

**Recertification Notice of Intent (NOI)**  
**NPDES General Permit for Water Treatment Facilities ARG640000**

You must complete and certify this Recertification Notice of Intent (NOI) form and return it to the Department, with an **updated disclosure statement**, in order to continue permit coverage under the General Permit ARG250000. You must submit this form **no later than October 31, 2017**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG250007      AFIN: 60-04337  
 Permittee Name: Freeway Medical Tower Horizontal Prop. Regime

1005 81 YAM

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 Physical Address:	Freeway Medical Tower	
	5800 West 10th Street	
	Little Rock, AR 72204	
Facility Mailing Address:	5800 West 10th Street	
	Little Rock, AR 72204	
Responsible Official:	Vicki Brown	
Responsible Official Email:		
Cognizant Official:	Vicki Brown	
Cognizant Official Email:	freewayrpm@comcast.net	
Contact Person:	ARG250007	
Phone Number:	501-666-6133	

1. Have you attached an updated disclosure statement? Yes or No

2. Is the invoice address the same as the mailing address above? Yes or No

If "No" please provide invoice address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Outfall Number	Latitude			Longitude		
002-A	34°	44'	38.72"	-92°	20'	16.33"
002-B	34°	44'	38.72"	-92°	20'	16.67"
	°	'	"	°	'	"

\* If a change to the above outfall is needed, please be sure to provide the outfall number, 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 NPDES General Permit ARG640000 for Water Treatment Facilities.

Responsible Official Name: VICKI BROWN

Responsible Official Title: Building Manager

Responsible Official Signature: Vicki Brown

Date: Oct. 19, 2017

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



Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)	FREEMAN MEDICAL TOWER
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	5800 WEST 10TH STREET
3. CITY, STATE, AND ZIP CODE:	LITTLE ROCK, AR 72204

4a. Applicant Type:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:	<input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:	<input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste

5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on <u>June 10, 2009</u>