## NOTICE OF INTENT FOR DISCHARGERS OF STORMWATER RUNOFF ASSOCIATED WITH REGULATED SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS AUTHORIZED UNDER NPDES GENERAL PERMIT ARR040000

1.	PERMITTEE INFORMATIO	ON	N	ew 🛛 Renew	al 🗌 (Perm	it Tracking Numbe	er ARR04	)
	Regulated Small MS4 Name:	City of Ward, AR				Owne	er Type:	
	Mailing Address:	P.O. Box 237				FEDERAL	STATE	
	Actual Street Address:	405 Hickory Street				PUBLIC	OTHER	
	City:	Ward				Urbanized Area		
	State:	AR	Zip:	72176		County(ies):	Lonoke	
	Enter the Latitude and Longitu	de of the approximate	center	of the Small M	MS4 (A map	must be included.):		
	Small MS4 Latitude:	35 degrees		01 minute:	s 49.43	seconds		
	Small MS4 Longitude:	91 degrees		57 minutes	s 01.56	seconds		
П.	PERMITTEE CONTACT IN	FORMATION						_
	Name: Art Brooke			Т	elephone:	501-843-7686		
	Title: Mayor			Email	Address:	mayorbrooke@cityo	fward.com	
III.	INVOICE MAILING INFOR	MATION						_
	Invoice Contact Person:	Ms. Deborah Staley			Cit	y: Ward		
	Invoice Mailing Company:	City of Ward			Star	e: AR	Zip: 72176	
	Invoice Mailing Address:	P.O. Box 237			Telephor	e: 501-843-7686		

## IV. CERTIFICATION OF PERMITTEE (See Part 5.7 of the general permit)

For a municipality, State, Federal, or other public agency: By either a principal executive officer or ranking elected official. For purposes of Part VI.H of the general permit, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

"I certify that the cognizant official designated in this Notice of Intent is qualified to act as a dully 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 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."

	Responsible Official Printed Name:	Honora	The Art Brooke	Title	e: _	Mayor			_
	Responsible Official Signature:	Ch	Bert	Date	e: _	5-13-13			_
v.	COGNIZANT OFFICIAL DESIGN	ATION	(Optional)						=
	Cognizant Official Printed Name:			Titl	e:				
	Cognizant Official Signature:			Dat	e:				
	Telephone			Ema	ail				_
VI.	PERMIT REQUIREMENT VERIFI	CATIO	N						=
	Submittal of Complete NOI? [	Yes	🗌 No			Submittal of MS4 map?	Yes	No	
	Submittal of Complete Stormwater Management Program?	Yes	🗌 No			•			

## MS4 Permit Route Sheet

Permit Numbe	er: ARRO4 005 (e	AFIN NO. *: 88 - 01441			
Assigned	Activity	Initials	Date Complete/Entered		
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	KB	N/A		
Engineer	Completeness and Technical Review/Enter permit information into Database (10-days)	Jt	7-22-13		
	AFIN request (1-day)	TB	7122113		
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	-18	7122		
AA (Max of 5 business days)	Complete Invoice Request Form and submit Invoice Request (same day)	TB	7122		
	Prepare Authorization letter and attach appropriate permit, forms (3-days)	TB	8/22		
Engineer	Review/organize folder for scanning (1- day)	J+	8-22-13		
Engineer Supervisor	Review all the documents/permits/ perform technical review for the proposed project. (1-day)				
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)				
AA	Enter Into PDS: Permit Status/Effective Date. Input effective date in access database. (1-day)	JB	82613		
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report,	KB	8-27-1-		

7-19-13 2:38pm left message for Tim Lemons about NUI signature.

REMARKS: