



NOTICE OF INTENT

Application for Coverage under General Permit 0000-WG-CW
For Disposal of Wastewater Generated by Carwash Operations through a
Subsurface Distribution System

Permit Tracking No.:

AFIN No.:

1. Name and Mailing Address of Organization/Individual Requesting Permit:

Organization Name: (Mr. / Mrs. / Ms.)			
Address:		Phone:	
City:	State:	Zip:	
Operator Name: (Mr. / Mrs. / Ms.)			Phone:
Fax:		Email:	
Applicant Type (check the most appropriate): <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation* *State of incorporation:			

2. Name and Invoicing Address of Organization/Individual (if different than above):

Invoice Contact Person Name: (Mr. / Mrs. / Ms.)			
Address:		Phone:	
City:	State:	Zip:	
Fax:		Email:	

3. Treatment Facility Physical Location: (actual facility address is required; NO P.O. BOXES)

Facility Name:		Operator:	
Address:		Phone:	
City:	State:	Zip:	
Section:	Township:	Range:	County:
Latitude:	Longitude:	Source Datum: ___WGS 84 ___NAD 83 ___NAD 27	
Name and Distance to Nearest Stream:			Nearest Town:

4. Consultant Information:

Name: (Mr. / Mrs. / Ms.):		Phone:	
Consulting Firm Name:		Fax:	
Address:		Email:	
City:	State:	Zip:	

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

www.adeg.state.ar.us

5. Authorized Representative

- a. All reports required by the permit (or other information requested by the Department) will be signed by the applicant, or the person authorized by the applicant, or by a duly authorized representative of that person.
- b. The applicant hereby designates the following person or position as the “duly authorized representative” having signatory authority on documents required by the permit or other information required by the Department.

Name _____ Position _____

By signing in the section below, the owner or operator certifies that the above-named individual or positions qualified to act as the duly authorized representative.

Please read the following carefully and sign below.

I certify under penalty of law that this document and all attachments were prepared under my direction and 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, which may include fines and/or imprisonment.

SIGNATORY REQUIREMENTS: The signature below must be in compliance with Part 8.7 of the permit.

Name of Individual Signing Application (Please Print)

Title

Signature

Date