

**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: ARG550453 AFIN: 72-02174
Permittee Name: Rachel L. Doyle

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:	Doyle Individual Home 172 E. Willoughby Fayetteville, AR 72704	
Responsible Official:	Rachel L. Doyle	
Responsible Official Email:	rldoyle91@gmail.com	
Cognizant Official:	Rachel L. Doyle	
Cognizant Official Email:	rldoyle91@gmail.com	

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 →

New Address:
575 NE 5th TER, APT 534
FORT LAUDERDALE, FL
33301

Outfall Currently Listed in ADEQ's Database*

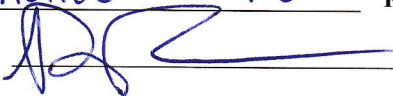
Outfall ARG550453: Latitude 36° 1' 10.2" N; Longitude 94° 9' 29.3" W

* 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: NIA

"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: RACHEL L. DOYLE Responsible Official Title: Homeowner
Responsible Official Signature:  Date: 4/22/19

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