Haley Griffith (adpce.ad)

Subject: RE: Submittal of Minor Modification Permit Application for CCSWDA Legacy Landfill

From: Paul Crawford <pcrawford@olsson.com>
Sent: Tuesday, April 28, 2026 9:12 AM
To: Richard Bennett (adpce.ad) <richard.bennett@arkansas.gov>
Cc: Angela Sparks <angela@ccswda.com>
Subject: Submittal of Minor Modification Permit Application for CCSWDA Legacy Landfill

CAUTION: External Email

Richard,

Attached is a completed minor modification permit application for the recently submitted updated Construction Quality Assurance Plan for the Craighead County Solid Waste Disposal Authority Legacy Landfill (submitted on March 12, 2026).

Please let me know how the CCSWDA can submit the permit application fee.

Paul

Paul Crawford, P.E., P.G.
Senior Team Leader / Environmental

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SOLID WASTE FACILITY
PERMIT MODIFICATION APPLICATION

DIVISION OF ENVIRONMENTAL QUALITY
OFFICE OF LAND RESOURCES
5301 NORTHSHORE DRIVE
NORTH LITTLE ROCK, ARKANSAS 72118

Note: This modification application is to be used for all modifications to solid waste disposal and processing facilities. The Division will classify this modification as major or minor in accordance with the provisions of Section 22.308 of Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation No. 22. Major modifications will be subject to the provisions of APC&EC Regulation No. 8.

I. FACILITY TYPE

X Class 1 Landfill

_____ Class 4 Landfill

_____ Class 3C Landfill

_____ Class 3N Landfill

_____ Class 3T Landfill

_____ Transfer Station (TS)

_____ Composting Facility (Y, O or S)

_____ Solid Waste Recovery Facility (WRF)

_____ Construction and Demolition Recovery Facility (CDRF)

II. FACILITY IDENTIFICATION

Facility Name: Legacy Landfill Permit Number: 0254-S1-R5 AFIN: 16-00199

Facility Address: 238 County Road 476

City: Jonesboro State: AR Zip: 72404

County: Craighead Telephone Number: 870-972-6353 Fax Number: _____

III. APPLICANT

Applicant Name: Craighead County Solid Waste Disposal Authority

Applicant Address: PO Box 16777

City: Jonesboro State: AR Zip: 72403

Contact Person: Angela Sparks Phone Number: 870-972-6353

Contact Person Email Address: angela@ccswda.com

PERMIT HISTORY

(Complete for each permit and modification to date)

	Number	Date Issued
Permit Number:	0254-S	March 4, 1990
Modification #1:	0254-SR-1	November 13, 1991
Modification #2:	0254-SR-2	March 13, 1992
Modification #3:	0254-S1-R2	October 17, 1994
Modification #4:	0254-S1-R3	July 7, 2004

* See additional information below

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 13,030,900
(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 Craighead County

Current Tons per year through the gate Approx 150,000 (tons/year)

Current Landfill Utilization Rate Approx 220,000 (cu. yards/year)

Estimated remaining site life (after this modification) ~29 years

CHANGE IN PERMITTED DISPOSAL ACREAGE

Original Site Acres 297

Modified Site Acres -0-

Site Acres Increase (Decrease) -0-

Permit Number	Number	Date Issued
Modification #5	0254-S1-R4	May 2, 2012
Modification #6	0254-S1-R5	August 12, 2025

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

N/A

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

N/A

REASON FOR MODIFICATION *(Check one or specify below)*

Change in Regulation _____

Additional Site Life _____

Improve Site Operations _____

Correct Past Violation _____

Other *(Specify)* Correct information in CQA Plan; specifically testing requirements for geomembrane liner material and gravel within leachate management system.

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 Number

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 Number	Change Description

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

Updated CQA Plan dated March 2026

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 & Title	Printed Name	Date
Angela J Sparks, CEO	Angela Sparks	4-28-2026

ENGINEER/CONSULTANT

Signature & Title	Printed Name	Date
	Paul Crawford, PE, PG	April 1, 2026

CONFIDENTIALITY: *This application shall be available for public inspection, provided, however, that the Division 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.*