

Crowley's Ridge Water Association, Inc.

P. O. Box 377

Harrisburg, AR 72432

870-578-5632

Fax 870-578-5603

CRWA is an equal opportunity employer and provider

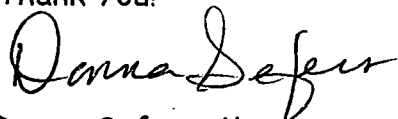
TRANSMITTAL

TO: Office of Water Quality, General Permits Section
ADEQ
5301 Northshore Drive
North Little Rock, AR 72218-5137

October 13, 2016

Recertification NOI & Disclosure Statement for Permit ARG640152
Recertification NOI & Disclosure Statement for Permit ARG640153

Thank You!



Donna Sefers, Manager

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: ARG640153 AFIN: 56-00168
 Permittee Name: Crowley's Ridge Water Assoc, Inc.

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:	Crowley's Ridge Water Assoc, Inc. - Whitehall WTP 2750 Hwy. 1 Harrisburg, AR 72432	
Facility Mailing Address:	PO Box 377 Harrisburg, AR 72432	
Responsible Official:	Donna Sefers	
Responsible Official Email:	crwa@pcsii.com	crwa@rittermail.com
Cognizant Official:	Donna Sefers	
Cognizant Official Email:	crwa@pcsii.com	crwa@rittermail.com
Contact Person:	Donna Sefers	
Phone Number:	(870) 578-5632	

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	35°	29'	05"	-90°	44'	02"

* 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: Donna Sefers Responsible Official Title: Manager

Responsible Official Signature: *Donna Sefers* Date: 10-13-2016

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)

Crowley's Ridge Water Assn, Inc.

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route):

P O Box 377

3. CITY, STATE, AND ZIPCODE:

Harrisburg, AR 72432

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 _____

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.)

Donna Sefers:	Grade 3 Water Treatment License
	Grade 3 Water Distribution License
Randall Stanford:	Grade 4 Water Treatment License
	Grade 4 Water Distribution License
	Class 2 Wastewater License
Todd Morris	Grade 2 Water Distribution License
	Grade 3 Water Treatment License
	Class 1 Wastewater License

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.)

None

* 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.

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

NAME: Lindy Alexander TITLE: President
STREET: 16016 Hall Lane
CITY, STATE, ZIP: Weiner, AR 72479

NAME: Dean Terry TITLE: Vice-President
STREET: 19765 Senteney Rd
CITY, STATE, ZIP: Harrisburg, AR 72432

NAME: Donna Sefers TITLE: Secretary
STREET: 9328 Hwy 163
CITY, STATE, ZIP: Harrisburg, AR 72432

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

NAME: Michael Casebier TITLE: Director
STREET: 15933 Hwy 214E
CITY, STATE, ZIP: Harrisburg, AR 72432

NAME: Larry Graves TITLE: Director
STREET: 21763 Hwy 214E
CITY, STATE, ZIP: Harrisburg, AR 72432

NAME: Tim Murphy TITLE: Director
STREET: P O Box 85
CITY, STATE, ZIP: Harrisburg, AR 72432

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

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ 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: Donna Sefers TITLE: Manager-Operator
STREET: 9328 Hwy 163
CITY, STATE, ZIP: Harrisburg, AR 72432

NAME: Randall Stanford TITLE: Water Operator
STREET: 9505-A Hwy 163
CITY, STATE, ZIP: Harrisburg, AR 72432

NAME: Randy Morris TITLE: Water Operator
STREET: 19625 Hwy 14E
CITY, STATE, ZIP: Harrisburg, AR 72432

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

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ 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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ 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: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

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

NAME: _____

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: _____ 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.

U.S. Environmental Protection Agency

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, Donna Sefers, 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:

Donna Sefers

TITLE: Secretary, -- Crowley's Ridge Water Association, Inc.

DATE: 10-13-2016