

**Recertification Notice of Intent (NOI)**  
**NPDES General Permit for Water Treatment Facilities ARG640000**

You must complete and certify this Recertification Notice of Intent (NOI) form and return it to the Department, with an updated disclosure statement, in order to continue permit coverage under the General Permit ARG640000. You must submit this form no later than November 30, 2016. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG640012      AFIN: 10-00061  
 Permittee Name: City of Arkadelphia

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 ADEQ's Database	Corrections, If Needed
Facility Physical Address:	Arkadelphia Water Utilities 1208 N. 10th Street Arkadelphia, AR 71923	
Facility Mailing Address:	PO Box 495 Arkadelphia, AR 71923	
Responsible Official:	Brenda Gills	<i>David Green</i>
Responsible Official Email:	bcgills@cityofarkadelphia.com	<i>dgreen@cityofarkadelphia.com</i>
Cognizant Official:	Brenda Gills	<i>David Green</i>
Cognizant Official Email:	bcgills@cityofarkadelphia.com	<i>dgreen@cityofarkadelphia.com</i>
Contact Person:	Brenda Gills	<i>David Green</i>
Phone Number:	(870) 246-5863	<i>dgreen@cityofarkadelphia.com</i>

- Have you attached an updated disclosure statement?      Yes or No
- Is the invoice address the same as the mailing address above?      Yes or No      If "No" please provide invoice address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Outfall Currently Listed in ADEQ's Database\***

Outfall Number	Latitude			Longitude		
101	34°	05'	27"	-93°	02'	51"

\* If a change to the above outfall is needed, please be sure to provide the outfall number, 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 NPDES General Permit ARG640000 for Water Treatment Facilities.

Responsible Official Name: *David Green*      Responsible Official Title: *Utilities Manager*  
 Responsible Official Signature: *[Signature]*      Date: *11-30-16*

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

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