

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: ARG640127 AFIN: 42-00379
 Permittee Name: City of Paris

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:	City of Paris - Water Treatment Plant	
	2000 South Fifth Street	
	Paris, AR 72855	
Facility Mailing Address:	PO Box 271	
	Paris, AR 72855	
Responsible Official:	Honorable Daniel Rogers	
Responsible Official Email:	cityoffice@paris-ar.net	
Cognizant Official:	Jason Cauthron, Water Plant Manager	
Cognizant Official Email:	jasoncauthron@gmail.com	
Contact Person:	Honorable Daniel Rogers	
Phone Number:	(479) 963-2450	

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

City of Paris
P.O. Box 271
Paris, AR 72855

Outfall Currently Listed in ADEQ's Database*

Outfall Number	Latitude			Longitude		
101	35°	16'	41"	-93°	43'	30"

* 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: Daniel Rogers Responsible Official Title: Mayor
 Responsible Official Signature: *Daniel Rogers* Date: 11-1-16

Return the NOI form to the address below or send it electronically to: water.permit.application@adeq.state.ar.us

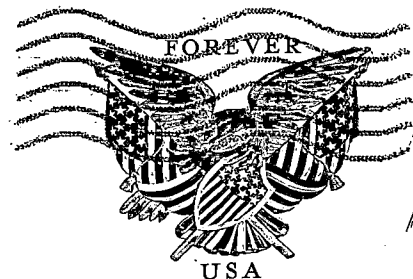
Office of Water Quality, General Permits Section
 Arkansas Department of Environmental Quality
 5301 Northshore Drive
 North Little Rock, AR 72118-5317

CITY OF PARIS
PO BOX 271
PARIS AR 72855-0271

RETURN SERVICE REQUESTED

LITTLE ROCK AR 722

03 NOV 2016 PM 3 L



Office of Water Quality, General Permits
Arkansas Dept. of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

72118-531799

