ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
CAR/TRUCK WASH FACILITIES
NPDES GENERAL PERMIT ARG750000

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): City of Bella Vista
Permittee Mailing Address: P.O. Box 5655
Permittee City: Bella Vista
Permittee State: AR Zip: 72714
Permittee Telephone Number: (479)-876-1255
Permittee Fax Number: (479)-876-1734
Permittee E-mail Address: pchristie@bellavistaar.gov

Operator Type:
- State
- Federal
- Corporation*
- Partnership
- Sole Proprietorship/Private

*State of Incorporation: AR

The legal name of the Permittee must be identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Mr. Mike Button
Invoice Mailing Company: City of Bella Vista St. Department
Invoice Mailing Address: P.O. Box 5655
City: Bella Vista
State: AR Zip: 72714

III. FACILITY INFORMATION

Facility Name: City of Bella Vista Street Dep.
Physical Address: 2471 Forest Hills Blvd.
Directions to Facility: South of Hwy, 340
Facility County: Benton
Facility Latitude: 36 Deg 27 Min 0.12Sec
Facility Contact Person: Mr. Mike Button
Facility Telephone Number: (479)-876-1204
Facility City, State & Zip: 72715
Facility Longitude: -94 Deg 17 Min 59.04Sec

IV. DISCHARGE INFORMATION

Outfall Number: 001
Flow: 10 gpd (Gallons per Day)
Stream Segment: 31
Hydrologic Basin Code: 11070208
Outfall Latitude: 57.72 Sec
-94 Deg 17 Min 43.92 Sec
Outfall Longitude:
Type of Treatment: Basin
Chemicals used in the process: NA
Phosphorus: Yes x No
Surfactants: Yes x No
Receiving Stream: Lake Windsor to Tanard Creek

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00na
NPDES General Permit Number (If Applicable): ARG75
State Construction Permit Number: na
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15na
VI. OTHER INFORMATION:

Additional Location Description: na  
Additional Comments: na  
Consultant Contact Name: na  
Consultant Email Address: na  
Consultant Address: na  
City: na  
State: na  
Zip: na  
Consultant Phone Number: na  
Consultant Fax Number: na

VII. CERTIFICATION OF OPERATOR

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

<table>
<thead>
<tr>
<th>Responsible Official Printed Name:</th>
<th>Peter Christie</th>
<th>Title: Mayor</th>
<th>Date: 10/13/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Official Signature:</td>
<td>chris1t41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsible Official Email:</td>
<td><a href="mailto:pchristie@bellavistaar.gov">pchristie@bellavistaar.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognizant Official Printed Name:</td>
<td>Mike Bottom</td>
<td>Title: Street Superintendent</td>
<td></td>
</tr>
<tr>
<td>Cognizant Official Signature:</td>
<td><a href="mailto:mbottom@bellavistaar.gov">mbottom@bellavistaar.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognizant Official Email:</td>
<td></td>
<td>Telephone: 479-876-1204</td>
<td></td>
</tr>
</tbody>
</table>

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

- Yes - No

- Submittal of Complete NOI? ✓ □
- Submittal of Required Permit Fee? ✓ □ New Permittees Only Check Number: 4241
- Submittal of Site Map? ✓ □
- Submittal of Disclosure Statement? □ ✓
- Industrial Operator's License Number:  

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
www.adeq.state.ar.us  
-3-
WATER FAUCETS ARE LOCATED ON THE NORTH AND SOUTH SIDES OF THE BUILDING

DOWNSPOUTS LOCATED ON NORTH SIDE OF BUILDING

ASPHALT PARKING

DRAINAGE PIPE UNDER DRIVEWAY

GRASSED AND LANDSCAPED AREA WITH IRRIGATION DRAINAGE PIPE UNDER DRIVEWAY

FACILITY ENTRANCE

GRASSED DRAINAGE DITCH ALONG HIGHWAY

FUTURE FUELING AREA

SEDIMENT BASIN LOCATED BELOW OUTFALL

LEGEND

EX. PROPERTY LINE

EX. CONTOURS

EX. ROW

EX. SANITARY SEWER

EX. WATER LINE

DIRECTION OF STORMWATER FLOW

PROPERTY ACREAGE

52.74 ACRES

Cantique, LLC Consulting Engineering
P.O. Box 4166, Fayetteville, AR 72702
Phone No: (479) 445-7110

TRANSPORTATION FACILITY SWPPP BELLA VISTA, AR SITE PLAN

DESIGNER

DATE

1" = 300'

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May 2016