

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: ARG640044 AFIN: 45-00040
 Permittee Name: Marion County Regional Water District

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:	Marion County Regional Water District Water Treatment Plant	
	108 Waterplant Pt.	
	Bulls Shoals, AR 72619	
Facility Mailing Address:	P.O. Box 767	
	Bull Shoals, AR 72619	
Responsible Official:	Walter K. Reed Jr.	
Responsible Official Email:	mcrwd2004@yahoo.com	
Cognizant Official:	Walter K. Reed Jr.	
Cognizant Official Email:	mcrwd2004@yahoo.com	
Contact Person:	Walter K. Reed Jr.	
Phone Number:	870-445-4300	

1. Have you attached an **updated disclosure statement**? Yes or No
2. 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	36°	23'	34"	92°	35'	03"

* 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: WALTER K. REED JR Responsible Official Title: Chairman
 Responsible Official Signature: Walter K. Reed Jr Date: 6-15-16

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