ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

Application Type: New ☐ **Renewal** ☐ **(Permit # ARG55_____)**

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Susan Williams
Permittee Mailing Address: 23710 Story Road
Permittee City: Little Rock
Permittee State: AR Zip: 72223
Permittee Telephone Number: 501-681-0564
Permittee Fax Number:
Permittee E-mail Address: Suswi59@yahoo.com

Operator Type:
☐ State ☐ Partnership
☐ Federal ☐ Corporation*
☐ Sole Proprietorship/Private

*State of Incorporation: _____
The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: N/A
Invoice Mailing Company:
Invoice Mailing Address:
City:
State: Zip:
Telephone:

III. FACILITY INFORMATION

Facility Name: Susan Williams
Facility Contact Person: Susan Williams
Facility Address: 23710 Story Road
Telephone Number: 501-681-0564
Facility County: Pulaski
Facility City, State & Zip: Little Rock, AR 72223
Facility Latitude: Deg Min Sec
Facility Longitude: Deg Min Sec
Accuracy: Method: Datum: Scale: Description:

IV. DISCHARGE INFORMATION

Outfall Number: 001
Flow: 500 gpd (Gallons per Day)
Stream Segment: 3C
Hydrologic Basin Code: 1110207
Outfall Latitude: 34 Deg 48 Min 35.28 Sec
Outfall Longitude: -92 Deg 31 Min 51.94 Sec
Accuracy: Method: Datum: Scale: Description:
Type of Treatment: Bio-Microbics Microfast 0.5
Receiving Stream: Arkansas River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number:
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Operator Name: David Meints
Operator License Number: 009055 License Class: Class III

Consultant Contact Name: David Meints
Consultant Email Address: david@meincowastewater.com
Consultant Address: PO Box 1001 City: Bryant State: AR Zip: 72089
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-821-4048

Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

_____(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

_____(Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

_____(Initial) "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 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."

Responsible Official Printed Name: Susan Williams Title: Owner
Responsible Official Signature: Susan Williams Date: 4/1/2019
Responsible Official Email: susi59@yahoo.com
Cognizant Official Printed Name: David A. Meints Title: Class III Operator
Cognizant Official Signature: Telephone: 501-804-0837
Cognizant Official Email: david@meincowastewater.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	☒	☐	
Submittal of Required Permit Fee?	☐	☒	Check Number: N/A
Submittal of AHD Form EHP-19?	☒	☐	
Submittal of Site Map?	☒	☐	
Submittal of Disclosure Statement	☐	☒	