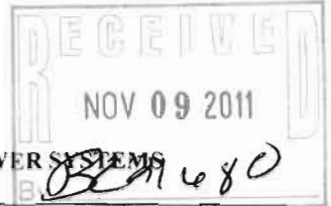


NOTICE OF INTENT
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH REGULATED SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR040000



I. PERMITTEE INFORMATION New Renewal (Permit Tracking Number ARR04_____)

Regulated Small MS4 Name: University of Arkansas at Little Rock Owner Type: _____
Mailing Address: 2801 S. University Ave FEDERAL STATE
Actual Street Address: Same PUBLIC OTHER
City: Little Rock Urbanized Area Yes
State: AR Zip: 72204 County(ies): Pulaski

Enter the Latitude and Longitude of the approximate center of the Small MS4 (A map must be included.):

Small MS4 Latitude: 34 degrees 43.213 minutes _____ seconds
Small MS4 Longitude: 92 degrees 20.349 minutes _____ seconds

II. PERMITTEE CONTACT INFORMATION

Name: Vince Rodgers Telephone: 501-371-7602
Title: Director EHS Email Address: varodgers@ualr.edu

III. INVOICE MAILING INFORMATION

Invoice Contact Person: Maurine Moen City: Little Rock
Invoice Mailing Company: UALR State: AR Zip: 72204
Invoice Mailing Address: 2801 South University-Physical Plant Telephone: 501-569-8406

IV. CERTIFICATION OF PERMITTEE (See Part 5.7 of the general permit)

For a municipality, State, Federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of Part VI.H of the general permit, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic 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 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 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 knowing violations."

Responsible Official Printed Name: David Millay Title: Assoc. Vice Chancellor-Facilities Management
Responsible Official Signature: *David Millay* Date: 11-8-11

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

Rose, Brenden

From: Vince Rodgers <varodgers@ualr.edu>
Sent: Wednesday, November 09, 2011 8:07 AM
To: Rose, Brenden
Subject: UALR MS4 NOI 2011
Attachments: UALR MS4 NOI 2011.pdf

See attached.

Vince Rodgers | Director of Environmental Health & Safety
University of Arkansas at Little Rock | Facilities Management
501.371.7602 | varodgers@ualr.edu | [Facilities](#)