

**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: ARG640177 AFIN: 12-00512
Permittee Name: Lonoke White Public Water Authority of the State of Arkansas

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:	Lonoke White-Water Treatment Plant	
	230 Pearce Rd	
	Quitman, AR 72131	
Facility Mailing Address:	P.O. Box 1175	
	Cabot, AR 72023	
Responsible Official:	Art Brooke	
Responsible Official Email:	mayorbrooke@cityofward.com	
Cognizant Official:	David R. Liles	
Cognizant Official Email:	david.lwpwa@centurytel.net	
Contact Person:	David R. Liles	
Phone Number:	501-743-8028	

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°	27'	29"	92°	7'	54"

* 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: ART BROOKE Responsible Official Title: PRESIDENT
Responsible Official Signature: *Art Brooke* Date: 10-4-16

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

ADEQ

A R K A N S A S
Department of Environmental Quality

June 8, 2016

David R. Liles
Lonoke White-Water Treatment Plant
P.O. Box 1175
Cabot, AR 72023

Re: Renewal of NPDES General Permit ARG640000 for Water Treatment Facilities
Lonoke White-Water Treatment Plant, Permit Tracking No. **ARG640177**, AFIN **12-00512**

Dear Permittee:

The Department issued the renewal of the NPDES General Permit for Water Treatment Facilities (ARG640000) on June 3, 2016 with an effective date of December 1, 2016. If you wish to continue permit coverage under this general permit after November 30, 2016, please complete and return the Recertification Notice of Intent (NOI) included on the back of this correspondence to the address at the bottom of the page or send it electronically to water.permit.application@adeq.state.ar.us **NO LATER THAN November 30, 2016**. If the facility will no longer be in operation after November 30, 2016 and you wish not to renew your coverage, you must submit a Notice of Termination (NOT) before the expiration date of November 30, 2016. Failure to submit either an NOT or a Recertification NOI could result in enforcement action.

Permittees who fail to make a written request to the Director to be covered by this general permit by **November 30, 2016 will be operating without a permit** which will be in violation of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. § 8-4-101 *et seq.*), and the Clean Water Act (33 U.S.C. § 1251 *et seq.*).

A copy of the Permit, NOI, NOT, and **Disclosure Statement** forms can be obtained at the following website:
<https://www.adeq.state.ar.us/water/permits/npdes/nonstormwater/>

Please contact Alex Kreps or Jessica Temple of the General Permits Section at (501) 682-0623 if you have any questions.

Sincerely,

Robert E. Blanz

Robert E. Blanz, PhD, P.E.
Acting Sr. Operations Manager
Office of Water Quality

Enclosure: Recertification NOI

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)	LONOKE WHITE PUBLIC WATER AUTHORITY
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :	P.O. BOX 1175
3. CITY, STATE, AND ZIPCODE:	CABOT, AR 72023

4a. Applicant Type:
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission:
<input checked="" 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 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.)

(SEE ATTACHED SHEET)

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

* 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.)

(SEE ATTACHED SHEET)

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

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

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

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

(SEE ATTACHED SHEET)

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

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

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

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

N/A

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.

(SEE ATTACHED SHEET)

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

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

NAME: _____ 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: _____ TITLE: _____ (SEE ATTACHED SHEET)
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: _____ N/A
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: _____ 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.

N/A

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, ART BROOKE, 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:



TITLE:

PRESIDENT OF LONOKE WHITE TWA

DATE:

10-18-16

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
DISCLOSURE STATEMENT

INFORMATION SHEET

Answers to questions:

#6 – Describe the experience and credentials of the Applicant:

David Liles –

ADH Grade 4 Water Treatment Operator
ADH Grade 4 Water Distribution Operator
ADEQ Grade 3 Wastewater Treatment Operator Advanced/Industrial
ADH Plumbing Inspection License
NPDES Permit ARG 640177 AFIN 12-00512

15 years experience in Water & Wastewater

Has been approved as the DMR Signatory Authority

#8 – List of Officers of the Applicant:

Mayor Art Brooke – President
205 Hickory Street
Ward, AR 72176

Terry House - Vice-President
12600 Highway 31N
Ward, AR 72176

Howard Williams – Secretary/Treasurer
79 Eagle Street
Vilonia, AR 72173

#9 – List all Directors of the Applicant:

Mayor Art Brooke – 205 Hickory Street – Ward, AR 72176
Terry House – 12600 Highway 31N – Ward, AR 72176
Howard Williams – 79 Eagle Street – Vilonia, AR 72173
Mayor Bernie Chamberlain - P. O. Box 129 – Austin, AR 72007
Doug Horan – P. O. Box 1120 – Beebe, AR 72012
Sal Pappalardo – P. O. Box 126 – Jacksonville, AR 72076
Robert Stout – 26975 Highway 107 – Cabot, AR 72023
Dan Stowers – P. O. Box 5379 – Jacksonville, AR 72078

#11 – List all persons employed by the Applicant in a supervisory capacity:

Woody Bryant, General Manager
P. O. Box 1175
Cabot, AR 72023

#12 – List all legal entities, who own or control more than five percent (5%) of the applicant's debt or equity:

Beebe Water & Sewer Commission – P. O. Box 1120, Beebe, AR 72012
Grand Prairie/Bayou Two PWA – 11177 AR Hwy 31N, Austin, AR 72007
Jacksonville Water – P. O. Box 126, Jacksonville, AR 72076
Mid-Arkansas Utilities – 26975 Highway 107, Cabot, AR 72023
Vilonia Waterworks – P. O. Box 300, Vilonia, AR 72173
Ward Water & Sewer – P. O. Box 334, Ward, AR 72176

P.O.Box 1175
Cabot, Arkansas 72023



Office of Water Quality, Arkansas Department of 5301 Northshore Drive No Little Rock, AR 72118	General Permits Section Environmental Quality 5317
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