

**Recertification Notice of Intent (NOI)
Landfill Sediment Pond Discharge General Permit ARG160000**

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG160000. You must submit this form no later than January 31, 2020. Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG160021 AFIN: 31-00107

Permittee Name: Upper Southwest RSWMD

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections (if needed)
Facility Address:	Upper Southwest RSWMD 319 Landfill Road Nashville, AR 71852	
Responsible Official:	Max Tackett	<i>Mitch Noble, Exec. Dir</i>
Responsible Official Email:		
Cognizant Official:	Jeff Barfield	
Cognizant Official Email:	jeffbarfield@rocketmail.com	
Contact Person:	Jeff Barfield	
Contact Email	jeffbarfield@rocketmail.com	
Phone Number	870-845-2866	

1. Are the mailing and invoice addresses the same? Yes No N/A

If "No" please provide invoice address → _____

2. Have you attached an updated disclosure statement*? Yes No N/A

** A disclosure statement IS NOT required for Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by law. This does not include improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.*

Outfall Currently Listed in ADEQ's Database**

Outfall 001: Latitude: 34° 4' 29.43" N; Longitude: 93° 50' 25.13" W

** Only one outfall may be listed. If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

Additional Comments: *No Change*

"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, 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."

I certify that I have read and will comply with all the requirements of the renewal Landfill Sediment Pond Discharge General Permit (ARG160000).

Responsible Official Name: *Mitch Noble* Responsible Official Title: *Executive Director*

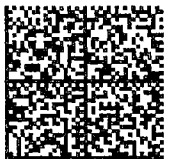
Responsible Official Signature: *Mitchell Noble* Date: *7/2/19*

Return the NOI form to the address below or send it electronically to water.permit.application@adeq.state.ar.us:

Office of Water Quality, Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

UPPER SW RSWMD
P.O. BOX 909
NASHVILLE, AR. 71852

SHREVEPORT
LA 710
02 JUN 19
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UNITED STATES POSTAGE
PITNEY BOWES
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MAILED FROM ZIP CODE 71852

OFFICE OF WATER QUALITY, PERMITS BRANCH
ARK. DEPT. OF ENVIRONMENTAL QUALITY
5301 NORTHSORE DRIVE
NORTH LITTLE ROCK, AR. 72118-5317

72118-531799

