

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

The enclosed form may be used to obtain coverage under NPDES general permit ARR040000 for discharges of stormwater associated with Regulated Small Municipal Separate Storm Sewer Systems (MS4). Only a copy of the attached authorized Notice of Intent form will be accepted by this Department.

Return the completed form to:

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

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 Permit Section, Water Division

Ph.: (501) 682-0623 Fax: (501) 682-0880 Web: www.adeq.state.ar.us

## NOTICE OF INTENT

## FOR DISCHARGERS OF STORMWATER RUNOFF

## ASSOCIATED WITH REGULATED SMALL MUNICIPAL SEPARATE STORM SEWER SYSTEMS AUTHORIZED UNDER NPDES GENERAL PERMIT ARR040000

| I.  | PERMITTEE INFORMATION   | New Renewal (Permit Tracking Number ARR04)                        |             |                      |         |
|-----|---|---|-------------|----------------------|---------|
|     | Regulated Small MS4 Name:   |   | Owner Type: |                      |         |
|     | Mailing Address:  |   |             | FEDERAL              | ☐ STATE |
|     | Actual Street Address:  |   |             | _ PUBLIC             | OTHER   |
|     | City:   |   |             | Urbanized Area       |         |
|     | State:  | Zip:  |             | County(ies):         |         |
|     | Enter the Latitude and Longitude of the approximate center of the Small MS4 (A map must be included.):  |   |             |                      |         |
|     | Small MS4 Latitude:   | degrees   | minutes     | seconds              |         |
|     | Small MS4 Longitude:  | degrees   | minutes     | seconds              |         |
| II. | PERMITTEE CONTACT INFORMATION   |   |             |                      |         |
|     | Name:   |   | Telephone:  |                      |         |
|     | Title:  |   |             |                      |         |
|     | INVOICE MAILING INFORMATION   | ON  |             |                      |         |
|     | Invoice Contact Person:   |   |             | City:                |         |
|     | Invoice Mailing Company:  |   | S           | tate:                | Zip:    |
|     | Invoice Mailing Address:  |   | Teleph      | one:                 |         |
|     | 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:  |   | Title:      |                      |         |
|     | Responsible Official Signature:   |   |             |                      |         |
| v.  | COGNIZANT OFFICIAL DESIGN   | ATION (Optional)  |             |                      |         |
|     | .Cognizant Official Printed Name:   |   | Title:      |                      |         |
|     | Cognizant Official Signature:   |   | Date:       |                      |         |
|     | Telephone   |   | Email       |                      |         |
| VI. | Submittal of Complete Stormwater  | ICATION           ☐ Yes         ☐ No           ☐ Yes         ☐ No |             | ubmittal of MS4 mapʻ |         |