietorship/private
- Public Entity (Type: _____)

Waste Type:

- Cattle Feedlot Swine Dairy Poultry Other _____

Permit action:

- New Permit Renewal Modification of Permit, Describe: _____

Increase animal numbers to 2,000 cows and add land application sites

2. Permittee Legal Name and Mailing Address: (Must match Arkansas Secretary of State registration.)

Owner (legal name): Delta Dairy, LLC

Address: 39390 CR 39

City: Ault State: CO Zip: 80610

Phone: 970-534-1475 Email: gwdairy@gmail.com

Contact Person: Casey DeHaan

Title: Member Email: gwdairy@gmail.com

Phone: 970-534-1475 Mobile: 970-534-1475

3. Facility Location (Physical address is required. No P.O. Box.):

Facility Name: Delta Dairy Phone: 970-534-1475

Address (911 Address): 2980 Rosebud Rd

Facility City: Quitman State: AR Zip: 72131

1/4 Sec: _____ Section: Part E 1/2 Sec 2, Part W 1/2 Sec 1 _____ Township: 8N Range: 11W

Latitude: 35 Deg. 21 Min. 33.80 Sec. Latitude: 92 Deg. 07 Min. 45.26 Sec.

County: Faulkner Nearest Town: Quitman

Nearest Stream: Strain Branch Distance (ft) 550 Stream Segment Clear Creek - East Fork Cadron Creek

4. Consultant Information:

Consultant Name: Travis Hertneky/Erin Kress Consultant Firm: THEngineering, LLC

Address: PO Box 337748

City: Greeley State: CO Zip: 80633

Phone: 719-661-6209 Mobile: 719-661-6209

Email: travis@thengineeringonline.com/erin@thengineeringonline.com

5. Signatory Requirements

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.

Signatory Requirements:

The information contained in this form must be certified by a Responsible Official, such as a principal or executive officer, general partner, proprietor, owner, member, elected government official, or any other person authorized by law or contract to act as a signatory.

Responsible Official:

Signature of Responsible Official: 
Title: Member
Printed Name: Casey DeHaan
Phone: 970-534-1475
Email: gwdairy@gmail.com
Date: 3/17/2026