

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: ARG640090 AFIN: 35-00112
 Permittee Name: AR Dept. of Corrections

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:	AR Dept. of Corrections - Tucker 2400 State Farm Road Tucker, AR 72168	
Facility Mailing Address:	PO Box 8707 Pine Bluff, AR 71603	
Responsible Official:	Leon Starks	Gail Mainard
Responsible Official Email:	leon.starks@arkansas.gov	gail.mainard@arkansas.gov
Cognizant Official:	James L. Starks	Chris Ashcraft
Cognizant Official Email:	leon.starks@arkansas.gov	chris.ashcraft@arkansas.gov
Contact Person:	Leon Starks	Chris Ashcraft
Phone Number:	(870) 267-6625	870-267-6620

1. Have you attached an updated disclosure statement? Yes or No STATE AGENCY
2. Is the invoice address the same as the mailing address above? Yes or No If "No" please provide invoice address

Gail Mainard
 c/o Ark. Dept. Correction
 Construction/Maint Division
 7800 Correction Circle
 Pine Bluff, Arkansas 71603

Outfall Currently Listed in ADEQ's Database*

Outfall Number	Latitude			Longitude		
	°	'	"	°	'	"
101	34°	26'	16"	-91°	54'	20"

* 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: Gail Mainard Responsible Official Title: Asst. Director, ADC
 Responsible Official Signature: Gail Mainard 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