

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

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Josh Smith Operator Type:
Permittee Mailing Address: 310 Hempstead 5 State Partnership
Permittee City: Hope Federal Corporation*
Permittee State: Ar. Zip: 71801 X Sole Proprietorship/Private
Permittee Telephone Number: 870-331-0557 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: becky@swartitle.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: N/A City: N/A
Invoice Mailing Company: N/A State: N/A Zip: N/A
Invoice Mailing Address: N/A Telephone: N/A

III. FACILITY INFORMATION

Facility Name: Josh Smith ATU Facility Contact Person: Josh Smith
Facility Address: 310 Hempstead 5 Telephone Number: 870-331-0557
Facility County: Hempstead Facility City, State & Zip: Hope, Ar. 71801
Facility Latitude: 33 Deg 34 Min 8.004 Sec Facility Longitude: 093 Deg 39 Min 3.4554 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Driveway

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)
Stream Segment: 1B Hydrologic Basin Code: 11140201
Outfall Latitude: 33 Deg 34 Min 5.808 Sec Outfall Longitude: 093 Deg 39 Min 5.292 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge
Type of Treatment: NORWECO Singulair Green CL2 disinfection
Receiving Stream: Red River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00N/A
NPDES General Permit Number (If Applicable): ARG550000
State Construction Permit Number: N/A
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/A

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
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