

FAX: City of Amity

To: Jessica Temple From: Retha Vaughn/Treas.

Fax: 501-682-0880 Pages: _____

Phone: _____ Date: 11-28-16

Re: _____ CC: [Type text]

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

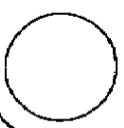
Jessica —

Do we have to include
a disclosure statement?

Retha

870-342-5822

Cityofamity@yahoo.com



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: ARG640095 AFIN: 10-00054
Permittee Name: City of Amity

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:	Amity Water Plant approximately 0.5 miles south of Hwy 8 southeast of town on Hwy 182 Amity, AR 71921	
Facility Mailing Address:	PO Box 197 Amity, AR 71921	
Responsible Official:	Honorable Chester Clark	Don Hinkle
Responsible Official Email:		
Cognizant Official:	Honorable Chester Clark	Don Hinkle
Cognizant Official Email:		
Contact Person:	Honorable Chester Clark	Don Hinkle
Phone Number:	(870) 342-5822	

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	34'	15'	36''	-93°	28'	34''

* 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: Don Hinkle Responsible Official Title: MAYOR
Responsible Official Signature: [Signature] Date: 11-28-16

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