

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
CAR/TRUCK WASH FACILITIES
NPDES GENERAL PERMIT ARG750000

Application Type: New Renewal (Permit # ARG75 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): City of Bella Vista Operator Type:
Permittee Mailing Address: P.O. Box 5655 State Partnership
Permittee City: Bella Vista Federal Corporation*
Permittee State: AR Zip: 72714 Sole Proprietorship/Private
Permittee Telephone Number: (479)-876-1255 *State of Incorporation: AR
Permittee Fax Number: (479)-876-1734 The legal name of the Permittee must be
Permittee E-mail Address: pchristie@bellavistaar.gov identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Mr. Mike Button City: Bella Vista
Invoice Mailing Company: City of Bella Vista St. Department State: AR Zip: 72714
Invoice Mailing Address: P.O. Box 5655 Telephone: _____

III. FACILITY INFORMATION

Facility Name: City of Bella Vista Street Dep. Facility Contact Person: Mr. Mike Button
Physical Address: 2471 Forest Hills Blvd. Telephone Number: (479)-876-1204
Directions to Facility: South of Hwy, 340
Facility County: Benton Facility City, State & Zip: 72715
Facility Latitude: 36 Deg 27 Min 0.12 Sec Facility Longitude: -94 Deg 17 Min 59.04 Sec

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 10 gpd (Gallons per Day)
Stream Segment: 31 Hydrologic Basin Code: 11070208
36 Deg 26 Min -94 Deg 17 Min 43.92
Outfall Latitude: 57.72 Sec Outfall Longitude: Sec
Type of Treatment: Basin
Chemicals used in the process: NA
Please include the MSDS sheets.
Is detergent or chemical used
that contains: Phosphorus: Yes No Surfactants: Yes No
Receiving Stream: Lake Windsor to Tanard Creek

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00na
NPDES General Permit Number (If Applicable): ARG75
State Construction Permit Number: na
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15na

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

VI. OTHER INFORMATION:

Additional Location Description na
Additional Comments: na
Consultant Contact Name: na
Consultant Email Address: na
Consultant Address: na City: na State: na Zip: na
Consultant Phone Number: na Consultant Fax Number: na

VII. CERTIFICATION OF OPERATOR

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only 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 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."

Responsible Official Printed Name: Peter Christie Title: Mayor
Responsible Official Signature: *Peter Christie* Date: 10/13/2017
Responsible Official Email: pchristie@bellavistaar.gov
Cognizant Official Printed Name: Mike Button Title: Street Superintendent
Cognizant Official Signature: *Mike Button* Telephone: 479-876-1204
Cognizant Official Email: mbutton@bellavistaar.gov

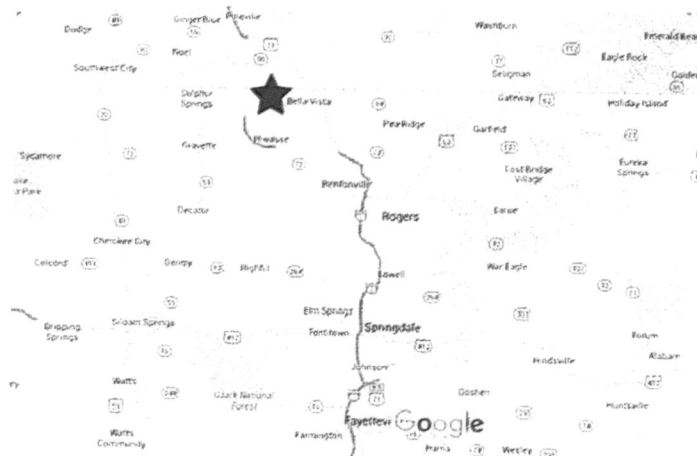
X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

	Yes	No	
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: <u>4241</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Industrial Operator's License Number: _____

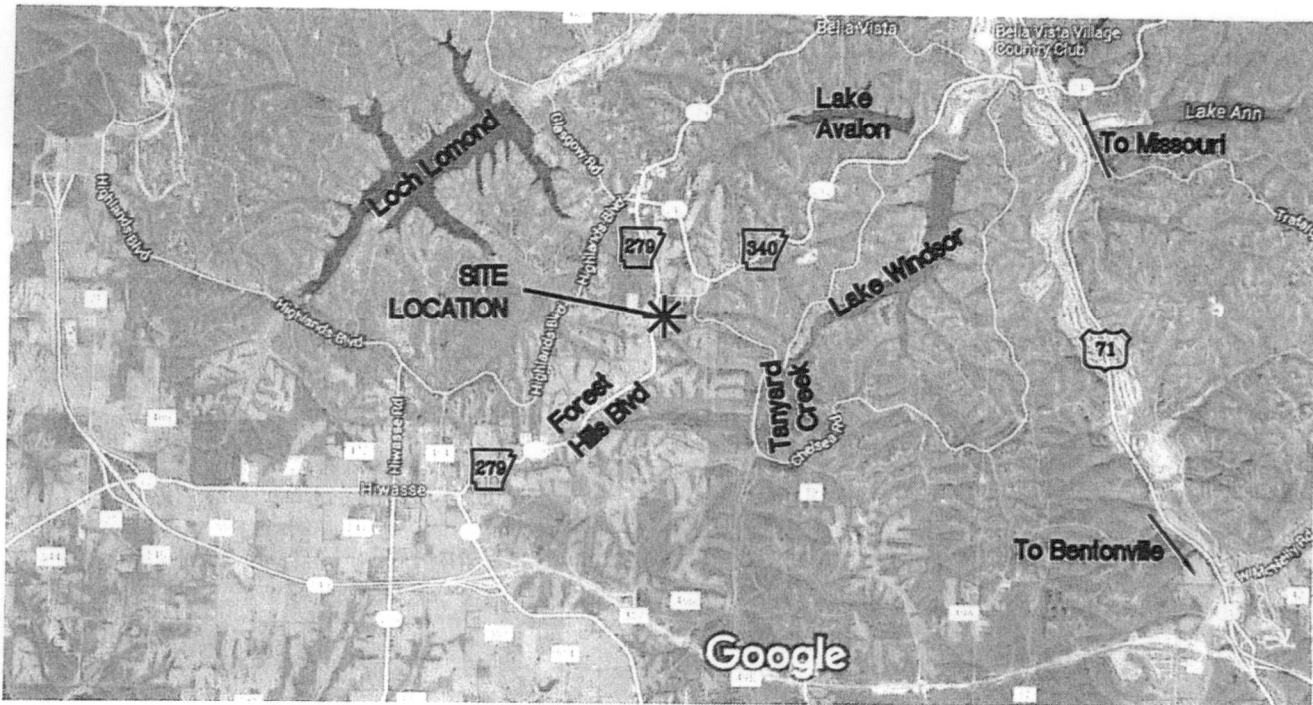
WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
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AREA LOCATION MAP



NOT TO SCALE



VICINITY MAP



NOT TO SCALE

PROPERTY ACREAGE
52.74 ACRES

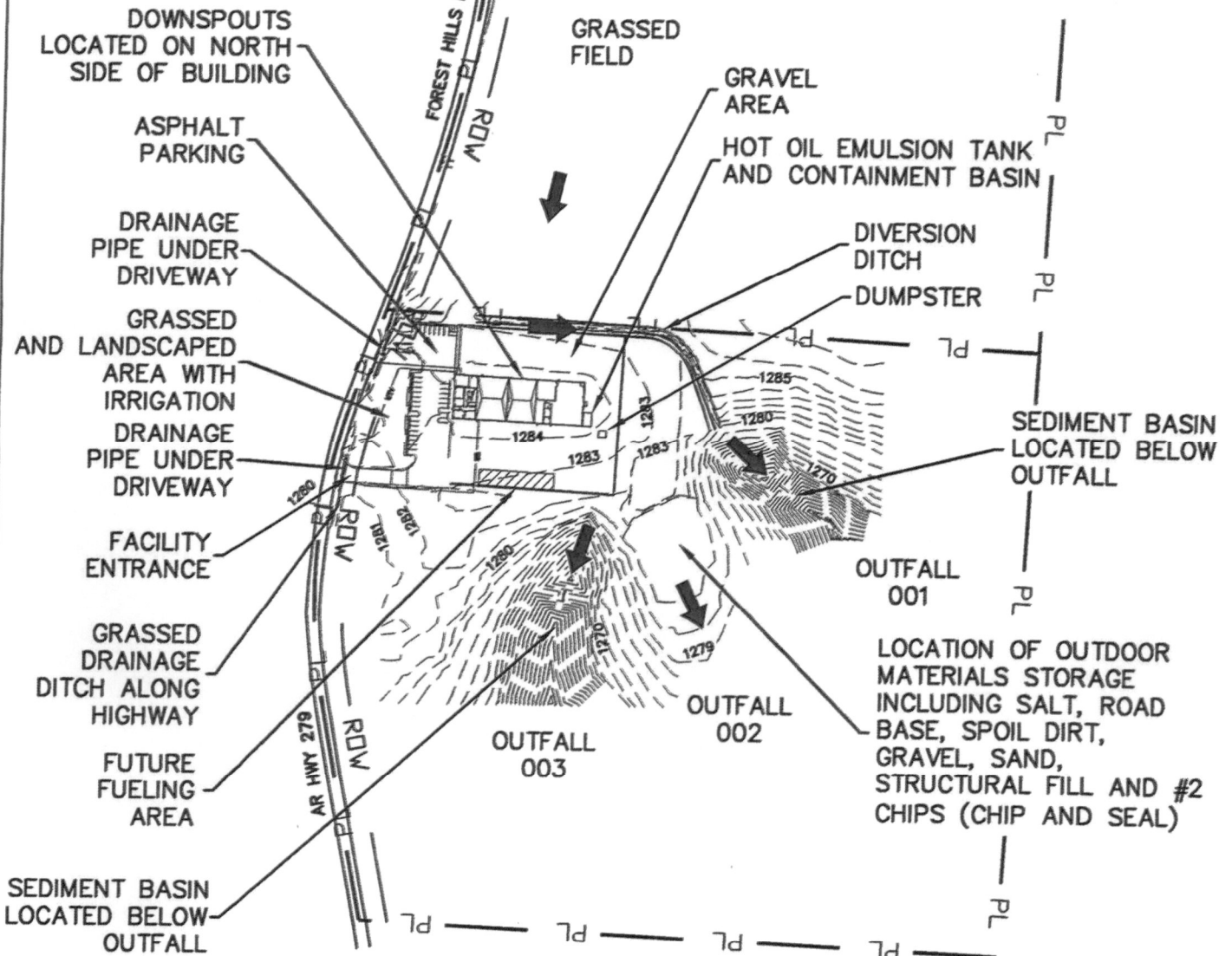
Cantique, LLC
Consulting Engineering

P.O. Box 4186, Fayetteville, AR 72702
Phone No: (479) 445-7110

TITLE:
TRANSPORTATION FACILITY SWPPP
BELLA VISTA, AR
VICINITY AND LOCATION MAPS

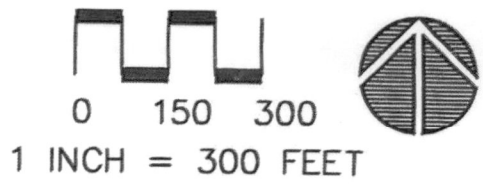
DESIGNED BY: CDJ	PROJECT: TRANSPORTATION FACILITY SWPPP 2016	SHEET:
SCALE: NTS	DATE: May 2016	1 of 2

WATER FAUCETS ARE LOCATED ON THE NORTH AND SOUTH SIDES OF THE BUILDING



LEGEND

- PL — PL — EX. PROPERTY LINE
- - - 1230 - - - EX. CONTOURS
- ROW — EX. ROW
- SS — EX. SANITARY SEWER
- - - W - - - EX. WATER LINE
- ← DIRECTION OF STORMWATER FLOW



PROPERTY ACREAGE
52.74 ACRES

Cantique, LLC
Consulting Engineering

P.O. Box 4186, Fayetteville, AR 72702
Phone No: (479) 445-7110

TITLE:
**TRANSPORTATION
FACILITY SWPPP
BELLA VISTA, AR**
SITE PLAN

DESIGNED BY: CDJ	PROJECT: TRANSPORTATION FACILITY SWPPP 2015	SHEET:
SCALE: 1" = 300'	DATE: May 2015	2 of 2