## 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 <u>no later May 31, 2019.</u> Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550604

AFIN: 43-00724

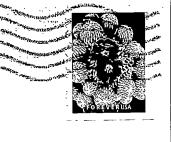
Permittee Name: Amy McGee

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 ADE	Q's Database	Corrections (if needed)
Facility Address:	Residential Dwelling		
	345 Barnett Road Lonoke, AR 72086		× ·
Responsible Official:	Amy McGee		
Responsible Official Email:	amymcflea@yahoo.com		
Cognizant Official:	Robert Goff		
Cognizant Official Email:	robertlgoff@gmail.com		
1. Have you attached an updated disclosure statement? Yes □ No □ N/A ☑ (Homeowners are exempt)  2. Are the mailing and invoice addresses the same? Yes □ No □ N/A □			
(Homeowners are not subject to the annual fee)  If "No" please provide invoice address >			
Outfall Currently Listed in ADEQ's Database*			
Outlan Currently Listed in ADEO's Database			
Outfall ARG550604: Latitude 34° 52' 15" N; Longitude 91° 58' 4.8" 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 present that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."			
Permit (ARG550000).			
Responsible Official Name: AMY 11 (986   sponsible Official Title: Wine			
Responsible Official Signature: WWW Local Date: 6/28/19			
Return the NOI form to the address below or send it electronically to ater.permit.application@adeq.state.ar.us:			
Office of Water Qua Arkansas Departme 5301 Northshore Dri North Little Rock, A	nt of Environmental Quality ve		; ;

Amy McGee 345 BARDETT Rd. Londe Londke Ar 72086

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Office of water Quality, Permits Branch. ADEQ. 5301 North shore Drive. North Little Rock. Ar 72118-6317

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