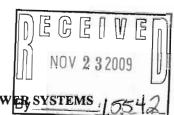
NOTICE OF INTENT FOR DISCHARGERS OF STORMWATER RUNOFF



ASSOCIATED WITH REGULATED SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS **AUTHORIZED UNDER NPDES GENERAL PERMIT ARR040000**

I.	PERMITTEE INFORMATION New	☐ Renewal 🏻 (Per	mit Tracking Numbe	er ARR04 0020
	Regulated Small MS4 Name: University of Arkansas at Litt	tle Rock	Owner Type:	
	Mailing Address: 2801 S. University Ave. Actual Street Address: Same City: Little Rock		_ FEDERAL	\boxtimes STATE
			_ DUBLIC	OTHER
			Urbanized Area	Yes
	State: AR Zip: 72	2204	County(ies):	Pulaski
	Enter the Latitude and Longitude of the approximate center of the Small MS4 (A map must be inclinated and Longitude of the approximate center of the Small MS4 (A map must be inclinated as a small map of the small MS4).		ap must be included.):	
	Small MS4 Latitude: 34 degrees 43.21	13 minutes	seconds	
	Small MS4 Longitude: 92 degrees 20.34	9 minutes	seconds	
n.	PERMITTEE CONTACT INFORMATION			
	Name: Vince Rodgers	Telephone:	501-371-7602	
	Title: EHS Manager		varodgers@ualr.edu	
ĪII.	INVOICE MAILING INFORMATION	271311 11001000	THE ORGANIZATION	
Invoice Contact Person: Maurine Moen City: Little Rock				
			tate: AR	Zip: 72204
	Invoice Mailing Address: 2801 S. University Ave – Physical Plant Telephone: 501-371-7602			
17.	CERTIFICATION OF PERMITTEE (See Part 5.7 of the g For a municipality, State, Federal, or other public agency: By	utive officer or rankin	g elected official. For	
	purposes of Part VI.H of the general permit, a principal executive officer of a Federal agency includes (i) the chief execution officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geograph unit of the agency (e.g., Regional Administrator of EPA). "I certify that the cognizant official designated in this Notice of Intent is qualified to act as a dully authorized representation under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department was accept reports signed by the applicant. I certify under penalty of law that this document and all attachments were prepared under the information 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 direct responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I a aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment is knowing violations."			
	Responsible Official Printed Name: David Millay Title		Physical Plant Director	
	Responsible Official Signature: Holy willing	Date: 8-	-17-09	
v.	PERMIT REQUIREMENT VERIFICATION			
	Submittal of Complete Renewal NOI? Yes No			
	Submittal of Complete Stormwater Management Program? Yes No			
Submittal of MS4 map? Yes No				