

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: ARG640179 AFIN: 60-04708
 Permittee Name: Maumelle Suburban Imp. District No. 500

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:	Maumelle Water Management WTP 99 Club Manor Drive Maumelle, AR 72113	
Facility Mailing Address:	90 Lake Point Place Maumelle, AR 72113	
Responsible Official:	Barry Heller	Ted Bohannon
Responsible Official Email:	bheller@maumellewater.com	tad.bohannon@arkw.com
Cognizant Official:	Todd Crook	
Cognizant Official Email:	toddc@maumellewater.com	todd.crook@arkw.com
Contact Person:	Barry Heller	Todd Crook
Phone Number:	501-851-3070	

- Have you attached an updated disclosure statement? Yes or No
- 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		
	34°	50'	41"	-92°	24'	44"
101						

* 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: Barry Heller Responsible Official Title: General Manager
 Responsible Official Signature: [Signature] Date: 10-27-16

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

PERMIT TRANSFER FORM

Please select one of the following options:

- A. Permittee (legal name) change B. Facility name change C. Responsible official name change
 A B C A & B A & C B & C A & B & C

PERMIT NUMBER: ARG640179

I. CURRENT PERMITTEE INFORMATION

Permittee (legal name): Maumelle Suburban Imp. District No.500
Facility Name: Maumelle Water Management WTP
Responsible Official Name (see Section IV below): Barry Heller
Is the permittee identified above, the owner of the facility? Yes No
If you mark No, please list the name of the owner: _____

II. NEW PERMITTEE INFORMATION

Permittee (legal name): Central Arkansas Water
Facility Name (if different from Permittee Name): _____
Is the permittee identified above, the owner of the facility? Yes No
If you mark No, please list the name of the owner: _____

Responsible Official Name (see Section IV below): Tad Bohannon

Official Title of Responsible Officer: Chief Executive Officer

E-mail: tad.bohannon@carkw.com

Owner Type:

Permittee Address: PO Box 1789 STATE PARTNERSHIP
Permittee City: Little Rock FEDERAL CORPORATION*
Permittee State: AR Zip: 72203 SOLE PROPRIETORSHIP

Permittee Telephone No.: 501-377-1354

Is the new permittee registered with the Arkansas Secretary of State? Yes No

If yes, please provide the full name of corporation if different than the legal permittee name listed above. _____

Facility Mailing Address: 90 lake Pointe Pl Facility City: Maumelle
Facility State: AR Zip: 72113

Facility Contact Person Name: Doug Farler Contact Person Title: Manager

Telephone Number: 501-851-0151 Fax Number: _____ E-mail: doug.farler@carkw.com

Invoice Contact Person: Jeff Mascagni City: Little Rock

Invoice Mailing Address: PO Box 1789 State: AR Zip: 72203

Invoice Mailing Address: _____ Telephone: 501-377-1339

Cognizant Official Name: Todd Crook Cognizant Official Title: Manager

Telephone Number: 501-377-1283 Fax Number: _____ E-mail: todd.crook@carkw.com

PERMIT TRANSFER FORM

III. OWNERSHIP CHANGE AGREEMENT

Please note you must complete this Section (III.) only if the permit has a new owner or a new ownership.

Please specify the closing date for this transaction: 3/1/16

Current Permittee (Seller): Maumelle Suburban Imp. District No.500

Signature of Responsible Corporate Officer: [Signature]
Title of Responsible Corporate Officer: General Manager
Printed Name of Responsible Corporate Officer: Barry Heller
Date: 3/24/16

New Permittee (Buyer): _____

Signature of Responsible Corporate Officer: [Signature]
Title of Responsible Corporate Officer: Chief Executive Officer
Printed Name of Responsible Corporate Officer: Tad Bohannon
Date: 10-27-2016

Disclosure Statement:

Disclosure Statement must be submitted for new permittee. **Disclosure Statement is not required for Stormwater Permits.**

Is Disclosure Statement enclosed: Yes No

Financial Assurance:

Please note that if Financial Assurance is required for the current permittee then the new permittee may have to provide new Financial Assurance before the permit maybe transferred..

Land Use Contract:

For **land application permits** you must submit a new land use contracts for all the sites permitted under the current permit for land application. The new land use contract must be signed by the new permittee and land owner.

IV. CERTIFICATION OF NEW PERMITTEE

"I certify that the cognizant official designated in this Permit Transfer Form (Section II) is qualified to act as a duly authorized representative under the provisions of 40 CFR Part 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed by the applicant. 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 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."

In addition, I certify that there will be no operational changes that warrant a permit modification. (Please note that if there are changes that warrant a permit modification, then you must submit a complete application, updated plans, design calculations and specifications, and the permit modification fee along with this Ownership Change Form. The transfer may be made effective prior to permit modification.)

Typed or Printed Name: C. TAD BOHANNON
Signature: [Signature]

Title: Chief Executive Officer
Date: 10-27-2016