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.

DIRECTIONS:

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 VIII.
- submit the following to the Department:

<table>
<thead>
<tr>
<th>Complete NOI</th>
<th>Initial Permit Fee</th>
<th>Deadline for Submittal</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Applicant Yes</td>
<td>Yes*</td>
<td>Minimum two (2) weeks prior to commencement of stormwater discharge from the facility.</td>
</tr>
<tr>
<td>Renewal Yes</td>
<td>No</td>
<td>September 26, 2010</td>
</tr>
</tbody>
</table>

* 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: http://www.adeq.state.ar.us/water/branch_permits/general_permits/stormwater/industrial.htm.

Return the completed forms to:

Arkansas Department of Environmental Quality
Permits Branch, Water Division
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.

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

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraserver-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. 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
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official
I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name)*: ____________________________
Permittee Mailing Address: ____________________________
Permittee City: ____________________________
Permittee State: __________________ Zip: __________
Permittee Telephone Number: ____________________________
Permittee Fax Number ____________________________
Permittee E-mail Address ____________________________

Operator Type:
☐ STATE ☐ PARTNERSHIP
☐ FEDERAL ☐ CORPORATION**
☐ SOLE PROPRIETORSHIP
☐ PUBLIC
☐ OTHER: __ __________

**State of Incorporation: __ __________

* The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (if different from facility mailing address)

Invoice Contact Person: ____________________________
Invoice Mailing Company: ____________________________
Invoice Mailing Address: ____________________________

City: __________________ Zip: __________
State: __________ Telephone: ____________________________

III. FACILITY INFORMATION

Facility Name (if different from Permittee):
Facility Physical Address: ____________________________
Facility County: __________________ Zip: __________
Facility City: __________________ Contact Person: __________________
Facility Longitude: * degrees minutes seconds
Facility City: __________________ Contact Title: __________________
Facility Telephone Number: ____________________________
Facility Latitude: * degrees minutes seconds
Directions to the Facility: ____________________________
AFIN (if known): __________________ Fax Number

Email Address: ____________________________

Is mailing address different from facility address? ☐ Yes ☐ No
If yes, provide mailing address in the space provided.
Mailing Address: ____________________________

City: __________________ State: __________ Zip: __________

Type of Business: __________________ Facility SIC Code(s): __________________ NAICS Code (s): __________________

Description of Major Process(es) at Facility:

List of Chemicals Used in the Process:

Facility Latitude: * degrees minutes seconds
Facility Longitude: * degrees minutes seconds

* 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.

Outfall: ______________

- Outfall Latitude: ______ degrees ______ minutes ______ seconds
- Outfall Longitude: ______ degrees ______ minutes ______ seconds

Receiving Stream: __________________________________________

Outfall: ______________

- Outfall Latitude: ______ degrees ______ minutes ______ seconds
- Outfall Longitude: ______ degrees ______ minutes ______ seconds

Receiving Stream: __________________________________________

**Similar Outfalls:** Please indicate any similar outfall numbers that the facility may have in accordance to Part 3.7.1.

_ ____________________________________________ ___________________________________________________ ______

Pages may be added for additional outfalls.

V. DISCHARGE INFORMATION

- Is this a new discharge? [ ] Yes [ ] No If yes, date coverage desired: __________________________

- Does the facility have a stormwater pollution prevention plan? [ ] Yes [ ] No

- For existing dischargers, date SWPPP was last updated? ______________

VI. FACILITY PERMIT INFORMATION

List any additional permits from the Water Division 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 division within ADEQ:

VII. CONSULTANT INFORMATION (If applicable)

Consultant Company: __________________________

Consultant Contact Name: __________________________

Consultant Email Address: __________________________

Consultant Address: __________________________ City: __________ State: ______ Zip: ______

Consultant Phone Number: __________________________ Consultant Fax Number: __________________________
VIII. CERTIFICATION OF OPERATOR

(This statement must be completed for all applicants requesting coverage under the ARR000000. The Certification must be initialed and signed.)

______ “I certify that, if this facility is a corporation, it is registered with the Secretary of State of Arkansas. Please provide the full name of corporation if different than that listed in Section I above. ”

______ “I certify that a stormwater pollution prevention plan has been developed in accordance with Part 4 of the general permit.

______ “I certify that the cognizant official designated in Part IX 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: ___________________________

IX. COGNIZANT OFFICIAL

Cognizant Official Printed Name: ___________________________ Title: ___________________________
Cognizant Official Signature: ___________________________ Telephone: ___________________________
Cognizant Official E-mail: ___________________________

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No

Submittal of Complete NOI? □ □
Submittal of Required Permit Fee? (New Discharger Only) □ □

Check Number: ___________________________