ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS NPDES GENERAL PERMIT ARG640000

Application Type: New 🛛 Renewal 🗌	Permit # ARG64 AFIN#			
I. PERMITTEE/OPERATOR INFORMATION				
Permittee (Legal Name): City of Nashville	Operator Type:			
Permittee Mailing Address: 426 N. Main St.				
Permittee City: Nashville	☐ Federal ☐ Corporation*			
Permittee State: AR Zip: 71852	Sole Proprietorship/Private			
Permittee Telephone Number: 870-845-7400	*State of Incorporation:			
Permittee Fax Number: n/a	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.			
Permittee E-mail Address: npw@nashar.org				
II. INVOICE MAILING INFORMATION				
Invoice Contact Person: Mr. Larry Dunaway	City: Nashville			
Invoice Mailing Company: City of Nashville	State: AR Zip: 71852			
Invoice Mailing Address: 426 North Main St. Tel	lephone: 870-845-7400			
Facility Name: Nashville WTP Facility Contact Person: Larry Dunaway Facility Address: 300 Lake Nichols Drive Contact Title: PWD Facility County: Howard Telephone Number: 870-845-7400 Facility City, State & Zip: Nashville, AR 71852 Contact E-mail: npw@nashar.org Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: municipal Facility Latitude: 33 Deg 57 Min 29.1 Sec Facility Longitude: 93 Deg 50 Min 38.7 Sec Accuracy: 10 meters Method: on-map :unknown Scale: 1"=2000' Description: Bldg. Entrance Section: 23 Township: 9 Range: 27				
Stream Segment: 1C Hydrologic Basin Code: 11140100 Outfall Latitude: 33Deg 57 Min 27Sec Outfall Longitude	de: 93Deg 50 Min 35.3Sec 1" = 2000' Description: outfall			

WATER DIVISION

5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118

PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us

Do the ponds have a retention time > 24 hours? Yes No								
V. FACILITY PERMIT INFOR	MATION							
NPDES Individual Permit Number (If Applicable): N/A								
NPDES (N/A							
State Cons	N/A							
NPDES General Construction Stor	N/A							
VI. OTHER INFORMATION:								
Treatment System Operator Name:	Greg Strawn License Number:	002277						
License Class: Basic	Advanced							
Additional Location Information:								
Additional Comments:								
Consultant Contact Name:	Jeremy Stone							
Consultant Email Address:	Sto.jer@hotmail.com							
Consultant Address:	1635 Higdon Ferry Rd. Suite C	City:	Hot Springs					
	State: AR	Zip:	71901					
Consultant Phone Number:	501-707-1236 Consul	tant Fax Number:	n/a					

Disclosure Statements:

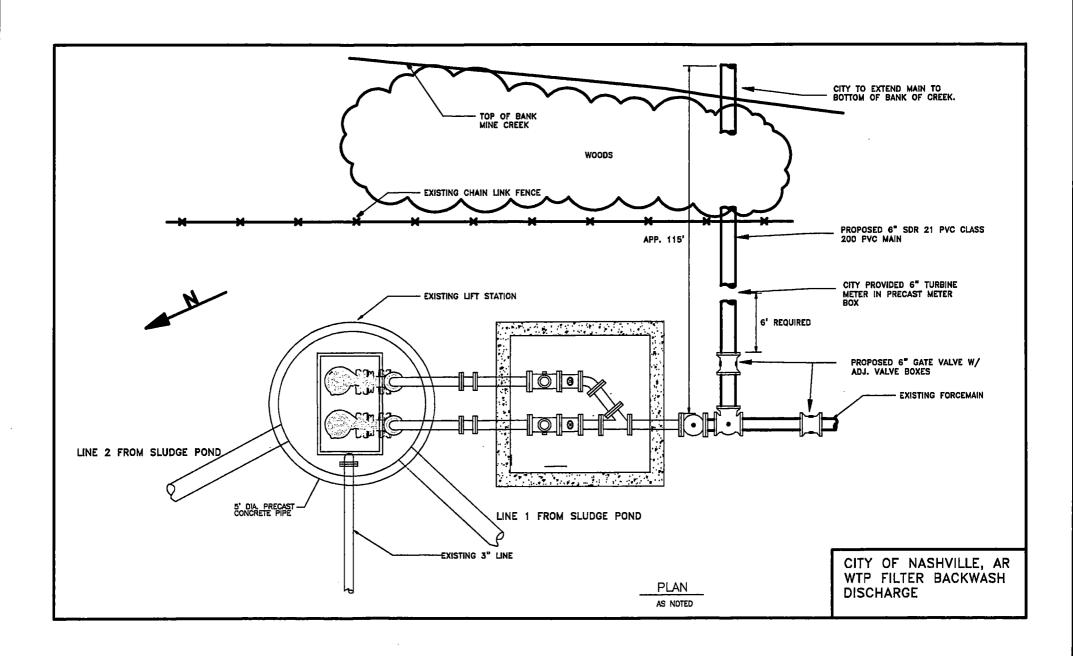
Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

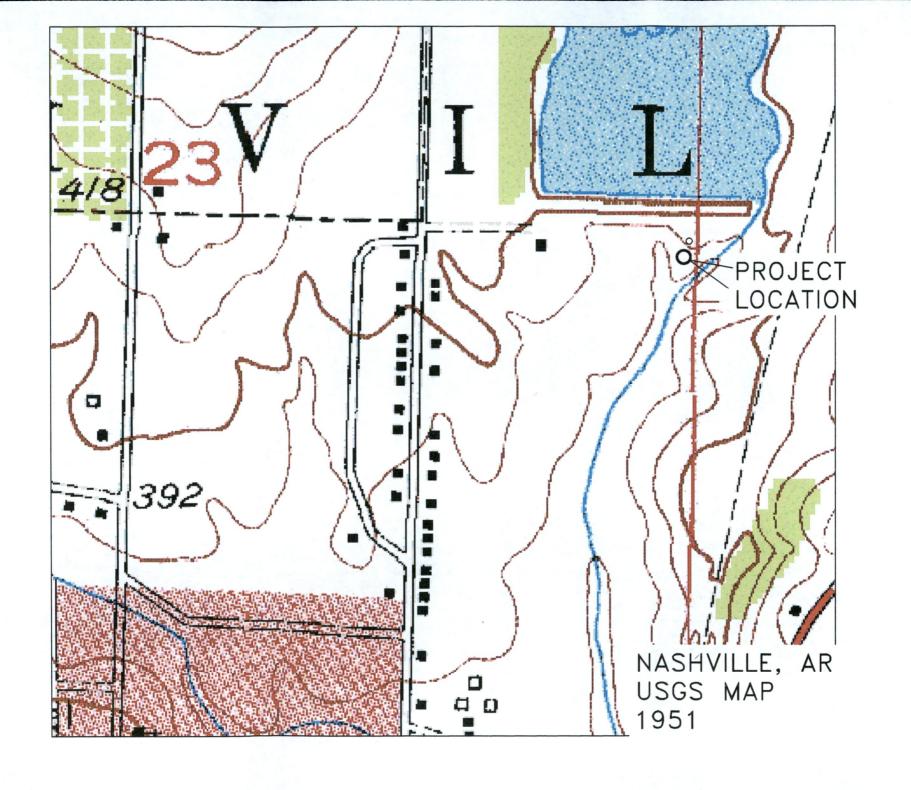
WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

VII. CERTIFICATION OF OPERA	TOR			
representative under the provisions of Department will accept reports signed [Initial] "I certify under penal supervision in accordance with a syst submitted. Based on my inquiry of	gnizant of 40 Cl only by ty of la em desi the per	FR 12.7 the A T	al designated in this 2.22(b). If no cogn pplicant." t this document and o assure that qualified persons directly ref, true, accurate, and	ed with the Secretary of the State of Arkansas." s Application is qualified to act as a duly authorized izant official has been designated, I understand that the d all attachments were prepared under my direction or ad personnel properly gather and evaluate the information sponsible for gathering the information, the information complete. I am aware that there are significant penalties risonment for knowing violations."
Responsible Official Printed Name: Responsible Official Signature: Responsible Official Email:		, .	//	Title: <u>Mayor</u> Date: 11-14-18
Cognizant Official Printed Name: Cognizant Official Signature: Cognizant Official Email:	Lar X. Npw	sy i any e No	Inaway Dunaway rshar.org	Title: Roblic Works Director Date: 11-14-18 Telephone:
X. PERMIT REQUIREMENT VE Please check the following to ver			of permit requireme	ents. For any of the questions, then a permit can not be issued!
Submittal of Complete NOI? Submittal of Required Permit Fee? Submittal of Site Map?			Check Number:	002529
Submittal of Disclosure Statement?		П		

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

www.adeq.state.ar.us







NASHVILLE PUBLIC WORKS **426 North Main Street**

Nashville, AR 71852

ADDRESS CORRECTION REQUESTED

1.4 710 27 NOV '18 PM31



Permits Brunch, Water Division Filter Backwash Permit 5301 Northshore Drive North Little Rock, AR. 72118