ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

INDIVIDUAL TREATMENT FACILITIES NPDES GENERAL PERMIT ARG550000

Application Type: New Renewal (Permit # ARG55_____)

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I. PERMITTEE/OPERA	TOR INFORMATIO	N			
Permittee (Legal Nam	Permittee (Legal Name):Jim Ralph			Operator Type:	
Permittee Mailing Addre	ess: 416 Beachview C	Circle,	State	☐ Partnership	
Permittee C	ity: Hot Springs		Federal	Cornoration*	
Permittee Sta	ate: Ar.	Zip: <u>71913</u>	X Sole Propr	rietorship/Private	
Permittee Telephone Numb	per: 870-703-0364		*State of Incorp	oration:	
Permittee Fax Numb	x Number: N/A			The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.	
Permittee E-mail Addre	il Address: _ralphmomdad@yahoo.com				
II. INVOICE MAILING	INFORMATION (Hor	ne owners are exem	pt.)		
Invoice Contact Person: N/A			City: N/A		
Invoice Mailing Company: N/A			State: N/A	Zip: <u>N/A</u>	
Invoice Mailing Address: N/A			Telephone: N/A		
III. FACILITY INFORMA Facility Name: Jim Ral		Facility Co	ontact Person: Jim Ral	ph	
· · · · · · · · · · · · · · · · · · ·			ne Number: 870-703-0364		
		State & Zip: Hope, Ar. 71801			
Facility Latitude: 33 Deg		Facility Long	· —	37 Min 39.36 16Sec	
Accuracy: 20m	Method: GPS	Datum	Scale: N/A D		
IV. DISCHARGE INFOR	MATION				
Outfall Number: 1 Stream Segment: 1B	1 Flow: 450 gpd (Gallons per Day) 1B Hydrologic Basin Code: 11140201				
· —	33 Deg 37 Min 26.4 Sec Outfall Longitude:93 Deg 37 Min 38.6394 Sec				
Accuracy: 20m	Method: GPS	Datum : NAD83	Scale: N/A D	escription: Discharge	
Receiving Stream: <u>Red Red Red Red Red Red Red Red Red Red </u>					
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NPDES Individual Permit Number (If Applicable): AR00N/A NPDES General Permit Number (If Applicable): ARG550000					
		struction Permit Num			
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/A					

WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880