

CERTIFIED MAIL RETURN RECEIPT REQUESTED: (91 7199 9991 7035 4937 1581)

APR 1 1 2016

Gail Mainard, Assistant Director Arkansas Department of Correction - North Central Unit, Izard County Facility P.O. Box 8707 Pine Bluff, AR 71611

RE: NPDES Permit Number AR0044016, AFIN 33-00036

Dear Ms. Mainard:

This Certificate of Service constitutes notice of the Department's final permit decision and a copy of the final permit is enclosed.

All persons submitting written comments during the thirty (30) day public comment period, and all other persons entitled to do so, may request an adjudicatory hearing and Commission review on whether the decision of the Director should be reversed or modified. Such a request shall be in the form and manner required by Regulation 8.603, including filing a written Request for Hearing with the APC&E Commission Secretary at 101 E. Capitol Ave., Suite 205, Little Rock, Arkansas 72201 within thirty (30) calendar days of the date of issuance of this final permit decision as provided in Reg. 8.211(B)(1). If you have any questions about filing the request, please call the Commission at 501-682-7890.

I, Tabatha Wilson, hereby certify that a copy of this permit has been mailed by first class mail to Gail Mainard, Assistant Director at P.O. Box 8707 in Pine Bluff, AR 71611.

Tabatha Wilson

Administrative Specialist III, Office of Water Quality