

Date:

PERMIT NUMBER: <u>AR 0021717</u>		Name: <u>Flippin</u>			
A A	Issue Deficiency Letter (Files moved to E Drive)		Initials	Date	
	Issue Completeness Letter (Files moved to E Drive)				
	Reviewer: <u>Jessica Temple</u>		Due Date:	<u>5-22-17</u>	
E N G I N E R	New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revoke & Reissue <input type="checkbox"/> Construction <input type="checkbox"/>				
	Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/>				
	MAY AFFECT WATER OF ANOTHER STATE? Yes <input type="checkbox"/> (State <input type="text"/> ) No <input checked="" type="checkbox"/>				
	POTW <input checked="" type="checkbox"/> EPA Checklist? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Date <input type="text"/> On E Drive? <input type="checkbox"/>				
	Industrial <input type="checkbox"/> MRAT Points? <input type="text"/> EPA Checklist? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Date <input type="text"/>				
	Check Legal Name in Secretary of States Website and Print? Date <input type="text"/> N/A <input checked="" type="checkbox"/>				
	Incorporated in Another State? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Date Checked <input type="text"/>				
	303(d) List: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> TMDL: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	Current Flow: <u>0.175</u> MGD Fee Code? <u>B</u> New Flow: <u>0.175</u> MGD Fee Code? <u>B</u>				
	Invoice Request Sent? Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/> N/A <input type="checkbox"/>				
Financial Assurance? Requested Date <input type="text"/> Received Date <input type="text"/> N/A <input checked="" type="checkbox"/>					
WQMP Information Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date Requested: <u>4-18-17</u>					
Site Visit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date <input type="text"/>					
PERMIT ROUTING		1 <sup>st</sup> Review		2 <sup>nd</sup> Review	
		Initials	Date	Initials	Date
DRAFT PERMIT PREPARED		<u>JH</u>	<u>4-12-17</u>		
PEER REVIEW		<u>LR</u>	<u>4/13/17</u>		
WHOLE EFFLUENT TOXICITY (W/in 3 days)		<u>N/A</u>			
PRETREATMENT (W/in 3 days)		<u>N/A</u>			
LAND APPLICATION (W/in 3 days)		<u>N/A</u>			
PROOFREADING (W/in 3 days)		<u>sent to Hammack</u>	<u>4-18-17</u>		
208 PLAN REVIEW (W/in 3 days)		<u>SB</u>	<u>6-22-17</u>		
OTHERS AS REQUIRED ( )					
ENGINEER		<u>JH</u>	<u>7-10-17</u>		
ENGINEER SUPERVISOR		<u>officer</u>	<u>7/7/17</u>		
BRANCH MANAGER		<u>BB</u>	<u>7/12/2017</u>		
ASSISTANT CHIEF					
CHIEF					
SECRETARY					

REMARKS: \_\_\_\_\_