

**Recertification Notice of Intent (NOI)
Individual Treatment Facility Discharge General Permit ARG550000**

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form **no later May 31, 2019**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550406 AFIN: 70-01380
Permittee Name: Jenifer McLeland

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 ADEQ's Database	Corrections (if needed)
Facility Address:	Jenifer McLeland 4070 Iron Mountain Rd Juntion City, AR 71749	
Responsible Official:	Jenifer McLelland	Bill McLelland
Responsible Official Email:		
Cognizant Official:	Jenifer McLelland	Bill McLelland
Cognizant Official Email:		

1. Have you attached an updated disclosure statement? (Homeowners are exempt) Yes No N/A
2. Are the mailing and invoice addresses the same? (Homeowners are not subject to the annual fee) Yes No N/A
If "No" please provide invoice address → _____

Outfall Currently Listed in ADEQ's Database*

Outfall ARG550406: Latitude 33° 2' 4.8" N; Longitude 92° 35' 20.4" W

* 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 Individual Treatment Facility Discharge General Permit (ARG550000).

Responsible Official Name: Bill McLelland Responsible Official Title: Homeowner
Responsible Official Signature: Bill McLelland Date: 7/22/19

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

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

PERMIT TRANSFER FORM

PERMIT NUMBER: ARG550406

SELECT ALL OF THE FOLLOWING THAT APPLY:

- Permittee (legal name) change [CHANGE OF OWNERSHIP]
- Permittee (legal name) change [NAME CHANGE ONLY]
- Facility name change
- Responsible official name change

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Jenifer Mclelland

Facility Name: _____

Responsible Official Name (see Section IV below): _____

Is the permittee identified above, the owner of the facility? Yes No

If No, list owner name: _____

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Jenifer & Bill Mclelland

Facility Name (if different from Permittee Name): _____

Is the Permittee the owner of the facility? Yes No If No, list owner name: _____

Responsible Official Name (see Section IV below): _____

Responsible Official Title: _____

Responsible Official E-mail: _____

Permittee Mailing Address: 4070 Iron Mountain Rd

Permittee City: Junction City

Permittee State: Ark Zip: 71749

Permittee Phone No.: 870 314 1366

Permittee Type:

- STATE PARTNERSHIP
- FEDERAL PUBLIC
- CORPORATION/LLC
- SOLE PROPRIETORSHIP
- OTHER: _____

Is the new permittee registered with the Arkansas Secretary of State? Yes No

If yes, the Permittee (legal name) above must EXACTLY match the name registered with the Arkansas Secretary of State.

A current Certificate of Good Standing from the State of Incorporation must be submitted with this form.

Facility Mailing Address: _____ Facility City: _____

Facility State: _____ Zip: _____

Facility Contact Person Name: _____ Contact Person Title: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Invoice Contact Person: N/A City: _____

Invoice Mailing Address: _____ State: _____ Zip: _____

Invoice Mailing Address: _____ Phone: _____

Cognizant Official Name*: _____ Cognizant Official Title: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

* Duly Authorized Representative as outlined in 40 CFR 122.22(b)

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete Section III only if this permit transfer is for a change of ownership.

Please specify the closing date for this transaction: N/A

Current Permittee (Seller): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

New Permittee (Buyer): _____

Signature of Responsible Corporate Officer: _____

Title of Responsible Corporate Officer: _____

Printed Name of Responsible Corporate Officer: _____

Date: _____

Disclosure Statement:

Disclosure Statement must be submitted for new permittee. **Disclosure Statement is not required for Stormwater Permits.**

Is Disclosure Statement enclosed: Yes No

Trust Fund Requirements:

If this facility is subject to the trust fund requirements (Ark. Code Ann. §8-4-203(b)(1)(B)), the permittee must also submit the ADEQ Trust Fund Requirements form with this transfer form. A form may be obtained from the ADEQ website:

<https://www.adeg.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

Land Use Contract:

For **land application permits** you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE (Responsible Official in Section II)

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: Jenifer and Bill McClellan Title: _____
Signature: Jenifer McClellan, Bill McClellan Date: 8/31/2020

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317
TELEPHONE 501-682-0744 / FAX 501-682-0880 / www.adeg.state.ar.us