## 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 Nun Permittee Name: Hig		G640117 AFIN Water Users Assn., Inc.	: 13-00202	
If any changes need to and/or attach document	be made to ation,	the information shown be	low, please update the ne	ew information in the corrections section below
		Current Information in A	DEQ's Database	Corrections, If Needed
Facility Physical Address:		Woodlawn Treatment Plant		
		6340 Hwy. 63	T) 14	
		Rison, AR 71665	***************************************	
Facility Mailing Address:		6340 Hwy. 63		
		Rison, AR 71665		
Responsible Official:		Mike Stewart	W	***
Responsible Official En	nail:		- 1.	
Cognizant Official:		James McGriff		
Cognizant Official Ema	il:			
Contact Person:		James McGriff		
Phone Number:		870-357-2283		THE STATE OF THE S
I. Have you attached statement?	an update	ed disclosure (Fes	)or No	7
2. Is the invoice addraddress above?	ess the san	- les	br No If "No" provide i addre	nvoice ess ——————————————————————————————————
* 4		_	Listed in ADEO's Dat	<del></del>
Outfall Number		Latitude 20°	Longita	
101	33°	58' 19,892"	-92° 2'	36.317"
" If a change to the above or	utfall is need	ed, please be sure to provide th	c outfall number, coordinates	s, and an explanation of the required changes.
Additional Comments: The		old ones wa	S Not exam	c+ly Nigh+
with a system designed to the person or persons submitted is, to the best submitting false informa I certify that I have read Facilities.	to assure the who mans of my kno tion, include and will co	nat qualified personnel propage the system, or those powered and belief, true, a ding the possibility of fine comply with all the requiren	perly gather and evaluate ersons directly responsib occurate, and complete. I and imprisonment for kn nents of the NPDES Gen	under my direction or supervision in accordance the information submitted. Based on my inquiry ale for gathering the information, the information am aware that there are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information submitted in accordance in the information are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information in accordance in the information are significant penalties for nowing violations."  The information in accordance in accordance in the information are significant penalties for nowing violations."
Responsible Official S	ignature:	I Wish Stewa	M	Date: 12/8/16

Office of Water Quality, General Permits Section Arkansas Department of Environmental Quality 5301 Northshore Drive

North Little Rock, AR 72118-5317

## ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:								
A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.								
B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.								
C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.								
If Not Submitting by ePortal, Mail Original to:								
ADEQ								
DISCLOSURE STATEMENT								
[List Proper Division(s)]								
5301 Northshore Drive								
North Little Rock, AR 72118-5317								
1. APPLICANT: (Full Name) Hwy. 63 water users Association. Inc.  2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route): 6340 U.S. 14.wy 63								
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route): 6340 U.S. 14.wy 63								
3. CITY, STATE, AND ZIPCODE: Rison, ARKansas 71665								
4a. Applicant Type:								
Individual Corporate or Other Entity								
4b. Reason for Submission:								
Permit License Certification Operational Authority								
New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)								
4c. Division:								
Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste								
5. <u>Declaration of No Changes:</u> The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on								

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operation	ıal
authorization relating to environmental regulation. (Attach additional pages, if necessary.)	

26 years naintaining the water 5ystem of 4 years managing the association

LIST 11BENSE

Grade 4 water Treatmet operator

License no 0415574

Grade 4 water Distribution opr License no 0415504

- 1. Administrative enforcement actions resulting in the imposition of sanctions;
- 2. Permit or license revocations or denials issued by any state or federal authority;
- 3. Actions that have resulted in a finding or a settlement of a violation; and
- 4. Pending actions.

(Attach additional pages, if necessary.)

NIA

<sup>7.</sup> List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant \* in the last ten (10) years including:

<sup>\*</sup> Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

	or has a history of noncompliance with the environmental laws or regulations of this state or downward or through any other relationship could be reasonably expected to significant affect the environment.	
NI A BATE.	TITLE:	
CITT, STATE, ZIP:		· · · · · · · · · · · · · · · · · · ·
	TITLE:	
STREET:		
CITY, STATE, ZIP:		
		-
10 Y 1 - 1 C. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		h.:1:4
Applicant.	ny other environmental agencies outside this state that have or have had regulatory responsi	omity over the
you		
27 , 37 = =		
		·

## 18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

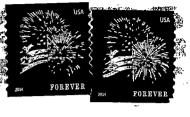
DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

## COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

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I, Tames megalines 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 fines and imprisonment for knowing violation.	
APPLICANT SIGNATURE: Jopen M = Shiff	
TITLE: Manager	
TITLE: Manager  DATE: 12-7-20/6	

HIGHWAY 63 WATER USERS ASSN. INC.
6340 HWY. 63
RISON, ARKANSAS 71665

12 DEC 2016 FM 2 L



A.D.E. Q
5301 North Shore
North Little Rock