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:	ARG640043

AFIN: 57-00042

Permittee Name: Mena Water Utilities

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:	Irons Fork Water Treatment Plant			
-	536 Polk 184			
	Mena, AR 71953			
Facility Mailing Address:	701 Mena Street			
	Mena, AR 71953			
Responsible Official:	David Young			
Responsible Official Email:				
Cognizant Official:	Sawyer A. Manley			
Cognizant Official Email: menawtp@yahoo.com				
Contact Person: Sawyer A. Manley				
Phone Number:	479-394-1132			

1.	Have you attached statement?	an	updated	disclosure
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Yes or No

2. Is the invoice address the same as the mailing address above?

Latitude

Yes or	No
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If "No" please provide invoice address

Outfall Currently Listed in ADEQ's Database*

	101	34°	38'	33"	94°	07'	54"	
	* 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.							
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	Additional Comments	s:						

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"I certify under penalty of law that this document and all attac	chments were prepared under my direction or supervision in accordance
with a system designed to assure that qualified personnel prope	erly gather and evaluate the information submitted. Based on my inquiry
of the person or persons who manage the system, or those per	rsons directly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true, ac	curate, and complete. I am aware that there are significant penalties for
submitting false information, including the possibility of the a	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:

Outfall Number

d Mound

Responsible Official Title:

Longitude

Commissioned

Responsible Official Signature:

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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





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

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