



ARKANSAS
Department of Environmental Quality

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**NOTICE OF INTENT
FOR DISCHARGES OF STORMWATER
ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000**

The enclosed form may be used to obtain coverage under NPDES general permit ARR150000 for discharges of stormwater associated with large construction activity at any site or common plan of development or sale that will result in the disturbance of five (5) or more acres of total land area.

Return the completed form to:

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

Unless notified by the Director to the contrary, dischargers who submit a complete Notice of Intent in accordance with the requirements of this permit are authorized to discharge stormwater from construction sites under the terms and conditions of this permit two weeks after the date the NOI is postmarked.

As required by ADEQ Regulation No. 9, an initial permit fee of \$200.00 must be submitted with this NOI. Subsequent annual fees of \$200.00 per year will be billed by the Department. Failure to remit the required permit fee may be grounds for the Director to deny coverage under this general permit, and to require the owner or operator to apply for an individual NPDES permit.

NOTE: A STORMWATER POLLUTION PREVENTION PLAN (SWPPP) SHALL BE PREPARED PRIOR TO SUBMITTAL OF THIS NOI PER PART II.A OF THE GENERAL PERMIT. THE SWPPP MUST BE SUBMITTED FOR REVIEW ALONG WITH THIS NOI FOR LARGE CONSTRUCTION SITES PER PART I.B.6.B OF THE GENERAL PERMIT.

For additional information please contact:

Stormwater Runoff Engineer
Ph.: (501) 682-0623
Fax: (501) 682-0880
website: www.adeq.state.ar.us

INSTRUCTIONS

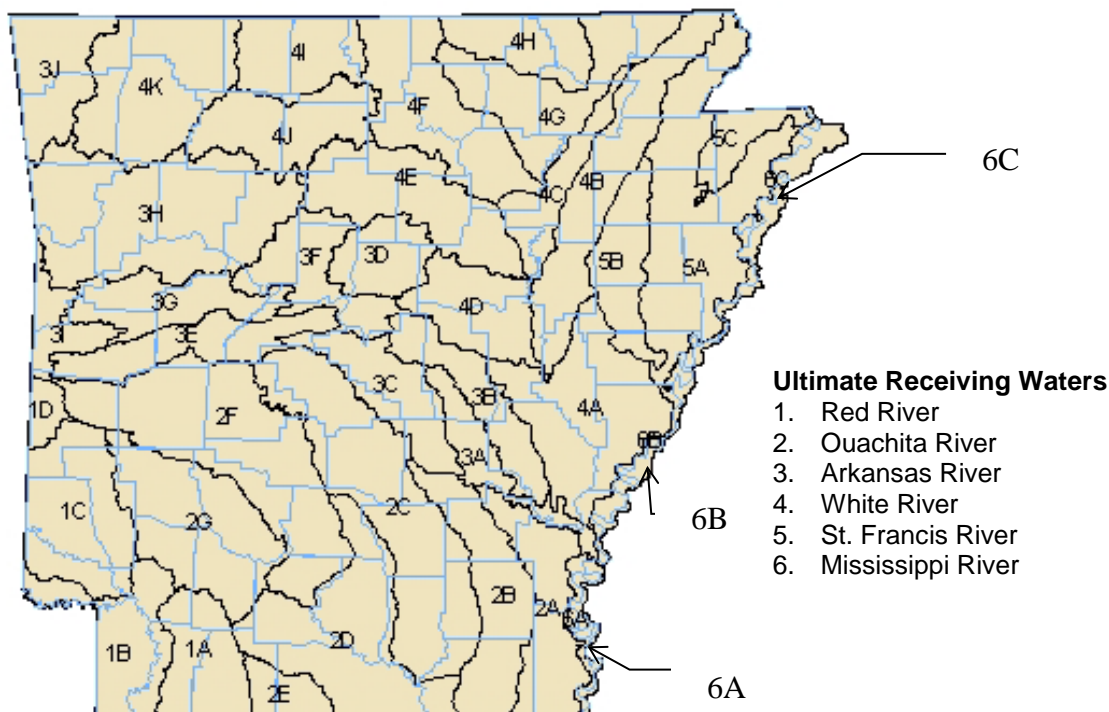
I. How to Determine Latitude and Longitude:

1. If a physical address is known go to www.teraserver-usa.com.
2. Select Advanced Find
3. Select Address
4. Input address
5. Click on Aerial Photo
6. Click on the Info link at the top of the page
7. Note the Latitude and Longitude are in Decimal Coordinates.
8. Go to 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.

II. How to Determine your Ultimate Receiving Waters:

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



III. How to determine if the receiving stream is on the approved Arkansas 303(d) List:

1. Go to www.epa.gov/owow/tmdl
2. Using the map of the United States, click on Arkansas.
3. Using the “Waters Listed by Waterbody Type” links search for your receiving stream.
4. If your receiving stream is not listed, than your receiving stream is not on the approved Arkansas 303(d) List.
5. If your receiving stream is listed, then click on the links for that receiving stream to determine the pollutants causing the impairment. If the receiving stream is listed as an impaired for any pollutant, you must incorporate into the SWPPP any additional BMPs needed to sufficiently protect water quality. The Department may require additional BMPs.
6. Once a determination is made that your receiving stream is on the approved Arkansas 303(d) List, than you must determine if the receiving stream has an approved TMDL by using the “Approved TMDLs by Pollutant since January 1, 1996” links toward the bottom of the webpage.
 - i. If the approved TMDL has established a specific numeric allocation that would apply to a project’s discharges, you will be required to incorporate the allocation into your SWPPP and implement steps to meet the allocation.
 - ii. If the approved TMDL has assigned to the facility, quarterly monitoring must be submitted to the Department demonstrating compliance with the assigned Waste Load Allocation.

IV. How to obtain information in regard to Endangered Species:

Contact the U.S. Fish and Wildlife Service at (501) 513-4470 or www.fws.gov/arkansas-es.

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Permits Branch, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623**

**NOTICE OF INTENT
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH LARGE CONSTRUCTION ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR150000**

Application Type: New ☐ Renewal ☐ (Permit Tracking Number ARR(____))

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): _____

Operator Type:

Permittee Mailing Address: _____

☐ STATE ☐ PARTNERSHIP

Permittee City: _____

☐ FEDERAL ☐ CORPORATION*

Permittee State: _____ Zip: _____

☐ SOLE PROPRIETORSHIP

Permittee Telephone Number: _____

☐ PUBLIC ☐ OTHER

Permittee Fax Number: _____

Permittee E-mail Address: _____

*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

Invoice Contact Person: _____

City: _____

Invoice Mailing Company: _____

State: _____ Zip: _____

Invoice Mailing Address: _____

Telephone: _____

III. FACILITY/PROJECT CONSTRUCTION SITE INFORMATION

1 acre = 43,560 square feet

Project Name: _____

Contact Person: _____

Project County: _____

Project Physical Address: _____

Directions to the Project: _____

Project City: _____ Zip: _____

Project Estimated Start Date: _____

Telephone Number: _____

Project Estimated End Date: _____

Total amount of soil to be disturbed
(estimate to nearest 1/2 acre): _____

Total Project Acreage
(Estimate to nearest 1/2 acre): _____

Project Latitude: _____ degrees _____ minutes _____ seconds

Project Longitude: _____ degrees _____ minutes _____ seconds

Type of Project: Subdivision ☐ School ☐ Other: _____

Facility SIC Code(s): _____ NAICS Code (s): _____

Is the Project part of a larger common plan of development or sale? Yes ☐ No ☐

Linear Project Starting Coordinates (if applicable):

Linear Project Ending Coordinates (if applicable):

Latitude: ____° ____' ____" Longitude: ____° ____' ____" Latitude: ____° ____' ____" Longitude: ____° ____' ____"

**Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality
5301 Northshore Drive
North Little Rock, AR 72118
(501) 682-0623**

VII. CERTIFICATION OF OPERATOR

"I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above. "

"I certify that as a whole the stormwater discharge(s), and the construction and implementation of Best Management Practices (BMP's) to control stormwater runoff, are not likely to adversely affect species of critical habitat for a listed species."

"I certify that a stormwater pollution prevention plan has been prepared for this facility in accordance with Part II.A of this permit, which provides for, or will provide for, compliance with local sediment and erosion plans, local stormwater permits or stormwater management plans, in accordance with Part II.A.4.c of this permit."

"I certify that the cognizant official designated in Part VIII of this Notice of Intent 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 by the applicant"

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure 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."

Responsible Official Printed Name: _____ Title: _____
Responsible Official Signature: _____ Date: _____

VIII. COGNIZANT OFFICIAL

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Telephone: _____

IX. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No*
Submittal of Complete NOI?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>
Check Number: _____		
Complete SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>

*** If you answer No to any of the above questions, then a permit can not be issued!**