

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
INDIVIDUAL TREATMENT FACILITIES  
NPDES GENERAL PERMIT ARG550000

Application Type: New  Renewal  (Permit # ARG550449)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Robby White  
Permittee Mailing Address: 7964 Kerr station Rd  
Permittee City: Cabot  
Permittee State: Ar Zip: 72023  
Permittee Telephone Number: (501) 626-9930  
Permittee Fax Number: \_\_\_\_\_  
Permittee E-mail Address: Robbywhite1981@gmail.com

Operator Type:  
 State  Partnership  
 Federal  Corporation\*  
 Sole Proprietorship/Private

\*State of Incorporation: \_\_\_\_\_  
The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: \_\_\_\_\_ City: \_\_\_\_\_  
Invoice Mailing Company: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Invoice Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

III. FACILITY INFORMATION

Facility Name: Robby White Facility Contact Person: Robby White  
Facility Address: 7964 Kerr Station Rd. Telephone Number: (501) 626-9930  
Facility County: Lono Ke Facility City, State & Zip: Cabot, Ar 72023  
Facility Latitude: 34 Deg 52 Min 4.3 Sec Datum Facility Longitude: 92 Deg Sec Min 20.8  
Accuracy: un Method: un : un Scale: un Description: un

IV. DISCHARGE INFORMATION

Outfall Number: One Flow: \_\_\_\_\_ gpd (Gallons per Day)  
Stream Segment: 38 Hydrologic Basin Code: \_\_\_\_\_  
Outfall Latitude: 34 Deg 52 Min 4.3 Datum Outfall Longitude: 92 Deg / Min 23.6 Sec  
Accuracy: un Method: un : un Scale: un Description: un  
Type of Treatment: Norweco model 960 with Chlorine  
Receiving Stream: Arkansas River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00  
NPDES General Permit Number (If Applicable): ARG  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
www.adeg.state.ar.us

VI. OTHER INFORMATION:

Operator Name: David A Meints  
Operator License Number: 009055 License Class: Class III

Consultant Contact Name: \_\_\_\_\_  
Consultant Email Address: \_\_\_\_\_  
Consultant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Consultant Phone Number: \_\_\_\_\_ Consultant Fax Number: \_\_\_\_\_

Has this treatment system been approved by AHD? Yes  No

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: [http://www.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf).

VII. CERTIFICATION OF OPERATOR

\_\_\_\_ (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

RW (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

RW (Initial) "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 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."

Responsible Official Printed Name: Bobby White Title: owner  
Responsible Official Signature: [Signature] Date: 8/4/20  
Responsible Official Email: \_\_\_\_\_  
Cognizant Official Printed Name: David A. Meints Title: Class III Operator  
Cognizant Official Signature: [Signature] Telephone: 501-821-3837  
Cognizant Official Email: david@meincowastewater.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Ye  No   
s  No   
Submittal of Complete NOI?    
Submittal of Required Permit Fee?    
Submittal of AHD Form EHP-19?    
Submittal of Site Map?    
\* If No is answered for any of the questions, then a permit can not be issued!  
Check Number: \_\_\_\_\_

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