



ARKANSAS
Department of Environmental Quality

Notice of Intent (NOI)

**NPDES GENERAL PERMIT ARG640000
Wastewater Discharge from Water Treatment Plants**

The attached form can be used by all persons desiring coverage under NPDES General Permit ARG640000 for Wastewater Discharge from Water Treatment Plants. The form should be completed and submitted to this Department no later than thirty (30) days prior to the date coverage is desired.

In accordance with the Arkansas Pollution Control and Ecology Commission (APCEC) Regulation No. 9, a permit fee of \$400 must accompany this Notice of Intent at the time of submission. Failure to remit the required fee may be grounds for the Director to deny coverage under this general permit and require the owner or operator to apply for an individual permit. In order to be eligible for coverage under this general permit, the facility must have been issued a construction permit by this Department.

Be sure to read Permit No. ARG640000 and the associated Fact Sheet for further information on ADEQ's website: http://www.adeg.state.ar.us/water/branch_permits/general_permits/default.htm. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions.

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if the authorization is made in writing by the applicant (or person authorized by the applicant); the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or a position of equal responsibility for environmental matters for the company; and the written authorization is submitted to the Director.

This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG640000 permit information or Notice of Intent, please contact the Permits Branch of this Department at (501) 682-0623.

REMEMBER THE FOLLOWING:

1. The Notice of Intent must be complete. Do not leave any questions blank; use "NA" if a question is not applicable. Outfall information must be completed. It cannot be blank or "NA".
2. A site map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read and sign the Certification.
4. A \$400.00 check or money order must accompany the Notice of Intent at the time of submission. Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.
5. Please call the following numbers if you have any questions about this Form:

<u>TOPIC</u>	<u>CONTACT</u>	<u>PHONE #</u>
Area Map & USGS Hydrologic Unit Code	USGS	(501)296-1877
Domestic Drinking Water Supply Intake	Department of Health	(501) 661-2623
General Information	NPDES Section, ADEQ	(501) 682-0623



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RETURN THE COMPLETED FORMS TO:

Arkansas Department of Environmental Quality
Permits Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118

Or by electronic mail to: Water.permit.application@adeq.state.ar.us (Complete documents must be submitted in .pdf format (e.g. NOI, site map, and/or SWPPP))

INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.teraserver-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal **Accuracy** Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection **Method** - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	

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

ADEQ

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Horizontal Reference **Datum** - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map **Scale** - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point **Description** - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Facility Outfall Type:

1. Outfall Type 101: Daily Average Waste Discharge Flow \leq 0.5 MGD
2. Outfall Type 102: Daily Average Waste Discharge Flow $>$ 0.5 MGD but \leq 1 MGD
3. Outfall Type 103: Daily Average Waste Discharge Flow $>$ 1 MGD

IV. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

V. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements:

The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

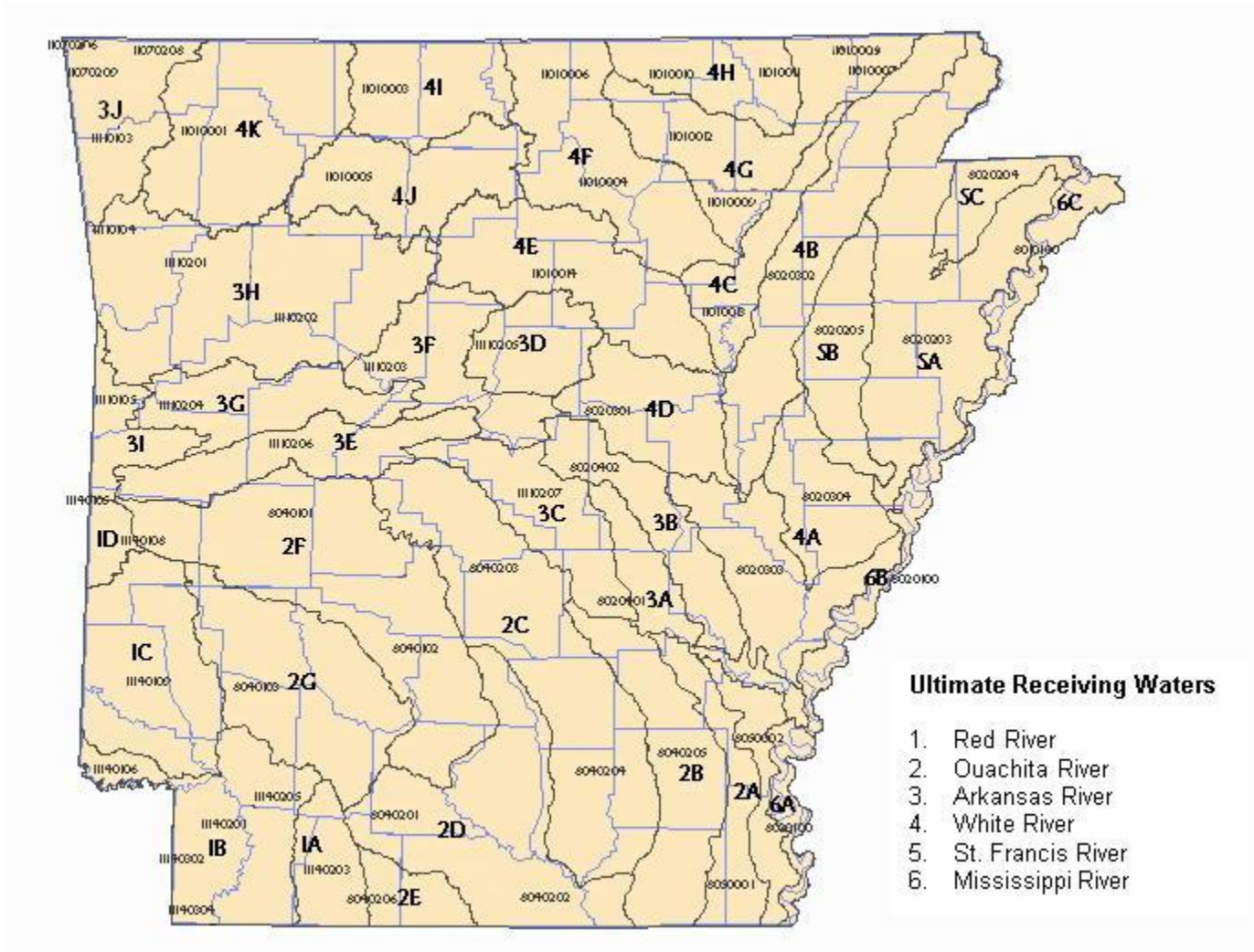
Corporation, a principal officer of at least the level of vice president, treasurer

Partnership, a general partner

Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official

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**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): _____ Operator Type: _____

Permittee Mailing Address: _____ State Partnership

Permittee City: _____ Federal Corporation*

Permittee State: _____ Zip: _____ Sole Proprietorship/Private

Permittee Telephone Number: _____ *State of Incorporation: _____

Permittee Fax Number: _____ The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

Permittee E-mail Address: _____

II. INVOICE MAILING INFORMATION

Invoice Contact Person: _____ City: _____

Invoice Mailing Company: _____ State: _____ Zip: _____

Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: _____ Facility Contact Person: _____

Facility Address: _____ Contact Title: _____

Facility County: _____ Telephone Number: _____

Facility City, State & Zip: _____ Contact E-mail: _____

Facility SIC Code: _____ Facility NAICS Code: _____ Type of Business: _____

Facility Latitude: _____ Deg _____ Min _____ Sec Facility Longitude: _____ Deg _____ Min _____ Sec

Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____

Section: _____ Township: _____ Range: _____

IV. DISCHARGE INFORMATION

Outfall Type: _____ Flow: _____ MGD (Million Gallons per Day)

Stream Segment: _____ Hydrologic Basin Code: _____

Outfall Latitude: _____ Deg _____ Min _____ Sec Outfall Longitude: _____ Deg _____ Min _____ Sec

Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____

Type of Treatment: _____

Receiving Stream: _____

Water Source: Surface water Groundwater

Are aluminum based coagulants used? Yes No

Is chlorinated water used for filter backwash? Yes No

Do the ponds have a retention time > 24 hours? Yes No

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Outfall Type: _____ Flow: _____ MGD (Million Gallons per Day)
 Stream Segment: _____ Hydrologic Basin Code: _____
 Outfall Latitude: _____ Deg _____ Min _____ Sec _____ Outfall Longitude: _____ Deg _____ Min _____ Sec
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Type of Treatment: _____
 Receiving Stream: _____
 Water Source: Surface water Groundwater
 Are aluminum based coagulants used? Yes No
 Is chlorinated water used for filter backwash? Yes No
 Do the ponds have a retention time > 24 hours? Yes No

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
 NPDES General Permit Number (If Applicable): ARG
 State Construction Permit Number(If Applicable): _____
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Treatment System Operator Name: _____ License Number: _____
 License Class: Basic Advanced 1 2 3 4
 Additional Location Information: _____
 Additional Comments: _____
 Consultant Contact Name: _____
 Consultant Email Address: _____
 Consultant Address: _____ City: _____
 State: _____ Zip: _____
 Consultant Phone Number: _____ Consultant Fax Number: _____

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.

VII. CERTIFICATION OF OPERATOR

____(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

____(Initial) "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."

____(Initial) "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: _____ Title: _____
Responsible Official Signature: _____ Date: _____
Responsible Official Email: _____

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Date: _____
Cognizant Official Email: _____ Telephone: _____

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of Site Map?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>	

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