

**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: ARG250014      AFIN: 43-00024  
Permittee Name: Remington Arms Company, LLC

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:	Remington Arms Company, LLC	
	2592 AR Hwy. 15N	
	Lonoke, AR 72086	
Facility Mailing Address:	2592 AR Hwy 15 N.	
	Lonoke, AR 72086	
Responsible Official:	James R. Grahlmann	Joel Holk
Responsible Official Email:	Jim.Grahlmann@Remington.com	holkjc@remington.com
Cognizant Official:	Sammy Bates	
Cognizant Official Email:		sammy.bates@remington.com
Contact Person:	ARG250014	
Phone Number:	(501) 676-4185	

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		
CW-004	34°	47'	54"	92°	00'	12"
	°	'	"	°	'	"
	°	'	"	°	'	"

\* 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: Joel Holk      Responsible Official Title: Plant Manager

Responsible Official Signature: [Signature]      Date: 5/30/17

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