Recertification Notice of Intent (NOI)
Individual Treatment Facility Discharge General Permit ARG550000

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 ARG550000. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550405 AFIN: 60-04502
Permittee Name: Darren Flamik

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:	Darren Flamik 21418 Lake Vista Roland, AR 72002	
Responsible Official:	Darren Flamik	
Responsible Official Email:		
Cognizant Official:	Darren Flamik	
Cognizant Official Email:		

1. Have you attached an updated disclosure statement? (Homeowners are exempt) Yes ☐ No ☐ N/A ☑
2. Are the mailing and invoice addresses the same? (Homeowners are not subject to the annual fee) Yes ☐ No ☐ N/A ☑
   If "No" please provide invoice address → _____

Outfall Currently Listed in ADEQ's Database*

Outfall ARG550405: Latitude 34° 52' 49" N; Longitude 92° 30' 07" W

* 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 Individual Treatment Facility Discharge General Permit (ARG550000).

Responsible Official Name: Darren Flamik **Responsible Official Title:** Homeowner

Responsible Official Signature: Darren E. Flamik **Date:** 2/17/2020

Return the NOI form to the address below or send it electronically to 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