

**Recertification Notice of Intent (NOI)  
Landfill Sediment Pond Discharge General Permit ARG160000**

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Division in order to continue permit coverage under the General Permit ARG160000. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: **ARG160033**                      AFIN: 34-00082  
Permittee Name: Jackson County

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in DEQ's Database	Corrections (if needed)
Facility Address:	Jackson County Landfill 2069 Jackson Road Amagon, AR 72112	2069 JACKSON 265 AMAGON, AR 72005
Responsible Official:	Honorable Jeff Phillips	
Responsible Official Email:	phillipsjudge@yahoo.com	
Cognizant Official:	Theresa Carlton	
Cognizant Official Email:	jclandfill@yahoo.com	JACKSON COUNTY LAND FILL @ YAHOO.COM
Contact Person:	Brian Malone	JESSIE SUTTERFIELD
Contact Email		
Phone Number	870-252-3522	

1. Are the mailing and invoice addresses the same?      Yes  No  N/A   
If "No" please provide invoice address → \_\_\_\_\_

**Outfalls Currently Listed in DEQ's Database\*\***

Outfall 001:      Latitude 35° 35' 15.82" N;      Longitude 91° 05' 13.76" W

\*\* Only one outfall may be listed. If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

Additional Comments: \_\_\_\_\_

"I certify under penalty of law that this document and all attachments were prepared under my direction or 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, including the possibility of fine and imprisonment for knowing violations."

I certify that I have read and will comply with all the requirements of the renewal Landfill Sediment Pond Discharge General Permit (ARG160000).

**Responsible Official Name:** Jeff Phillips      **Responsible Official Title:** County Judge

**Responsible Official Signature:** \_\_\_\_\_ **Date:** 1/21/2021

Return the NOI form to the address below or send it electronically to [water.permit.application@adeq.state.ar.us](mailto:water.permit.application@adeq.state.ar.us):

**Office of Water Quality, Permits Branch  
Division of Environmental Quality  
5301 Northshore Drive  
North Little Rock, AR 72118-5317**