



ARKANSAS  
Department of Environmental Quality

**NOTICE OF INTENT (NOI)  
FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY  
(EXCEPT FROM CONSTRUCTION ACTIVITY)  
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

The enclosed form may be used to obtain coverage under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). **Only** a copy of the attached authorized Notice of Intent form will be accepted by this Department.

**DIRECTIONS:**

Industrial Stormwater Permit:

Anyone seeking coverage under the ARR000000 General Permit must perform the following:

- complete all sections of the Notice of Intent.
- Sign the Certification in Section VIII.
- submit the following to the Department:

	<b>Complete NOI</b>	<b>Initial Permit Fee</b>	<b>Deadline for Submittal</b>
New Applicant	Yes	Yes*	Minimum two (2) weeks prior to commencement of stormwater discharge from the facility.
Renewal	Yes	No	September 26, 2010

\* Required by APCEC Regulation No. 9. 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.

No Exposure Exclusions:

A condition of No Exposure exists at an industrial facility when all industrial materials and activities are protected from exposure to rain, snow, snowmelt, and/or runoff. Anyone seeking a No Exposure Exclusion must complete the No Exposure Certification Form, which can be found at the following website:  
[http://www.adeq.state.ar.us/water/branch\\_permits/general\\_permits/stormwater/industrial.htm](http://www.adeq.state.ar.us/water/branch_permits/general_permits/stormwater/industrial.htm).

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Return the completed forms to:

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

Or by or by electronic mail (Complete documents (NOI and/or SWPPP) must be submitted in Adobe Acrobat format (.pdf) to: [Water-permit-application@adeq.state.ar.us](mailto:Water-permit-application@adeq.state.ar.us) **Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.**

**NOTE: DO NOT LEAVE BLANK SPACES IN THE NOTICE OF INTENT. IF ANY QUESTION DOES NOT APPLY, MARK "N/A" IN THE SPACE PROVIDED.**



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For additional information please contact:

General Permits Section

Ph.: (501) 682-0623

Fax: (501) 682-0910

Email: [adeq@state.ar.us](mailto:adeq@state.ar.us)

Additional Instructions:

I. How to Determine Latitude and Longitude:

If a physical address is known go to [www.terraser-ver-usa.com](http://www.terraser-ver-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.

II. 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

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

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**Application Type:**      New ☐      Renewal ☐ Permit No. ARR00\_ \_\_\_\_\_

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name)*: _____	Operator Type:
Permittee Mailing Address: _____	<input type="checkbox"/> STATE <input type="checkbox"/> PARTNERSHIP
Permittee City: _____	<input type="checkbox"/> FEDERAL <input type="checkbox"/> CORPORATION**
Permittee State: _____ Zip: _____	<input type="checkbox"/> SOLE PROPRIETORSHIP
Permittee Telephone Number: _____	<input type="checkbox"/> PUBLIC
Permittee Fax Number: _____	<input type="checkbox"/> OTHER: _____
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.

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**II. INVOICE MAILING INFORMATION (if different from facility mailing address)**

Invoice Contact Person: _____	City: _____
Invoice Mailing Company: _____	State: _____ Zip: _____
Invoice Mailing Address: _____	Telephone: _____

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**III. FACILITY INFORMATION**

Facility Name (if different from Permittee): _____	
Facility Physical Address: _____	Contact Person: _____
Facility County: _____	Contact Title: _____
Facility City: _____ Zip: _____	Telephone Number: _____
Directions to the Facility: _____	Fax Number: _____
AFIN (if known): _____	Email Address: _____

Is mailing address different from facility address? ☐ Yes ☐ No    If yes, provide mailing address in the space provided.

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Facility SIC Code(s): \_\_\_\_\_ NAICS Code (s): \_\_\_\_\_

Description of Major Process(es) at Facility: \_\_\_\_\_

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List of Chemicals Used in the  
Process: \_\_\_\_\_

Facility Latitude: \* \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Facility Longitude: \* \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

\* Facility coordinates should be taken at the entrance to the facility.

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**IV. OUTFALL INFORMATION**

Outfall number should be assigned sequentially to stormwater discharge locations if the facility has more than one outfall. (i.e. 001, 002, etc.) These should coincide with the Outfall locations on the site map for the facility.

Outfall: \_\_\_\_\_

Outfall Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Outfall Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Receiving Stream: \_\_\_\_\_

Outfall: \_\_\_\_\_

Outfall Latitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Outfall Longitude: \_\_\_\_\_ degrees \_\_\_\_\_ minutes \_\_\_\_\_ seconds

Receiving Stream: \_\_\_\_\_

**Similar Outfalls:** Please indicate any similar outfall numbers that the facility may have in accordance to Part 3.7.1.

Pages may be added for additional outfalls.

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**V. DISCHARGE INFORMATION**

Is this a new discharge? ☐ Yes ☐ No If yes, date coverage desired: \_\_\_\_\_

Does the facility have a stormwater pollution prevention plan? ☐ Yes ☐ No

For existing dischargers, date SWPPP was last updated? \_\_\_\_\_

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**VI. FACILITY PERMIT INFORMATION**

List any additional permits from the Water Division that the facility may have coverage under.

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

No Discharge Permit Number (If Applicable): \_\_\_\_\_

List any permits the facility has from another division within ADEQ: \_\_\_\_\_

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**VII. CONSULTANT INFORMATION (If applicable)**

Consultant Company: \_\_\_\_\_

Consultant Contact Name: \_\_\_\_\_

Consultant Email Address: \_\_\_\_\_

Consultant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Consultant Phone Number: \_\_\_\_\_ Consultant Fax Number: \_\_\_\_\_

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**VIII. CERTIFICATION OF OPERATOR**

(This statement must be completed for all applicants requesting coverage under the ARR000000. The Certification must be initialed and signed.)

\_\_\_\_\_ “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 a stormwater pollution prevention plan has been developed in accordance with Part 4 of the general permit.

\_\_\_\_\_ “I certify that the cognizant official designated in Part IX 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 only signed by the applicant.”

\_\_\_\_\_ “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 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 known violations.”

Responsible Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**IX. COGNIZANT OFFICIAL**

Cognizant Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Cognizant Official Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Cognizant Official E-mail: \_\_\_\_\_

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**X. 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? (New Discharger Only)	<input type="checkbox"/>	<input type="checkbox"/>

Check Number: \_\_\_\_\_