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. You must submit this form **no later May 31, 2019**. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: A Permittee Name: Tony Ma	ARG550541 AFIN: 60-04807						
If any changes need to be mad and/or attach documentation.	e to the information shown below, please upo	date the new information in the corrections section below					
	Current Information in ADEQ's Database	Corrections (if needed)					
Facility Address:	I-30 Pawn Shop 12825 I-30 Frontage Little Rock, AR 72002						
Responsible Official:	Tony Ma, Owner						
Responsible Official Email:							
Cognizant Official:	David A. Meints, Operator						
Cognizant Official Email:	david@meincosepticsystems.com	davidameincowastewater.com					
1. Have you attached an updated disclosure statement? (Homeowners are exempt) 2. Are the mailing and invoice addresses the same? (Homeowners are not subject to the annual fee) Yes ➤ No □ N/A □ - Needs + D If "No" please provide invoice address → Updated Wabelvale, An 17103							
(Homeowners are not subject	If "No" pleas	e provide involve address 7 72103					
		upost to					
Outfall Currently Listed i	in ADEQ's Database*						
Outfall ARG550541: Latitude 34° 38' 40.6" N; Longitude 92° 25' 45.7" 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.							
Tra change to the act							
Additional Comments:							
with a system designed to asso of the person or persons who submitted is, to the best of m	ure that qualified personnel properly gather a	re prepared under my direction or supervision in accordance and evaluate the information submitted. Based on my inquiry y responsible for gathering the information, the information complete. I am aware that there are significant penalties for ament for knowing violations."					
D '. (ADGEEOOO)		enewal Individual Treatment Facility Discharge General					
Responsible Official Name: Responsible Official Signature: Responsible Official Signature: Date: 225 20							
Responsible Official Signature: Date: 235 20							
Return the NOI form to the	address below or send it electronically to	water.permit.application@adeg.state.ar.us:					

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

REQUEST FOR CHANGE OF AUTHORIZATION (CERTIFICATION AND SIGNATORY REQUIREMENTS)

	NPDES Permit Num	ber: E	1265505	4 Fa	cility Name: 1-30	Pau	n Sho	P
	Type of Change: (check one)		New Responsible Both (sections 1 and	Official	r duly authorized repres (complete section 2 only) ial (or duly authorized r			
			· ·		,			
1.	the ranking official	in writi	ng, as having res	ponsib	presentative) (See 12: ility for the <u>overall corrected to the overall of</u> or environmental matter	peration	of the regu	, authorized by lated facility or
	The ranking official hereby designates the following <u>individual</u> as the cognizant official, (duly authorized representative), for signing the <u>permit required reports</u> , etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:							
	D 001	1 2)					
	Signature of the C	ognizar	official (Duly Auth	norized l	Representative)			
	David A. Meints							
	•	, MI, La	ast Name) Typed or	Printed				
	PO Box 1001				Bryant, AR 72089			
	Mailing Address			. 504	City, State, and Zip	E01 001	4049	
	Class III Operator Title			(501 A/C	804-0837 Phone	501-821 Fax	-4040	
	Email Address:	david(@meincowastewate					
	By <u>signature</u> <u>below</u> duly authorized rep	, the re	esponsible official <u>c</u> tive <u>under the prov</u> i	ertifies sions of	that the above named 40 CFR 122.22(b).	<u>individua</u>	<u>[</u> is qualified	I to act as the
2.	i/a/w 40 CFR 122	<u>.22(a)</u> . general	For a Corporation partner or propriet	on: it is	fficial is the person autory the responsible corplicipality, State, Federa	orate offic	er. Partr	ership or Sole
	100	1	MM			225	20	
	Signature of the R	espons	ible Official		D	ate		
	Jony N	Na						
	Name (First Name	MI, La	ast Name) Typed o	Printed	10 1 - 1 - 1 - 1	6	1 77	12.
	Mailing Address	rai	is Koad		City, State, and Zip	e H	2, 14	03
	Owner			(50)	765-8930)		
	Title Email Address:			A/C	Phone	Fax		
	with a system designed person or persons who	to assure manage /ledge an	e that qualified personne the system, or those pe d belief, true, accurate,	el properly ersons dire and com	d all attachments were preparather and evaluate the infoactly responsible for gatherin plete. I am aware that the owing violations.	rmation subn g the informa	nitted. Based of the street of	on my inquiry of the nation submitted is,
	Will the Responsibl	e Officia	al also be the perso	n signin	g submittals?	Yes	☐ No	

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

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				
North Little Rock, AR 72110-3317				
1 ADDITE ANT. (Full Name)				
1. APPLICANT: (Full Name) Tony Ma				
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):				
14100 Sardis Road				
3. CITY, STATE, AND ZIPCODE:				
Mabelvale, AR 72103				
A A P. AT.				
4a. Applicant Type:				
✓ Individual Corporate or Other Entity				
4b. Reason for Submission:				
✓ Permit License Certification Operational Authority				
New Application				
4c. Division:				
☐ Air				
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 N/A				

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, Tony Ma , 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 fines and imprisonment for knowing violation.				
APPLICANT SIGNATURE:				
TITLE: Owner DATE: 225 20				