



**Miller-Newell
Engineers, Inc.**

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March 9, 2011

Mr. Bryan Leamons
Solid Waste Division
Arkansas Department of Environmental Quality
P.O. Box 8913
Little Rock, AR 72219-8913

AFIN 73-00029
Pmt # 0289-S3T-R2
REC'D
SCAN MAR 10 2011
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TO: BL → file

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Re: White River Recycling & Reclamation - Class 3-T Landfill
Bald Knob, Arkansas
Permit No.: 0289-S3T-R2 AFIN: 73-00029
M-N #11-003

Dear Bryan:

Enclosed you will find one copy of the Permit Modification Application for the White River Recycling & Reclamation Class 3-T landfill.

If you have any questions or need further information, please contact me.

Sincerely yours,

Keith Page
Project Manager

KP/km
Enclosure

cc: Jan Smith, WRPDD, Batesville, AR



DEPARTMENT OF ENVIRONMENTAL QUALITY
Solid Waste Management Division



PERMIT MODIFICATION APPLICATION

Note: This modification application is to be used for all modifications to solid waste disposal and processing facilities. The Department will classify this modification as major or minor in accordance with the provisions of Section 22.308 of Regulation 22. Major modifications will be subject to the provisions of Regulation 8.

I. FACILITY TYPE

- Class 1 Landfill Class 3N Landfill Class 3C Landfill
 Class 3T Landfill Class 4 Landfill Transfer Station
 Composting Facility Solid Waste Material Recovery Facility

II. FACILITY IDENTIFICATION

Facility Name: White River Recycling & Reclamation Permit Number: 0289-S3T-R2 CSN: 73-00029
Address: 220 Conway
City: Bald Knob State: AR Zip: 721010
County: White Telephone Number: 870-612-4367 Fax: None

III. APPLICANT

(Must be permit holder)

Facility Name: White River Regional Solid Waste Management District
Address: P.O. Box 2396
City: Batesville State: AR Zip: 72503
Contact Person: Van Thomas Phone No.: 870-793-5233

PERMIT HISTORY

(Complete for each permit and modification to date)

	Number	Date Issued
Permit Number:	0289-S3T	July 8, 1996
Modification #1:	0289-S3T-R1	July 29, 1999
Modification #2:	0289-S3T-R2	September 3, 2003
Modification #3:		
Modification #4:		

MODIFICATION DESCRIPTION

(Complete each part below as it applies to this modification - if an item doesn't apply, mark it "N/A")

CHANGE IN PERMITTED CAPACITY (Specify whether yards or tons)

Original Cubic Yards N/A

(This includes the volume of solid waste and any daily or intermediate soil cover)

Modified Cubic Yards N/A

Cubic Yards Increase (Decrease) N/A

SITE LIFE & SERVICE AREA

Current Service Area 5 acres (original site)

Current Tons per year through the gate N/A (tons/ year)

Current Landfill Utilization Rate 16.721 (cu. yards/ year)

Estimated remaining site life (after this modification) 6.9 years

CHANGE IN PERMITTED DISPOSAL ACREAGE

Original Site Acres 5 acres

Modified Site Acres N/A

Site Acres Increase (Decrease) N/A

CHANGE IN OPERATING PROCEDURES (Provide brief description of each proposed modification)

None

CHANGE IN FACILITY DESIGN (Provide brief description of each proposed modification)

None

REASON FOR MODIFICATION (Check one or specify below)

Change in Regulation _____

Additional Site Life _____

Improve Site Operations _____

Correct Past Violation _____

Other (Specify) This permit modification application is a

request to administratively change (by ADEQ) the expiration date

on the current landfill permit to make the permit current. The

new expiration date shall be determined by ADEQ.

DRAWING REVISIONS

(Identify below each drawing that was revised or added as a result of this modification. Each revised or added drawing should be included as an attachment to this application.)

Drawing Number	Title	Date	Revision #
N/A	N/A	N/A	N/A

OPERATING NARRATIVE REVISIONS

(Identify below each change to the operating narrative as a result of this modification. Revised narrative pages should be included as an attachment to this application. Deletions from the previous narrative should be indicated by strikeout, additions should be redlined.)

Page #	Change Description
N/A	N/A

SUPPLEMENTAL DATA SUBMITTED

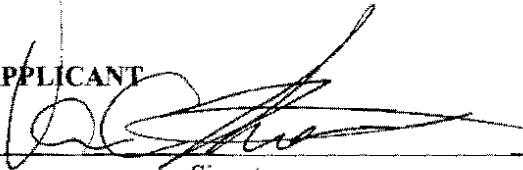
(Any report, study, data, information, etc. that was not part of previous permit documents should be identified below. In addition, any data identified below should be included as an attachment to this application.)

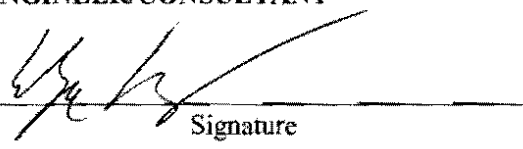
Description

N/A

SIGNATURE AND CERTIFICATION

(The application should be signed by an authorized representative of the applicant as well as the Consultant that prepared this application. By signing below, the representatives certify that all the information in this modification is accurate and truthful.)

APPLICANT

Signature
Executive Director
Title
Van Thomas
Typed Name
March 7, 2011
Date

ENGINEER/CONSULTANT

Signature
President
Title
Wayne Menley
Typed Name
3-8-11
Date

CONFIDENTIALITY: *This application shall be available for public inspection, provided, however, that the Department shall not disclose, except to authorized persons, any information which the Director determines is entitled by law to protection as trade secrets without the consent of the applicant. Trade secrets shall not include the name and address of the applicant, nor any information necessary, as determined by the Director, for the public to evaluate the hazards associated with the proposed operation, nor any other information required by law to be available to the public.*