



November 29, 2018

David Millay, AVC Facilities Management
University of Arkansas at Little Rock
2801 S. University
Little Rock, AR 72204

Re: General Permit Renewal ARR040000 for Regulated Small Municipal Separate Storm Sewer Systems (MS4's) located within the State of Arkansas
University of Arkansas at Little Rock
Permit Tracking Number **ARR040020, AFIN 88-00850**

Dear Permittee:

The Department has issued the renewal of the Regulated Small Municipal Separate Storm Sewer System (MS4's) general permit (ARR040000) with an effective date of August 1, 2019. If you need to continue permit coverage under this general permit after July 31, 2019 (expiration of the existing permit), please complete the Recertification Notice of Intent (NOI) included on the back of this correspondence and return it along with the updated Stormwater Management Program (SWMP) to the address at the bottom of the page or send it electronically to water.permit.application@adeq.state.ar.us **NO LATER THAN July 1, 2019 (11:59 p.m. Central Daylight Time).**

Permittees who fail to make a written request to the Director to be covered by this general permit by **July 1, 2019 will be operating without a permit** which will be in violation of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. § 8-4-101 *et seq.*), and the Clean Water Act (33 U.S.C. § 1251 *et seq.*). A copy of the renewal permit (effective August 1, 2019) can be obtained at the following website:

<https://www.adeq.state.ar.us/water/permits/npdes/stormwater/pdfs/ms4/arr040000-final-permit-20190801.pdf>

Please contact the NPDES Permits Section at 501-682-0623 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Bryan Leamons".

Bryan Leamons, P.E.
Senior Operations Manager
Office of Water Quality

Enclosure: Recertification NOI

Recertification Notice of Intent (NOI)

Regulated Small Municipal Separate Storm Sewer Systems (MS4's) General Permit ARR040000

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it along with the **updated Stormwater Management Program (SWMP)** to the Department in order to continue permit coverage under the General Permit ARR040000. You must submit this form **no later than July 1, 2019.** Please keep a copy of this form for your records once completed and signed.

Permittee Name	Permit Tracking Number	AFIN
University of Arkansas at Little Rock	ARR040020	88-00850

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.

	Current Information in ADEQ's database	Corrections/Additions, If Needed
Small MS4 Physical Address	2801 S. University	
County	Pulaski	
Urbanized/Core Areas	Little Rock Urbanized Area	
Receiving Stream	Coleman Creek	
Ultimate Receiving Stream	Arkansas River	
Contact Person & Title	Vince Rodgers, Director EHS	
Telephone Number	(501) 371-7602	
Cognizant Official & Title	Vince Rodgers, EHS Director	
Responsible Official & Title	David Millay, AVC Facilities Management	

Are the 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 Regulated Small Municipal Separate Storm Sewer Systems (MS4's) General Permit ARR040000.

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 or via ePortal at the following web address: <https://eportal.adeq.state.ar.us/>

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