

Jackie Trost
501 682 0632



February 23, 2017

Rob Parkman
Brinkley Municipal Water Works
P.O. Box 746
Brinkley, AR 72021

RE: NOI Coverage under the General Permit AGR640000 for Water Treatment Facility
Discharge
Brinkley Municipal Water Works, Brinkley, AR
Permit No. ARG640025, AIFN 48-00037

Dear Mr. Parkman,

Enclosed please find the NOI to renew coverage under the Water Treatment Facility Discharge General Permit. I ask that you and Jerry Williams initial and sign under section VII (last page) of the NOI. A \$400 check for the permit renewal fee needs to be submitted to ADEQ as well; the check number needs to be written under section X of the NOI (last page). Please mail the NOI and check to ADEQ at the address below:

ADEQ, Office of Water Quality
Attn: General Permits
5301 Northshore Drive
North Little Rock, AR 72118

Should you have any questions or require additional information, please do not hesitate to contact me at 501-221-7122.

Sincerely,

PMI

Katie Lybrand, E.I.
Project Engineer

Enclosure

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS
NPDES GENERAL PERMIT ARG640000

Application Type: New ☐ Renewal ☒ Permit # ARG64 0075
AFIN# 48-00037

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Brinkley Municipal Water Works Operator Type:
Permittee Mailing Address: P.O. Box 746 ☒ State ☐ Partnership
Permittee City: Brinkley ☐ Federal ☐ Corporation*
Permittee State: AR Zip: 72021 ☐ Sole Proprietorship/Private
Permittee Telephone Number: (870) 734-1721 *State of Incorporation: _____
Permittee Fax Number: (870) 734-1723 The legal name of the Permittee must be
Permittee E-mail Address: brinkleywater@sbccglobal.net identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Carol Self City: Brinkley
Invoice Mailing Company: Brinkley Municipal Water Works State: AR Zip: 72021
Invoice Mailing Address: P.O. Box 746 Telephone: (870) 734-1721

III. FACILITY INFORMATION

Facility Name: Brinkley Municipal Water Works Facility Contact Person: Robert Parkman
Facility Address: 207 S. Main Contact Title: General Manager
Facility County: Monroe Telephone Number: (870) 734-1721
Facility City, State & Zip: Brinkley, AR 72021 Contact E-mail: brinkleywater@sbccglobal.net
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: Water Treatment Plant
Facility Latitude: 34 Deg 56 Min 24 Sec N Facility Longitude: 91 Deg 15 Min 22 Sec W
Accuracy: 2 Method: A Datum: U Scale: 3 Description: 01099
Section: 30 Township: 4N Range: 2W

IV. DISCHARGE INFORMATION

Outfall Type: 101 Flow: 0.25 MGD (Million Gallons per Day)
Stream Segment: Benson Slash Creek Hydrologic Basin Code: 08020302
Outfall Latitude: 34 Deg 56 Min 23 Sec N Outfall Longitude: 91 Deg 15 Min 14 Sec W
Accuracy: 2 Method: A Datum: 1 Scale: 3 Description: 0109
Type of Treatment: Sedimentation, sand filtration, Cl disinfect
Receiving Stream: Benson Slash Creek
Water Source: Surface water ☐ Groundwater ☒
Are aluminum based coagulants used? Yes ☒ No ☐
Is chlorinated water used for filter backwash? Yes ☐ No ☒
Do the ponds have a retention time > 24 hours? Yes ☒ No ☐

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

Outfall Type: _____ Flow: _____ MGD (Million Gallons per Day)
 Stream Segment: _____ Hydrologic Basin Code: _____
 Outfall Latitude: _____ Deg _____ Min _____ Sec _____ Outfall Longitude: _____ Deg _____ Min _____ Sec _____
 Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
 Type of Treatment: _____
 Receiving Stream: _____
 Water Source: Surface water ☐ Groundwater ☐
 Are aluminum based coagulants used? Yes ☐ No ☐
 Is chlorinated water used for filter backwash? Yes ☐ No ☐
 Do the ponds have a retention time > 24 hours? Yes ☐ No ☐

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
 NPDES General Permit Number (If Applicable): ARG 640025
 State Construction Permit Number (If Applicable): _____
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Treatment System Operator Name: Jerry Williams License Number: 001939
 License Class: Basic ☒ Advanced ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐
 Additional Location Information: _____
 Additional Comments: _____
 Consultant Contact Name: Katie Lybrand
 Consultant Email Address: Klybrand@pmico.com
 Consultant Address: 3512 S. Shackleford Rd City: Little Rock
 State: AR Zip: 72205
 Consultant Phone Number: (501) 221-7122 Consultant Fax Number: (501) 221-7775

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeg.state.ar.us/disclosure_stmt.pdf

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VII. CERTIFICATION OF OPERATOR

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

RP (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

RP (Initial) "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Official Printed Name: Rob Parkman Title: General Manager

Responsible Official Signature: Robt Parkman Date: _____

Responsible Official Email: brinkleywater@sbcglobal.net

Cognizant Official Printed Name: Jerry Williams Title: Operator

Cognizant Official Signature: Jerry Williams Date: _____

Cognizant Official Email: brinkleywater@sbcglobal.net Telephone: 870 734 1721

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No * If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI? ☒ Yes ☐ No

Submittal of Required Permit Fee? ☐ Yes ☐ No

Submittal of Site Map? ☒ Yes ☐ No

Submittal of Disclosure Statement? ☐ Yes ☐ No

Check Number: 31234

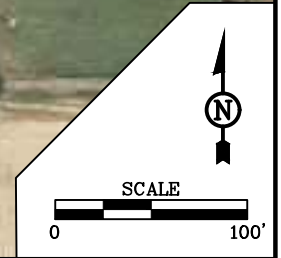
N/A

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PHONE 501-682-0623 / FAX 501-682-0880

www.adcq.state.ar.us

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Revised 11/28/2011



CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES
 3512 South Shackelford Road
 Little Rock, Arkansas 72205
 (501) 221-7122 fx: (501) 221-7775

SUBMITTED:	K. LYBRAND
DRAWN:	K. LYBRAND
CHECKED:	B. WINGFIELD
DATE:	FEB. 23, 2017

WATER TREATMENT FACILITY DISCHARGE PERMIT
BRINKLEY MUNICIPAL WATER WORKS
 HIGHWAY 17
 BRINKLEY, ARKANSAS

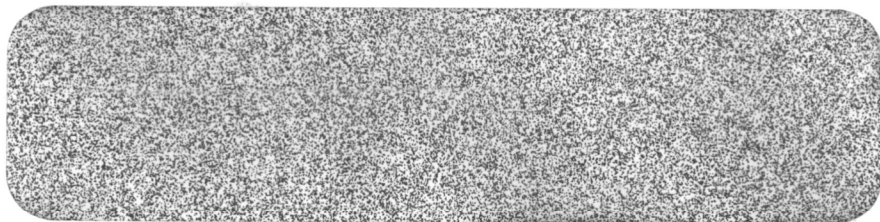
SITE MAP

JOB NUMBER BWSD-10691
DRAWING NUMBER 1

BRINKLEY MUNICIPAL WATERWORKS
P. O. BOX 746
BRINKLEY, AR 72021

LITTLE ROCK AR 722

31 OCT 2017 PM 2 L



72118-531799

