

**Recertification Notice of Intent (NOI)  
Landfill Sediment Pond Discharge General Permit ARG160000**

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 ARG160000. You must submit this form no later than January 31, 2020. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG160012      AFIN: 35-00170  
Permittee Name: Waste Management of Arkansas, Inc.

If any changes 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 (if needed)
Facility Address:	Waste Management - Jefferson County Landfill 6000 Gravel Pit Road Pine Bluff, AR 71602	Waste Management of Arkansas, Inc. DBA Jefferson County Landfill
Responsible Official:	Charles Gillian	
Responsible Official Email:	cgillian@wm.com	
Cognizant Official:	Jodi A Taylor	Jodi A Reynolds
Cognizant Official Email:	jtaylo28@wm.com	jreyno10@wm.com
Contact Person:	Jodi Taylor	Jodi A Reynolds
Contact Email		jreyno10@wm.com
Phone Number	501-982-7336	501-993-8966

1. Are the mailing and invoice addresses the same?      Yes  No  N/A   
If "No" please provide invoice address → \_\_\_\_\_

2. Have you attached an updated disclosure statement\*?      Yes  No  N/A

*\* A disclosure statement IS NOT required for Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by law. This does not include improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.*

**Outfall Currently Listed in ADEQ's Database\*\***

Outfall 001:      Latitude: 34° 20' 48.48" N;      Longitude: 92° 11' 22.63" W

\*\* Only one outfall may be listed. If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

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 renewal Landfill Sediment Pond Discharge General Permit (ARG160000).

Responsible Official Name: Charles Gillian      Responsible Official Title: Director of Disposal Ops.  
Responsible Official Signature:       Date: 11.11.19

Return the NOI form to the address below or send it electronically to [water.permit.application@adeq.state.ar.us](mailto:water.permit.application@adeq.state.ar.us):

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