**Notice of Intent (NOI)**

**NPDES GENERAL PERMIT ARG640000**

**Wastewater Discharge from Water Treatment Plants**

The attached form can be used by all persons desiring coverage under NPDES General Permit ARG640000 for Wastewater Discharge from Water Treatment Plants. The form should be completed and submitted to this Department no later than thirty (30) days prior to the date coverage is desired.

In accordance with the Arkansas Pollution Control and Ecology Commission (APCEC) Regulation No. 9, a permit fee of $400must accompany this Notice of Intent at the time of submission. Failure to remit the required fee may be grounds for the Director to deny coverage under this general permit and require the owner or operator to apply for an individual permit. In order to be eligible for coverage under this general permit, the facility must have been issued a construction permit by this Department.

Be sure to read Permit No. ARG640000 and the associated Fact Sheet for further information on ADEQ’s website: <http://www.adeq.state.ar.us/water/branch_permits/general_permits/default.htm>. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions.

40 CFR 122.22(b) states that 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 the authorization is made in writing by the applicant (or person authorized by the applicant); 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, or a position of equal responsibility for environmental matters for the company; and the written authorization is submitted to the Director.

This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG640000 permit information or Notice of Intent, please contact the Permits Branch of this Department at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent must be complete. Do not leave any questions blank; use "NA" if a question is not applicable. Outfall information must be completed. It cannot be blank or "NA".

2. A site map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.

3. Read and sign the Certification.

4. A $400.00 check or money order must accompany the Notice of Intent at the time of submission. Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.

5. Please call the following numbers if you have any questions about this Form:

TOPIC CONTACT PHONE #

Area Map & USGS Hydrologic Unit Code USGS (501)296-1877

Domestic Drinking Water Supply Intake Department of Health (501) 661-2623

General Information NPDES Section, ADEQ (501) 682-0623

**RETURN THE COMPLETED FORMS TO:**

Arkansas Department of Environmental Quality

Permits Branch, Water Division

5301 Northshore Drive

North Little Rock, AR 72118

Or by electronic mail to:  Water.permit.application@adeq.state.ar.us  (Complete documents must be submitted in .pdf format (e.g. NOI, site map, and/or SWPPP)

**INSTRUCTIONS**

1. How to Determine Latitude and Longitude:

If a physical address is known go to [www.terraserver-usa.com](http://www.terraserver-usa.com) and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to [www.geology.enr.state.nc.us/gis/latlon.html](http://www.geology.enr.state.nc.us/gis/latlon.html) to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

1. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal **Accuracy** Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection **Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

|  |  |
| --- | --- |
| Address Matching-House Number | Public Land Survey-Quarter Section |
| Address Matching-Block Face | Public Land Survey-Section |
| Address Matching-Street Centerline | Classical Surveying Techniques |
| Address Matching-Nearest Intersection | Zip Code-Centroid |
| Address Matching-Digitized | Unknown |
| Address Matching-Other | GPS-Unspecified |
| Census Block-1990-Centroid | GPS with Canadian Active Control System |
| Census Block/Group-1990-Centroid | Interpolation-Digital Map Source (TIGER) |
| Census Block/Tract-1990-Centroid | Interpolation-SPOT |
| Census-Other | Interpolation-MSS |
| GPS Carrier Phase Static Relative Position | Interpolation-TM |
| GPS Carrier Phase Kinematic Relative Position | Public Land Survey-Eighth Section |
| GPS Code (Pseudo Range) Differential | Public Land Survey-Sixteenth Section |
| GPS Code (Pseudo Range) Precise Position | Public Land Survey-Footing |
| GPS Code (Pseudo Range) Standard Position (SA Off) | Zip+4 Centroid |
| GPS Code (Pseudo Range) Standard Position (SA On) | Zip+2 Centroid |
| Interpolation-Map | Loran C |
| Interpolation-Photo | Interpolation-Other |
| Interpolation-Satellite |  |

Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and longitude coordinates.

|  |  |
| --- | --- |
| Unknown | WGS84 |
| NAD27 | NAD83 |

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

|  |  |
| --- | --- |
| Not Applicable | 1:62,500 |
| Unknown | 1:63,000 |
| 1:15,840 | 1:63,350 |
| 1:20,000 | 1:63,360 |
| 1:24,000 (1” = 2,000’) | 1:100,000 |
| 1:25,000 | 1:250,000 |

Reference Point **Description** - The place for which geographic coordinates were established.

|  |  |
| --- | --- |
| Facility/Station Building Entrance or Street Address | Facility Center/Centroid |
| Boundary Point | Intake Point |
| Treatment/Storage Point | Release Point |
| Monitoring Point | Other |

1. How to Determine your Facility Outfall Type:
2. Outfall Type 101: Daily Average Waste Discharge Flow ≤ 0.5 MGD
3. Outfall Type 102: Daily Average Waste Discharge Flow > 0.5 MGD but ≤ 1 MGD
4. Outfall Type 103: Daily Average Waste Discharge Flow > 1 MGD
5. How to Determine your Hydrologic Basin Code for the Facility/Outfall:
6. Locate the county of your facility on the map on Page 4.
7. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
8. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.
9. How to Determine your Stream Segment for the Facility/Outfall:
10. Locate the county of your facility on the map on Page 4.
11. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The “2" determines that the Ultimate Receiving Water for the project is the Ouachita River.
4. Signatory Requirements**:**

The information contained in this form must be certified by a ***responsible official***as defined in the “signatory requirements for permit applications” (40 CFR 122.22).

Responsible official is defined as follows:

**Corporation,** a principal officer of at least the level of vice president, treasurer

**Partnership**, a general partner

**Sole proprietorship**: the proprietor/owner

**Municipal, state, federal, or other public facility**: principal executive officer, or ranking elected official

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**Arkansas Department of Environmental Quality**

**NOTICE OF INTENT**

**Wastewater Discharge from Water Treatment Plants**

**NPDES GENERAL PERMIT ARG640000**

**Application Type: New [ ]  Renewal [ ]  Permit # ARG64**

 **AFIN#**

1. **PERMITTEE/OPERATOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Permittee (Legal Name): |       |  | Operator Type: |
| Permittee Mailing Address: |       |  | [ ]  State | [ ]  Partnership |
| Permittee City: |       |  | [ ]  Federal | [ ]  Corporation\* |
| Permittee State: |       | Zip: |       |  | [ ]  Sole Proprietorship/Private |
| Permittee Telephone Number: |       |  | \*State of Incorporation: \_\_\_\_\_\_\_\_\_\_ |
| Permittee Fax Number: |       |  | The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State. |
| Permittee E-mail Address: |       |  |

**II. INVOICE MAILING INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Invoice Contact Person: |       |  | City: |       |
| Invoice Mailing Company: |       |  | State: |       | Zip: |       |
| Invoice Mailing Address: |       |  | Telephone: |       |

**III. FACILITY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Name: |       | Facility Contact Person: |       |
| Facility Address: |       | Contact Title: |       |
| Facility County: |       | Telephone Number: |       |
| Facility City, State & Zip: |       | Contact E-mail: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Facility SIC Code: |       | Facility NAICS Code: |       | Type of Business: |       |
| Facility Latitude: |       Deg       Min      Sec | Facility Longitude: |       Deg       Min      Sec  |
| Accuracy: |       | Method: |       | Datum: |       | Scale: |       | Description: |       |
| Section: |       | Township: |       | Range: |       |  |

**IV. DISCHARGE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Outfall Type: |       | Flow: |       MGD (Million Gallons per Day) |
| Stream Segment: |       | Hydrologic Basin Code: |       |
| Outfall Latitude: |      Deg       Min      Sec | Outfall Longitude: |      Deg       Min      Sec |
| Accuracy: |       | Method: |       | Datum: |       | Scale: |       | Description: |       |
| Type of Treatment: |       |
| Receiving Stream: |       |
| Water Source: | Surface water | [ ]  | Groundwater | [ ]  |
| Are aluminum based coagulants used? | Yes | [ ]  | No | [ ]  |
| Is chlorinated water used for filter backwash? | Yes | [ ]  | No | [ ]  |
| Do the ponds have a retention time ˃ 24 hours? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Outfall Type: |       | Flow: |       MGD (Million Gallons per Day) |
| Stream Segment: |       | Hydrologic Basin Code: |       |
| Outfall Latitude: |      Deg       Min      Sec | Outfall Longitude: |      Deg       Min      Sec |
| Accuracy: |       | Method: |       | Datum: |       | Scale: |       | Description: |       |
| Type of Treatment: |       |
| Receiving Stream: |       |
| Water Source: | Surface water | [ ]  | Groundwater | [ ]  |
| Are aluminum based coagulants used? | Yes | [ ]  | No | [ ]  |
| Is chlorinated water used for filter backwash? | Yes | [ ]  | No | [ ]  |
| Do the ponds have a retention time ˃ 24 hours? | Yes | [ ]  | No | [ ]  |

**V. FACILITY PERMIT INFORMATION**

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

1. **OTHER INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment System Operator Name: |       | License Number: |       |
| License Class: | Basic  | [ ]  | Advanced | [ ]  |  1[ ]  2[ ]  3[ ]  4[ ]  |
|  |
| Additional Location Information: |       |
| Additional Comments: |       |
| Consultant Contact Name: |       |
| Consultant Email Address: |       |
| Consultant Address: |       | City: |       |
|  | State: |       | Zip: |       |
| Consultant Phone Number: |       | Consultant Fax Number: |       |

**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>.

1. **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: |       |  | Title: |       |
| Responsible Official Signature: |  |  | Date: |       |
| Responsible Official Email: |       |  |  |  |
|  |  |  |  |  |
| Cognizant Official Printed Name: |       |  | Title: |       |
| Cognizant Official Signature: |  |  | Date: |       |
| Cognizant Official Email: |       |  | Telephone: |       |

**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: |       |
| Submittal of Site Map? | [ ]  | [ ]  |  |
| Submittal of Disclosure Statement? | [ ]  | [ ]  |  |