

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: ARG640146 AFIN: 13-00264
 Permittee Name: Hwy 63 Water Users

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:	County Line Treatment Plant	
	County Line Road	
	Rison, AR 71665	
Facility Mailing Address:	6340 Hwy. 63	
	Rison, AR 71665	
Responsible Official:	Mike Stewart	
Responsible Official Email:		
Cognizant Official:	James McGriff	
Cognizant Official Email:		
Contact Person:	James McGriff	
Phone Number:	(870) 357-2283	

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

Outfall Currently Listed in ADEQ's Database*

Outfall Number	Latitude			Longitude		
101	34°	3'	48.793"	-92°	2'	38.644"

* 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: The old ones was not exactly Right

"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: MIKE STEWART Responsible Official Title: BOARD President
 Responsible Official Signature: Mike Stewart Date: 12/8/16

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

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. Hwy 63
3. CITY, STATE, AND ZIPCODE:	Rison, ARKANSAS 71665

4a. Applicant Type:
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:
<input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority
<input type="checkbox"/> New Application <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division:
<input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> 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 _____

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.)

26 years maintaining the water system
& 4 years managing the Association

List License

Grade 4 Water Treatment Operator
License no 04155T4

Grade 4 Water Distribution opr
License no 04155D4

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

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.

None

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ 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.

None

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, James McGRIFF, 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: James McGriff

TITLE: Manager

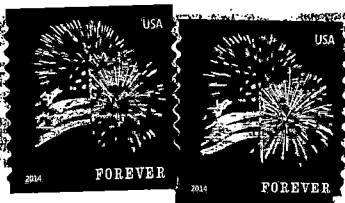
DATE: 12-7-2016

HIGHWAY 63 WATER USERS ASSN. INC.

6340 HWY. 63
RISON, ARKANSAS 71665

LITTLE ROCK AR 722

13 DEC 2016 PM 2 L



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

A.R. 72118

72118-532601

