

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: ARG640140 AFIN: 67-00302
 Permittee Name: Sevier County Water Association

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:	Sevier County Water Association 479 DeQueen Lake Road DeQueen, AR 71832	
Facility Mailing Address:	P.O. Box 700 DeQueen, AR 71832	
Responsible Official:	Larry B. Martz	
Responsible Official Email:	scwaaoff@windstream.net	
Cognizant Official:	Larry B. Martz	
Cognizant Official Email:		
Contact Person:	Larry B. Martz	
Phone Number:	870-642-5289	

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°	06'	18"	94°	21'	13"

* 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: Larry B. Martz Responsible Official Title: Manager
 Responsible Official Signature: [Signature] Date: 1-18-17

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

501-682-0619

Alex - APEG

fax received 1-17-17

SEVIER COUNTY WATER ASSOCIATION
P.O. BOX 700
DE QUEEN, AR 71832
PHONE 870-642-5289 FAX 870-642-6484

FAX COVER

1-25-17

DATE:

~~1-25-17~~
1-17-17

TO:

Mr. Kreps

WITH:

FROM:

Brian Matz

RE:

Receipt

PAGES:

~~2~~ 9 incl cover

From: Kreps, Alexander <kreps@adeq.state.ar.us>

To: 'scwaaoff@windstream.net' <scwaaoff@windstream.net>

Subject: ARG640140 Renewal, Sevier County Water Association

Mr. Martz,

The application you faxed to me the other day was for a different section, no-discharge. My request was for the Renewal Filter Backwash Discharge General Permit, ARG640000, that went effective December 1st, 2016. Please find linked below the original Recertification Letter that was sent June 8th, 2016. Along with the Recertification Notice of Intent, please submit the following:

- Updated Disclosure Statement (attached) for Sevier County Water Association
- Site map (Google Earth satellite view will work) with the location of the treatment ponds and the outfall pin-pointed
- Answers to the following questions:

- a. Do you use groundwater as a source water for the water treatment process? **NO**
- b. Do you use aluminum based coagulants in the water treatment process? **YES**
- c. Do you use chlorinated water for the filter backwash process? **YES**
 - i. if yes to c., do your treatment ponds have a retention time greater than 24 hours? **YES**

Recertification Letter:

https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/PermitInformation/ARG640140_Recertification%20Letter_20160608.pdf

Please contact me with any questions.

Regards,

Alex Kreps


Engineer, NPDES

ADEQ Office of Water Quality

Phone: (501) 682-0619

Fax: (501) 682-0880 Attn: kreps

kreps@adeq.state.ar.us

 ADEQ Disclosure Statement.pdf

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<http://webmail-classic.windstream.net/do/mail/message/preview?msgId=INBOXDELIM14...> 1/18/2017 1

Facilities.

Responsible Official Name: Larry B. Martz Responsible Official Title: Manager

Responsible Official Signature:  Date: 1-18-17

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 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)	<i>Sevier County Water Association</i>
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):	<i>P.O. Box 700</i>
3. CITY, STATE, AND ZIPCODE:	<i>De Queen AR 71832</i>

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. Declaration of No Changes:

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 *NO*

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

ARG640140
0000-WG-WR (Permit Tracking # 4989-WG-1, AFIN 6700302

7. 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:

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.)

N/A

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: William Lee II TITLE: President
STREET: 415 Cross Trails Rd
CITY, STATE, ZIP: De Queen AR 71832

NAME: Mike Archer TITLE: Vice President
STREET: P.O. Box 866
CITY, STATE, ZIP: De Queen AR 71832

NAME: Bobby Bailey TITLE: Secretary/Treasurer
STREET: 189 Johnson Bridge Rd
CITY, STATE, ZIP: De Queen AR 71832

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: George Nelson TITLE: _____
STREET: P.O. Box 285
CITY, STATE, ZIP: Lockesburg AR 71846

Jon Vaughn
266 Dairy Rd
Horatio AR 71842

NAME: Robert Tatum TITLE: _____
STREET: 105 A.L. Tribble Ln
CITY, STATE, ZIP: De Queen AR 71832

NAME: Wayne Gentry TITLE: _____
STREET: 257 Mt. Pleasant RV
CITY, STATE, ZIP: De Queen AR 71832

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: Larry B. Hertz TITLE: Manager
STREET: 111 Greenwood Circle
CITY, STATE, ZIP: De Queen AR 71832

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: VADA Service Center TITLE: _____

STREET: 300 W. Commerce Blvd

CITY, STATE, ZIP: Hope AR 71802

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: N/A TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

N/A

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:

I, Larry B. Martz, 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 fines and imprisonment for knowing violation.

APPLICANT SIGNATURE:

Larry B. Martz

TITLE:

Manager

DATE:

1-9-17