

NOTICE OF INTENT

Application for Coverage under General Permit 0000-WG-SW

Construction and Operation of the Surface Facilities Associated with a Salt Water Disposal System

Permit No.: <small>(Office use only)</small>	AFIN No.: <small>(Office use only)</small>	SIC Code: 1311	NAICS Code: 211111
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1. Permit Action Requested: (Please check one of the following.)

<input type="checkbox"/> New NOI for New Facility	<input type="checkbox"/> New NOI for Existing Facility	<input type="checkbox"/> Modification
Existing Permit No. (for modifications):		AFIN:
Name of System:		County:
Field:		Nearest community:
Latitude (in degrees/minutes/seconds) ____° ____' ____"		Section:
Longitude (in degrees/minutes/seconds) ____° ____' ____"		Township:
Datum: ____NAD 27 ____NAD 83 ____WGS 84		Range:
Driving directions to site from nearest community:		

2. Name and Mailing Address of Operator Requesting Permit (Permittee):

Operator (Legal Name of Permittee)*:		
Check One: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Corporation*		
**State of Incorporation: _____ <input type="checkbox"/> Foreign <input type="checkbox"/> Domestic		
Is the corporation currently registered to do business with the Arkansas Secretary of State? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If "Yes", the operator certifies by signature of the certification below that the corporation is registered with the Secretary of State of Arkansas		
Physical Address (no P. O. Box):		Phone:
City:	State:	Zip:
Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Title:
Email:		Fax:

* Operator: Any person (an individual, association, partnership, corporation, municipality, state or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity. The operator is responsible for ensuring compliance with all applicable environmental regulations and conditions.

**The legal name of the Permittee must be identical to the name on the Disclosure Statement, and for corporations, the name listed with the Arkansas Secretary of State.

3. Invoicing Contact Information:

Invoice Company Name:	Contact Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	
Address:		
City:	State:	Zip:
Email:	Fax:	

4. Consultant Information (if applicable):

Consulting Firm Name:		Phone:
Contact Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Email:
Address:		
City:	State:	Zip:
Email:	Fax:	

5. Describe how Stormwater that is collected in the secondary containment will be disposed:

Into the injection well: Discharged: If discharged describe in detail:

6. New applicants must also complete and submit the following documents/information for ADEQ review with this NOI. All items must be completed and submitted in order for the application to be considered complete.

- a. Topographic map showing well location and receiving streams or ponds within 1/2 mile.
- b. Schematic of salt water disposal system including:
 1. Secondary containment (firewall) dimensions (length, width, and height) for main disposal station;
 2. Secondary containment (firewall) dimensions for all transfer stations;
 3. Composition of secondary containment;
 4. Size, capacity, and composition of tanks;
 5. Size and composition of piping;
 6. Location and size of pumps (to calculate displacement in firewall);
 7. Whether or not there is an automatic cutoff switch on the system;
 8. Location(s) and name(s) of all producing wells attached to the system;
 9. Scale of schematic;
 10. Location of any valves to release storm water (if applicable);
 11. Injection Pressure of SWD well (for informational purposes only);
- c. Completed "Disclosure Statement". The Disclosure Form may be obtained from ADEQ on the website at http://www.adeq.state.ar.us/disclosure_stmt.pdf
- d. Permit Fee: \$_____ Check #_____

7. Cognizant Official (Duly Authorized Representative):

- a. All reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) The authorization is made in writing by the applicant.
 - (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, position of equal responsibility, or an individual or position having overall responsibility for environmental matters for the company.
 - (3) The authorization is submitted to the Director.
- b. The applicant hereby designates the following person as duly authorized representative, for signing reports required by the permit, and other information requested by the Director:

Typed or Printed Name Title Telephone No.

Signature Date Signed

The applicant certifies by signing certification below that the above named individual is qualified to act as a duly authorized representative. (NOTE: If no duly authorized representative is designated herein, the Department considers the applicant to be the cognizant official for the facility and only reports signed by the applicant will be accepted by the Department)

8. Certification and Signatory Requirements:

- a. Signature on Notice of Intent (NOI): The Notice of Intent must be signed below by a person authorized (Operator) under the provisions of state law. Applicants should be familiar with the provisions regarding signatory authority which are described in the general permit.
- b. Certification: The applicant and any person signing a document required under this permit must make the following certification:

"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."

Typed or Printed Name	Title	Telephone No.
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Signature	Date Signed
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Mail to: Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317
Attention: No-Discharge Branch, Water Division

OR to: Arkansas Department of Environmental Quality
3400 West Hillsboro
P.O. BOX 10340 (71730-0024)
El Dorado, AR 71730-0024

OR to: water.permit.application@adeq.state.ar.us