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: ARG160032 AFIN: 54-00086

Permittee Name: City of Helena-West Helena

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:	Helena-West Helena Regional Landfill 1448 B Phillips 217 Road Helena-West Helena, AR 72390	Corrections (if inceded)
Responsible Official:	Honorable Jay Hollowell	Kevin A. Smith
Responsible Official Email:	mayor@helena-westhelena.us	ACTO A. SININ
Cognizant Official:	Bob Gaston	
Cognizant Official Email:	landfillgent@yahoo.com	
Contact Person:	Bob Gaston	
Contact Email	landfillgent@yahoo.com	
Phone Number	870-714-1140	
of the state government, counti- improvement districts or any other Outfall Currently Listed Outfall 001: La	required for Governmental entities, consisting on es, municipalities, or duly authorized regional ser subdivision of government which is not specification in ADEQ's Database** attitude: 34° 33' 46.98" N; Longitude:	ly of subdivisions or agencies of the federal government, agencies olid waste authorities as defined by law. This does not include ally instituted by an act of the General Assembly. 90° 37' 45.56" W
explanation of the requ Additional Comments:		ed, please be sure to provide the correct coordinates, and an
with a system designed to ass of the person or persons who submitted is, to the best of m	ure that qualified personnel properly gather as manage the system, or those persons directly	e prepared under my direction or supervision in accordance and evaluate the information submitted. Based on my inquiry responsible for gathering the information, the information complete. I am aware that there are significant penalties for ment for knowing violations."
I certify that I have read and v (ARG160000). Responsible Official Name		esponsible Official Title:
Responsible Official Signa	y 1 C L	Date: 1/21/20
Return the NOI form to the	address below or send it electronically to y	water.permit.application@adeq.state.ar.us:
	ality, Permits Branch	

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