Jacksonville Wastewater Utility

Jacksonville Soaring Higher

248 Cloverdale Road, Jacksonville, AR 72076
Phone: (501) 982-0581 Fax: (501) 982-5791
www.jwwu.com

February 9, 2017

Mr. Richard Healey, Branch Manager, Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: NPDES Permit Number AR0041335, AFIN 60-00543
Jacksonville Wastewater Utility – J. Albert Johnson Regional Treatment Facility

Dear Mr. Healey:

Please find enclosed the completed application forms for renewal of the above specified NPDES permit for the Jacksonville Wastewater Utility's J. Albert Johnson Regional Treatment Facility. If you have any questions, or if additional forms or information is required, please contact me at 501/982-0581 or thea@jwwu.com.

We look forward to your response and are more than happy to take any steps necessary to provide additional information to assist in this process. Thank you for your time and review.

Sincerely,

Thea Hughes

Thea Hughes
Jacksonville Wastewater Utility
501/982-0581

cc: Sara Clem, Branch Manager, Water Quality Planning Section

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Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

INSTRUCTIONS:

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item please continue on an attached sheet of paper.

2. Please complete the following Section(s). If a Section is not required, please check the Not Applicable (N/A) box at the top of the Section.

Sections	A	B	C	D	E	F	G	H	I
POTW	X	X	X	X					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X				X	X
Modification	X	X	X	X	X	*	*	X	X
All Other Applicants	X	X	X	X	X				X

* As necessary

3. If you need help on SIC or NAICS go to www.osha.gov/oshstats/sicser.html

4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to www.adeq.state.ar.us/water. You may also contact :

Department	Information in Regard to	Telephone #
Arkansas Department of Health	Water Supply	501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

Form 2A - Municipal Dischargers
Form 2B - Concentrated Animal Feeding Operations
Form 2C - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
Form 2D - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
Form 2E - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)
Form 2F - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

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

Or by email to:

Water.Permit.Application@adeq.state.ar.us

NPDES PERMIT APPLICATION

FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

   Michael Overstreet

   Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☐ State ☐ Federal ☐ Partnership ☐ Corporation ☐ Other ☐

   State of Incorporation: _____

3. Facility Name: J. Albert Johnson Regional Treatment Facility (Jacksonville Wastewater Utility)

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☐ Yes ☒ No

5. NPDES Permit Number (If Applicable): AR0041335

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): N/A

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name	Permit Number	Held by
NPDES	AR0041335	JWU
Solid Waste	0219-S3N-R1	JWU

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

   From ADEQ take I-430 East to I40 East, take Hwy 67/167 north to Jacksonville, take first Jacksonville exit (Redmond Rd.), go right for 1 1/2 miles and turn right on S. First Street/ AR 161, drive South for one mile and turn right onto Cloverdale Rd. (248 Cloverdale Rd.)

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

    Street: 248 Cloverdale Rd.

    City: Jacksonville County: Pulaski State: AR Zip: 72076

11. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Jacksonville Wateawater Utility Title: N/A

Street: 248 Cloverdale Rd. P.O. Box N/A

City: Jacksonville State: AR Zip: 72076

E-mail address*: mike@jwwu.com Fax: 501-982-5791

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

4952 SIC Facility Activity under this SIC or NAICS:

22132 NAICS

14. Design Flow: 12.3 MGD Highest Monthly Average of the last two years Flow: 9.5 MGD

15. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: Michael Overstreet Title: Operations Manager

Address: 248 CLoverdale Rd. Phone Number: 501-982-0581

E-mail Address: mike@jwwu.com

City: Jacksonville State: AR Zip: 72076

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

Name: Same as above Title:

Address: Phone Number:

E-mail Address:

City: State: Zip:

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: None

Company Name:

Address: Phone Number:

E-mail Address:

City: State: Zip:

19. Wastewater Operator Information

Wastewater Operator Name: Mike Overstreet License number: 006576

Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☒

Class of industrial wastewater operator: Basic ☐ Advanced ☒

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SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** location of the facility):

Lat: 34 ° 50 ' 38 " Long: 92 ° 07 ' 44 " County: Pulaski Nearest Town: Jackson ville

2. **Outfall** Location (The location of the end of the pipe Discharge point.):

Outfall No. 001:

Latitude: 34 ° 50 ' 50 " Longitude: 92 ° 07 ' 27 "

Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Bayou Meto then into Arkansas River in Segment 3B of the Arkansas River basin.

Outfall No. N/A:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

Vortex grit seperator, Extended Aeration, Activated Sludge, Secondary Clarifiction, Sludge Thickner, Belt Filter Press, Sand Filtration, UV disinfection, Predischarge cascade areation.

5. Do you have, or plan to have, **AUTOMATIC** sampling equipment or **CONTINUOUS** wastewater flow metering equipment at this facility?

Current: Flow Metering ☒ Yes Type: Ultrasonic,Milltonic Hydo Ranger ☐ No ☐ N/A

Sampling Equipment ☒ Yes Type: ISCO Refridgerated composite 4700 sampler ☐ No ☐ N/A

Planned: Flow Metering ☐ Yes Type: ☐ No ☐ N/A

Sampling Equipment ☐ Yes Type: ☐ No ☐ N/A

If **YES**, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

The final effluent sampler is located north of the post aeration, the sampler is an automated refridgerated flow activated composite samplerthat operates on a 24 hour cycle when collecting samples.

If **NO**, please describe the method and location of flow measurement below:

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov .

If "No", what measures are (or will be) used to protect the facility? _____

7. Population for Municipal and Domestic Sewer Systems: aprox. 29,000

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☒ No ☐

If Yes, How many? 2 Total Horespower (hp)? 1784

If No, Please explain? _____

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SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☒ **Landfill**

Landfill Site Name Two Pine Landfill ADEQ Solid Waste Permit No. 163-S1-R

JWU Sludge Monofill 219-S3N-R1

☐ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing**: Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ Pipe: ☐ Other: _____

☐ **Subsurface Disposal** (Lagooning):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☐ **Other** (Provide complete description): _____

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Jacksonville Municiple Waterworks

Distance from Discharge point: ☒ Within 5 miles ☐ Within 50 miles

☐ **Surface Water-** Name of Surface Water Source: _____

Distance from Discharge point: ☐ ☐☐Within 5 miles ☐ Within 50 miles

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ ☐☐Within 5 miles ☐ Within 50 miles

NOT APPLICABLE (N/A): ☒

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – "The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years."

   The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

   The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

   A. Obtaining insurance that specifically covers operation and maintenance costs
   B. Obtaining a letter of credit;
   C. Obtaining a surety/performance bond;
   D. Obtaining a trust fund or an escrow account; or
   E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

   Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

   http://www.adeq.state.ar.us/disclosure_stmt.pdf

NOT APPLICABLE (N/A): ☒

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA (Link to a Listing of the 40 CFR Effluent Limit Guidelines) under Section 304 of the Clean Water Act (CWA) apply to your facility?

   YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____ _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months lbs/day*		Highest Production Year of Last 5 Years lbs/day*	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation

* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

NOT APPLICABLE (N/A): ☒

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only**: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering ☐ Yes Type: _____ ☐ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☐ No ☐ N/A ☐

Planned: Flow Metering ☐ Yes Type: _____ ☐ No ☐ N/A ☐
Sampling Equipment ☐ Yes Type: _____ ☐ No ☐ N/A ☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

_____

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☐ No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics:

_____

_____

_____

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NOT APPLICABLE (N/A): ☒

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

_____

_____

_____

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:

   a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
   b. Specifications and complete design calculations.
   c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

(1) the authorization is made in writing by the applicant (or person authorized by the applicant);
(2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official: Michael Overstreet Date: 2-8-17

Printed name of Cognizant Official: Michael Overstreet

Official title of Cognizant Official: Operations Manager Telephone Number: 501-982-0581

Responsible Official

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
Partnership, a general partner
Sole proprietorship: the proprietor
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

_____ *(Initial)* "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

_____ *(Initial)* "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"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 further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Signature of Responsible Official: Thea Hughes Date: 2-8-17

Printed name of Responsible Official: Thea Hughes

Official title of Responsible Official: General Manager Telephone Number: 501-982-0581

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Arkansas Department of Environmental Quality

Laboratory Certification Program

Arkansas Analytical, Inc.

Little Rock, AR

has earned certification by law in accordance with Code Annotated §8-2-201 et seq., the State Environmental Laboratory Certification Program Act for the following parameters:

Alkalinity	Oil & Grease	Vol Solids	Magnesium	E. coli	Volatile Organics
Ammonia	Orthophosphate	Aluminum	Manganese	Fecal coliform	
BOD	Perchlorate	Antimony	Mercury	Total Coliform	
Bromide	pH	Arsenic	Molybdenum	Corrosivity	
CBOD	Phenol	Barium	Nickel	DRO	
Chloride	Sulfate	Beryllium	Potassium	Explosives	
Chlorine	Sulfide	Boron	Selenium	GRO	
COD	Surfactants	Cadmium	Silver	Ignitability	
Color	TDS	Calcium	Sodium	TPH	
Conductivity	TKN	Chromium	Strontium	Acute Toxicity	
Cyanide	TOC	Cobalt	Thallium	Chronic Toxicity	
Fluoride	Total Phosphorus	Copper	Tin	Herbicides	
Hardness	Total Solids	Hex. Chromium	Titanium	PCBs	
Nitrate	TSS	Iron	Vanadium	Pesticides	
Nitrite	Turbidity	Lead	Zinc	Semi-volatiles	

Laboratory ID: **60-1754**

Certificate Number: **16-069-0**

Issued Date: **30 October 2016**

Expired Date: **30 October 2017**

Becky W. Keogh

Becky W. Keogh
ADEQ Director

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175575

Jacksonville Wastewater Utility
LABORATORY SERVICES DEPARTMENT
CHAIN-OF-CUSTODY RECORD

Identification & Sample Number:	Sampler Number:	Set-up Collection Date & Time:
90-021914	4700 R	02/19/14 @ 7:10 AM
Sample Technician(s) (Signature): Kevin McGill / Patrick Ellis / Sam Zehtaban		Take-off Collection Date & Time
KMcGill /		02/20/14 @ 7:10 AM

Type Of Sample:
Plant Influent | Industrial Waste | Receiving Stream | Final Effluent | Other

Wastewater Characterization Of Composite Sample: ( ) N/A
Color CLEAR Oil Flow In Pipe 1/2 Turbidity NONE

Sampling Comments: **Hg (t) sample, analyze using method 245.7**

Testing parameters are in 40 CFR 122 Appendix D table III.

*T.R.Phenolics,Cynide and Hg (t) samples collected: Date 2/19/14 Time: 7:15, 9:20, 11:20, 1:25

	Sample Type: Composite	Sample Type: Grab Sample Collection Date & Time	Preservative	Sample Bottle Type & Number		Parameters Requested	Designated Laboratory		
(1)	24HFPC		Cool to 4 deg.C, HNO3 to pH of	P	A08-01	Full Table III Metals	AI		
(2)	Ind. Samples Collected & Composited by JWU Staff	*See Note Above	Cool to 4 deg.C H2SO4 to pH of	G	A08-02	Total Recoverable Phenolics	AI	Time AS: 7:40, 9:25, 11:30, 1:30P	
(2)		*See Note Above	Cool to 4 deg.C	G	A08-03	Hg (t)	AI	Time AS: 7:40, 9:25, 11:30, 1:30P	
(3)		*See Note Above	Cool to 4 deg.C, NaOH to pH of	P	A08-04	CN- (t)	AI	Time AS: 7:40, 9:25, 11:30, 1:30P	

pH Calibration and Performance Data

Date & Time	Calib. Method	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analysist	Grab pH Date and Time
									2/19/14 @ 7:40
									2/20/14 @ 8:20
2/19/14 [1]	ZPT	19.5°C	B	4.01	7.10		96.2	PE	Date and Time Preformed
			A	4.00	7.00				2/19/14 @ 7:50
2/20/14 [2]	ZPT	19.8°C	B		6.98	9.81	97.6	PE	2/20/14 @ 8:30
			A		7.00	10.00			

pH Analysis Record

Sample Number:		1	2	Relinquished by	KMcGill
Reported Value (pH s.u.) :				Date & Time	2/20/14 @ 10:03
Duplicate Values:		1	2		
Date	Time	pH Val. (s.u.)	Deg. C	Vio. Y/N	Received by
2/19/14 [1]	7:51	6.98	14.4°C		Date & Time
2/20/14 [2]	8:31	7.14	16°C		

Tyson Hoots 2-20-14 10:03

0.6°C

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179130

Jacksonville Wastewater Utility
LABORATORY SERVICES DEPARTMENT
CHAIN-OF-CUSTODY RECORD

Identification & Sample Number:	Sampler Number:	Set-up Collection Date & Time:
90-052814	4700 R	05/28/14 @ 7:10 AM
Sample Technician(s) (Signature): Kevin McGill / Patrick Ellis / Sam Zehtaban		Take-off Collection Date & Time
KMcGill		05/29/14 @ 7:10 AM

Type Of Sample:
Plant Influent | Industrial Waste | Receiving Stream | Final Effluent | Other

Wastewater Characterization Of Composite Sample: ( ) N/A
Color | Oil | Flow In Pipe | Turbidity

Sampling Comments: **Hg (t) sample, analyze using method 245.7**

Testing parameters are in 40 CFR 122 Appendix D table III.

*T.R.Phenolics,Cynide and Hg (t) samples collected: Date 5/28/14 Time: 7:15

	Sample Type: Composite	Sample Type: Grab Sample Collection Date & Time	Preservative	Sample Bottle Type & Number		Parameters Requested	Designated Laboratory		
(1)	24HFPC		Cool to 4 deg.C, HNO3 to pH of	P	A08-01	Full Table III Metals	AI		
(2)	Ind. Samples Collected & Composited by JWU Staff	*See Note Above	Cool to 4 deg.C H2SO4 to pH of	G	A08-02	Total Recoverable Phenolics	AI	Time As: 7:15, 9:10,	11:30, 2:15
(2)		*See Note Above	Cool to 4 deg.C	G	A08-03	Hg (t)	AI		
(2)		*See Note Above	Cool to 4 deg.C, NaOH to pH of	P	A08-04	CN- (t)	AI		

pH Calibration and Performance Data

Date & Time	Calib. Method	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analysist	Grab pH Date and Time 5/28/14 09:18
5/28/14 1	ZPT	20.6	B		6.96	10.02	96.9%	PE	Date and Time Preformed
			A		7.00	10.00			5/28/14 09:31
2			B						
			A						

pH Analysis Record

Sample Number:					Relinquished by	
Reported Value (pH s.u.) :		1		2	Date & Time	5/29/14 09:40 am
Duplicate Values:		1		2		
Date	Time	pH Val. (s.u.)	Deg. C	Vio. Y/N	Received by	
5/28/14 1	9:31	7.08	21.5		Date & Time	
2						5-29-14 9:40am

1.4

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Jacksonville Wastewater Utility
LABORATORY SERVICES DEPARTMENT
CHAIN-OF-CUSTODY RECORD

Identification & Sample Number:	Sampler Number:	Set-up Collection Date & Time:	Pg 1 Of 2
90-081914	4700 R	8/19/14 @ 7:15 AM	

Sample Technician(s) (Signature): Kevin McGill / Patrick Ellis / Sam Zehtaban

Take-off Collection Date & Time: 8/20/14 @ 7:16 AM

Type Of Sample:
Plant Influent | Industrial Waste | Receiving Stream | Final Effluent | Other

Wastewater Characterization Of Composite Sample: ( ) N/A
Color | Oil | Flow In Pipe | Turbidity

Sampling Comments: PHENOLS, CN, Hg GRAB TIMES 7:10, 9:30, 11:30, 2:10

Testing parameters are in 40 CFR 122 Appendix D table II and III. VOLATILES GRAB TIME 11:30

	Sample Type			Sample Bottle Type & Number				
	Composite	Grab Sample Collection Date & Time	Preservative			Parameters Requested	Designated Laboratory	
1	24HFPC		Cool to 4 deg.C, HNO3(Nitric Acid) to pH of<2	P	Eff-01	Full table III	Al	
1	24HFPC		Cool to 4 deg.C 3x500mL	G	Eff-02	Base Neutrals-Acid Extractables	Al	
1	24HFPC		Cool to 4°C: 3x500mL	G	Eff-03	Pesticides	Al	
2		* see note Above	Cool to 4 Deg C	G	Eff-04	Hg (t)	Al	
2		*See Note Above	Cool to 4 deg.C, H2SO4 to pH of	G	Eff-05	Total Recoverable Phenols	Al	
2		*See Note Above	Cool to 4 deg.C, NaOH to pH of	P	Eff-06	CN- (t)	Al	
3		**See Note Above	Cool to 4 deg.C HCL to pH of	G	Eff-07	Volatiles	Al	

pH Calibration and Performance Data

Date & Time	Calib. Method	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analysist	Grab pH Date and Time
									8/19/14@940Am
8/19/14 1	2PT	21.0	B		7.05	10.00	91.2%	km	Date and Time Preformed
9:45			A		7.00	10.00			8/19/14@ 9:50
2			B						
			A						

pH Analysis Record

Sample Number:					Relinquished by	8/20/14 @ 9:40
Reported Value (pH s.u.) :		1		2	Date & Time	
Duplicate Values:		1		2		
Date	Time	pH Val. (s.u.)	Deg. C	Vio. Y/N	Received by	Jimmy Day
8/19/14 1	9:50	7.20	23.5		Date & Time	8/20/14 0940
2						0.2°C

COPY

184804

Jacksonville Wastewater Utility
LABORATORY SERVICES DEPARTMENT
CHAIN-OF-CUSTODY RECORD

Identification & Sample Number:	Sampler Number:	Set-up Collection Date & Time:
90-111814	4700 R	11/18/14 @ 7:23 ~~7:10~~ AM
Sample Technician(s) (Signature): Kevin McGill / Patrick Ellis / Sam Zehtaban		Take-off Collection Date & Time
KMcGill	1	11/19/14 @ 7:15 AM

Type Of Sample:
Plant Influent | Industrial Waste | Receiving Stream | Final Effluent | Other

Wastewater Characterization Of Composite Sample: ( ) N/A
Color | Oil | Flow In Pipe | Turbidity 0

Sampling Comments: **Hg (t) sample, analyze using method 245.7**

Testing parameters are in 40 CFR 122 Appendix D table III.

*T.R.Phenolics,Cynide and Hg (t) samples collected: Date 11/18/14 Time: 7:20 9:20 11:35 2:20

Sample Type: Composite	Sample Type: Grab Sample Collection Date & Time	Preservative	Sample Bottle Type & Number		Parameters Requested	Designated Laboratory		
24HFPC		Cool to 4 deg.C, HNO3 to pH of	P	EFF-01	Full Table III	AI		
Ind. Samples Collected & Composited by JWU Staff	*See Note Above	Cool to 4 deg.C H2SO4 to pH of	G	EFF-02	Total Recoverable Phenolics	AI		
	*See Note Above	Cool to 4 deg.C	G	EFF-03	Hg (t)	AI		
	*See Note Above	Cool to 4 deg.C, NaOH to pH of	P	EFF-04	CN- (t)	AI		

pH Calibration and Performance Data

Date & Time	Calib. Method	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analysist	Grab pH Date and Time 11/18/14@7:25 11/19/14 @7:20
11/18/14 1	2pt	19.1	B		7.01	9.94	95.1	KM	Date and Time Preformed
7:43			A		7.00	10.01			11/18/14@ 7:43
11/19/14 2	2pt	18.9	B		6.99	9.86	96	KM	11/19/14@ 7:35
7:32			A		7.00	10.00			

pH Analysis Record

Sample Number:			Relinquished by	KMcGill
Reported Value (pH s.u.) :	1	2	Date & Time	11/19/14 @ 9:36
Duplicate Values:	1	2		

Date	Time	pH Val. (s.u.)	Deg. C	Vio. Y/N	Received by	Troy Williams 9:36
11/18/14 1	7:43	7.27	10.3	N	Date & Time	11-19-14 2.1 °C
11/19/14 2	7:35	7.25	11.1	No		

COPY

Arkansas Analytical Inc.
11701 Interstate 30, Bldg. 1, Ste. 115
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time	Preservation Codes:
Jacksonville Wastewater Utility	EFF. 1ST QUARTER.	1 Day (100%)	1. Cool, 4 Degrees Centigrade; 4. Thiosulfate for Dechlorination
248 Cloverdale Road		2 Day (50%)	2. Sulfuric Acid (H_2SO_4), pH < 2; 5. Hydrochloric Acid(HCl)
Jacksonville, Ar. 72076	Reporting Information	3 Day (25%)	3. Nitric Acid (HNO_3), pH < 2; 6. Sodium Hydroxide (NaOH), pH > 12
	Telephone: (501) 982-0581	5 Day (Routine)	
	Fax: (501) 982-5791	Preservative Code:	
	Email: kevin@jwwu.com	Bottle Type:	

Sampler(s) Signature: K McLell

Sampler(s) Printed: KEVIN McLELL

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	Full table III	Total Phenolics	Hg -(t)	CN-(t)	Arkansas Analytical Work Order Number: 1502143
					TEST PARAMETERS			3	2	1	6	Bottle Type Code
								P	G	G	P	G = Glass; P = Plastic; V = Septum; A = Amber
EFF 1	2/11/15			X			EFF 1	X				01
EFF 2	2/10/15	7:30, 9:30, 12:30, 2:30	X				EFF 2		X			02
EFF 3	2/10/15		X				EFF3			X		
EFF 4	2/10/15		X				EFF4				X	

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
K McLell	2-11-15 @ 10:07	Amanda Johnson

SAMPLE CONDITION UPON RECEIPT IN LAB	
1. CUSTODY SEALS:	√ Yes ___ No
2. CONTAINERS CORRECT:	___ Yes ___ No
3. COC/LABELS AGREE:	___ Yes ___ No
4. RECEIVED ON ICE:	___ Yes ___ No
5. TEMPERATURE ON RECEIPT:	4°C
6. TEMPERATURE GUN ID:	HHT#2
FOR COMPLETION BY LAB ONLY	

REMARKS / SAMPLE COMMENTS

Date & Time	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analyst
2/10/15 9:26 [1]	19	B	3.99	7.01		99.8	PE
		A	4.00	7.00			
2/11/15 7:41 [2]	18	B	4.17	6.94			
		A	4.00	7.00		96.4	PE

Grab pH Date and Time
2/10/15 09:24
2/11/15 07:32
Date and Time Preformed
2/10/15 09:28
2/11/15 07:41

pH Analysis Record

Sample Number:					
Reported Value (pH			1		2
Duplicate Values:			1		2
Date	Time	H Val. (s.u	Deg. C		Vio. Y/N
1		6.99	15.1		N
2		6.85	12.0		N

Revision 2
2/14/14

Arkansas Analytical Inc.

11701 Interstate 30, Bldg. 1, Ste. 115
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time	Preservation Codes:
Jacksonville Wastewater Utility		1 Day (100%)	1. Cool, 4 Degrees Centigrade / 4. Thiosulfate for Dechlorination
248 Cloverdale Road		2 Day (50%)	2. Sulfuric Acid (H_2SO_4), pH < 2 / 5. Hydrochloric Acid(HCl)
Jacksonville, Ar. 72076	Reporting Information	3 Day (25%)	3. Nitric Acid (HNO_3), pH < 2 / 6. Sodium Hydroxide (NaOH), pH > 12
	Telephone: (501) 982-0581	5 Day (Routine)	
	Fax: (501) 982-5791	Preservative Code:	
	Email: kevin@jwwu.com	Bottle Type:	

Sampler(s) Signature: K McGill

Sampler(s) Printed: KEVIN McGILL

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	Metals	Total Phenolics	Hg-(t)	CN-(t)						Bottle Type Code
							TEST PARAMETERS	3	2	1	6						
							Bottle Type:	P	G	G	P						G = Glass; P = Plastic; V = Septum; A = Amber
							Arkansas Analytical Work Order Number:										1504115
EFF 1	4/8/2015	8:00		X	1	W	EFF 1	X									01
EFF 2	4/7/2015	7:00, 9:00	X		1	W	EFF 2		X								02
EFF 3	4/7/2015		X		1	W	EFF 3			X							
EFF 4	4/7/2015	11:30, 2:00	X		1	W	EFF 4				X						

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
K McGill	4/8/15 09:08	Amanda Labusch

SAMPLE CONDITION UPON RECEIPT IN LAB

1. CUSTODY SEALS:	✓ Yes	No
2. CONTAINERS CORRECT:	Yes	No
3. COC/LABELS AGREE:	Yes	No
4. RECEIVED ON ICE:	Yes	No
5. TEMPERATURE ON RECEIPT:	2° C	
6. TEMPERATURE GUN ID:	HHT#2	

FOR COMPLETION BY LAB ONLY

REMARKS / SAMPLE COMMENTS

* Mercury - subcontracted out to Mercury One - AJF 4-8-15

Date & Time	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analysist
1		B					
		A					
2		B					
		A					

Grab pH Date and Time

Date and Time Preformed

pH Analysis Record

Sample Number:				
Reported Value (pH		1		2
Duplicate Values:		1		2

Date	Time	H Val. (s.u.	Deg. C	Vio. Y/N
1				
2				

Revision 2
2/14/14

Arkansas Analytical Inc.

11701 Interstate 30, Bldg. 1, Ste. 115
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time
Jacksonville Wastewater Utility	3RD QUARTER	1 Day (100%)
248 Cloverdale Road	EFFLUENT	2 Day (50%)
Jacksonville, Ar. 72076	**Reporting Information**	3 Day (25%)
	Telephone: (501) 982-0581	5 Day (Routine)
	Fax: (501) 982-5791	Preservative Code:
	Email: kevin@jwwu.com	Bottle Type:

Preservation Codes:

1. Cool, 4 Degrees Centigrade
2. Sulfuric Acid (H_2SO_4), pH < 2
3. Nitric Acid (HNO_3), pH < 2
4. Thiosulfate for Dechlorination
5. Hydrochloric Acid(HCl)
6. Sodium Hydroxide (NaOH), pH > 12

TEST PARAMETERS									Bottle Type Code
3	2	1	6	1	5	3			G = Glass; P = Plastic
P	G	G	P	G	G	G			V = Septum; A = Amber

Sampler(s) Signature

Sampler(s) Printed

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	Sb, As, Ba, Cd, Cr, Cu, Pb, Mn, Se, Ag, Tl, Zn - Full Table III - 200.8	Total Phenolics	Hg -(t) *	CN-(t)	BNA	Volitiles	Pesticides PCB'S			Arkansas Analytical Work Order Number:
	ON 8/11/15 OFF 8/12/15	7:30 7:30		X	1	W	GFF 01	X									-01
	8/11/15	7:30, 9:30 11:30, 2:10	X		1	W	GFF 02		X								-02
	8/11/15	7:30, 9:30 11:30, 2:10	X		1	W	EFF 03			X							|
	8/11/15	7:30, 9:30 11:30, 2:10	X		1	W	EFF 04				X						—
	ON 8/11/15 OFF 8/11/15	7:30 7:10		X	2	W	GFF 05					X					-01
	8/11/15	7:30, 9:30 11:30, 2:10	X		4	W	EFF 06						X				-02
	ON 8/11/15 OFF 8/12/15	7:30 7:10		X	1	W	EFF 07							X			-01

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)

3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
	8/12/15 09:09	

SAMPLE CONDITION UPON RECEIPT IN LAB

1. CUSTODY SEALS:	✓ Yes	___ No
2. CONTAINERS CORRECT:	___ Yes	___ No
3. COC/LABELS AGREE:	___ Yes	___ No
4. RECEIVED ON ICE:	___ Yes	___ No
5. TEMPERATURE ON RECEIPT:	5°C	
6. TEMPERATURE GUN ID:	HHTH2	

FOR COMPLETION BY LAB ONLY

REMARKS / SAMPLE COMMENTS

* Hg - subcontracted out to Mercury One - AJF 8/12/15

Date & Time	Buffer Temp.	pH Buffers Before & After Standardization	4.00	7.00	10.00	% Slope	Analyst
8/11/15 1 7:60	20.9	B	3.73	6.98		96.3	KM
		A	4.00	7.00			
8/12/15 2 7:29	20.4	B	4.20	6.93		94.5	KM
		A	4.00	7.06			

Grab pH Date and Time
8/11/15 07:30
8/12/15 07:12

Date and Time Preformed
8/11/15 07:52
8/12/15 7:30

pH Analysis Record

Sample Number:				
Reported Value (pH		1		2
Duplicate Values:		1		2
Date	Time	pH Val. (s.u.	Deg. C	Vio. Y/N
1		7.06	24.0	
2		7.03	24.2	

COC

Revision 2
2/14/14

Arkansas Analytical Inc.

11701 Interstate 30, Bldg. 1, Ste. 115
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time
Jacksonville Wastewater Utility	Effluent Sample	1 Day (100%)
248 Cloverdale Rd.		2 Day (50%)
Jacksonville, AR 72076	Reporting Information	3 Day (25%)
	Telephone: 501-982-0581	5 Day (Routine)
Attn: Kevin McGill	Fax: 501-982-5791	Preservative Code:
	Email: kevin@jwwu.com	Bottle Type:

Preservation Codes:

1. Cool, 4 Degrees Centigrade
2. Sulfuric Acid (H_2SO_4), pH < 2
3. Nitric Acid (HNO_3), pH < 2
4. Thiosulfate for Dechlorination
5. Hydrochloric Acid(HCl)
6. Sodium Hydroxide (NaOH), pH > 12

TEST PARAMETERS										Bottle Type Code
1,3	1,6	1,2	1							G = Glass; P = Plastic
P	P	GA	G							V = Septum; A = Amber

Sampler(s) Signature

Sampler(s) Printed

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	ICP/MS Metals (Sb, As, Be, Cd, Cr, Cu, Pb, Ni, Se, Ag, Tl, Zn)	Cyanide	Total Phenolics	*Low Level Hg*						Arkansas Analytical Work Order Number:
	SEE-ON TAKEOFF	10/6/15 @ 7:00 10/7/15 @ 7:00		X	1	Water	Effluent Composite	X									15100185 01
	10/6/15	7:00, 9:00 1:00, 3:00	X		3	Water	Effluent Composite (Grab #1)		X	X	X						—
	10/6/15	7:00, 9:00 1:00, 3:00	X				Effluent Composite (Grab #2)										02
	10/6/15	7:00, 9:00 1:00, 3:00	X				Effluent Composite (Grab #3)										
	10/6/15	7:00 9:00 1:00 3:00	X				Effluent Composite (Grab #4)										

ONSITE MEASUREMENTS by JWWU -- Analyst _____

pH Analysis Record

pH Buffers Before & After Standardization

	Sample		4.00	7.00	10.00	% Slope	Buffer Temperature (°C)	Date/Time
pH (S.U.)	7.18	B	4.14	7.14		99.2	20°C	10/6/15 @ 7:40
Temperature (°C)	21.6	A	4.00	7.00				
Date/Time	10/6/15 @ 7:20	B						
Vio	Yes / No	A						

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
	10/7/15 9:13	Sydney Holmes

SAMPLE CONDITION UPON RECEIPT IN LAB

1. CUSTODY SEALS:	√ Yes	___ No
2. CONTAINERS CORRECT:	___ Yes	___ No
3. COC/LABELS AGREE:	___ Yes	___ No
4. RECEIVED ON ICE:	___ Yes	___ No
5. TEMPERATURE ON RECEIPT:	4°C	
6. TEMPERATURE GUN ID:	HH#2	

FOR COMPLETION BY LAB ONLY

REMARKS / SAMPLE COMMENTS

Low Level Hg to be subcontracted to Mercury One.

Revision 2
2/14/14

Arkansas Analytical Inc.

8100 National Dr.
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time	Preservation Codes:
Jacksonville Wastewater Utility	Effluent Sample	1 Day (100%)	1. Cool, 4 Degrees Centigrade; 4. Thiosulfate for Dechlorination
248 Cloverdale Rd.		2 Day (50%)	2. Sulfuric Acid (H_2SO_4), pH < 2; 5. Hydrochloric Acid(HCl)
Jacksonville, AR 72076	Reporting Information	3 Day (25%)	3. Nitric Acid (HNO_3), pH < 2; 6. Sodium Hydroxide (NaOH), pH > 12
	Telephone: 501-982-0581	5 Day (Routine)	
Attn: Kevin McGill	Fax: 501-982-5791	Preservative Code:	
	Email: kevin@jwwu.com	Bottle Type:	

Sampler(s) Signature	Sampler(s) Printed

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	ICP/MS Metals (Sb, As, Be, Cd, Cr, Cu, Pb, Ni, Se, Ag, Tl, Zn)	Cyanide	Total Phenolics	*Low Level Hg*	Bottle Type Code	Arkansas Analytical Work Order Number:
	S 1-26-16 F 1-27-16	7:20 7:20		X	1	Water	Effluent Composite	X				01	16C139
	1-26-16	7:20	X		3	Water	Effluent Composite (Grab #1)		X	X	X	—	
	1-26-16	9:20	X				Effluent Composite (Grab #2)					02	
	1-26-16	11:20	X				Effluent Composite (Grab #3)						
	1-26-16	2:20	X				Effluent Composite (Grab #4)						

TEST PARAMETERS	1,3	1,6	1,2	1
Preservative Code:				
Bottle Type:	P	P	GA	G

Bottle Type Code: G = Glass; P = Plastic; V = Septum; A = Amber

ONSITE MEASUREMENTS by JWWU -- Analyst _____

pH Analysis Record

	Sample			pH Buffers Before & After Standardization					
				4.00	7.00	10.00	% Slope	Buffer Temperature (°C)	Date/Time
pH (S.U.)	6.69	6.67	B	4.01	6.98		97%	20.8°C	1-26-16 @ 7:32
Temperature (°C)	11.1	11.2	A	4.00	7.00				
Date/Time	1-26-16 @ 7:34	1-27-16 @ 7:41	B	4.00	7.00				
Vio	Yes / No		A	4.00	7.00		97.1	19.3	1-27-16 @ 7:32

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
	1-27-16 @ 9:36	

SAMPLE CONDITION UPON RECEIPT IN LAB

1. CUSTODY SEALS:	✓ Yes	___ No
2. CONTAINERS CORRECT:	✓ Yes	___ No
3. COC/LABELS AGREE:	✓ Yes	___ No
4. RECEIVED ON ICE:	✓ Yes	___ No
5. TEMPERATURE ON RECEIPT:	4 °C	
6. TEMPERATURE GUN ID:	HHT# 2	

FOR COMPLETION BY LAB ONLY

REMARKS / SAMPLE COMMENTS

Low Level Hg to be subcontracted to Mercury One.

Revision 3
1/4/16

Arkansas Analytical Inc.

8100 National Dr.
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time
Jacksonville Wastewater Utility	Effluent Sample	1 Day (100%)
248 Cloverdale Rd.		2 Day (50%)
Jacksonville, AR 72076	Reporting Information	3 Day (25%)
	Telephone: 501-982-0581	5 Day (Routine)
Attn: Kevin McGill	Fax: 501-982-5791	Preservative Code:
	Email: kevin@jwwu.com	Bottle Type:

Preservation Codes:

1. Cool, 4 Degrees Centigrade
2. Sulfuric Acid (H_2SO_4), pH < 2
3. Nitric Acid (HNO_3), pH < 2
4. Thiosulfate for Dechlorination
5. Hydrochloric Acid(HCl)
6. Sodium Hydroxide (NaOH), pH > 12

Sampler(s) Signature	Sampler(s) Printed

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	TEST PARAMETERS: ICP/MS Metals (Sb, As, Be, Cd, Cr, Cu, Pb, Ni, Se, Ag, Tl, Zn)	Cyanide	Total Phenolics	*Low Level Hg*	Bottle Type Code: G = Glass; P = Plastic; V = Septum; A = Amber	Arkansas Analytical Work Order Number:
								1,3	1,6	1,2	1		1604201
								P	P	GA	G		
EFF1	4-12-16 4-13-16	9:20 7:12		X	1	Water	Effluent Composite	X					01
EFF2	4-12-16	7:20	X		3	Water	Effluent Composite (Grab #1)		X	X	X		—
EFF3	4-12-16	9:20	X				Effluent Composite (Grab #2)						02
EFF4	4-12-16	11:20	X				Effluent Composite (Grab #3)						
	4-12-16	2:10	X				Effluent Composite (Grab #4)						

ONSITE MEASUREMENTS by JWWU -- Analyst

pH Analysis Record

	Sample		pH Buffers Before & After Standardization						
				4.00	7.00	10.00	% Slope	Buffer Temperature (°C)	Date/Time
pH (S.U.)	6.78	6.83	B	4.03	7.00		96.7%	20.7°C	4-12-16 @ 7:37
Temperature (°C)	16.1	16.1	A	4.00	7.00				
Date/Time	4-12-16@7:20	4-13-16@7:11	B	4.01	6.97		96.8%	20.8°C	4-13-16@7:34
Vio	Yes / No		A	4.00	7.00				

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
KMcG	4-13-16 @ 9:01	Tammy Riddle

SAMPLE CONDITION UPON RECEIPT IN LAB		
1. CUSTODY SEALS:	✓ Yes	No
2. CONTAINERS CORRECT:	Yes	No
3. COC/LABELS AGREE:	Yes	No
4. RECEIVED ON ICE:	Yes	No
5. TEMPERATURE ON RECEIPT:	4 °C	
6. TEMPERATURE GUN ID:	HHT# 2	
FOR COMPLETION BY LAB ONLY		

REMARKS / SAMPLE COMMENTS

Low Level Hg to be subcontracted to Mercury One.

Arkansas Analytical Inc.
8100 National Dr.
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time	Preservation Codes:
Jacksonville Wastewater Utility	Effluent Sample	1 Day (100%)	1. Cool, 4 Degrees Centigrade; 4. Thiosulfate for Dechlorination
248 Cloverdale Rd.		2 Day (50%)	2. Sulfuric Acid (H_2SO_4), pH < 2; 5. Hydrochloric Acid(HCl)
Jacksonville, AR 72076	Reporting Information	3 Day (25%)	3. Nitric Acid (HNO_3), pH < 2; 6. Sodium Hydroxide (NaOH), pH > 12
	Telephone: 501-982-0581	5 Day (Routine)	
Attn: Kevin McGill	Fax: 501-982-5791		
	Email: kevin@jwwu.com		

Sampler(s) Signature: K McGill
Sampler(s) Printed: Kevin McGill

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	ICP/MS Metals (Sb, As, Be, Cd, Cr, Cu, Pb, Ni, Se, Ag, Tl, Zn)	PPS Base Neutral/Acid Compounds	PPS Pesticides/PCBs	PPS Volatiles	Cyanide	Total Phenolics	*Low Level Hg* (SUBCONTRACT)			Arkansas Analytical Work Order Number: 16117150
	7-12-16 / 7-13-16	7:20 / 7:20		X	3	Water	Effluent Composite	X	X	X							01
	7-12-16	7:20	X		7	Water	Effluent Composite (Grab #1)				X	X	X	X			02
	7-12-16	9:10	X				Effluent Composite (Grab #2)										
	7-12-16	11:10	X				Effluent Composite (Grab #3)										
	7-12-16	2:10	X				Effluent Composite (Grab #4)										

Test Parameters	1,3	1,6	1,2	1	1,6	1,2	1			Bottle Type Code
Preservative Code:										G = Glass; P = Plastic
Bottle Type:	P	P	GA	G	P	GA	G			V = Septum; A = Amber

ONSITE MEASUREMENTS by JWWU -- Analyst _____

pH Analysis Record

	Sample
pH (S.U.)	7.18
Temperature (°C)	25.5
Date/Time	7-12-16 @ 7:25
Vio	Yes / No

pH Buffers Before & After Standardization

	4.00	7.00	10.00	% Slope	Buffer Temperature (°C)	Date/Time
B		7.00	9.99	92.2%	21.4	7-12-16 @ 7:35
A		7.00	10.00			
B						
A						

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
K McGill	7-13-16 09:03	
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
		Sydney James

SAMPLE CONDITION UPON RECEIPT IN LAB		
1. CUSTODY SEALS:	✓ Yes	No
2. CONTAINERS CORRECT:	Yes	No
3. COC/LABELS AGREE:	Yes	No
4. RECEIVED ON ICE:	Yes	No
5. TEMPERATURE ON RECEIPT:	4 °C	
6. TEMPERATURE GUN ID:	HHT# 2	
FOR COMPLETION BY LAB ONLY		

REMARKS / SAMPLE COMMENTS
Low Level Hg to be subcontracted to Mercury One.

Revision 3
1/4/16

Arkansas Analytical Inc.

8100 National Dr.
Little Rock, AR 72209
PHONE: 501-455-3233
FAX: 501-455-6118

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION	Project Description	Turnaround Time
Jacksonville Wastewater Utility	Effluent Sample	1 Day (100%)
248 Cloverdale Rd.		2 Day (50%)
Jacksonville, AR 72076	Reporting Information	3 Day (25%)
	Telephone: 501-982-0581	5 Day (Routine)
Attn: Kevin McGill	Fax: 501-982-5791	Preservative Code:
	Email: kevin@jwwu.com	Bottle Type:

Preservation Codes:

1. Cool, 4 Degrees Centigrade
2. Sulfuric Acid (H_2SO_4), pH < 2
3. Nitric Acid (HNO_3), pH < 2
4. Thiosulfate for Dechlorination
5. Hydrochloric Acid(HCl)
6. Sodium Hydroxide (NaOH), pH > 12

TEST PARAMETERS									Bottle Type Code
1,3	1,6	1,2	1						G = Glass; P = Plastic
P	P	GA	G						V = Septum; A = Amber

Sampler(s) Signature: K McGill

Sampler(s) Printed: KEVIN McGILL

Field Number	SAMPLE COLLECTION Date/s	Time/s	Grab	Comp	Number of Bottles	Sample Matrix	SAMPLE IDENTIFICATION/ DESCRIPTION	ICP/MS Metals-200.8 (Sb, As, Be, Cd, Cr, Cu, Pb, Ni, Se, Ag, Tl, Zn)	Cyanide	Total Phenolics	*Low Level Hg* (SUBCONTRACT)	Arkansas Analytical Work Order Number: 16101133
Sww0	10/11/16 10/12/16	7:16		X	1	Water	Effluent Composite	X				01
Sww0	10/11/16	7:16	X		3	Water	Effluent Composite (Grab #1)		X	X	X	—
Sww0	10/11/16	11:10	X				Effluent Composite (Grab #2)					02
Sww0	10/11/16	1:10	X				Effluent Composite (Grab #3)					
Sww0	10/11/16	3:10	X				Effluent Composite (Grab #4)					

ONSITE MEASUREMENTS by JWWU -- Analyst _____

pH Analysis Record

	Sample
pH (S.U.)	6.88
Temperature (°C)	19.3°C
Date/Time	10/11/16@7:40
Vio	Yes / No

pH Buffers Before & After Standardization

	4.00	7.00	10.00	% Slope	Buffer Temperature (°C)	Date/Time
B	4.00	6.99				
A	4.00	7.00		97.6	20.4°C	10/11/16@740
B						
A						

1. Relinquished by: (Signature)	Date/Time	2. Received by: (Signature)
3. Relinquished by: (Signature)	Date/Time	4. Received by lab: (Signature)
K McGill	10/12/16 9:29	Sydney James

SAMPLE CONDITION UPON RECEIPT IN LAB

1. CUSTODY SEALS:	√ Yes	___ No
2. CONTAINERS CORRECT:	___ Yes	___ No
3. COC/LABELS AGREE:	___ Yes	___ No
4. RECEIVED ON ICE:	___ Yes	___ No
5. TEMPERATURE ON RECEIPT:	4 °C	
6. TEMPERATURE GUN ID:	HHT#2	

FOR COMPLETION BY LAB ONLY

REMARKS / SAMPLE COMMENTS

Low Level Hg to be subcontracted to Mercury One.

Revision 3
1/4/16

ADEQ

R K A N S A S
epartment of Environmental Quality

Application Form PPS

Priority Pollutant Scan Information

COPY

ATTENTION

AClean@ Sampling Techniques

Water quality (WQ) standards (Based on aquatic toxicity and human health criteria) for many of the heavy metals are Aat@ analytical methods= detection levels (MDL).

It is recognized that **unclean** sampling and lab techniques can and do **cause** contamination sometimes causing measurements to be Aseen@ as **violations** of the WQ standards. Therefore, the permittee must recognize the **importance** of **eliminating** contamination.

For personnel responsible for collecting samples in answer to effluent monitoring requirements, the Department recommends following sample collection and handling in accordance with EPA=s **Method 1669: Sampling Ambient Water for Determination of Trace Metals at EPA Water Quality Criteria Levels** as closely as possible and as economically feasible. A copy of Method 1669 is available upon request.

Please convey to your contract testing laboratory the extreme importance of proper sampling techniques associated with analytical testing for heavy metals. Some of the techniques may be considered too expensive to justify implementation but it could be in the best interest of your facility to **submit the PPS Form by using common sense AClean@ Sampling Techniques.**

PPS-FORM

GENERAL INSTRUCTION

1. **Generation of a form similar to the PPS form is prohibited without expressed written permission of ADEQ, Discharge Permits Section, Water Division.**

2. All major facilities, all categorical industries, or any facility that believes there are priority pollutant(s) present in their discharge, must submit the Form PPS.

3. All facilities must monitor for **metals** and **cyanide**.

4. Testing requirements for categorical industries are listed in Attachment 1.

5. If one of the EPA approved test methods (40 CFR Part 136) is used the method detection level (MDL) **must be as low as Minimum Quantification Levels** (**MQL**). MQLs are based on EPA Region 6 guidance dated April 10, 2006: "MQL = 3.3 X MDL"

6. All the units must be expressed in µg/l (Micro grams per liter).

7. **All the results less than Used Method Detection Level Achieved are reported as ND (Not Detected).**

8. The data requested for the priority pollutant scan in the enclosures shall be submitted with copies of the laboratory results, MDLs and MQLs. Certification that QA/QC procedures were implemented must be submitted with the requested information.

9. All analyses must be performed at the minimum level of sensitivity. The analyses must demonstrate that an acceptable calibration point as low as MQL was used. Test procedures must conform to approved EPA methodology listed in 40 CFR Part 136.

ATTACHMENT 1

TESTING REQUIREMENTS FOR ORGANIC TOXIC POLLUTANTS INDUSTRY CATEGORY

INDUSTRY CATEGORY	Volatile	Acid	Base/Neutral	Pesticide
Adhesives & Sealants ..	X	X	X	-
Aluminum Forming	X	X	X	-
Auto & Other Laundries	X	X	X	X
Battery Manufacturing	X	-	X	-
Coal Mining	X	X	X	X
Coil Coating	X	X	X	-
Copper Forming	X	X	X	-
Electric & Electronic Compounds	X	X	X	X
Electroplating	X	X	X	-
Explosives Manufacturing	-	X	X	-
Foundries	X	X	X	-
Gum & Wood Chemicals	X	X	X	X
Inorganic Chemicals Manufacturing	X	X	X	-
Iron & Steel Manufacturing	X	X	X	-
Leather Tanning & Finishing	X	X	X	X
Mechanical Products Manufacturing	X	X	X	-
Nonferrous Metals Manufacturing	X	X	X	X
Ore Mining	X	X	X	X
Organic Chemicals Manufacturing	X	X	X	X
Paint & Ink Formulation	X	X	X	X
Pesticides	X	X	X	X
Petroleum Refining	X	X	X	X
Pharmaceutical Preparations	X	X	X	-
Photographic Equipment & Supplies	X	X	X	X
Plastic & Synthetic Materials Manufacturing	X	X	X	X
Plastic Processing	X	-	-	-
Porcelain Enameling	X	-	X	X
Printing & Publishing	X	X	X	X
Pulp & Paperboard Mills	X	X	X	X
Rubber Processing	X	X	X	-
Soap & Detergent Manufacturing	X	X	X	-
Steam Electric Power Plants	X	X	X	-
Textile Mills	X	X	X	X
Timber Products Processing	X	X	X	X

X Testing required.
- Testing not required.

ARKANSAS Department of Environmental Quality
PPS REQUIREMENTS

1. Name of facility:

   J. Albert Johnson Regional Treatment Facility, Jacksonville Wastewater Utility

2. Name, address and telephone number of laboratory:

   Arkansas Analytical
   8100 National Dr.
   Little Rock, AR. 72209

3. Is the lab certified by the State of Arkansas? Yes X No ___

4. What are the certification dates?

   Issued data 10/30/2016 Expire date 10/30/2017

5. Is the laboratory certified for all the parameters?

   YES X____ No ____ (Explain)

   _____

   _____

6. Date and time of samples collected:

   _____

7. Date and time samples were received in the laboratory:

   _____

8. Sample location (Outfall No.):

   001

9. Samples collected by:

   Name Kevin McGill

   Title Pretreatment Coordinator

   Telephone (501) 982-0581

10. I certify under penalty of law that this document and all attachments were prepared under my direction of 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, 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.

    Michael Overstreet — Operations Manager

    Printed Name of person signing — Title

    Michael Overstreet — 2-8-17

    Signature — Date signed

    List all attachments to this form:

    _____

    _____

COPY

METALS AND CYANIDE 2/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	60	60
2. Arsenic (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	6.2	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	N/D	EPA245.7	0.0050	0.005
12. Nickel (Total), Recoverable	3.3	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	50.0	EPA200.8	20.0	20
129. Phenols, Total Recoverable	9.0	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 5/28/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	60	60
2. Arsenic (Total), Recoverable	2.2	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	9.2	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.013	EPA245.7	0.0050	0.005
12. Nickel (Total), Recoverable	4.2	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	80.0	EPA200.8	20.0	20
129. Phenols, Total Recoverable	22.0	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	30.0	60
2. Arsenic (Total), Recoverable	1.0	EPA 200.8	1.0	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.3	0.5
4. Cadmium (Total), Recoverable	0.24	EPA 200.8	0.1	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	7.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	4.7	EPA200.8	0.1	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.1	0.5
10. Mercury (Total), Recoverable	ND	EPA245.7	0.0050	0.005
12. Nickel (Total), Recoverable	2.6	EPA200.8	0.1	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	2.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.2	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	1.0	0.5
16. Zinc (Total), Recoverable	33.0	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

COPY

VOLATILE COMPOUNDS 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
19. Acrolein	N/D	EPA624	50.0	50
20. Acrylonitrile	N/D	EPA624	20	20
21. Benzene	N/D	EPA624	10	10
22. Bromoform	N/D	EPA624	10	10
23. Carbon Tetrachloride	N/D	EPA624	2	2
24. Chlorobenzene	N/D	EPA624	10	10
25. Chlorodibromomethane	N/D	EPA624	10	10
26. Chloroethane	N/D	EPA624	50	50
27. 2-Chloroethyl vinyl ether	N/D	EPA624	10	10
28. Chloroform	N/D	EPA624	10	10
29. Dichlorobromomethane	N/D	EPA624	10	10
30. 1,1-Dichloroethane	N/D	EPA624	10	10
31. 1,2-Dichloroethane	N/D	EPA624	10	10
32. 1,1-Dichloroethylene	N/D	EPA624	10	10
33. 1,2-Dichloropropane	N/D	EPA624	10	10
34. 1,3-Dichloropropylene	N/D	EPA624	10	10
35. Ethylbenzene	N/D	EPA624	10	10
36. Methyl Bromide [Bromomethane]	N/D	EPA624	50	50
37. Methyl Chloride [Chloromethane]	N/D	EPA624	50	50
38. Methylene Chloride	N/D	EPA624	20	20
39. 1,1,2,2-Tetrachloroethane	N/D	EPA624	10	10
40. Tetrachloroethylene	N/D	EPA624	10	10
41. Toluene	N/D	EPA624	10	10
42. 1,2-trans-Dichloroethylene	N/D	EPA624	10	10
43. 1,1,1-Trichloroethane	N/D	EPA624	10	10
44. 1,1,2-Trichloroethane	N/D	EPA624	10	10
45. Trichloroethylene	N/D	EPA624	10	10
46. Vinyl Chloride	N/D	EPA624	10	10

ACID COMPOUNDS 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
47. 2-Chlorophenol	N/D	EPA625	10	10
48. 2,4-Dichlorophenol	N/D	EPA625	10	10
49. 2,4-Dimethylphenol	N/D	EPA625	10	10
50. 4,6-Dinitro-o-Cresol [2 methyl 4,6-dinitrophenol	N/D	EPA625	50	50
51. 2,4-Dinitrophenol	N/D	EPA625	50	50
52. 2-Nitrophenol	N/D	EPA625	20	20
53. 4-Nitrophenol	N/D	EPA625	50	50
54. P-Chloro-m-Cresol [4 chloro-3-methylphenol]	N/D	EPA625	10	10
55. Pentachlorophenol	N/D	EPA625	5	5
56. Phenol	N/D	EPA625	10	10
57. 2,4,6-Trichlorophenol	N/D	EPA625	10	10

BASE/NEUTRAL COMPOUNDS 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
58. Acenaphthene	N/D	EPA625	10	10
59. Acenaphthylene	N/D	EPA625	10	10
60. Anthracene	N/D	EPA625	10	10
61. Benzidine	N/D	EPA625	50	50
62. Benzo(a)anthracene	N/D	EPA625	5	5
63. Benzo(a)pyrene	N/D	EPA625	5	5
64. 3,4-Benzofluoranthene	N/D	EPA625	10	10
65. Benzo(ghi)perylene	N/D	EPA625	20	20
66. Benzo(k)fluoranthene	N/D	EPA625	5	5
67. Bis(2-chloroethoxy) methane	N/D	EPA625	10	10
68. Bis(2-chloroethyl) ether	N/D	EPA625	10	10
69. Bis(2-chloroisopropyl) ether	N/D	EPA625	10	10
70. Bis(2-ethylhexyl) phthalate	N/D	EPA625	10	10
71. 4-Bromophenyl phenyl ether	N/D	EPA625	10	10
72. Butyl benzyl phthalate	N/D	EPA625	10	10
73. 2-Chloronapthalene	N/D	EPA625	10	10
74. 4-Chlorophenyl phenyl ether	N/D	EPA625	10	10
75. Chrysene	N/D	EPA625	5	5
76. Dibenzo (a,h) anthracene	N/D	EPA624	5	5
77. 1,2-Dichlorobenzene	N/D	EPA624	10	10
78. 1,3-Dichlorobenzene	N/D	EPA624	10	10
79. 1,4-Dichlorobenzene	N/D	EPA625	10	10
80. 3,3'-Dichlorobenzidine	N/D	EPA625	5	5
81. Diethyl Phthalate	N/D	EPA625	10	10
82. Dimethyl Phthalate	N/D	EPA625	10	10
83. Di-n-Butyl Phthalate	N/D	EPA625	10	10
84. 2,4-Dinitrotoluene	N/D	EPA625	10	10
85. 2,6-Dinitrotoluene	N/D	EPA625	10	10
86. Di-n-octyl Phthalate	N/D	EPA625	10	10

BASE/NEUTRAL COMPOUNDS 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
87. 1,2-Diphenylhydrazine	N/D	EPA625	20	20
89. Fluorene	N/D	EPA625	10	10
90. Hexachlorobenzene	N/D	EPA625	5	5
91. Hexachlorobutadiene	N/D	EPA625	10	10
92. Hexachlorocyclopentadiene	N/D	EPA625	10	10
93. Hexachloroethane	N/D	EPA625	20	20
94. Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)	N/D	EPA625	5	5
95. Isophorone	N/D	EPA625	10	10
96. Naphthalene	N/D	EPA625	10	10
97. Nitrobenzene	N/D	EPA625	10	10
98. N-nitrosodimethylamine	N/D	EPA625	50	50
99. N-nitrosodi-n-propylamine	N/D	EPA625	20	20
100. N-nitrosodiphenylamine	N/D	EPA625	20	20
101. Phenanthrene	N/D	EPA625	10	10
102. Pyrene	N/D	EPA625	10	10
103. 1,2,4-Trichlorobenzene	N/D	EPA625	10	10

PESTICIDES 8/19/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
104. Aldrin	N/D	EPA608	0.01	0.01
105. Alpha-BHC	N/D	EPA608	0.05	0.05
106. Beta-BHC	N/D	EPA608	0.05	0.05
107. Gamma-BHC	N/D	EPA608	0.05	0.05
108. Delta-BHC	N/D	EPA608	0.05	0.05
109. Chlordane	N/D	EPA608	0.2	0.2
110. 4,4'-DDT	N/D	EPA608	0.02	0.02
111. 4,4'-DDE (p,p-DDX)	N/D	EPA608	0.1	0.1
112. 4,4'-DDD 9(p,p-TDE)	N/D	EPA608	0.1	0.1
113. Dieldrin	N/D	EPA608	0.02	0.02
114. Alpha-endosulfan	N/D	EPA608	0.01	0.01
115. Beta-endosulfan	N/D	EPA608	0.02	0.02
116. Endosulfan sulfate	N/D	EPA608	0.1	0.1
117. Endrin	N/D	EPA608	0.02	0.02
118. Endrin aldehyde	N/D	EPA608	0.1	0.1
119. Heptachlor	N/D	EPA608	0.1	0.01
120. Heptachlor epoxide (BHC-hexachlorocyclohexane)	N/D	EPA608	0.01	0.01
130. Chlorpyrifos	N/D	EPA608	0.07	0.07
121. PCB-1242	N/D	EPA608	0.2	0.2
122. PCB-1254	N/D	EPA608	0.2	0.2
123. PCB-1221	N/D	EPA608	0.2	0.2
124. PCB-1232	N/D	EPA608	0.2	0.2
125. PCB-1248	N/D	EPA608	0.2	0.2
126. PCB-1260	N/D	EPA608	0.2	0.2
127. PCB-1016	N/D	EPA608	0.2	0.2
128. Toxaphene	N/D	EPA608	0.2	0.3

METALS AND CYANIDE 11/18/2014	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	60	60
2. Arsenic (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	4.5	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	ND	EPA245.7	0.0050	0.005
12. Nickel (Total), Recoverable	1.8	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	62.0	EPA200.8	20.0	20
129. Phenols, Total Recoverable	27.0	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 2/10/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.7	60	60
2. Arsenic (Total), Recoverable	0.512	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	2.6	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.0013	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	1.28	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	45.1	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 4/7/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2. Arsenic (Total), Recoverable	0.585	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	6.19	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.0003	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	2.60	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	28.4	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2. Arsenic (Total), Recoverable	0.724	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	5.75	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.011	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	3.19	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	63.4	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

VOLATILE COMPOUNDS 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
19. Acrolein	N/D	EPA624	50.0	50
20. Acrylonitrile	N/D	EPA624	20	20
21. Benzene	N/D	EPA624	10	10
22. Bromoform	N/D	EPA624	10	10
23. Carbon Tetrachloride	N/D	EPA624	2	2
24. Chlorobenzene	N/D	EPA624	10	10
25. Chlorodibromomethane	N/D	EPA624	10	10
26. Chloroethane	N/D	EPA624	50	50
27. 2-Chloroethyl vinyl ether	N/D	EPA624	10	10
28. Chloroform	N/D	EPA624	10	10
29. Dichlorobromomethane	N/D	EPA624	10	10
30. 1,1-Dichloroethane	N/D	EPA624	10	10
31. 1,2-Dichloroethane	N/D	EPA624	10	10
32. 1,1-Dichloroethylene	N/D	EPA624	10	10
33. 1,2-Dichloropropane	N/D	EPA624	10	10
34. 1,3-Dichloropropylene	N/D	EPA624	10	10
35. Ethylbenzene	N/D	EPA624	10	10
36. Methyl Bromide [Bromomethane]	N/D	EPA624	50	50
37. Methyl Chloride [Chloromethane]	N/D	EPA624	50	50
38. Methylene Chloride	N/D	EPA624	20	20
39. 1,1,2,2-Tetrachloroethane	N/D	EPA624	10	10
40. Tetrachloroethylene	N/D	EPA624	10	10
41. Toluene	N/D	EPA624	10	10
42. 1,2-trans-Dichloroethylene	N/D	EPA624	10	10
43. 1,1,1-Trichloroethane	N/D	EPA624	10	10
44. 1,1,2-Trichloroethane	N/D	EPA624	10	10
45. Trichloroethylene	N/D	EPA624	10	10
46. Vinyl Chloride	N/D	EPA624	10	10

ACID COMPOUNDS 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
47. 2-Chlorophenol	N/D	EPA625	10	10
48. 2,4-Dichlorophenol	N/D	EPA625	10	10
49. 2,4-Dimethylphenol	N/D	EPA625	10	10
50. 4,6-Dinitro-o-Cresol [2 methyl 4,6-dinitrophenol	N/D	EPA625	10	50
51. 2,4-Dinitrophenol	N/D	EPA625	50	50
52. 2-Nitrophenol	N/D	EPA625	20	20
53. 4-Nitrophenol	N/D	EPA625	50	50
54. P-Chloro-m-Cresol [4 chloro-3-methylphenol]	N/D	EPA625	10	10
55. Pentachlorophenol	N/D	EPA625	5	5
56. Phenol	N/D	EPA625	10	10
57. 2,4,6-Trichlorophenol	N/D	EPA625	10	10

BASE/NEUTRAL COMPOUNDS 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
58. Acenaphthene	N/D	EPA625	10	10
59. Acenaphthylene	N/D	EPA625	10	10
60. Anthracene	N/D	EPA625	10	10
61. Benzidine	N/D	EPA625	50	50
62. Benzo(a)anthracene	N/D	EPA625	5	5
63. Benzo(a)pyrene	N/D	EPA625	5	5
64. 3,4-Benzofluoranthene	N/D	EPA625	10	10
65. Benzo(ghi)perylene	N/D	EPA625	20	20
66. Benzo(k)fluoranthene	N/D	EPA625	5	5
67. Bis(2-chloroethoxy) methane	N/D	EPA625	10	10
68. Bis(2-chloroethyl) ether	N/D	EPA625	10	10
69. Bis(2-chloroisopropyl) ether	N/D	EPA625	10	10
70. Bis(2-ethylhexyl) phthalate	N/D	EPA625	10	10
71. 4-Bromophenyl phenyl ether	N/D	EPA625	10	10
72. Butyl benzyl phthalate	N/D	EPA625	10	10
73. 2-Chloronapthalene	N/D	EPA625	10	10
74. 4-Chlorophenyl phenyl ether	N/D	EPA625	10	10
75. Chrysene	N/D	EPA625	5	5
76. Dibenzo (a,h) anthracene	N/D	EPA624	5	5
77. 1,2-Dichlorobenzene	N/D	EPA624	10	10
78. 1,3-Dichlorobenzene	N/D	EPA624	10	10
79. 1,4-Dichlorobenzene	N/D	EPA625	10	10
80. 3,3'-Dichlorobenzidine	N/D	EPA625	5	5
81. Diethyl Phthalate	N/D	EPA625	10	10
82. Dimethyl Phthalate	N/D	EPA625	10	10
83. Di-n-Butyl Phthalate	N/D	EPA625	10	10
84. 2,4-Dinitrotoluene	N/D	EPA625	10	10
85. 2,6-Dinitrotoluene	N/D	EPA625	10	10
86. Di-n-octyl Phthalate	N/D	EPA625	10	10

BASE/NEUTRAL COMPOUNDS 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
87. 1,2-Diphenylhydrazine	N/D	EPA625	20	20
89. Fluorene	N/D	EPA625	10	10
90. Hexachlorobenzene	N/D	EPA625	5	5
91. Hexachlorobutadiene	N/D	EPA625	10	10
92. Hexachlorocyclopentadiene	N/D	EPA625	10	10
93. Hexachloroethane	N/D	EPA625	20	20
94. Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)	N/D	EPA625	5	5
95. Isophorone	N/D	EPA625	10	10
96. Naphthalene	N/D	EPA625	10	10
97. Nitrobenzene	N/D	EPA625	10	10
98. N-nitrosodimethylamine	N/D	EPA625	50	50
99. N-nitrosodi-n-propylamine	N/D	EPA625	20	20
100. N-nitrosodiphenylamine	N/D	EPA625	20	20
101. Phenanthrene	N/D	EPA625	10	10
102. Pyrene	N/D	EPA625	10	10
103. 1,2,4-Trichlorobenzene	N/D	EPA625	10	10

PESTICIDES 8/11/2015	LABORATORY ANALYSIS			REQUIRED MQL (µg/1)
	RESULTS (µg/1)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/1)	
104. Aldrin	N/D	EPA608	0.01	0.01
105. Alpha-BHC	N/D	EPA608	0.05	0.05
106. Beta-BHC	N/D	EPA608	0.05	0.05
107. Gamma-BHC	N/D	EPA608	0.05	0.05
108. Delta-BHC	N/D	EPA608	0.05	0.05
109. Chlordane	N/D	EPA608	0.2	0.2
110. 4,4'-DDT	N/D	EPA608	0.02	0.02
111. 4,4'-DDE (p,p-DDX)	N/D	EPA608	0.1	0.1
112. 4,4'-DDD 9(p,p-TDE)	N/D	EPA608	0.1	0.1
113. Dieldrin	N/D	EPA608	0.02	0.02
114. Alpha-endosulfan	N/D	EPA608	0.01	0.01
115. Beta-endosulfan	N/D	EPA608	0.02	0.02
116. Endosulfan sulfate	N/D	EPA608	0.1	0.1
117. Endrin	N/D	EPA608	0.02	0.02
118. Endrin aldehyde	N/D	EPA608	0.1	0.1
119. Heptachlor	N/D	EPA608	0.1	0.01
120. Heptachlor epoxide (BHC-hexachlorocyclohexane)	N/D	EPA608	0.01	0.01
130. Chlorpyrifos	N/D	EPA608	0.07	0.07
121. PCB-1242	N/D	EPA608	0.2	0.2
122. PCB-1254	N/D	EPA608	0.2	0.2
123. PCB-1221	N/D	EPA608	0.2	0.2
124. PCB-1232	N/D	EPA608	0.2	0.2
125. PCB-1248	N/D	EPA608	0.2	0.2
126. PCB-1260	N/D	EPA608	0.2	0.2
127. PCB-1016	N/D	EPA608	0.2	0.2
128. Toxaphene	N/D	EPA608	0.2	0.3

METALS AND CYANIDE 10/06/2015		LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
		RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1.	Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2.	Arsenic (Total), Recoverable	0.909	EPA 200.8	0.5	0.5
3.	Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4.	Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5.	Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7.	Chromium (6+), Dissolved				10
8.	Copper (Total), Recoverable	7.05	EPA200.8	0.5	0.5
9.	Lead (Total), Recoverable	0.577	EPA200.8	0.5	0.5
10.	Mercury (Total), Recoverable	0.0019	EPA1631E	0.0002	0.005
12.	Nickel (Total), Recoverable	6.00	EPA200.8	0.5	0.5
13.	Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14.	Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15.	Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16.	Zinc (Total), Recoverable	95.6	EPA200.8	20.0	20
129.	Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17.	Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN		LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
		RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18.	2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 1/26/2016	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2. Arsenic (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	2.70	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.004	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	1.0	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	21.9	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

METALS AND CYANIDE 4/12/2016	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2. Arsenic (Total), Recoverable	0.706	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	3.22	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.003	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	2.05	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	34.2	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

BASE/NEUTRAL COMPOUNDS 7/12/2016	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
87. 1,2-Diphenylhydrazine	N/D	EPA625	20	20
89. Fluorene	N/D	EPA625	10	10
90. Hexachlorobenzene	N/D	EPA625	5	5
91. Hexachlorobutadiene	N/D	EPA625	10	10
92. Hexachlorocyclopentadiene	N/D	EPA625	10	10
93. Hexachloroethane	N/D	EPA625	20	20
94. Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)	N/D	EPA625	5	5
95. Isophorone	N/D	EPA625	10	10
96. Naphthalene	N/D	EPA625	10	10
97. Nitrobenzene	N/D	EPA625	10	10
98. N-nitrosodimethylamine	N/D	EPA625	50	50
99. N-nitrosodi-n-propylamine	N/D	EPA625	20	20
100. N-nitrosodiphenylamine	N/D	EPA625	20	20
101. Phenanthrene	N/D	EPA625	10	10
102. Pyrene	N/D	EPA625	10	10
103. 1,2,4-Trichlorobenzene	N/D	EPA625	10	10

PESTICIDES 7/12/2016	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
104. Aldrin	N/D	EPA608	0.01	0.01
105. Alpha-BHC	N/D	EPA608	0.05	0.05
106. Beta-BHC	N/D	EPA608	0.05	0.05
107. Gamma-BHC	N/D	EPA608	0.05	0.05
108. Delta-BHC	N/D	EPA608	0.05	0.05
109. Chlordane	N/D	EPA608	0.2	0.2
110. 4,4'-DDT	N/D	EPA608	0.02	0.02
111. 4,4'-DDE (p,p-DDX)	N/D	EPA608	0.1	0.1
112. 4,4'-DDD 9(p,p-TDE)	N/D	EPA608	0.1	0.1
113. Dieldrin	N/D	EPA608	0.02	0.02
114. Alpha-endosulfan	N/D	EPA608	0.01	0.01
115. Beta-endosulfan	N/D	EPA608	0.02	0.02
116. Endosulfan sulfate	N/D	EPA608	0.1	0.1
117. Endrin	N/D	EPA608	0.02	0.02
118. Endrin aldehyde	N/D	EPA608	0.1	0.1
119. Heptachlor	N/D	EPA608	0.1	0.01
120. Heptachlor epoxide (BHC-hexachlorocyclohexane)	N/D	EPA608	0.01	0.01
130. Chlorpyrifos	N/D	EPA608	0.07	0.07
121. PCB-1242	N/D	EPA608	0.2	0.2
122. PCB-1254	N/D	EPA608	0.2	0.2
123. PCB-1221	N/D	EPA608	0.2	0.2
124. PCB-1232	N/D	EPA608	0.2	0.2
125. PCB-1248	N/D	EPA608	0.2	0.2
126. PCB-1260	N/D	EPA608	0.2	0.2
127. PCB-1016	N/D	EPA608	0.2	0.2
128. Toxaphene	N/D	EPA608	0.3	0.3

METALS AND CYANIDE 10/11/2016	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
1. Antimony (Total), Recoverable	N/D	EPA 200.8	10	60
2. Arsenic (Total), Recoverable	0.823	EPA 200.8	0.5	0.5
3. Beryllium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
4. Cadmium (Total), Recoverable	N/D	EPA 200.8	0.5	0.5
5. Chromium (Total), Recoverable	N/D	EPA 200.8	10.0	10
7. Chromium (6+), Dissolved				10
8. Copper (Total), Recoverable	7.67	EPA200.8	0.5	0.5
9. Lead (Total), Recoverable	N/D	EPA200.8	0.5	0.5
10. Mercury (Total), Recoverable	0.004	EPA1631E	0.0002	0.005
12. Nickel (Total), Recoverable	3.08	EPA200.8	0.5	0.5
13. Selenium (Total), Recoverable	N/D	EPA200.8	5.0	5
14. Silver (Total), Recoverable	N/D	EPA200.8	0.5	0.5
15. Thallium (Total), Recoverable	N/D	EPA200.8	0.5	0.5
16. Zinc (Total), Recoverable	41.4	EPA200.8	20.0	20
129. Phenols, Total Recoverable	N/D	EPA420.1	5.0	5
17. Cyanide (Total), Recoverable	N/D	SM4500-CN C,E 1999	10.0	10

DIOXIN	LABORATORY ANALYSIS			REQUIRED MQL (µg/l)
	RESULTS (µg/l)	APPROVED EPA METHOD USED	DETECTION LEVEL ACHIEVED (µg/l)	
18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD)				0.00001

Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
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BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: J. Albert Johnson Regional Treatment Facility, Jacksonville Wastewater Utility

Mailing Address: 248 Cloverdale Rd.
Jacksonville, AR. 72076

Contact person: Michael Overstreet

Title: Operations Manager

Telephone number: (501) 982-0581

Facility Address (not P.O. Box): 248 Cloverdale Rd.
Jacksonville, AR. 72076

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

____ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility ____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	AR0041335	PSD	N/A
UIC	N/A	Other	Solid Waste: 0219-S3N-R1
RCRA	N/A	Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Jacksonville, AR.	28,750	Gravity Sanitary Sewer	City of Jacksonville
Little Rock AFB	3,500	Gravity Sanitary Sewer	DOD

Total population served 32,250

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 12.31 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	4.50	5.10	4.10	mgd
c. Maximum daily flow rate	18.25	21.11	19.72	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

Jacksonville (City or town, if applicable)	72076 (Zip Code)
Pulaski (County)	AR. (State)
34 50 85 (Latitude)	92 07 50 (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 4.56 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water Bayou Meto

b. Name of watershed (if known) Arkansas River, Segment 3B of the Arkansas River Basin

United States Soil Conservation Service 14-digit watershed code (if known): Unknown

c. Name of State Management/River Basin (if known): Segment 3B of Arkansas River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 08020402

d. Critical low flow of receiving stream (if applicable):
acute 0.00 cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary
✓ Advanced _____ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	95.00	%
Design SS removal	95.00	%
Design P removal		%
Design N removal	87.50	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ulraviolet

If disinfection is by chlorination, is dechlorination used for this outfall? _____ Yes _____ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.30	s.u.			
pH (Maximum)	7.60	s.u.			
Flow Rate	21.11	MGD	4.56	MGD	156.00
Temperature (Winter)	23.10	Degrees C	16.90	Degrees C	78.00
Temperature (Summer)	26.30	Degrees C	22.80	Degrees C	78.00

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5							
	CBOD-5	7.10	MG/L	2.50	MG/L	156.00	5210-B	2 MG/L
FECAL COLIFORM		135.00	col/100 ml	8.50	col/100 ml	156.00	9221	1col/100 ml
TOTAL SUSPENDED SOLIDS (TSS)		5.00	MG/L	1.35	MG/L	156.00	2094	1 MG/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

280,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Utility spends approximently one million dollars per year for pipe bursting, relay, and replace mainline from 6" to 15". Also approximently 100 manhole rehabs. per year.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	2.10	MG/L	0.10	MG/L	156.00	417 A	0.02 MG/L
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	11.30	MG/L	8.70	MG/L	156.00	421 F	1.0 MG/L
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)	4.20	MG/L	2.10	MG/L	36.00	SM4500-PBF	0.1 MG/L
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
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BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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 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.

Name and official title: Michael Overstreet, Operations Manager

Signature: Michael Overstreet

Telephone number: (501) 982-0581

Date signed: 2-8-17

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	60.0
ARSENIC	2.2	UG/L	0.08	LBS	0.8	UG/L	0.03	LBS	4	EPA 200.8	0.5
BERYLLIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
CADMIUM	0.24	UG/L	0.014	LBS	0.06	UG/L	0.0025	LBS	4	EPA 200.8	0.5
CHROMIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	10.0
COPPER	9.2	UG/L	0.46	LBS	6.15	UG/L	0.25	LBS	4	EPA 200.8	0.5
LEAD	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
MERCURY	0.013	UG/L	0.0007	LBS	0.003	UG/L	0.0001	LBS	4	EPA 245.7	0.005
NICKEL	4.2	UG/L	0.21	LBS	2.98	UG/L	0.12	LBS	4	EPA 200.8	0.5
SELENIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	5.0
SILVER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
THALLIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
ZINC	80.0	UG/L	4.07	LBS	56.25	UG/L	2.33	LBS	4	EPA 200.8	20.0
CYANIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	SM 4500 CN C,E 1999	10.0
TOTAL PHENOLIC COMPOUNDS	27	UG/L	0.64	LBS	19.3	UG/L	0.60	LBS	4	EPA 200.8	5.00
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

2014

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
ACRYLONITRILE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
BENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
BROMOFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CARBON TETRACHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	2
CLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLORODIBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
2-CHLORO-ETHYLVINYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
DICHLOROBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TRANS-1,2-DICHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROPROPANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,3-DICHLORO-PROPYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
ETHYLBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
METHYL BROMIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYLENE CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
1,1,2,2-TETRACHLORO-ETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TETRACHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10

2014

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 264	10
1,1,2-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 264	10
TRICHLORETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 264	10
VINYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 264	10
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DIMETHYLPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4,6-DINITRO-O-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
2,4-DINITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
2-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
4-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
PENTACHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
PHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4,6-TRICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ACENAPHTHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
BENZO(A)ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BENZO(A)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5

2014

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZO(GHI)PERYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
BENZO(K)FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BIS (2-CHLOROETHOXY) METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROETHYL)-ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROISO-PROPYL) ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-ETHYLHEXYL) PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-BROMOPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BUTYL BENZYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLORONAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-CHLORPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
CHRYSENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DI-N-BUTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DI-N-OCTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIBENZO(A,H) ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
1,2-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,3-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,4-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
3,3-DICHLOROBENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DIETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIMETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,6-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2-DIPHENYLHYDRAZINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20

2014

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
HEXACHLOROBUTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROCYCLO-PENTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
INDENO(1,2,3-CD)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
ISOPHORONE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NITROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1		10
N-NITROSODI-N-PROPYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
N-NITROSODI- METHYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
N-NITROSODI-PHENYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
PHENANTHRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2,4-TRICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											
PESTICIDES	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D		1	EPA 608	SEE PPS FORM

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	60
ARSENIC	.909	UG/L	0.016	LBS	0.683	UG/L	0.018	LBS	4	EPA 200.8	0.5
BERYLLIUM	N/D	UG/L	N/D	LBS	/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
CADMIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
CHROMIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	10.0
COPPER	7.05	UG/L	0.126	LBS	5.398	UG/L	0.14	LBS	4	EPA 200.8	0.5
LEAD	0.577	UG/L	0.001	LBS	0.144	UG/L	0.004	LBS	4	EPA 200.8	0.5
MERCURY	0.0112	UG/L	0.002	LBS	0.0037	UG/L	0.0001	LBS	4	EPA1631 E	0.0002
NICKEL	6.0	UG/L	0.107	LBS	3.268	UG/L	0.085	LBS	4	EPA 200.8	0.5
SELENIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	5.0
SILVER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
THALLIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 200.8	0.5
ZINC	95.6	UG/L	1.706	LBS	58.125	UG/L	1.51	LBS	4	EPA 200.8	20.0
CYANIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	SM 4500 CN B,E 1999	5.0
TOTAL PHENOLIC COMPOUNDS	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 420.1	10.0
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

2015

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
ACRYLONITRILE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
BENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
BROMOFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CARBON TETRACHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	2
CLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLORODIBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
2-CHLORO-ETHYLVINYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
DICHLOROBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TRANS-1,2-DICHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROPROPANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,3-DICHLORO-PROPYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
ETHYLBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYL BROMIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
METHYLENE CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1,2,2-TETRACHLORO-ETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TETRACHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10

2015

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1,2-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TRICHLORETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
VINYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DIMETHYLPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
4,6-DINITRO-O-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
2,4-DINITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
2-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
4-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
PENTACHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
PHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4,6-TRICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ACENAPHTHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
BENZO(A)ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BENZO(A)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5

2015

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZO(GHI)PERYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
BENZO(K)FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BIS (2-CHLOROETHOXY) METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROETHYL)-ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROISO-PROPYL) ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-ETHYLHEXYL) PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-BROMOPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BUTYL BENZYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLORONAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-CHLORPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
CHRYSENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DI-N-BUTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DI-N-OCTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIBENZO(A,H) ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,3-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,4-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
3,3-DICHLOROBENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DIETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIMETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,6-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2-DIPHENYLHYDRAZINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20

2015

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
HEXACHLOROBUTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROCYCLO-PENTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
INDENO(1,2,3-CD)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
ISOPHORONE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NITROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1		10
N-NITROSODI-N-PROPYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
N-NITROSODI- METHYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
N-NITROSODI-PHENYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
PHENANTHRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2,4-TRICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											
PESTICIDES	N/D	UG/L	N/D	LBS	/D	UG/L	N/D		1	EPA 608	SEE PPS SHEET

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

2016

FACILITY NAME AND PERMIT NUMBER:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	60.0
ARSENIC	1.25	UG/L	0.029	LBS	0.025	UG/L	0.025	LBS	4	EPA 208	0.5
BERYLLIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	0.5
CADMIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	N/D	0.5
CHROMIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	10
COPPER	7.67	UG/L	0.142	LBS	4.628	UG/L	0.167	LBS	4	EPA 208	0.5
LEAD	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	0.5
MERCURY	0.004	UG/L	0.0002	LBS	0.003	UG/L	0.0001	LBS	4	EPA 1631E	0.0002
NICKEL	14.77	UG/L	0.112	LBS	2.73	UG/L	0.1	LBS	4	EPA 208	0.5
SELENIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	5
SILVER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	0.5
THALLIUM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	EPA 208	0.5
ZINC	43.5	UG/L	1.019	LBS	35.25	UG/L	1.276	LBS	4	EPA 208	20.0
CYANIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	4	SM 4500 CN B,E 1999	10
TOTAL PHENOLIC COMPOUNDS	10	UG/L	0.234	LBS	2.5	UG/L	0.09	LBS	4	EPA 420.1	5
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

2016

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
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Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
ACRYLONITRILE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
BENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
BROMOFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CARBON TETRACHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	2
CLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLORODIBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
2-CHLORO-ETHYLVINYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
CHLOROFORM	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
DICHLOROBROMO-METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TRANS-1,2-DICHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1-DICHLOROETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,2-DICHLOROPROPANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,3-DICHLORO-PROPYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
ETHYLBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYL BROMIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	50
METHYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	20
METHYLENE CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1,2,2-TETRACHLORO-ETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TETRACHLORO-ETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10

2016

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
1,1,2-TRICHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
TRICHLORETHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
VINYL CHLORIDE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 624	10
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DIMETHYLPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
4,6-DINITRO-O-CRESOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
2,4-DINITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
2-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
4-NITROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
PENTACHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
PHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4,6-TRICHLOROPHENOL	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ACENAPHTHYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
BENZO(A)ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BENZO(A)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5

2016

FACILITY NAME AND PERMIT NUMBER:
JACKSONVILLE WASTEWATER UTILITY AR0041335

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BENZO(GHI)PERYLENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
BENZO(K)FLUORANTHENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
BIS (2-CHLOROETHOXY) METHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROETHYL)-ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-CHLOROISO-PROPYL) ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BIS (2-ETHYLHEXYL) PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-BROMOPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
BUTYL BENZYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2-CHLORONAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
4-CHLORPHENYL PHENYL ETHER	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
CHRYSENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DI-N-BUTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DI-N-OCTYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIBENZO(A,H) ANTHRACENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,3-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,4-DICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
3,3-DICHLOROBENZIDINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
DIETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
DIMETHYL PHTHALATE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,4-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
2,6-DINITROTOLUENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2-DIPHENYLHYDRAZINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
HEXACHLOROBUTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROCYCLO-PENTADIENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
HEXACHLOROETHANE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
INDENO(1,2,3-CD)PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	5
ISOPHORONE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NAPHTHALENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
NITROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1		10
N-NITROSODI-N-PROPYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	50
N-NITROSODI- METHYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
N-NITROSODI-PHENYLAMINE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	20
PHENANTHRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
PYRENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10
1,2,4-TRICHLOROBENZENE	N/D	UG/L	N/D	LBS	N/D	UG/L	N/D	LBS	1	EPA 625	10

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

PESTICIDES	N/D	UG/L	N/D	LBS	/D	UG/L	N/D		1	EPA 608	SEE PPS SHEET

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ___ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 1 Test number: 2 Test number: 3

a. Test information.			
Test species & test method number	P. Promelas 1000.0	C. Dubia 1002.0	P. Promelas 1000.0
Age at initiation of test	< 24 Hours	< 24 Hours	< 24 Hours
Outfall number	001	001	001
Dates sample collected	08/12/2013	08/12/2013	06/02/2014
Date test started	08/13/2013	08/13/2013	06/03/2014
Duration	7 days	7 days	7 days
b. Give toxicity test methods followed.			
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	X	X	X
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection	X	X	X
After dechlorination			

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	Test number: 1.00	Test number: 2.00	Test number: 3.00
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	FINAL EFFLUENT	FINAL EFFLUENT	FINAL EFFLUENT
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X	X	X
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	SYNTHETIC SOFT	SYNTHETIC SOFT	SYNTHETIC SOFT
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	X	X	X
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100,75,56,42,32	100,75,56,42,32	100,75,56,42,32
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		X	X
Salinity			
Temperature	X	X	X
Ammonia	X	X	X
Dissolved oxygen	X	X	X
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100.00 %	100.00 %	100.00 %
IC_{25}	100.00 %	100.00 %	100.00 %
Control percent survival	97.50 %	100.00 %	98.00 %
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	07/16/2013	07/16/2013	06/04/2014
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes ✓ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 4 Test number: 5 Test number: 6

a. Test information.			
Test species & test method number	C. Dubia 1002.0	P. Promelas 1000.0	C. Dubia 1002.0
Age at initiation of test	< 24 hours	< 48 Hours	< 24 hours
Outfall number	001	001	001
Dates sample collected	06/02/2014	09/22/2014	09/22/2014
Date test started	06/03/2014	09/23/2014	09/23/2014
Duration	7 days	7 days	7 days
b. Give toxicity test methods followed.			
Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4TH EDITION OCT 2002	4TH EDITION OCT 2002	4TH EDITION OCT 2002
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	X	X	X
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection	X	X	X
After dechlorination			

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	Test number: 4.00	Test number: 5.00	Test number: 6.00
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	FINAL EFFLUENT	FINAL EFFLUENT	FINAL EFFLUENT
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X	X	X
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	SYNTHETIC SOFT	SYNTHETIC SOFT	SYNTHETIC SOFT
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	X	X	X
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100,75,56,42,32	100,75,56,42,32	100,75,56,42,32
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		X	X
Salinity			
Temperature	X	X	X
Ammonia	X	X	X
Dissolved oxygen	X	X	X
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100.00 %	100.00 %	100.00 %
IC_{25}	100.00 %	100.00 %	100.00 %
Control percent survival	100.00 %	98.00 %	100.00 %
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	06/04/2014	08/12/2014	08/12/2014
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 7 Test number: 8 Test number: 9

a. Test information.

Test species & test method number	P.PROMELAS 1000.0	C. DUBIA 1002.0	P. PROMELAS 1000.0
Age at initiation of test	<48 HRS	<24 HRS	<48 HRS
Outfall number	001	001	001
Dates sample collected	04/06/2015	04/06/2015	08/10/2015
Date test started	04/07/2015	04/07/2015	08/11/2015
Duration	7 DAYS	7 DAYS	7 DAYS

b. Give toxicity test methods followed.

Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination			

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	Test number: 7.00	Test number: 8.00	Test number: 9.00
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	FINAL EFFULENT	FINAL EFFLUENT	FINAL EFFLUENT
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X	X	X
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	SYNTHETIC SOFT	SYNTHETIC SOFT	SYNTHETIC SOFT
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100,75,56,42,32	100,75,56,42,32	100,75,56,42,32
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		X	X
Salinity			
Temperature	X	X	X
Ammonia	X	X	X
Dissolved oxygen	X	X	X
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100.00 %	100.00 %	100.00 %
IC_{25}	100.00 %	100.00 %	100.00 %
Control percent survival	96.00 %	100.00 %	96.00 %
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	04/02/2015	04/02/2015	07/29/2015
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
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- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 10 Test number: 11 Test number: 12

a. Test information.

Test species & test method number	P. PROMELAS 1000.0	C. DUBIA 1002	P. POMELAS 1000
Age at initiation of test	<24 HOURS	<24 HOURS	<24 HOURS
Outfall number	001	001	001
Dates sample collected	01/25/2016	01/25/2016	07/11/2016
Date test started	01/26/2016	01/26/2016	07/12/2016
Duration	7 DAYS	7 DAYS	7 DAYS

b. Give toxicity test methods followed.

Manual title	EPA-821-R-02-013	EPA-821-R-02-013	EPA-821-R-02-013
Edition number and year of publication	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	X
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	X
After dechlorination			

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	Test number: 10.00	Test number: 11.00	Test number: 12.00
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	FINAL EFFLUENT	FINAL EFFLUENT	FINAL EFFLUENT
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	X
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X	X	X
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	SYNTHETIC SOFT	SYNTHETIC SOFT	SYNTHETIC SOFT
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	X	X	X
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100,75,56,42,32	100,75,56,42,32	100,75,56,42,32
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		X	X
Salinity			
Temperature	X	X	X
Ammonia	X	X	X
Dissolved oxygen	X	X	X
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100.00 %	100.00 %	100.00 %
IC_{25}	100.00 %	100.00 %	100.00 %
Control percent survival	90.00 %	90.00 %	94.00 %
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	YES
Was reference toxicant test within acceptable bounds?	YES	YES	YES
What date was reference toxicant test run (MM/DD/YYYY)?	12/08/2015	12/09/2015	06/23/2016
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

✓ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: 13 Test number: 14 Test number: _____

a. Test information.

Test species & test method number	C. DUBIA	P. PROMELAS	
Age at initiation of test	< 24 HOURS	<24 HOURS	
Outfall number	001	001	
Dates sample collected	07/11/2016	07/11/2016	
Date test started	07/12/2016	07/12/2017	
Duration	7 DAYS	7 DAYS	

b. Give toxicity test methods followed.

Manual title	EPA-821-R-02-013	EPA-821-R-02-013	
Edition number and year of publication	4TH EDITION OCT. 2002	4TH EDITION OCT. 2002	
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite	X	X	
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection	X	X	
After dechlorination			

FACILITY NAME AND PERMIT NUMBER: JACKSONVILLE WASTEWATER UTILITY AR0041335			

Form Approved 1/14/99
OMB Number 2040-0086

	Test number: 13.00	Test number: 14.00	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	FINAL EFFLUENT	FINAL EFFLUENT	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	X	X	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	SYNTHETIC SOFT	SYNTHETIC SOFT	
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	X	X	
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	100,75,56,42,32	100,75,56,42,32	
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH		X	
Salinity			
Temperature	X	X	
Ammonia	X	X	
Dissolved oxygen	X	X	
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100.00 %	100.00 %	%
IC_{25}	100.00 %	100.00 %	%
Control percent survival	90.00 %	94.00 %	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	YES	YES	
Was reference toxicant test within acceptable bounds?	YES	YES	
What date was reference toxicant test run (MM/DD/YYYY)?	06/23/2016	06/24/2016	
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes ✓ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Ashland LLC

Mailing Address: 1901 N Redmond Road
Jacksonville, AR. 72023

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturer of Unsaturated Polyester Resin (Domestic Discharge Only)

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Unsaturated Polyester Resin

Raw material(s): Ethylene Glycol, Styrene, Dicyclopentadiene, Malic and Phathalic Anydrides

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0.00 gpd (___ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

12,000.00 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 414

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Precision Brass and Bullet

Mailing Address: 2300 Redmond Rd Bldg. A4
Jacksonville, AR. 72076

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Ammunition Manufacturing Lead core with copper jacket. Zero process discharge.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Ammunition projectiles

Raw material(s): Copper and Lead

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0.00 gpd (___ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

500.00 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 Metal Finishing

COPY

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
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SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: LITTLE ROCK AIR FORCE BASE

Mailing Address: 314 CES/CEVR 528 THOMAS AVE
LITTLE ROCK AFB, AR. 72099

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

DESIGNATED SIU DUE TO LARGE DAILY FLOW

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): MILITARY INSTALLATION

Raw material(s): ___

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

30,000.00 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

800,000.00 gpd (✓ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

___

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 2.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Two Pine Landfill

Mailing Address: 100 Two Pine Dr
North Little Rock, AR. 7117

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Solid Waste Disposal Facility

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Leachate Water, Decomposing solid waste

Raw material(s): Solid waste

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

13,000.00 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0.00 gpd (___ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes ✓ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location

_____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

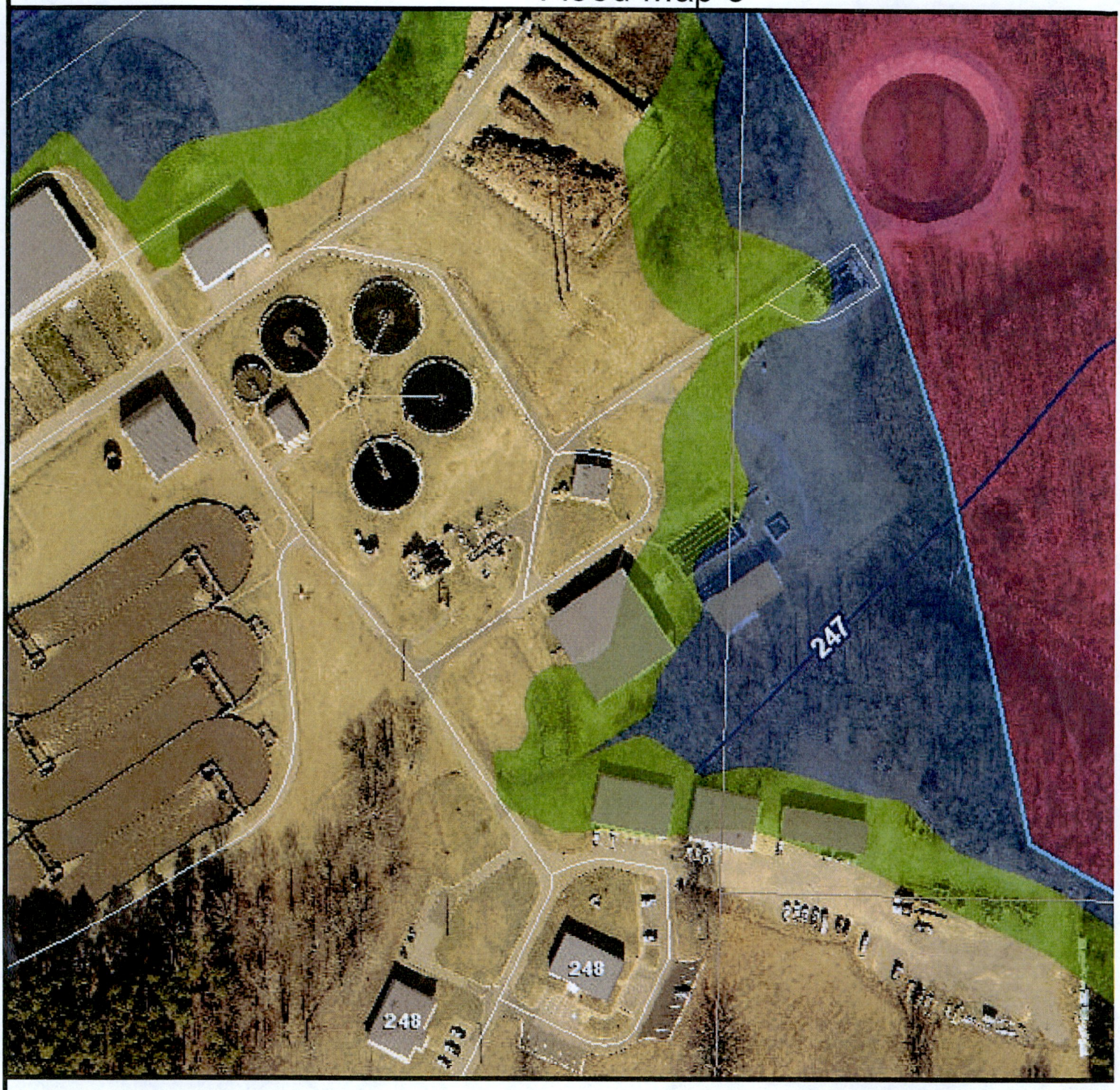
_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

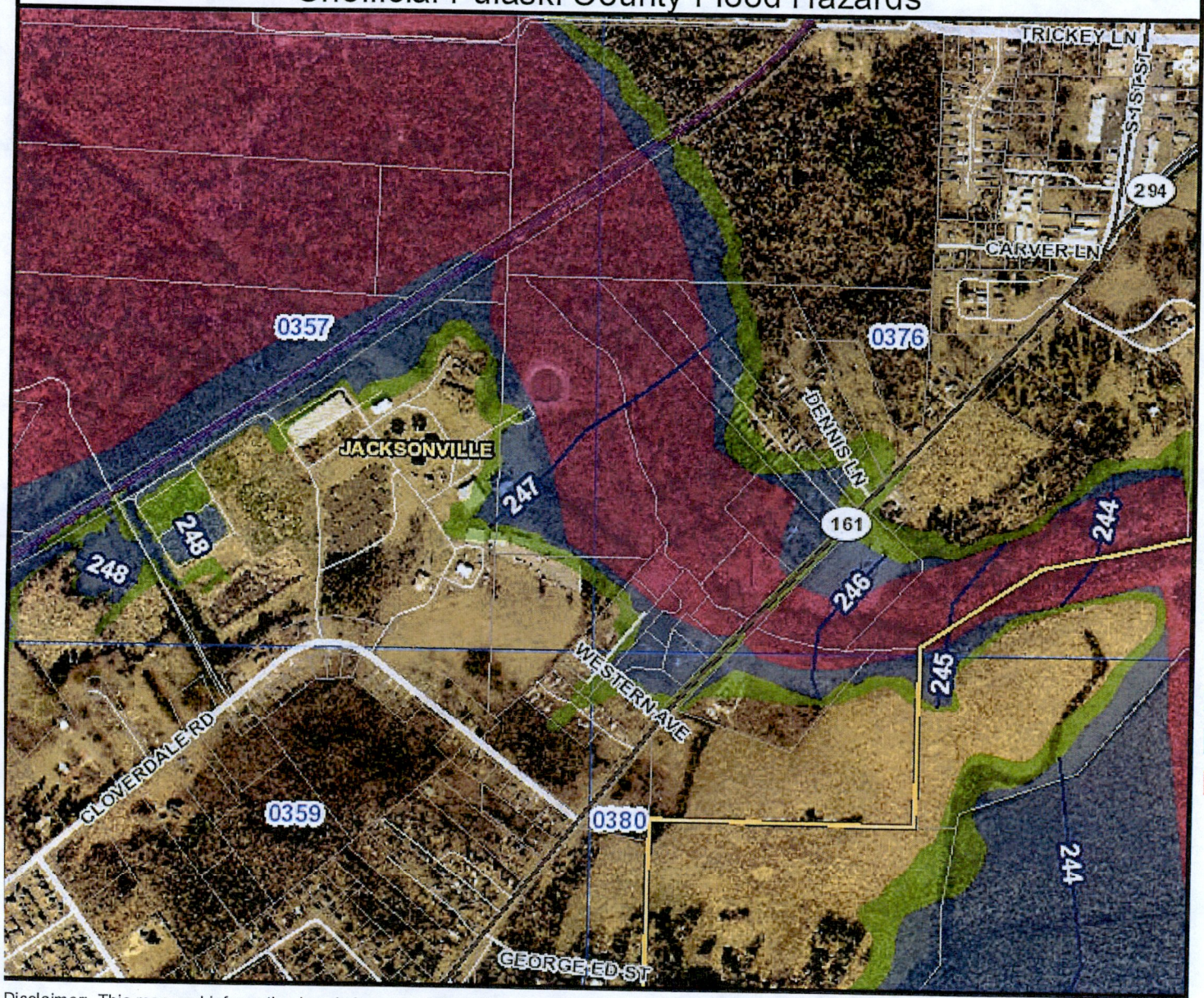

Cloverdale Rd
248 Cloverdale Rd, Jacksonville, AR 72076, USA
© 2012 Google
Imagery Date: 2/20/2012
1994
34°50'42.80" N 92°07'42.92" W elev 259 ft
Google earth
Eye alt 1977 ft

Flood Map 3



Disclaimer: This map and information herein is not an official document. For official flood boundary determination, construction perm
or for flood insurance requirements, please contact your local flood plain administrator and/or use the FEMA website to create an offic
This map shows FEMA flood hazard zones, base flood elevations and other relevant DFIRM layers on top of PAgis base map features
ortho-photography, roads, buildings, address points, and tax parcel boundaries from the Pulaski County Assessor's Office. Flood haz
on this map represent the FEMA DFIRM effective date 7/6/2015. The basemap and other data contained herein were compiled from v
for the internal use and benefit of the Pulaski Area Geographic Information System (PAGIS) and the public agencies it serves. Any us
and data by anyone other than PAGIS is at the sole risk of the user; and by use and acceptance of this map, data, information or appl
does hereby hold PAGIS harmless and without liability from any claims, costs, or damages of any nature against PAGIS, including cos
arising from improper use of the map, data, information or application, or use by another party. Acceptance or use of this map, data, i
application is done without any expressed or implied warranties. This mapping application is used by PAgis' for unofficial Pulaski Cour
visualization and planning. Public access is provided as a convenience.

Unofficial Pulaski County Flood Hazards



FIRM Panel Boundaries

Letter of Map Amendment

Letter of Map Revision

Base Flood Eelvations

328

Parcel

City Boundary

Unofficial Flood Hazard Areas

- 1% Annual Chance Flood Hazard, Inside Floodway, Zone AE (Detailed Hydraulic Analysis)
- 1% Annual Chance Flood Hazard, Outside Floodway, Zone AE (Detailed Hydraulic Analysis)
- 1% Annual Chance Flood Hazard, Zone A (Approximated)
- 1% Annual Chance Flood Hazard, Zone AH (Shallow Flooding)
- 0.2% Annual Chance Flood Hazard Contained in Channel
- 0.2% Annual Chance Flood Hazard
- Outside 1% Annual Floodplain, Zone X (Protected by Levee)
- Outside 1% Annual Floodplain, Zone X

N

COPY

0 750 1,500 Feet

0 0.15 0.3 Miles

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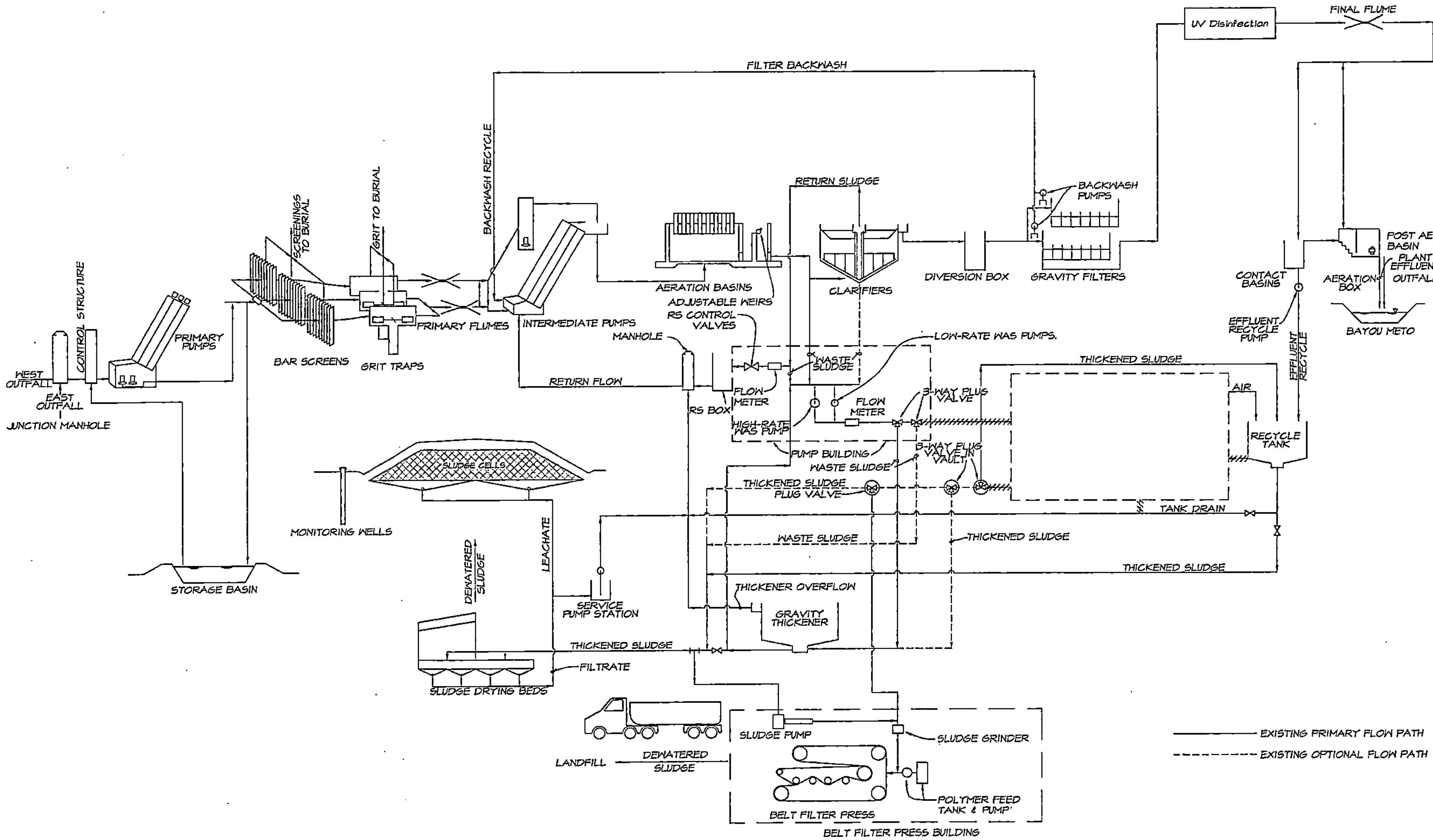
National Flood Hazard Layer FIRMette



PROCESS AND FLOW SCHEMATIC

CRIST ENGINEERS, INC.
CONSULTING ENGINEERS LITTLE ROCK, ARKANSAS

JACKSONVILLE, ARKANSAS
CONTRACT 2 – JOHNSON PLANT IMPROVEMENTS

PROCESS & FLOW SCHEMATIC

DESIGNED:	LBP	JOB NO: 0946	DATE: FEB 2012	1
DRAFTED:	GLM	SCALE: NO SCALE		
CHECKED:	LBP			

Jacksonville Wastewater Utility
248 Cloverdale Road
Jacksonville, AR 72076

Ms. Sara Clem, Enforcement Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317