

Recertification Notice of Intent (NOI)
Industrial Stormwater General Permit ARR000000

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARR000000. You must submit this form **no later June 30, 2019.** Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARR000537 AFIN: 13-00257

Permittee Name: McFarland Cascade Holdings, Inc.

If any changes or additions need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	<u>Current Information in ADEQ's Database</u>	<u>Corrections/Additions, If Needed</u>
Facility Name:	McFarland Cascade Holdings, Inc.	_____
Facility Physical Address:	6040 Highway 79 North	_____
	Rison, 71665	_____
Industrial Sector:	A2	_____
Facility Contact:	Merlin Grassiree	_____
Facility Contact Email:	mgrassiree@stella-jones.com	_____
Responsible Official:	Glynn Pittman	_____
Responsible Official Email:	gpittman@stella-jones.com	_____
Cognizant Official:	Glynn Pittman	_____
Cognizant Official Email:	gpittman@stella-jones.com	_____

Are there any changes to the outfalls at this facility? Yes* or No

*If yes, please attach a site map and the coordinates of all outfalls at the facility.

Are mailing and invoice addresses the same?

Yes or No**

**If "No," please provide invoice address:

Additional Comments: _____

"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, 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."

I certify that I have read and will comply with all the requirements of the Industrial Stormwater General Permit ARR000000.

Responsible Official Name: _____

Responsible Official Title: _____

Responsible Official Signature: _____

Date: _____

Return the NOI form to the address below or send it electronically to: water-permit-application@adeq.state.ar.us

**Office of Water Quality, General Permits Section
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317**