



# ARKANSAS DEPARTMENT OF AGRICULTURE

Permit Number: \_\_\_\_\_

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: \_\_\_\_\_ )       Sole proprietorship/private
- Public Entity (Type: \_\_\_\_\_ )

#### Waste Type:

- Cattle Feedlot       Swine       Dairy       Poultry       Other \_\_\_\_\_

#### Permit action:

- New Permit       Renewal       Modification of Permit, Describe: \_\_\_\_\_

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

Owner (legal name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Facility Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (911 Address): \_\_\_\_\_

Facility City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1/4 Sec: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

Latitude: \_\_\_\_ Deg. \_\_\_\_ Min. \_\_\_\_ Sec.

Latitude: \_\_\_\_ Deg. \_\_\_\_ Min. \_\_\_\_ Sec.

County: \_\_\_\_\_ Nearest Town: \_\_\_\_\_

Nearest Stream: \_\_\_\_\_ Distance (ft) \_\_\_\_\_ Stream Segment \_\_\_\_\_

**4. Consultant Information:**

Consultant Name: \_\_\_\_\_ Consultant Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_