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 VII.
- submit the following to the Department:

<table>
<thead>
<tr>
<th>Complete NOI</th>
<th>SWPPP</th>
<th>Initial Permit Fee</th>
<th>Deadline for Submittal</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Applicant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes*</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/default.htm](http://www.adeq.state.ar.us/water/branch_permits/general_permits/stormwater/industrial/default.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.
For additional information please contact:

General Permits Section
Ph.: (501) 682-0623
Fax: (501) 682-0880
Email: water-permit-application@adeq.state.ar.us

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.
NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000

Application Type: New ☐ Previously Covered ☐ Permit No. ARR00_ _ _

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name)*: _______________________________ Operator Type:

Permittee Mailing Address: _______________________________ ☐ STATE   ☐ PARTNERSHIP

Permittee City: _______________________________ ☐ FEDERAL   ☐ CORPORATION**

Permittee State: ____________ Zip: ____________ ☐ SOLE PROPRIETORSHIP

Permittee Telephone Number: _______________________________ ☐ PUBLIC

Permittee Fax Number: _______________________________ ☐ OTHER: __ ____________

Permittee E-mail Address: _______________________________ **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: _______________________________ City: _______________________________

Invoice Mailing Company: _______________________________ State: ____________ Zip: ____________

Invoice Mailing Address: _______________________________ Telephone: ____________

III. FACILITY INFORMATION

Facility Name
(if different from Permittee):

Facility Physical Address: _______________________________ Contact Person: _______________________________

Facility County: _______________________________ Contact Title: _______________________________

Facility City: ____________ Zip: ____________ Telephone Number: _______________________________

Directions to the Facility: _______________________________ Fax Number: _______________________________

AFIN (if known): _______________________________ 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): _______________________________ 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

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. Pages may be added for additional outfalls.

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 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.

V. 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: __________________________

VI. CONSULTANT INFORMATION (If applicable)

Consultant Company: __________________________
Consultant Contact Name: __________________________
Consultant Email Address: __________________________
Consultant Address: __________________________ City: __________________________ State: ________ Zip: ________
Consultant Phone Number: __________________________ Consultant Fax Number: __________________________
NOTICE OF INTENT (NOI)
FOR DISCHARGERS OF STORMWATER RUNOFF
ASSOCIATED WITH INDUSTRIAL ACTIVITY
AUTHORIZED UNDER NPDES GENERAL PERMIT ARR000000

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: ___________________________

VIII. COGNIZANT OFFICIAL

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

IX. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Submittal of Complete NOI?</td>
<td></td>
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Check Number: ___________________________