

**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. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550491      AFIN: 15-00960  
 Permittee Name: Joyce Walls

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:	Joyce Walls 9 Plummer Hill Dr Plumerville, AR 72127	
Responsible Official:	Joyce Walls	
Responsible Official Email:		
Cognizant Official:	Joyce Walls	
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 ARG550491:    Latitude 35° 10' 21.66" N;    Longitude 92° 38' 29.09" 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: Joyce Walls      Responsible Official Title: Disability  
 Responsible Official Signature: Joyce Walls      Date: 2-12-20

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):

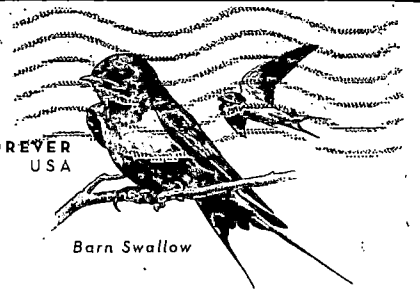
Office of Water Quality, Permits Branch  
 Arkansas Department of Environmental Quality  
 5301 Northshore Drive  
 North Little Rock, AR 72118-5317

Joyce Walls  
9 Plummer Hill Dr  
Plumerville, Ark  
72127

LITTLE ROCK AR 722

15 FEB 2023 PM 3 L

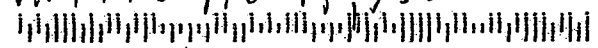
FOREVER  
USA



Barn Swallow

Office of Water Quality Permit Branch  
Arkansas Department of Environmental Quality  
5301 North Shore Drive  
North Little Rock, Ark 72118

72118-5301799



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