



ARKANSAS
Department of Environmental Quality

**NOTICE OF INTENT (NOI)
FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY
(EXCEPT FROM CONSTRUCTION ACTIVITY)
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000**

The enclosed form may be used to obtain coverage under NPDES general permit ARR000000 for discharges of stormwater associated with industrial activity (except from construction activity). **Only** a copy of the attached authorized Notice of Intent form will be accepted by this Department.

Industrial Stormwater Permit:

Anyone seeking coverage under the ARR000000 General Permit must perform the following:

- complete **ALL** sections of the Notice of Intent.
- sign the Certification in Section VII.
- submit the following to the Department:

	Complete NOI	SWPPP	Initial Permit Fee	Deadline for Submittal
New Applicant	Yes	Yes	Yes*	Minimum thirty (30) days prior to commencement of stormwater discharge from the facility.

* Required by APCEC Regulation No. 9. Subsequent annual fees of \$200.00 per year will be billed by the Department. Failure to remit the required permit fee may be grounds for the Director to deny coverage under this general permit, and to require the owner or operator to apply for an individual NPDES permit.

No Exposure Exclusions:

A condition of No Exposure exists at an industrial facility when all industrial materials and activities are protected from exposure to rain, snow, snowmelt, and/or runoff. Anyone seeking a No Exposure Exclusion must complete the No Exposure Certification Form, which can be found at the following website: <https://www.adeq.state.ar.us/water/permits/npdes/stormwater/>.

Return the completed forms to:

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

Or by or by electronic mail (Complete documents (NOI and/or SWPPP) must be submitted in Adobe Acrobat format (.pdf) to: Water-permit-application@adeq.state.ar.us **Notice of Coverage (NOC) will not be issued until payment has been received by ADEQ.**

Facilities that discharge to a Municipal Separate Storm Sewer System (MS4) must also submit a complete copy of the NOI to the operator of the MS4.

NOTE: DO NOT LEAVE BLANK SPACES IN THE NOTICE OF INTENT. IF ANY QUESTION DOES NOT APPLY, MARK "N/A" IN THE SPACE PROVIDED.

For additional information please contact:

General Permits Section

Ph.: (501) 682-0623

Fax: (501) 682-0880

Email: water-permit-application@adeq.state.ar.us

INSTRUCTIONS:

I. Signatory Requirements:

All Notices of Intent submitted to the Director shall be signed and certified by a ***Responsible Official*** as defined in the “signatory requirements for permit applications” (40 CFR 122.22).

Responsible official is defined as follows:

For a **corporation**: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:

- 1) A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
- 2) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

For a **partnership** or **sole proprietorship**: by a general partner or the proprietor, respectively.

For a **municipality, State, Federal, or other public agency**: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

- 1) The chief executive officer of the agency; or
- 2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

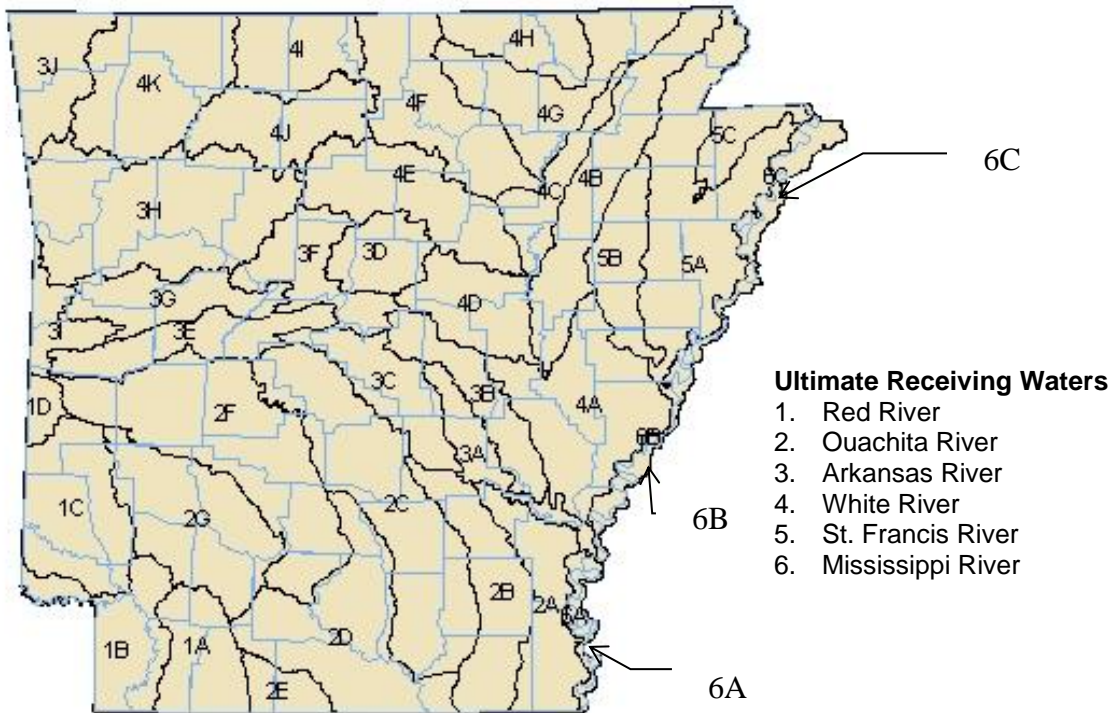
II. How to Determine Latitude and Longitude:

1. If a physical address is known go to <https://www.latlong.net/>.
2. Enter the address into the “Enter Your Location” search bar.
3. If necessary, adjust the location by clicking on the Aerial Picture that appears.
4. Note the Latitude and Longitude (in Decimal Coordinates).
5. Go to <https://www.fcc.gov/media/radio/dms-decimal> to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may enter the city and state and, if possible, locate the site on the Aerial Picture that appears. You may also be able to find the coordinates in the Legal Description of the property.

III. How to Determine your Ultimate Receiving Waters:

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



IV. How to determine if the receiving stream is on the approved Arkansas 303(d) List:

1. Go to <https://www.adeg.state.ar.us/water/planning/integrated/tmdl/>.
2. Using the map of the United States, click on Arkansas.
3. Using the “Waters Listed by Waterbody Type” links search for your receiving stream.
4. If your receiving stream is not listed, than your receiving stream is not on the approved Arkansas 303(d) List.
5. If your receiving stream is listed, then click on the links for that receiving stream to determine the pollutants causing the impairment. If the receiving stream is listed as an impaired for any pollutant, you must incorporate into the SWPPP any additional BMPs needed to sufficiently protect water quality. The Department may require additional BMPs.
6. Once a determination is made that your receiving stream is on the approved Arkansas 303(d) List, than you must determine if the receiving stream has an approved TMDL by using the “Approved TMDLs by Pollutant since January 1, 1996” links toward the bottom of the webpage.
 - i. If the approved TMDL has established a specific numeric allocation that would apply to a project’s discharges, you will be required to incorporate the allocation into your SWPPP and implement steps to meet the allocation.
 - ii. If the approved TMDL has assigned to the facility, quarterly monitoring must be submitted to the Department demonstrating compliance with the assigned Waste Load Allocation.

V. How to obtain information in regard to Endangered Species:

Contact the U.S. Fish and Wildlife Service at (501) 513-4470 or <https://ecos.fws.gov/ipac/>

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Application Type: New Previously Covered Permit No. ARR00_ _

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name)*: _____	Permittee Type:
Permittee Mailing Address: _____	<input type="checkbox"/> STATE <input type="checkbox"/> PARTNERSHIP
Permittee City: _____	<input type="checkbox"/> FEDERAL <input type="checkbox"/> PUBLIC
Permittee State: _____ Zip: _____	<input type="checkbox"/> SOLE PROPRIETORSHIP
Permittee Telephone Number: _____	<input type="checkbox"/> CORPORATION/LLC**
Permittee Fax Number: _____	<input type="checkbox"/> OTHER: _____
Permittee E-mail Address: _____	**State of Incorporation: __ _____

*** The legal name of the Permittee must be IDENTICAL to the name registered with the Arkansas Secretary of State.**

II. INVOICE MAILING INFORMATION (include ONLY IF DIFFERENT from permittee mailing address)

Invoice Contact Person: _____	City: _____
Invoice Mailing Company: _____	State: _____ Zip: _____
Invoice Mailing Address: _____	Telephone: _____

III. FACILITY INFORMATION

Facility Name (if different from Permittee): _____			
Facility Physical Address: _____	Cognizant Official: _____		
Facility County: _____	Cog. Official Title: _____		
Facility City: _____ Zip: _____	Telephone Number: _____		
Directions to the Facility: _____	Fax Number: _____		
AFIN (if known): _____	Email Address: _____		
Type of Business: _____	Facility SIC Code(s): _____	NAICS Code (s): _____	Industrial Sector: *** _____

*** Please see Part 1.5 of ARR000000 for a complete listing of Industrial Sectors. The facility may operate under the above chosen sector unless otherwise notified by the Department.

Description of Major Process(es) at Facility: _____

Facility Latitude: * _____ degrees _____ minutes _____ Seconds N
Facility Longitude: * _____ degrees _____ minutes _____ Seconds W

*** Facility coordinates should be taken at the entrance to the facility.**

IV. OUTFALL INFORMATION

Outfall number should be assigned sequentially to stormwater discharge locations if the facility has more than one outfall. (i.e. 001, 002, etc.) These should coincide with the Outfall locations on the site map for the facility. Pages may be added for additional outfalls.

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Outfall: _____

Outfall Latitude: _____ degrees _____ minutes _____ seconds N

Outfall Longitude: _____ degrees _____ minutes _____ seconds W

Receiving Stream: _____

Outfall: _____

Outfall Latitude: _____ degrees _____ minutes _____ seconds N

Outfall Longitude: _____ degrees _____ minutes _____ seconds W

Receiving Stream: _____

Similar Outfalls: Please indicate any similar outfall numbers that the facility may have in accordance with Part 3.8.1 and which outfall(s) will be sampled.

Please note that discharges subject to an Effluent Limitations Guideline listed in Part 1.4.3 are not eligible for similar outfalls.

Discharges to Municipal Separate Storm Sewer Systems (MS4s): If the facility discharges to an MS4, a complete copy of the NOI must be submitted to the operator of the MS4, in accordance with the deadlines in Part 2.2 of the permit.

V. FACILITY PERMIT INFORMATION

List any additional permits from the Office of Water Quality that the facility may have coverage under.

NPDES Individual Permit Number (If Applicable): AR00

NPDES General Permit Number (If Applicable): ARG

NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

No Discharge Permit Number (If Applicable): _____

List any permits the facility has from another office within ADEQ: _____

VI. CONSULTANT INFORMATION (If applicable)

Consultant Company: _____

Consultant Contact Name: _____

Consultant Email Address: _____

Consultant Address: _____ City: _____ State: _____ Zip: _____

Consultant Phone Number: _____ Consultant Fax Number: _____

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VII. CERTIFICATION OF OPERATOR

This statement must be completed for all applicants requesting coverage under the ARR000000.

"I certify that, if this facility is a corporation, it is registered and in good standing with the Arkansas Secretary of State."

"I certify that the cognizant official designated in Part VIII of this Notice of Intent 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 only 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 known violations."

Responsible Official Printed Name: _____ Title: _____
Responsible Official Signature: _____ Date: _____
Responsible Official E-mail: _____

VIII. COGNIZANT OFFICIAL

Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Date: _____
Cognizant Official E-mail: _____

IX. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No
Submittal of Complete NOI?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of SWPPP?	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>

Check Number: _____