

Paul R. Noland Wastewater Treatment Plant
NPDES Permit Number AR0020010
Renewal Application



November 2010



www.accessfayetteville.org

THE CITY OF FAYETTEVILLE, ARKANSAS
UTILITIES DEPARTMENT
113 West Mountain
Fayetteville, AR 72701
P (479) 575-8330 F (479) 575-8257

November 23, 2010

Mr. Steve Drown
Arkansas Dept of Environmental Quality
Permit Branch, Water Division
5301 Northshore Drive
North Little Rock, AR 72118-5317

RE: NPDES Permit Number AR0020010, AFIN 72-00102, City of Fayetteville- Paul R. Noland Wastewater Treatment Plant, Renewal Application

Mr. Drown,

Transmitted herewith is NPDES Permit Renewal Application packet for Permit Number AR0020010, AFIN 72-00102, City of Fayetteville- Paul R. Noland Wastewater Treatment Plant.

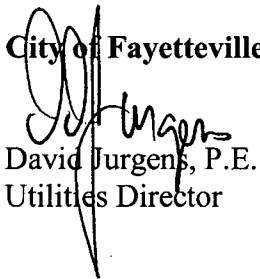
Fayetteville respectfully requests the monitoring frequencies be reduced for the permitted parameters. Except for one outlier on the weekly average for Fecal Coliform in August 2008, the WWTF has been in 100% compliant with all permitted parameters in the past many years. We believe this proven performance warrants reduced monitoring requirements.

We request assigning the permit review to Marysia Jastrzebski. She is the most familiar with the current Paul R. Noland Wastewater Treatment Plant permit, and was the point of contact for our questions when developing this permit renewal application.

I may be contacted by email at djurgens@ci.fayetteville.ar.us or by telephone at 479-575-8330. You may also contact Duyen Tran, 479-443-3292, dtran1@ch2m.com, if you have any questions.

Kind regards,

City of Fayetteville


David Jurgens, P.E.
Utilities Director

Enclosures: ADEQ Form 1
EPA Form 2A
ADEQ PPS Form

**NPDES PERMIT APPLICATION
FORM 1**

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):

| 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
Arkansas Department of Health

Information in Regard to
Water Supply

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

City of Fayetteville

Note: The legal name of the operator 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: AR

3. Facility Name: Paul R. Noland Wastewater Treatment Plant

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

5. NPDES Permit Number (If Applicable): AR0020010

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

7. NPDES General Storm Water Permit Number (If Applicable): ARR000000

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

See attached addendum.

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

From I-540 take exit 64 east. Drive 3.4 miles then, turn left on Mission Boulevard. Drive 2.6 miles then, turn right on Fox Hunter Road. Drive 1.7 miles, wastewater treatment plant is on the right.

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

Street: 1400 N Fox Hunter Road

City: Fayetteville

County: Washington

State: AR

Zip: 72701

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

Name: Duyen Tran Title: Project Manager
Street: 1400 N Fox Hunter Road P.O. Box _____
City: Fayetteville State: AR Zip: 72701
E-mail address*: duyen.tran@ch2m.com Fax: (479) 443-5613

* 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:
221320 NAICS Sewage Treatment Facilities

14. Design Flow: 12.6 MGD Highest Monthly Average of the last two years Flow: 9.4 MGD

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

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

Name: Lioneld Jordan Title: Mayor
Address: 113 W. Mountain St. Phone Number: (479) 575-8330
E-mail Address: ljordan@ci.fayetteville.ar.us
City: Fayetteville State: AR Zip: 72701

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

Name: David Jurgens Title: Utilities Director
Address: 113 W. Mountain St. Phone Number: (479) 575-8318
E-mail Address: djurgens@ci.fayetteville.ar.us
City: Fayetteville State: AR Zip: 72701

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

Contact Name: Robert E. Blanz
Company Name: Blanz Engineering & Environmental Solutions
Address: 2112 Live Oaks Drive Phone Number: (501) 821-4181
E-mail Address: blanzengineering@sbcglobal.net
City: Little Rock State: AR Zip: 72223

19. Wastewater Operator Information

Wastewater Operator Name: Duyen Tran License number: 001712
Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☒
Class of industrial wastewater operator: Basic ☐ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 36 ° 04 ' 50.6 " Long: 94 ° 05 ' 20.4 " County: Washin
gton Nearest Town: Fayette
ville

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

Outfall No. 001:

Latitude: 36 ° 05 ' 09.6 " Longitude: 94 ° 05 ' 04.7 "

Where is the collection point? End of the final treatment process, after oxygenation

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

White River, thence to Beaver Lake, thence to the White River in segment 4K of the White River basin.

Outfall No. ____:

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. 001:

Lat: 36 ° 04 ' 54.4 " Long: 94 ° 05 ' 10.1 "

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):

See attached addendum.

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

An ultrasonic transducer and flow meter is located at the effluent flume. An automatic sampler is located after oxygenation.

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? See attached addendum.

7. Population for Municipal and Domestic Sewer Systems: 25,268

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☒ No ☐

If Yes, How many? 2 Total Horespower (hp)? 3480

If No, Please explain? _____

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

☒ **Landfill**

Landfill Site Name See addendum

ADEQ Solid Waste Permit No. See addendum

☐ **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): The City of Fayetteville has begun construction of a solar and thermal sludge drying facility under ADEQ construction permit #AR0020010C. The projected completion timeframe for this construction is July 2011.

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): Beaver Water District

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

☒ **Surface Water-** Name of Surface Water Source: Beaver Lake

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

Lat: 36 ° 08 ' 41 " Long: 94 ° 00 ' 29 "

☐ **Other** (Specify): _____

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

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) provides 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

SECTION F – INDUSTRIAL ACTIVITY

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 (Brand name) | Last 12 Months | | Highest Production Year of Last 5 Years | |
|---|----------------|-------------------|---|-------------------|
| | lbs/day* | | lbs/day* | |
| | 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.

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) |
|-----|---------------------|--------------------|--------------------|---|
| | | | | |
| | | | | |

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

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

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

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) |
|-----|---------------------|--------------------|--------------------|---|
| | | | | |
| | | | | |
| | | | | |

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.

N/A

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.

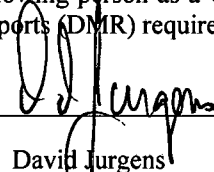
SECTION I: SIGNATORY REQUIREMENTS

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:  Date: 23 Nov 10
Printed name of Cognizant Official: David Jurgens
Official title of Cognizant Official: Utilities Director Telephone Number: (479) 575-8330

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

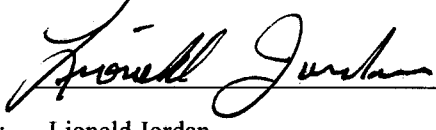
Sole proprietorship: the proprietor

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

LD (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.

LD (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:  Date: 11/29/10
Printed name of Responsible Official: Lioneld Jordan
Official title of Responsible Official: Mayor Telephone Number: (479) 575-8330

Form-1 (addendum)

Section A.8 Permit Numbers and/or names of any permits issued by ADEQ or EPA presently held by the applicant.

| Permit Name | Permit Number | Held by |
|---------------------------|---------------|----------------------|
| NPDES Permit | AR0050288 | City of Fayetteville |
| No Discharge Permit | 5028-W | City of Fayetteville |
| No Discharge Permit | 4748-WR-1 | City of Fayetteville |
| Air Permit | 2178-A | City of Fayetteville |
| Air Permit | 2179-A | City of Fayetteville |
| No Exposure Certification | ARR00C377 | City of Fayetteville |
| No Exposure Certification | ARR000390 | City of Fayetteville |
| Construction Permit | AR0020010C | City of Fayetteville |

Form-1 (addendum)

Section B.4 – Type of Treatment System: Paul R Noland WWTP

Liquid Handling:

As wastewater enters the plant, it flows through screening devices in the headworks that remove debris from the water. The screenings are deposited into a hopper awaiting landfill disposal. After the screening, the influent passes through the degritting system prior to split flow into the wet wells of the two **influent pump stations**. From the influent pump stations, wastewater is pumped to the **aeration basin**, where it is mixed with returned activated sludge and becomes the "mixed liquor". The "mixed liquor" flows through a series of anoxic zones and then a series of aerobic zones.

After the mixed liquor leaves the aeration basin, it flows into up to four **clarifiers**. In the clarifiers, the suspended solids are allowed to settle out as sludge. Most of the sludge is returned to the aeration basin as returned activated sludge (RAS). The remainder sludge or waste activated sludge (WAS) is pumped to a **wasting tank** for solids handling. In the event that insufficient phosphorus removal has taken place in the aeration basin, liquid alum may be added just before the clarifiers to facilitate phosphorus precipitation.

Effluent from the clarifiers then flows to the **effluent sand filters**. There are ten individual filter cells containing beds of filter media that trap suspended solids remaining in the water. When the cells are backwashed, the water and solids removed from the filters are returned to the headworks to be retreated. The filtrate then enters the **disinfection system** where it is disinfected. The water then flows into a basin where liquid oxygen is diffused into the water before final discharge. The final effluent flows to the **effluent pump station** where the water flows by gravity to the White River. An effluent storage pond is available for storing up to about 170 million gallons of the final effluent in the event that the effluent is not discharged to the environment. The water in the pond is returned to the influent wet well for treatment again through the plant.

Wet Weather Handling:

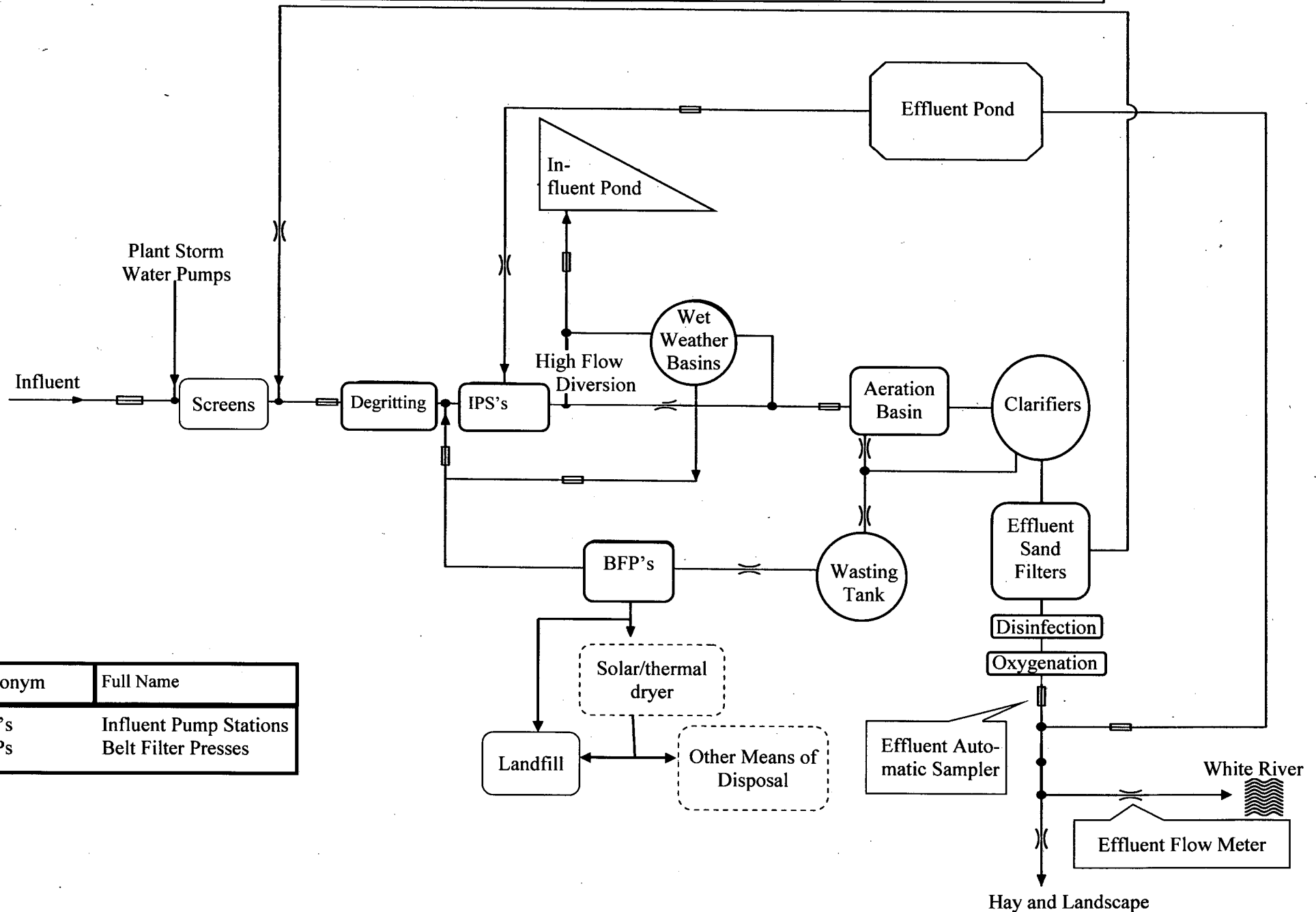
During high flow events, when influent flow exceeds the plant capacity, a portion of the wastewater from the influent pump stations can be pumped to the two wet weather basins and/or diverted to the influent storage pond. The influent storage pond has a storage capacity of approximately 15.8 million gallons. The water in the pond is later returned to the influent wet well for treatment in the plant.

Solids Handling:

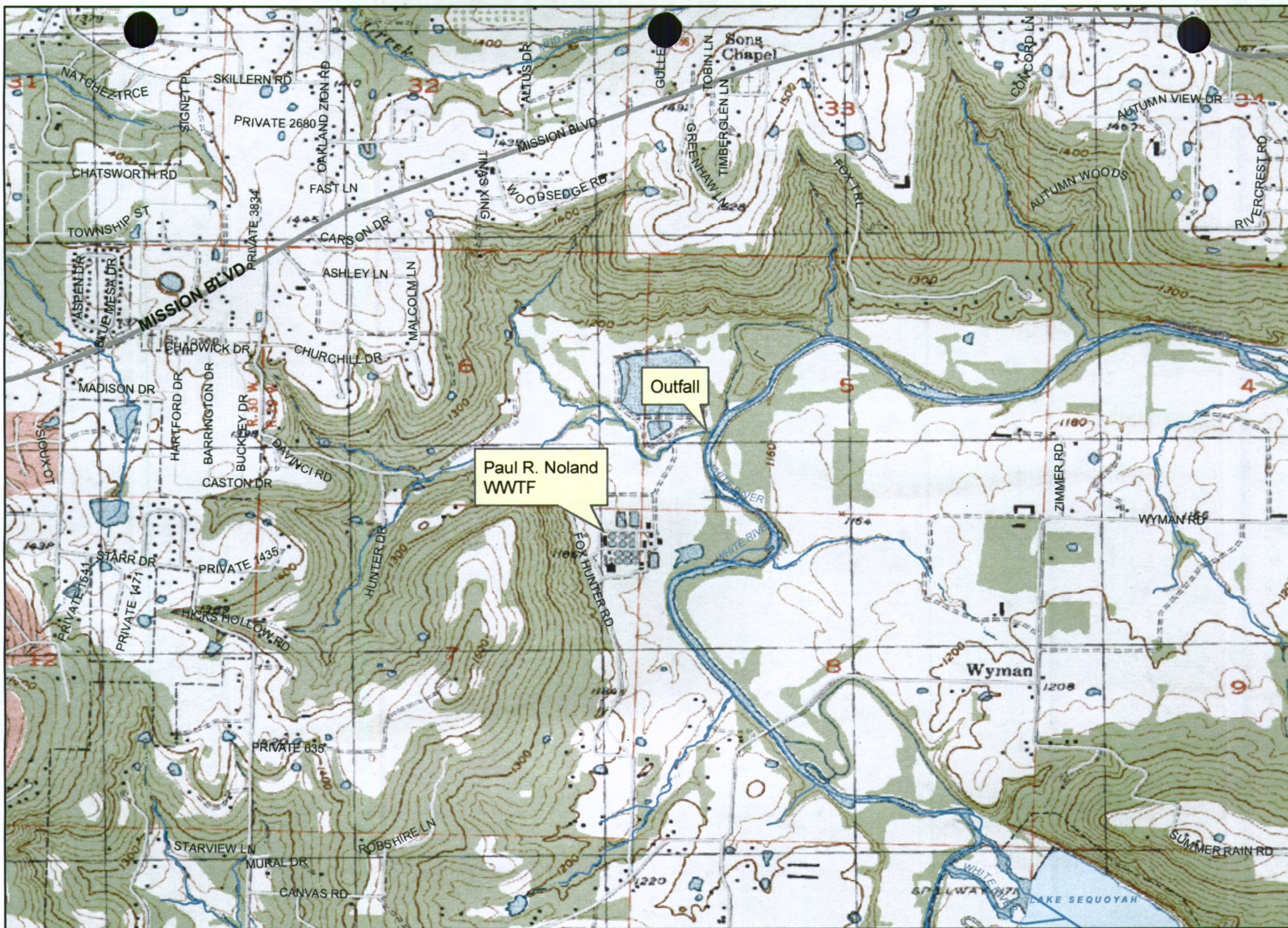
The WAS from the storage tank is pumped to the **belt filter presses (BFP)** where a small amount of polymer is added to help dewater the sludge. Currently, the final "sludge cake" produced from the belt filter press is collected and taken to landfills for final disposal. In the near future, after the solar houses have been constructed and the thermal dryer has been installed, the final "cake" can be put through these dryers to produce dried biosolids.

It is anticipated that the dried biosolids will meet the "Exceptional Quality" (EQ) criteria as defined in 40 CFR 503, which may be available for other means of disposal or uses.

Form-1 (addendum) Section B.4 Paul R. Noland WWTP Process Flow Diagram



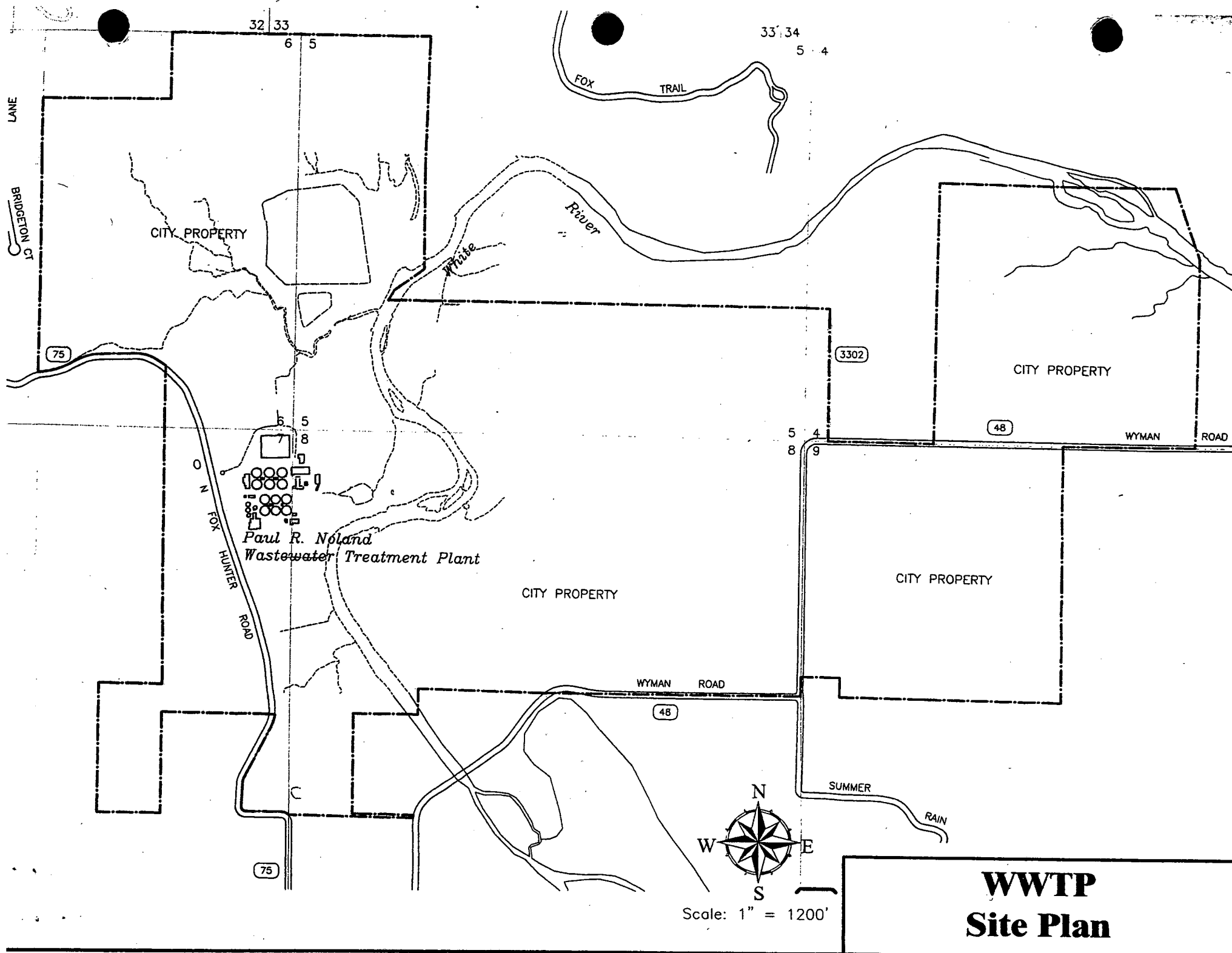
| Acronym | Full Name |
|---------|------------------------|
| IPS's | Influent Pump Stations |
| BFPs | Belt Filter Presses |



0 1,000 2,000 4,000 6,000 Feet



Paul R. Noland WWTF



WWTP Site Plan

**WWTP Site
Legal Description**

Paul R. Noland Wastewater Treatment Plant

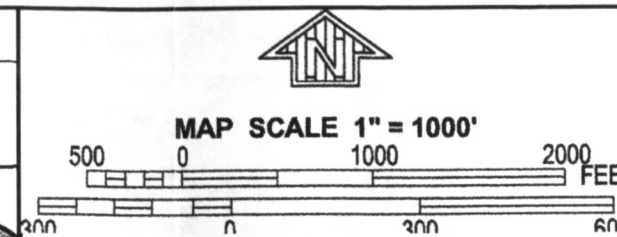
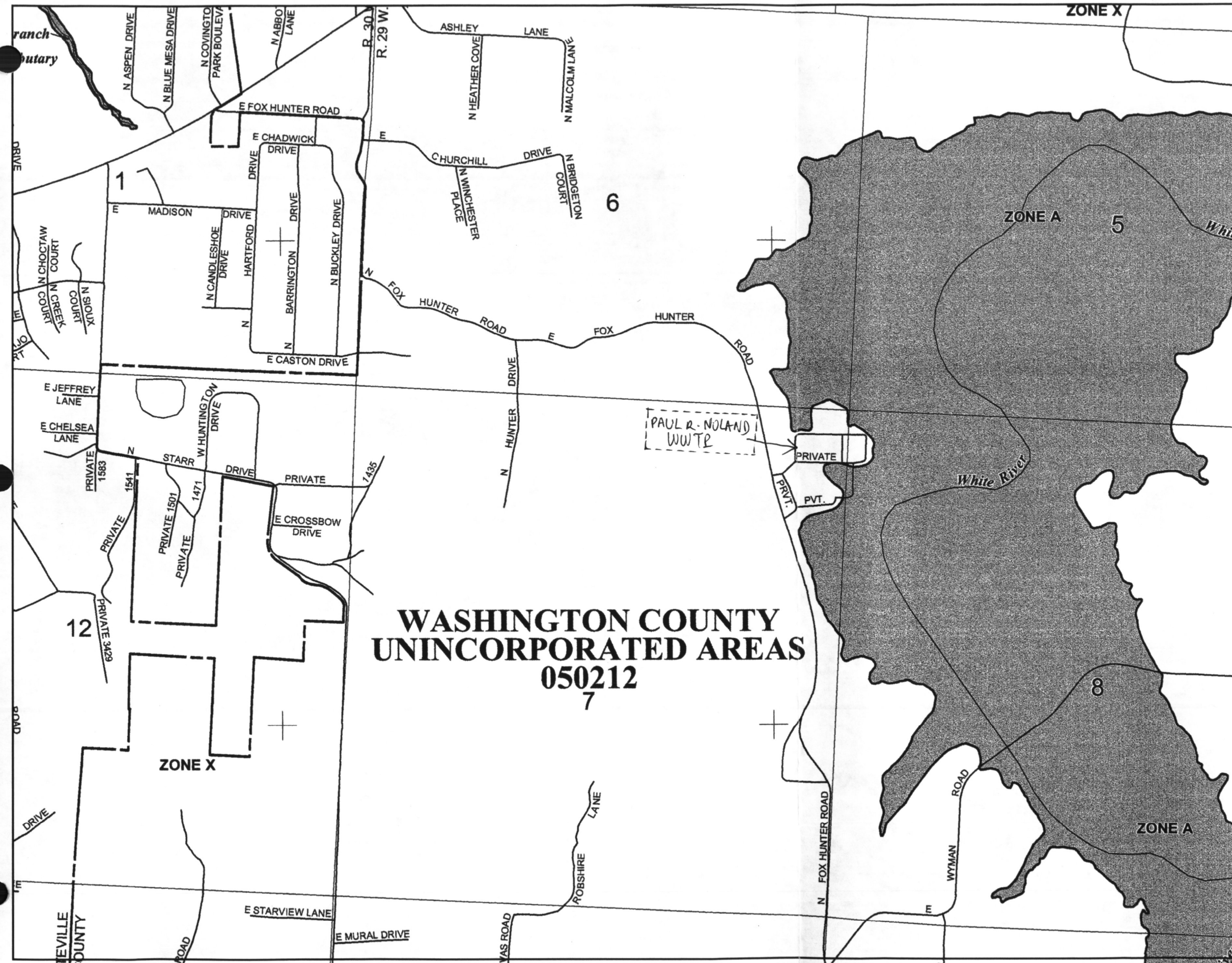
A part of Sections 4,5,6,7,8 and 9, Township 16 North, Range 29 West, and being more particularly described as follows, to wit:

Beginning at the NW Corner of the Fractional SE/4-NE/4 of said Section 6, thence along the city property line the following bearings and distances:

S 02d54'57" W 661.80'
thence N 87d32'46" W 1319.67'
thence S 02d53'28" W 668.15' to the NW Corner, SE/4, Sec. 6-16-29
thence S 02d54'44" W 1316.99'
thence S 02d52'33" W 801.35' to the North R/W of Fox Hunter Road
thence along a 350' radius curve 66.54' (chord = N 84d07'58" E 66.44')
thence N 89d34'45" E 15.08'
thence along a 90' radius curve 15.26' (chord = N 84d43'16" E 15.24')
thence N 79d51'48" E 39.42'
thence along a 770' radius curve 189.49' (chord = N 72d48'49" E 189.01')
thence N 65d45'49" E 129.45'
thence along a 480' radius curve 210.56' (chord = N 78d19'50" E 208.88')
thence S 89d06'10" E 383.93'
thence along a 320' radius curve 146.16' (chord = S 76d01'04" E 144.89')
thence S 62d55'58" E 46.70'
thence along a 450' radius curve 74.69' (chord = S 58d10'39" E 74.61')
thence S 53d24'39" E 66.93' to the West line of the SE/4-SE/4, 6-16-29
thence S 02d54'28" W 637.33' to the SW Corner, SE/4-SE/4, 6-16-29
thence S 02d29'37" W 1317.74'
thence S 02d29'37" W 1317.74' to the SW Corner, SE/4-NE/4, 7-16-29
thence N 87d14'12" W 654.97'
thence S 02d59'33" W 1325.55'
thence S 87d20'17" E 658.90' to the SE Corner, NW/4-SE/4, 7-16-29
thence N 02d49'22" E 1039.38'
thence S 86d53'39" E 1161.33' to the Easterly R/W of Fox Hunter Rd.
thence along a 330' radius curve 135.07' (chord = S 18d54'23" W 134.13')
thence S 30d35'23" W 493.69'
thence S 29d12'16" W 90.94'
thence along a 174' radius curve 73.22' (chord = S 17d08'57" W 72.68')
thence S 05d05'39" W 238.89'
thence along a 45' radius curve 72.50' (chord = S 41d03'35" E 64.91')
thence S 87d12'48" E 362.66'
thence along a 110' radius curve 83.21' (chord = S 65d32'33" E 81.24')
thence S 87d12'48" E 3.81' to the SE Corner, NE/4-SE/4, 7-16-29

thence S 86d35'17" E 1277.32' to the Westerly R/W of Wyman Rd.
thence along a 305' radius curve 30.32' (chord = N 11d34'36" E 30.31')
thence N 86d35'17" W 626.92'
thence N 02d40'32" E 1029.97'
thence S 87d02'34" E 660.66'
thence N 03d03'23" E 262.31'
thence S 86d13'04" E 1316.60' to the SE Corner, NW/4, 8-16-29
thence S 87d35'33" E 1310.52'
thence S 87d35'33" E 1310.52' to the SE Corner, NE/4, 8-16-29
thence N 02d40'03" E 200.00'
thence S 86d55'26" E 401.70'
thence S 02d40'03" W 200.00'
thence S 86d55'26" E 927.05'
thence S 86d55'26" E 1328.75' to the SE Corner, NW/4, 9-16-29
thence N 02d24'13" E 1318.14'
thence N 02d24'13" E 1318.14' to the NE Corner, NW/4, 9-16-29
thence S 87d40'19" E 1344.46'
thence N 03d26'21" E 1922.82'
thence N 17d29'12" W 767.40'
thence N 87d30'25" W 1050.50'
thence N 86d52'14" W 1348.54'
thence S 03d18'21" W 2654.82'
thence N 87d07'21" W 1078.99'
thence N 02d44'56" E 1351.62'
thence N 85d51'01" W 243.76'
thence N 87d10'48" W 1338.25'
thence N 87d10'48" W 1286.74'
thence N 87d10'48" W 1312.49'
thence N 87d10'48" W 365.36' to the channel of the White River
thence N 33d24'36" E 122.92'
thence N 57d32'45" E 126.41'
thence N 57d07'39" E 243.90'
thence leaving said channel N 02d32'53" E 1021.42'
thence N 03d56'47" E 1321.93' to the North line of Fractional Sec.5-16-29
thence N 87d34'32" W 346.50'
thence N 87d05'25" W 980.03' to the NW Corner of Fractional Sec.5-16-29
thence N 87d05'25" W 328.96'
thence N 86d52'04" W 990.95' to the POB.

Acres = 1227.615 ±



NATIONAL FLOOD INSURANCE PROGRAM

PANEL U230F

FIRM
FLOOD INSURANCE RATE MAP
WASHINGTON COUNTY,
ARKANSAS
AND INCORPORATED AREAS

PANEL 230 OF 575
(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

| COMMUNITY | NUMBER | PANEL | SUFFIX |
|-----------------------|--------|-------|--------|
| WASHINGTON COUNTY | 050212 | 0230 | F |
| FAYETTEVILLE, CITY OF | 050216 | 0230 | F |

Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
05143C0230F

MAP REVISED
MAY 16, 2008

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Form-1 (addendum)

B.6 Measures used to protect the facility in case of flood

When flooding of treatment plant is eminent:

Notify Project Manager and Supervisors that flooding of Plant is eminent.

Carry ID/Gate cards for identification and entry to Plant.

Move Plant vehicles to a place of safety.

Shut off power to Noland fuel pumps, de-energize circuit.

Shut off natural gas flow to Plant if necessary.

Noland South Operations Building:

Have electrical company crew standby to disconnect power to Noland South Operations Building.

Begin sandbagging at 1170 elevation to a height of two feet. (Crest of road, east side of south Operations Building.)

Monitor water flow into basement.

When floodwaters recede, begin emptying basement area of water and debris.

Inspect all electrical panels that were subjected to flood waters for integrity of circuits, dry out all panels before energizing.

Form-1 (addendum)

Section C.1 Sludge Disposal Method

Landfill – Prairie View Landfill (Lamar, Missouri),
MDEQ Solid Waste #101104

Landfill – Ozark Ridge Landfill (Danville, Arkansas),
ADEQ Solid Waste # 0225-51-R5

NPDES PERMIT APPLICATION
EPA FORM 2A

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.

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:

Paul R. Noland WWTP - AR0020010

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

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 Paul R. Noland Wastewater Treatment PlantMailing Address 1400 N. Fox Hunter Road, Fayetteville, AR 72701Contact person Duyen TranTitle Project ManagerTelephone number 479-443-3292Facility Address 1400 N. Fox Hunter Road, Fayetteville, AR 72701

(not P.O. Box)

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

Applicant name City of FayettevilleMailing Address 1400 N. Fox Hunter Road, Fayetteville, AR 72701Contact person David Jurgens, P.E.Title Utilities DirectorTelephone number (479) 575-8318

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 AR0020010

PSD

UIC

Other No Exposure Certification ARR00C377

RCRA

Other ADEQ No Discharge Permit 4748-WR-1

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 |
|---------------------------------------|-------------------|---------------------------|------------------|
| <u>Fayetteville-Noland</u> | <u>21,580</u> | <u>Separate</u> | <u>Municipal</u> |
| <u>Elkins</u> | <u>2,450</u> | <u>Separate</u> | <u>Municipal</u> |
| <u>Greenland</u> | <u>1,238</u> | <u>Separate</u> | <u>Municipal</u> |
| Total population served <u>25,268</u> | | | |

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 12.6 mgd

Two Years Ago

Last Year

This Year

- | | | | |
|-----------------------------------|-------|------|----------|
| b. Annual average daily flow rate | 10.97 | 5.93 | 6.27 mgd |
|-----------------------------------|-------|------|----------|

- c. Maximum daily flow rate 19.44 13.76 14.05 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.

- | | | | |
|----------|-----------------------------------|-----|---|
| <u>✓</u> | Separate sanitary sewer | 100 | % |
| | 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 | N/A |
| iii. Combined sewer overflow points | N/A |
| iv. Constructed emergency overflows (prior to the headworks) | N/A |
| v. Other | N/A |

- 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: On the old land application site (due East of plant) and plant grounds (as permitted by AR permit #4748-W)

Number of acres: 528

Annual average daily volume applied to site: 0.47 Mod

Is land application ☐ continuous or ☒ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes ☐ No ☒

FACILITY NAME AND PERMIT NUMBER:

Paul R. Noland WWTP - AR0020010

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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?

FACILITY NAME AND PERMIT NUMBER:

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OMB Number 2040-0086

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 Fayetteville 72701
(City or town, if applicable) (Zip Code)
Washington AR
(County) (State)
36 degrees 05 minutes 9.6 seconds N 94 degrees 05 minutes 5 seconds W
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 6.07 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 Segment 4K of the White River Basin
- b. Name of watershed (if known) White River Basin
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 11010001
- d. Critical low flow of receiving stream (if applicable):
acute 0.80 cfs chronic 1.20 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): 116.00 mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

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A.11. Description of Treatment.

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

☐ Primary☒ Secondary☒ Advanced☒ Other. Describe:

Biological Nutrient Removal & Filtration

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

Design BOD₅ removal or Design CBOD₅ removal 98.00 %

Design SS removal 98.00 %

Design P removal 90.00 %

Design N removal 90.00 %

Other %

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

Ultraviolet

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) | 6.75 | s.u. | | | |
| pH (Maximum) | 8.03 | s.u. | | | |
| Flow Rate | 14.05 | mgd | 6.07 | mgd | 792.00 |
| Temperature (Winter) | 17.70 | degree Celsius | 11.90 | degree Celsius | 121.00 |
| Temperature (Summer) | 28.80 | degree Celsius | 25.60 | degree Celsius | 150.00 |

* 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 | 8.00 | mg/l | 1.95 | mg/l | 327.00 | SM 5210 B | 2mg/L - seed cf |
| FECAL COLIFORM | | 15,600.00 | col/100ml | 17.17 | col/100ml | 528.00 | SM 9222 D | 1 cfu |
| TOTAL SUSPENDED SOLIDS (TSS) | | 14.20 | mg/l | 2.16 | mg/l | 524.00 | SM 2540 D | 0.1 mg/l |

END OF PART A.

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

FACILITY NAME AND PERMIT NUMBER:

Paul R. Noland WWTP - AR0020010

Form Approved 1/14/99
OMB Number 2040-0086**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.1,700,000 gpd

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

See attached addendum.**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.)

- The area surrounding the treatment plant, including all unit processes.
- 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.
- Each well where wastewater from the treatment plant is injected underground.
- 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.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- 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: CH2M HILL EngineeringMailing Address: 1400 N. Fox Hunter Road, Fayetteville, AR 72701Telephone Number: (479) 443-3292Responsibilities of Contractor: See attached addendum.**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.)

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

N/A

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

☐ Yes ☒ No

FACILITY NAME AND PERMIT NUMBER:

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- 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 | Actual Completion |
|----------------------------|----------------|-------------------|
| | MM / DD / YYYY | 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: Construction of the Biosolids Drying Facility (as permitted by AR0020010C)

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 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) | 4.90 | mg/l | 0.26 | mg/l | 523.00 | SM 4500 NH3E | 0.1 mg/l |
| CHLORINE (TOTAL RESIDUAL, TRC) | | N/A | | N/A | | N/A | |
| DISSOLVED OXYGEN | 13.60 | mg/l | 8.86 | mg/l | 527.00 | SM 4500 O+G | 0.1 mg/l |
| TOTAL KJELDAHL NITROGEN (TKN) | 1.40 | mg/l | 1.40 | mg/l | 1.00 | EPA 351.2 | 0.2 mg/l |
| NITRATE PLUS NITRITE NITROGEN | 2.70 | mg/l | 2.70 | mg/l | 1.00 | EPA 353.2 | 0.1 mg/l |
| OIL and GREASE | 5.00 | mg/l | 5.00 | mg/l | 1.00 | EPA 1664A | 5 mg/l |
| PHOSPHORUS (Total) | 3.55 | mg/l | 0.28 | mg/l | 523.00 | SM4500 PE | 0.03 mg/l |
| TOTAL DISSOLVED SOLIDS (TDS) | 458.25 | mg/l | 680.00 | mg/l | 4 | SM 2540 C | 5.0 mg/l |
| 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:

Paul R. Noland WWTP - AR0020010

Form Approved 1/14/99
OMB Number 2040-0086**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 Lionel Jordan, MayorSignature Telephone number (479) 575-8330Date signed 11/29/10

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:

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

Paul R. Noland WWTP - AR0020010

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 | ND | | | | ND | | | | 10 | EPA 200.8 | 60 & 0.5 ug/l |
| ARSENIC | 0.81 | ug/l | 0.035 | lbs | <0.69 | ug/l | <0.042 | lbs | 10 | EPA 200.8 | 0.5 ug/l |
| BERYLLIUM | ND | | | | ND | | | | 10 | EPA 200.8 | 0.5 & 0.2 ug/l |
| CADMIUM | ND | | | | ND | | | | 10 | EPA 200.8 | 0.5 & 0.08 ug/l |
| CHROMIUM | 0.50 | ug/l | 0.049 | lbs | <9.05 | ug/l | <0.555 | lbs | 10 | EPA 200.8 | 10 & 0.5 ug/l |
| COPPER | 3.0 | ug/l | 0.206 | lbs | <1.47 | ug/l | <0.089 | lbs | 10 | EPA 200.8 | 0.5 ug/l |
| LEAD | 0.59 | ug/l | 0.037 | lbs | <0.47 | ug/l | <0.029 | lbs | 10 | EPA 200.8 | 0.5 & 0.1 ug/l |
| MERCURY | 2.4 | ug/l | 0.0002 | lbs | <2.51 | ug/l | <0.0002 | lbs | 10 | EPA 245.7 & 1631E | 5 & 0.5 ng/l |
| NICKEL | 5.1 | ug/l | 0.370 | lbs | 4.16 | ug/l | 0.257 | lbs | 10 | EPA 200.8 | 0.5 ug/l |
| SELENIUM | ND | | | | ND | | | | | EPA 200.8 | 5 & 0.5 ug/l |
| SILVER | ND | | | | ND | | | | | EPA 200.8 | 0.5 ug/l |
| THALLIUM | 1.4 | ug/l | 0.152 | lbs | <0.55 | ug/l | <0.038 | lbs | 10 | EPA 200.8 | 0.5 & 0.1 ug/l |
| ZINC | 10.3 | ug/l | 1.00 | lbs | <19.03 | ug/l | <1.201 | lbs | 10 | EPA 200.8 | 20 & 5 ug/l |
| CYANIDE | 0.022 | ug/l | 2.14 | lbs | <0.01 | ug/l | <0.651 | lbs | 7 | SM 4500CN | 5 ug/l |
| TOTAL PHENOLIC COMPOUNDS | 0.012 | mg/l | 0.539 | lbs | <0.01 | mg/l | <0.351 | lbs | 7 | EPA 420.1 | 5 ug/l |
| HARDNESS (AS CaCO ₃) | 172 | mg/l | 16712 | lbs | 172 | mg/l | 16712 | lbs | 1 | SM 2340B | 1 mg/l |
| Use this space (or a separate sheet) to provide information on other metals requested by the permit writer. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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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 | | |
| VOLATILE ORGANIC COMPOUNDS. | | | | | | | | | | | |
| ACROLEIN | ND | | | | ND | | | | 3 | EPA 624 | 50 ug/l |
| ACRYLONITRILE | ND | | | | ND | | | | 3 | EPA 624 | 20 ug/l |
| BENZENE | ND | | | | ND | | | | 3 | EPA 624 | 4.4 ug/l |
| BROMOFORM | ND | | | | ND | | | | 3 | EPA 624 | 4.7 ug/l |
| CARBON TETRACHLORIDE | ND | | | | ND | | | | 3 | EPA 624 | 2 ug/l |
| CLOROBENZENE | ND | | | | ND | | | | 3 | EPA 624 | 6 ug/l |
| CHLORODIBROMO-METHANE | ND | | | | ND | | | | 3 | EPA 624 | 2.2 ug/l |
| CHLOROETHANE | ND | | | | ND | | | | 3 | EPA 624 | 8.7 ug/l |
| 2-CHLORO-ETHYL VINYL ETHER | ND | | | | ND | | | | 3 | EPA 624 | 10 ug/l |
| CHLOROFORM | ND | | | | ND | | | | 3 | EPA 624 | 1.6 ug/l |
| DICHLOROBROMO-METHANE | ND | | | | ND | | | | 3 | EPA 624 | 2.2 ug/l |
| 1,1-DICHLOROETHANE | ND | | | | ND | | | | 3 | EPA 624 | 4.7 ug/l |
| 1,2-DICHLOROETHANE | ND | | | | ND | | | | 3 | EPA 624 | 2.8 ug/l |
| TRANS-1,2-DICHLORO-ETHYLENE | ND | | | | ND | | | | 3 | EPA 624 | 1.6 ug/l |
| 1,1-DICHLOROETHYLENE | ND | | | | ND | | | | 3 | EPA 624 | 2.8 ug/l |
| 1,2-DICHLOROPROPANE | ND | | | | ND | | | | 3 | EPA 624 | 6 ug/l |
| 1,3-DICHLORO-PROPYLENE | ND | | | | ND | | | | 3 | EPA 624 | 1.3 ug/l |
| ETHYLBENZENE | ND | | | | ND | | | | 3 | EPA 624 | 7.2 ug/l |
| METHYL BROMIDE | ND | | | | ND | | | | 3 | EPA 624 | 8.9 ug/l |
| METHYL CHLORIDE | ND | | | | ND | | | | 3 | EPA 624 | 7.8 ug/l |
| METHYLENE CHLORIDE | ND | | | | ND | | | | 3 | EPA 624 | 10 ug/l |
| 1,1,2,2-TETRACHLORO-ETHANE | ND | | | | ND | | | | 3 | EPA 624 | 6.9 ug/l |
| TETRACHLORO-ETHYLENE | ND | | | | ND | | | | 3 | EPA 624 | 4.1 ug/l |
| TOLUENE | ND | | | | ND | | | | 3 | EPA 624 | 6 ug/l |

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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 | | |
| 1,1,1-TRICHLOROETHANE | ND | | | | ND | | | | 3 | EPA 624 | 3.8 ug/l |
| 1,1,2-TRICHLOROETHANE | ND | | | | ND | | | | 3 | EPA 624 | 5 ug/l |
| TRICHLOROETHYLENE | ND | | | | ND | | | | 3 | EPA 624 | 1.9 ug/l |
| VINYL CHLORIDE | ND | | | | ND | | | | 3 | EPA 624 | 6.4 ug/l |

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 | ND | | | | ND | | | | 3 | EPA 625 | 3 ug/l |
| 2-CHLOROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 2,4-DICHLOROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 2,4-DIMETHYLPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 4,6-DINITRO-O-CRESOL | ND | | | | ND | | | | 3 | EPA 625 | 25 ug/l |
| 2,4-DINITROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 50 ug/l |
| 2-NITROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 4-NITROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| PENTACHLOROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| PHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 2,4,6-TRICHLOROPHENOL | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |

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

BASE-NEUTRAL COMPOUNDS.

| | | | | | | | | | | | |
|--------------------|----|--|--|--|----|--|--|--|---|---------|----------|
| ACENAPHTHENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| ACENAPHTHYLENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| ANTHRACENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| BENZIDINE | ND | | | | ND | | | | 3 | EPA 625 | 50 ug/l |
| BENZO(A)ANTHRACENE | ND | | | | ND | | | | 3 | EPA 625 | 5 ug/l |
| BENZO(A)PYRENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |

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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 | | |
| 3,4 BENZO-FLUORANTHENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| BENZO(GH)PERYLENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| BENZO(K)FLUORANTHENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| BIS (2-CHLOROETHOXY) METHANE | ND | | | | ND | | | | 3 | EPA 625 | 5 ug/l |
| BIS (2-CHLOROETHYL)-ETHER | ND | | | | ND | | | | 3 | EPA 625 | 6.0 ug/l |
| BIS (2-CHLOROISO-PROPYL) ETHER | ND | | | | ND | | | | 3 | EPA 625 | 6 ug/l |
| BIS (2-ETHYLHEXYL) PHTHALATE | 16.9 | ug/l | 1.64 | lbs | 14.1 | ug/l | 0.71 | lbs | 3 | EPA 625 | 5.0 ug/l |
| 4-BROMOPHENYL PHENYL ETHER | ND | | | | ND | | | | 3 | EPA 625 | 5 ug/l |
| BUTYL BENZYL PHTHALATE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 2-CHLORONAPHTHALENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 4-CHLORPHENYL PHENYL ETHER | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| CHRYSENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| DI-N-BUTYL PHTHALATE | 3.5 | ug/l | 0.25 | lbs | <3.7 | ug/l | <0.19 | lbs | 3 | EPA 625 | 5.0 ug/l |
| DI-N-OCTYL PHTHALATE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| DIBENZO(A,H) ANTHRACENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 1,2-DICHLOROBENZENE | ND | | | | ND | | | | 3 | EPA 624 | 1.9 ug/l |
| 1,3-DICHLOROBENZENE | ND | | | | ND | | | | 3 | EPA 624 | 1.9 ug/l |
| 1,4-DICHLOROBENZENE | ND | | | | ND | | | | 3 | EPA 624 | 4.4 ug/l |
| 3,3-DICHLOROBENZIDINE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| DIETHYL PHTHALATE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| DIMETHYL PHTHALATE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 2,4-DINITROTOLUENE | ND | | | | ND | | | | 3 | EPA 625 | 6.0 ug/l |
| 2,6-DINITROTOLUENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 1,2-DIPHENYLHYDRAZINE | ND | | | | ND | | | | 3 | EPA 625 | 11.0 ug/l |

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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 | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| FLUORENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| HEXACHLOROBENZENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| HEXACHLOROBUTADIENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| HEXACHLOROCYCLOPENTADIENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| HEXACHLOROETHANE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| INDENO(1,2,3-CD)PYRENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| ISOPHORONE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| NAPHTHALENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| NITROBENZENE | ND | | | | ND | | | | 3 | 625.00 | 5.0 ug/l |
| N-NITROSODI-N-PROPYLAMINE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| N-NITROSODI- METHYLAMINE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| N-NITROSODI-PHENYLAMINE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| PHENANTHRENE | ND | | | | ND | | | | 3 | EPA 625 | 5.4 ug/l |
| PYRENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |
| 1,2,4-TRICHLOROBENZENE | ND | | | | ND | | | | 3 | EPA 625 | 5.0 ug/l |

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.

END OF PART D.

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: _____ Test number: _____ Test number: _____

a. Test information.

| Test species & test method number | P. promelas / EPA 821 s11 | C. dubia / EPA 821 s13 | |
|-----------------------------------|---------------------------|------------------------|--|
| Age at initiation of test | < 24 hours | < 24 hours | |
| Outfall number | 001 | 001 | |
| Dates sample collected | | | |
| Date test started | | | |
| 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 | 4th edition | |
| Page number(s) | 141-189 | 53-106 | |

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

| | | | |
|-------------------|------------------------------|------------------------------|--|
| 24-Hour composite | 24 flow proportion composite | 24 flow proportion composite | |
| 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 | | | |

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

outfall flume

outfall flume

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

X

X

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

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

32, 42, 56, 74, 100

32, 42, 56, 74, 100

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Yes

Salinity

Yes

Yes

Temperature

Yes

Yes

Ammonia

Dissolved oxygen

Yes

Yes

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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| | | | |
|--------------------------|----------|----------|---|
| NOEC | 100.00 % | 100.00 % | % |
| IC ₂₅ | % | % | % |
| Control percent survival | % | % | % |
| Other (describe) | | | |

m. Quality Control/Quality Assurance.

| | | | |
|---|--|--|--|
| Is reference toxicant data available? | | | |
| Was reference toxicant test within acceptable bounds? | | | |
| What date was reference toxicant test run (MM/DD/YYYY)? | | | |
| 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)

Please see attached summaries for all WET analysis. Information filled in above applies for all tests including method edition/page numbers, disinfection and sample collection location.**END OF PART E.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

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OMB Number 2040-0086**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. 4.00
- b. Number of CIUs. 4.00

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: See attached for all Significant Industrial User information.

Mailing Address: _____

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

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.

_____ 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.

_____ 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?

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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 NumberAmountUnits**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:

Paul R. Noland WWTP - AR0020010

Form Approved 1/14/99
OMB Number 2040-0086**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.)

FACILITY NAME AND PERMIT NUMBER:

Paul R. Noland WWTP - AR0020010

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

- 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.**

Additional information, if provided, will appear on the following pages.

EPA Form 3510-2A (addendum)

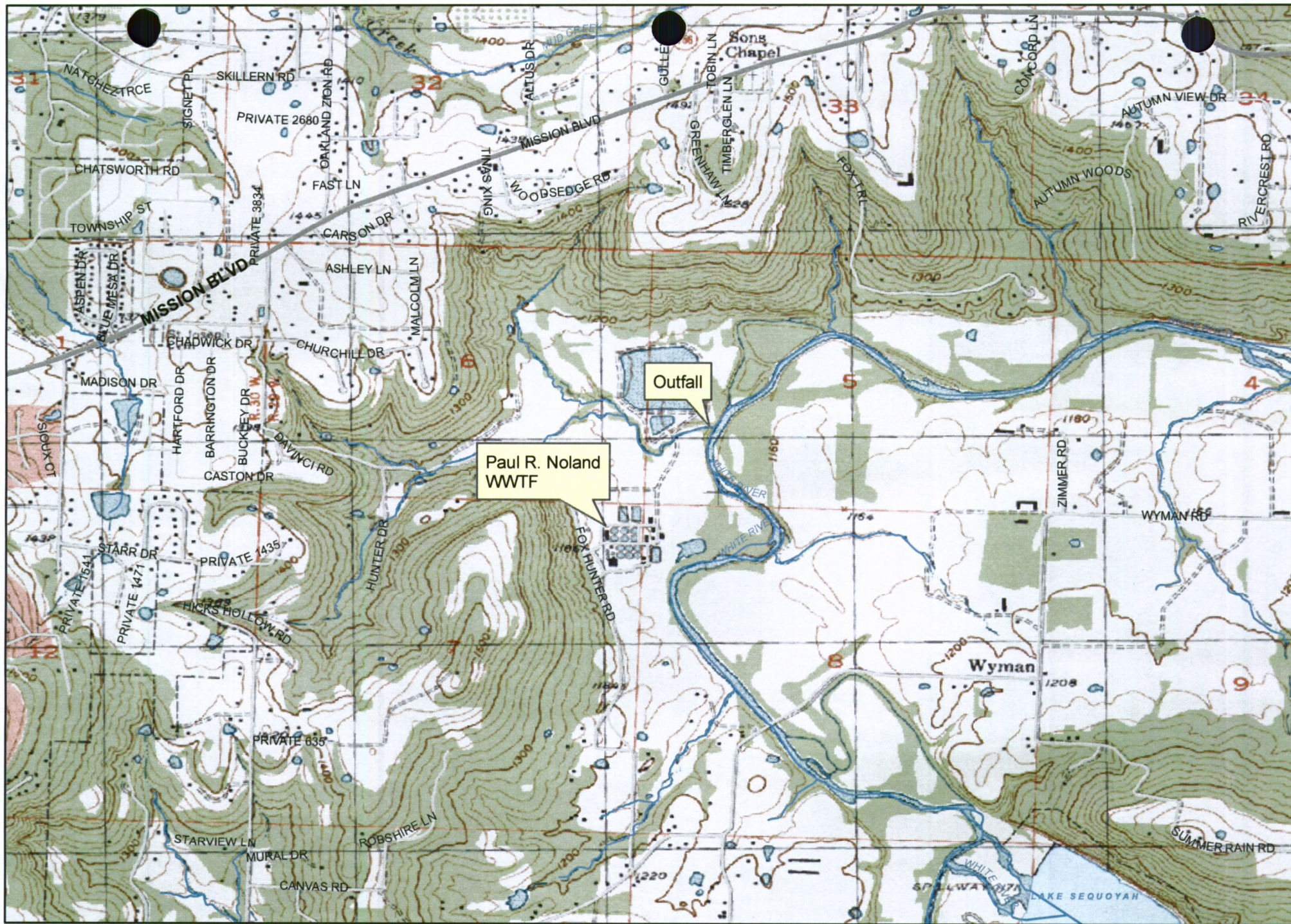
Part A.6 – Flow

- a. Design flow rate: 12.6 mgd, permit was calculated at 11.2 mgd
- b. Annual average daily flow rate, two years ago: 10.97 mgd (*)
- c. Maximum daily flow rate, two years ago: 19.44 mgd (*)

(*) Included flows precedes the startup of the West Side Wastewater Treatment Plant and division of flow between the two plants.

Part B.1 – Explanation of Steps Underway to Minimize Inflow and Infiltration

The City of Fayetteville has an ongoing sanitary sewer rehabilitation program that began in 1992. A master plan was created in 1996 and updated in 2001. The City is planning a comprehensive update to the master plan in 2011. The rehabilitation program consists of sewer system evaluation, analysis, prioritization, design, construction, inspection, and performance evaluations. The collection system was divided into drainage basins. Basins were then ranked in descending order of importance by using a combination of temporary and permanent sewer flow to define dry/wet flow conditions. The City has budgeted \$8.75M for sewer rehabilitation/replacement, mainline repairs, pipe bursting, cured-in-place-pipe, and replacement strategies.

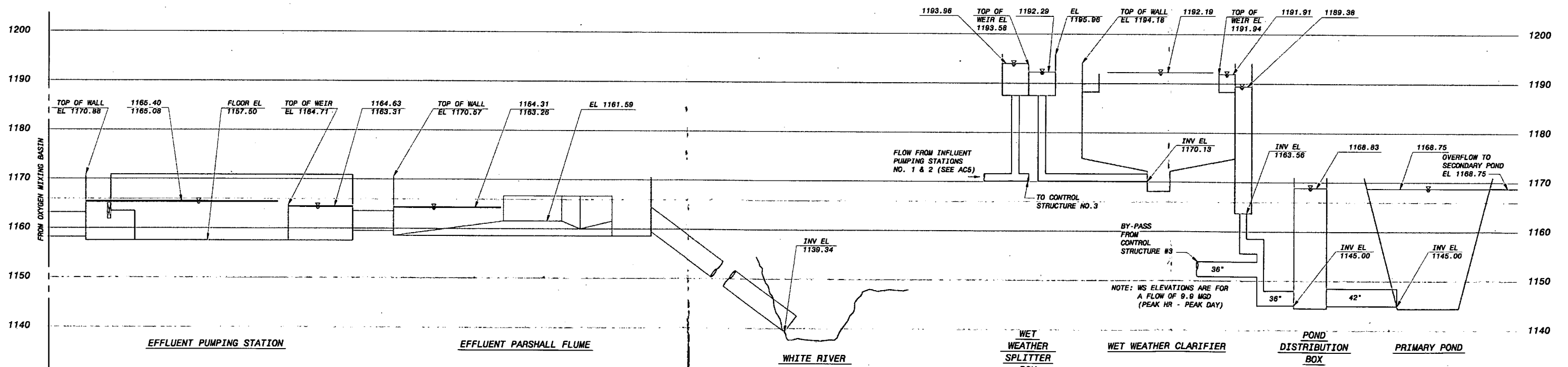
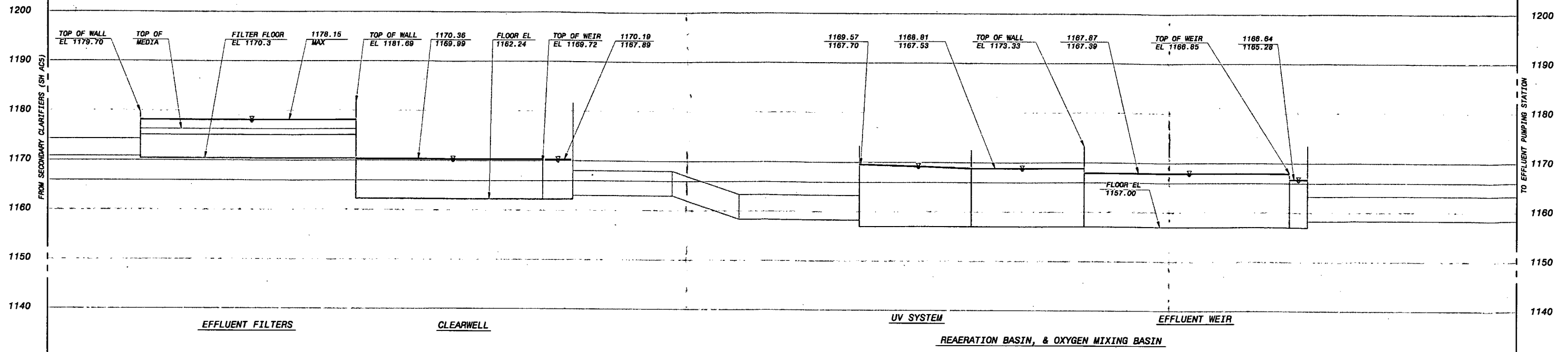


0 1,000 2,000 4,000 6,000 Feet



Paul R. Noland WWTF

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15



WET WEATHER HYDRAULIC PROFILE
HORIZ: NO SCALE
VERT: 1" = 10'-0"

AND00088, 9/17/2007 1:19:24 PM
JON36379, 12/16/2004 2:58:21 PM
FD135045 PLOTTED:
SD135045 SAVED:

| NO. | DATE | BY | REVISION |
|-----|----------|----|-----------------------------------|
| 0 | 10/12/07 | LA | CONFORMED TO CONSTRUCTION RECORDS |

THIS DRAWING WAS
ORIGINALLY SEALED ON
12/22/04 BY
EARL E. JENKINS, A
LICENSED PROFESSIONAL
ENGINEER IN THE STATE
OF ARKANSAS, NO. 9557.

BLACK & VEATCH
Black & Veatch Corporation
Kansas City, Missouri

DATE 12/22/2004
DESIGNED KMF

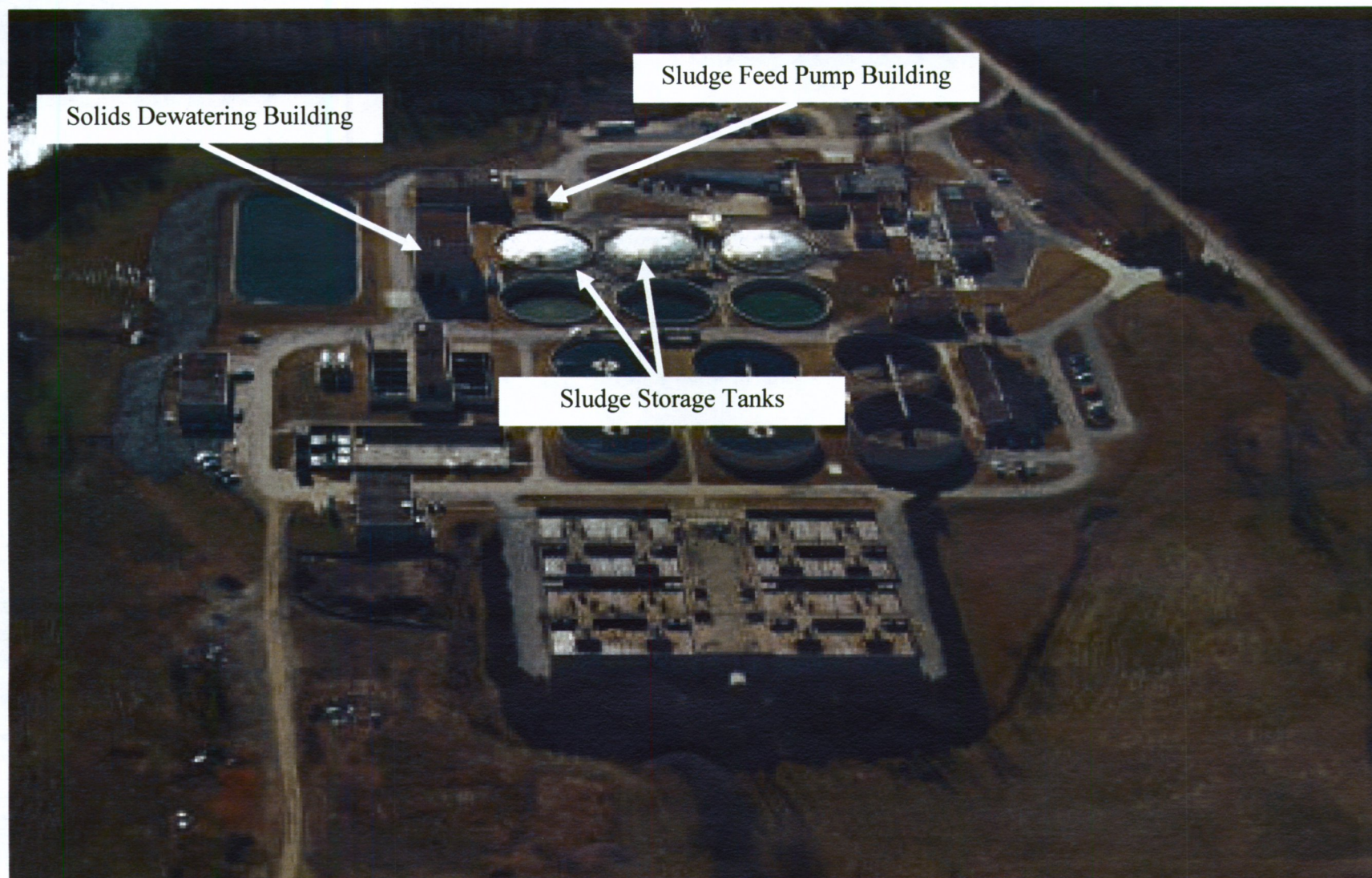
DETAILED RJ
CHECKED TS

Fayetteville
ARKANSAS

NOLAND WWTP IMPROVEMENTS
HYDRAULIC PROFILE
SHEET 2 OF 2

PROJECT 135045 CONTRACT EP-2
DRAWING **AC6** REV. -
SHEET 6 of 207 SHEETS
FILE 135045-3000-WWTUP-C-T00005ZVG

EPA Form 3510-2A (addendum)
Part B.2.e Sludge storage and treatment.



Part B.3 – Process Flow Diagram Description: Paul R Noland WWTP

Liquid Handling:

As wastewater enters the plant, it flows through screening devices in the headworks that remove debris from the water. The screenings are deposited into a hopper awaiting landfill disposal. After the screening, the influent passes through the degritting system prior to split flow into the wet wells of the two **influent pump stations**. From the influent pump stations, wastewater is pumped to the **aeration basin**, where it is mixed with returned activated sludge and becomes the “mixed liquor”. The “mixed liquor” flows through a series of anoxic zones and then a series of aerobic zones.

After the mixed liquor leaves the aeration basin, it flows into up to four **clarifiers**. In the clarifiers, the suspended solids are allowed to settle out as sludge. Most of the sludge is returned to the aeration basin as returned activated sludge (RAS). The remainder sludge or waste activated sludge (WAS) is pumped to a **wasting tank** for solids handling. In the event that insufficient phosphorus removal has taken place in the aeration basin, liquid alum may be added just before the clarifiers to facilitate phosphorus precipitation.

Effluent from the clarifiers then flows to the **effluent sand filters**. There are ten individual filter cells containing beds of filter media that trap suspended solids remaining in the water. When the cells are backwashed, the water and solids removed from the filters are returned to the headworks to be retreated. The filtrate then enters the **disinfection system** where it is disinfected. The water then flows into a basin where liquid oxygen is diffused into the water before final discharge. The final effluent flows to the **effluent pump station** where the water flows by gravity to the White River. An effluent storage pond is available for storing up to about 170 million gallons of the final effluent in the event that the effluent is not discharged to the environment. The water in the pond is returned to the influent wet well for treatment again through the plant.

Wet Weather Handling:

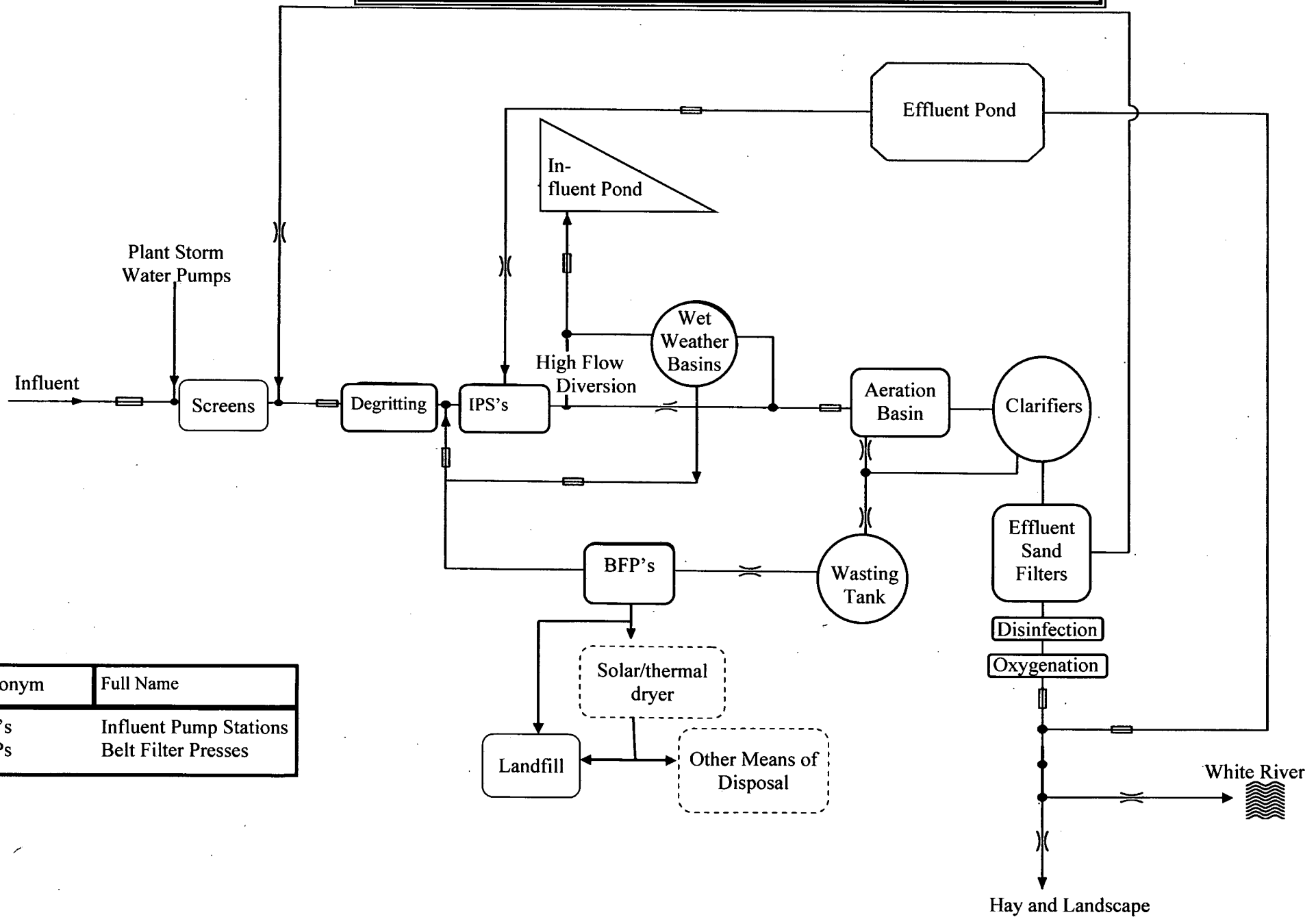
During high flow events, when influent flow exceeds the plant capacity, a portion of the wastewater from the influent pump stations can be pumped to the two wet weather basins and/or diverted to the influent storage pond. The influent storage pond has a storage capacity of approximately 15.8 million gallons. The water in the pond is later returned to the influent wet well for treatment in the plant.

Solids Handling:

The WAS from the storage tank is pumped to the **belt filter presses (BFP)** where a small amount of polymer is added to help dewater the sludge. Currently, the final “sludge cake” produced from the belt filter press is collected and taken to landfills for final disposal. In the near future, after the solar houses have been constructed and the thermal dryer has been installed, the final “cake” can be put through these dryers to produce dried biosolids.

It is anticipated that the dried biosolids will meet the "Exceptional Quality" (EQ) criteria as defined in 40 CFR 503, which may be available for other means of disposal or uses.

EPA Form 3510-2A (addendum)
Part B.3 Process Diagram for the Paul R. Noland



| Acronym | Full Name |
|---------|------------------------|
| IPS's | Influent Pump Stations |
| BFPs | Belt Filter Presses |



Outfall
Lat 36° 05' 09.6"
Long 94° 05' 04.7"

Effluent
Sample
Location
Lat 36° 04' 54.4"
Long 94° 05' 10.1"

Generator #1

Generator #2



Paul R. Noland WWTF

EPA Form 3510-2A (addendum)
Part B.3 Bioprocess Flow (Water
Balance Table)

| # | Stream | Average Daily Flow (MGD) |
|----|------------------------------|--------------------------|
| 1 | Plant Influent | 6.22 |
| 2 | Grit & Screenings Effluent | 6.77 |
| 3 | Bioprocess Influent | 7.59 |
| 4 | RAS Flow to Aeration Basin | 1.40 |
| 5 | WAS Flow to WAS Tank | 0.07 |
| 6 | Secondary Clarifier Influent | 7.59 |
| 7 | Secondary Effluent | 7.59 |
| 8 | UV Flow | 6.90 |
| 9 | Effluent Pond Influent | 0.81 |
| 10 | Influent Pond Influent | 0.61 |
| 11 | Wet Weather Basin Influent | 0.00 |
| 12 | Pond Return | 1.42 |
| 13 | Mudwell Return | 0.55 |
| 14 | Sludge to BFP(s) | 0.07 |
| 15 | BFP Filtrate | 0.07 |
| 16 | W3 | 0.83 |
| 17 | Septic Dump | 0.00 |
| 18 | Scum Return | 0.00 |
| 19 | Backwash Supply | 0.55 |
| 20 | White River Discharge | 6.07 |

EPA Form 3510-2A (addendum)

Part B.4 Operations/Maintenance Performed by Contractor(s)

Responsibilities of Contractor:

Operation and maintenance of the wastewater treatment plant, pump stations, laboratory services, industrial pretreatment, and biosolids disposal.

EPA Form 3510-2A (addendum)

Part E Toxicity Testing Data

Summary of Submitted Biomonitoring Test Information

NPDES Permit #AR0020010

Paul R. Noland WWTP, Outfall #001

| Sample Date | Pimephales Promelas EPA 821/R-02/013 s11 | Ceriodaphnia Dubia EPA 821/R-02/013 s13 |
|------------------------|---|--|
| Jan 9,11,13, 2006 | Pass | No Results |
| Feb 13,15,17, 2006 | - | Pass |
| Apr 17,19,21, 2006 | Pass | Pass |
| Jul 17,19,21, 2006 | Pass | Pass |
| Oct 30,Nov 1,3, 2006 | No Results | Pass |
| Dec 4,6,8, 2006 | Pass | - |
| Feb 25,27,Mar 01, 2007 | Pass | No Results |
| Mar 25,27,29, 2007 | - | Fail |
| Apr 15,17,19, 2007 | Pass | Pass |
| May 21,23,25, 2007 | - | Pass |
| Jun 11,13,15, 2007 | - | Pass |
| Jul 22,24,26, 2007 | Pass | Pass |
| Oct 7,9,11, 2007 | Pass | Pass |
| Jan 28,30,Feb 1, 2008 | Pass | Pass |
| Apr 30,May 2,5, 2008 | Pass | Pass |
| Jul 21,23,25, 2008 | Fail | Pass |
| Sep 22,24,26, 2008 | Pass | - |
| Oct 27,29,31 2008 | Pass | - |
| Nov 3,5,7, 2008 | Pass | Pass |
| Feb 16,18,20, 2009 | Pass | Pass |
| Apr 20,22,24, 2009 | Pass | Pass |
| Jul 6,8,10, 2009 | Pass | Pass |
| Oct 5,7,9, 2009 | Pass | Pass |
| Jan 12,14,16, 2010 | Pass | Pass |
| Apr 5,7,9, 2010 | Pass | Pass |
| Jul 19,21,23, 2010 | Pass | Pass |

EPA Form 3510-2A (addendum)
Part F. Industrial User Discharges

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: Ayrshire Electronics, LLC
Mailing Address: 1101 S. Beechwood
Fayetteville, AR 72701

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

Wash circuit boards after assembly and wave solder

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): Assembled circuit boards
Raw material(s): Discrete electrical components, solder, circuit boards

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.
5,000 gpd (X 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.
7,500 gpd (X continuous or _____ intermittent)

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

- a. Local limits ____ Yes X No
b. Categorical pretreatment standards ____ Yes X No

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

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: Custom Powder Coating Services, Inc.
Mailing Address: PO Box 1862
Fayetteville, AR 72702

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

Phosphate wash and rinse metal parts prior to powder coating

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): Powder coated metal parts
Raw material(s): Customer metal parts, soap

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.

500 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.

200 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?

40CFR433 Metal Finishing, Subpart A Metal Finishing

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: Elkhart Products Corporation

Mailing Address: PO Box 1129

Fayetteville, AR 72702

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

Copper forming, coating, drawing, annealing, alkaline cleaning rinse and bath, clean-up

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): Wrought copper fittings

Raw material(s): Copper, lead, oil, cleaner, soap

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.

740 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.

19,000 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?

40CFR468 Copper Forming, Subpart A Copper Forming

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: Hiland Dairy Foods

Mailing Address: PO Box 3478

Fayetteville, AR 72702

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

Packaging dairy products and juice, clean-up

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): Bottled milk and juice

Raw material(s): Milk, concentrated juice, cleaner, sanitizer

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.

39,000 gpd (X 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.

1,000 gpd (X continuous or _____ intermittent)

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

a. Local limits _____ Yes X No

b. Categorical pretreatment standards _____ Yes X No

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

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: Marshalltown Company

Mailing Address: 2200 Industrial Drive

Fayetteville, AR 72701

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

Etching, cleaning, machining, grinding, polishing, tumbling, shearing, welding, sand blasting, solvent degreasing, paint stripping, painting, assembly

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): Tools for construction industry

Raw material(s): Steel, magnesium, aluminum, polypropylene

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.

1,800 gpd (X 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.

1,200 gpd (X continuous or _____ intermittent)

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

a. Local limits _____ Yes X No

b. Categorical pretreatment standards X Yes _____ No

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

40CFR433 Metal Finishing, Subpart A Metal Finishing

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: Pinnacle Foods Corporation

Mailing Address: PO Box G

Fayetteville, AR 72702

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

Blending, blanching, cooking, filling packaging, freezing, battering, frying, dicing, tenderizing, cut-up, clean-up

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): Frozen food specialties

Raw material(s): Poultry, beef, fish, cheese, vegetable oil, flour, vegetables, fruit, pasta, starch, beer, whisky, equipment oils, acid, polymer, cleaner, ammonia

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.

624,000 gpd (☒ X 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.

106,000 gpd (☒ X continuous or ☐ intermittent)

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

a. Local limits ☐ Yes ☒ X No

b. Categorical pretreatment standards ☐ Yes ☒ X No

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

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: Superior Industries International Arkansas, LLC

Mailing Address: 1901 Borick Drive

Fayetteville, AR 72701

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

Foundry, casting, mold shop/tool shop support, fettling and ADR, heat treat, wheelabrate, machine shop, leak test, paint, clearcoat, polish

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): Aluminum wheels

Raw material(s): Aluminum, soap, acid, caustic, etch solution, conversion coating, additives

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.
170,000 & 10,000 gpd (X continuous or X 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.
52,000 gpd (X continuous or _____ intermittent)

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

- a. Local limits ____ Yes X No
- b. Categorical pretreatment standards X Yes ____ No

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

40CFR433 Metal Finishing, Subpart A Metal Finishing

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: Tyson Foods, Inc.

Mailing Address: 2615 S. School
Fayetteville, AR 72701

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

Cook and grind corn, blend flour and water, form and bake corn and flour products, cook poultry, produce meal kits

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): Corn and four tortillas, meal kits

Raw material(s): Flour, corn, cooking oil, salt, lime, chicken, beef, seasoning, marinade, cleaner, soap, sanitizer

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.
279,000 gpd (X 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.
17,000 gpd (X continuous or _____ intermittent)

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

- a. Local limits ____ Yes X No
- b. Categorical pretreatment standards ____ Yes X No

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

**NPDES PERMIT APPLICATION
FORM PPS**

ADEQ

KANSAS
Department of Environmental Quality

Application Form PPS

Priority Pollutant Scan Information

E:NEWMAIN:FORMS:FORMS
Revised 1/77

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.

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:

Paul R. Noland Wastewater Treatment Plant

2. Name, address and telephone number of laboratory:

Pace Analytical 9608 Loiret Blvd, Lenexa KS 66219
(913 599-5665)

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

4. What are the certification dates?

Issued Date 02/02/2010 Expire Date 02/02/2011

5. Is the laboratory certified for all the parameters?

YES X No (Explain)

6. Date and time of samples collected:

07/14/10:1200 - 07/15/10:0600

07/14/10:1400 - 07/15/10:1200

07/14/10:1207, 1809

07/15/10:0004, 0614, 1214

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

07/16/10:0650

8. Sample location (Outfall No.):

Noland Facility Effluent Outfall WR 001

9. Samples collected by:

Name Nick King

Title Lab Analyst II

Telephone 479-443-3292

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.

David Jurgens Utilities Director
Printed Name of person signing Title

[Signature] 23 Nov 10
Signature Date signed

List all attachments to this form:

Pace analytical Report

| METALS AND CYANIDE | LABORATORY ANALYSIS | | | REQUIRED MQL ($\mu\text{g/l}$) |
|-----------------------------------|--------------------------------|--------------------------------|---|--|
| | RESULTS ($\mu\text{g/l}$) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED ($\mu\text{g/l}$) | |
| 1. Antimony (Total), Recoverable | ND | EPA 200.8 | 0.5 | 60 |
| 2. Arsenic (Total), Recoverable | ND | EPA 200.8 | 0.5 | 0.5 |
| 3. Beryllium (Total), Recoverable | ND | EPA 200.8 | 0.2 | 0.5 |
| 4. Cadmium (Total), Recoverable | ND | EPA 200.8 | 0.08 | 0.5 |
| 5. Chromium (Total), Recoverable | 0.5 | EPA 200.8 | 0.5 | 10 |
| 7. Chromium (6+), Dissolved | ND | EPA 7196 | 10 | 10 |
| 8. Copper (Total), Recoverable | ND | EPA 200.8 | 0.5 | 0.5 |
| 9. Lead (Total), Recoverable | 0.12 | EPA 200.8 | 0.1 | 0.5 |
| 10. Mercury (Total), Recoverable | 0.00131 | EPA 1631E | 0.0005 | 0.005 |
| 12. Nickel (Total), Recoverable | 2.7 | EPA 200.8 | 0.5 | 0.5 |
| 13. Selenium (Total), Recoverable | ND | EPA 200.8 | 0.5 | 5 |
| 14. Silver (Total), Recoverable | ND | EPA 200.8 | 0.5 | 0.5 |
| 15. Thallium (Total), Recoverable | ND | EPA 200.8 | 0.1 | 0.5 |
| 16. Zinc (Total), Recoverable | 10.3 | EPA 200.8 | 5 | 20 |
| 129. Phenols, Total Recoverable | | EPA 420.1 | 5 | 5 |
| 17. Cyanide (Total), Recoverable | 22 | SM4500-CN | 5 | 10 |

| DIOXIN | LABORATORY ANALYSIS | | | REQUIRED MQL ($\mu\text{g/l}$) |
|---|--------------------------------|--------------------------------|---|--|
| | RESULTS ($\mu\text{g/l}$) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED ($\mu\text{g/l}$) | |
| 18. 2,3,7,8-Tetrachloro-debenzo-p-dioxin (TCDD) | ND | EPA 8290 | 0.00001 | 0.00001 |

| VOLATILE COMPOUNDS | LABORATORY ANALYSIS | | | REQUIRED MQL (µg/l) |
|-------------------------------------|---------------------|--------------------------------|--|---------------------------|
| | RESULTS (µg/l) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED (µg/l) | |
| 19. Acrolein | ND | EPA 624 | 50 | 50 |
| 20. Acrylonitrile | ND | EPA 624 | 20 | 20 |
| 21. Benzene | ND | EPA 624 | 1.0 | 10 |
| 22. Bromoform | ND | EPA 624 | 1.0 | 10 |
| 23. Carbon Tetrachloride | ND | EPA 624 | 1.0 | 2 |
| 24. Chlorobenzene | ND | EPA 624 | 1.0 | 10 |
| 25. Chlorodibromomethane | ND | EPA 624 | 1.0 | 10 |
| 26. Chloroethane | ND | EPA 624 | 1.0 | 50 |
| 27. 2-Chloroethyl vinyl ether | ND | EPA 624 | 10.0 | 10 |
| 28. Chloroform | ND | EPA 624 | 1.0 | 10 |
| 29. Dichlorobromomethane | ND | EPA 624 | 1.0 | 10 |
| 30. 1,1-Dichloroethane | ND | EPA 624 | 1.0 | 10 |
| 31. 1,2-Dichloroethane | ND | EPA 624 | 1.0 | 10 |
| 32. 1,1-Dichloroethylene | ND | EPA 624 | 1.0 | 10 |
| 33. 1,2-Dichloropropane | ND | EPA 624 | 1.0 | 10 |
| 34. 1,3-Dichloropropylene | ND | EPA 624 | 1.0 | 10 |
| 35. Ethylbenzene | ND | EPA 624 | 1.0 | 10 |
| 36. Methyl Bromide [Bromomethane] | ND | EPA 624 | 1.0 | 50 |
| 37. Methyl chloride [Chloromethane] | ND | EPA 624 | 1.0 | 50 |
| 38. Methylene chloride | ND | EPA 624 | 1.0 | 20 |
| 39. 1,1,2,2-Tetrachloroethane | ND | EPA 624 | 1.0 | 10 |
| 40. Tetrachloroethylene | ND | EPA 624 | 1.0 | 10 |
| 41. Toluene | ND | EPA 624 | 1.0 | 10 |
| 42. 1,2-trans-Dichloroethylene | ND | EPA 624 | 1.0 | 10 |
| 43. 1,1,1-Trichloroethane | ND | EPA 624 | 1.0 | 10 |
| 44. 1,1,2-Trichloroethane | ND | EPA 624 | 1.0 | 10 |
| 45. Trichloroethylene | ND | EPA 624 | 1.0 | 10 |
| 46. vinyl chloride | ND | EPA 624 | 1.0 | 10 |

| ACID COMPOUNDS | LABORATORY ANALYSIS | | | REQUIRED MQL (µg/l) |
|--|---------------------|--------------------------------|--|---------------------------|
| | RESULTS (µg/l) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED (µg/l) | |
| 47. 2-Chlorophenol | ND | EPA 625 | 5.0 | 10 |
| 48. 2,4-Dichlorophenol | ND | EPA 625 | 5.0 | 10 |
| 49. 2,4-Dimethylphenol | ND | EPA 625 | 5.0 | 10 |
| 50. 4,6-Dinitro-o-Cresol [2 methyl 4,6-dinitrophenol] | ND | EPA 625 | 25.0 | 50 |
| 51. 2,4-Dinitrophenol | ND | EPA 625 | 50.0 | 50 |
| 52. 2-Nitrophenol | ND | EPA 625 | 5.0 | 20 |
| 53. 4-Nitrophenol | ND | EPA 625 | 5.0 | 50 |
| 54. P-Chloro-m-Cresol [4 chloro-3-methylphenol] | ND | EPA 625 | 5.0 | 10 |
| 55. Pentachlorophenol | ND | EPA 625 | 5.0 | 5 |
| 56. Phenol | ND | EPA 625 | 5.0 | 10 |
| 57. 2,4,6-Trichlorophenol | ND | EPA 625 | 5.0 | 10 |

| BASE/NEUTRAL COMPOUNDS | LABORATORY ANALYSIS | | | REQUIRED MQL ($\mu\text{g/l}$) |
|----------------------------------|--------------------------------|--------------------------------|---|--|
| | RESULTS ($\mu\text{g/l}$) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED ($\mu\text{g/l}$) | |
| 58. Acenaphthene | ND | EPA 625 | 5.0 | 10 |
| 59. Acenaphthylene | ND | EPA 625 | 5.0 | 10 |
| 60. Anthracene | ND | EPA 625 | 5.0 | 10 |
| 61. Benzidine | ND | EPA 625 | 50.0 | 50 |
| 62. Benzo(a)anthracene | ND | EPA 625 | 5.0 | 5 |
| 63. Benzo(a)pyrene | ND | EPA 625 | 5.0 | 5 |
| 64. 3,4-Benzofluoranthene | ND | EPA 625 | 5.0 | 10 |
| 65. Benzo(ghi)perylene | ND | EPA 625 | 5.0 | 20 |
| 66. Benzo(k)fluoranthene | ND | EPA 625 | 5.0 | 5 |
| 67. Bis(2-chloroethoxy) methane | ND | EPA 625 | 5.0 | 10 |
| 68. Bis(2-chloroethyl) ether | ND | EPA 625 | 6.0 | 10 |
| 69. Bis(2-chloroisopropyl) ether | ND | EPA 625 | 6.0 | 10 |
| 70. Bis(2-ethylhexyl) phthalate | 16.9 | EPA 625 | 5.0 | 10 |
| 71. 4-Bromophenyl phenyl ether | ND | EPA 625 | 5.0 | 10 |
| 72. Butyl benzyl phthalate | ND | EPA 625 | 5.0 | 10 |
| 73. 2-Chloronaphthalene | ND | EPA 625 | 5.0 | 10 |
| 74. 4-Chlorophenyl phenyl ether | ND | EPA 625 | 5.0 | 10 |
| 75. Chrysene | ND | EPA 625 | 5.0 | 5 |
| 76. Dibenzo (a,h) anthracene | ND | EPA 625 | 5.0 | 5 |
| 77. 1,2-Dichlorobenzene | ND | EPA 624 | 1.0 | 10 |
| 78. 1,3-Dichlorobenzene | ND | EPA 624 | 1.0 | 10 |
| 79. 1,4-Dichlorobenzene | ND | EPA 624 | 1.0 | 10 |
| 80. 3,3'-Dichlorobenzidine | ND | EPA 625 | 5.0 | 5 |
| 81. Diethyl Phthalate | ND | EPA 625 | 5.0 | 10 |
| 82. Dimethyl Phthalate | ND | EPA 625 | 5.0 | 10 |
| 83. Di-n-Butyl Phthalate | ND | EPA 625 | 5.0 | 10 |
| 84. 2,4-Dinitrotoluene | ND | EPA 625 | 6.0 | 10 |
| 85. 2,6-Dinitrotoluene | ND | EPA 625 | 5.0 | 10 |
| 86. Di-n-octyl Phthalate | ND | EPA 625 | 5.0 | 10 |

| BASE/NEUTRAL COMPOUNDS | LABORATORY ANALYSIS | | | REQUIRED MQL (µg/l) |
|--|---------------------|--------------------------------|--|---------------------------|
| | RESULTS (µg/l) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED (µg/l) | |
| 87. 1,2-Diphenylhydrazine | ND | EPA 625 | 8.0 | 20 |
| 89. Fluorene | ND | EPA 625 | 5.0 | 10 |
| 90. Hexachlorobenzene | ND | EPA 625 | 5.0 | 5 |
| 91. Hexachlorobutadiene | ND | EPA 625 | 5.0 | 10 |
| 92. Hexachlorocyclopentadiene | ND | EPA 625 | 5.0 | 10 |
| 93. Hexachloroethane | ND | EPA 625 | 5.0 | 20 |
| 94. Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene) | ND | EPA 625 | 5.0 | 5 |
| 95. Isophorone | ND | EPA 625 | 5.0 | 10 |
| 96. Naphthalene | ND | EPA 625 | 5.0 | 10 |
| 97. Nitrobenzene | ND | EPA 625 | 5.0 | 10 |
| 98. N-nitrosodimethylamine | ND | EPA 625 | 5.0 | 50 |
| 99. N-nitrosodi-n-propylamine | ND | EPA 625 | 5.0 | 20 |
| 100. N-nitrosodiphenylamine | ND | EPA 625 | 5.0 | 20 |
| 101. Phenanthrene | ND | EPA 625 | 5.0 | 10 |
| 102. Pyrene | ND | EPA 625 | 5.0 | 10 |
| 103. 1,2,4-Trichlorobenzene | ND | EPA 625 | 5.0 | 10 |

| PESTICIDES | LABORATORY ANALYSIS | | | REQUIRED MQL (µg/l) |
|--|---------------------|--------------------------------|--|---------------------------|
| | RESULTS (µg/l) | APPROVED EPA METHOD USED | DETECTION LEVEL ACHIEVED (µg/l) | |
| 104. Aldrin | ND | EPA 608 | 0.010 | 0.01 |
| 105. Alpha-BHC | ND | EPA 608 | 0.050 | 0.05 |
| 106. Beta-BHC | ND | EPA 608 | 0.050 | 0.05 |
| 107. Gamma-BHC | ND | EPA 608 | 0.050 | 0.05 |
| 108. Delta-BHC | ND | EPA 608 | 0.050 | 0.05 |
| 109. Chlordane | ND | EPA 608 | 0.200 | 0.2 |
| 110. 4,4'-DDT | ND | EPA 608 | 0.020 | 0.02 |
| 111. 4,4'-DDE (p,p-DDX) | ND | EPA 608 | 0.100 | 0.1 |
| 112. 4,4'-DDD 9(p,p-TDE) | ND | EPA 608 | 0.100 | 0.1 |
| 113. Dieldrin | ND | EPA 608 | 0.020 | 0.02 |
| 114. Alpha-endosulfan | ND | EPA 608 | 0.010 | 0.01 |
| 115. Beta-endosulfan | ND | EPA 608 | 0.020 | 0.02 |
| 116. Endosulfan sulfate | ND | EPA 608 | 0.100 | 0.1 |
| 117. Endrin | ND | EPA 608 | 0.020 | 0.02 |
| 118. Endrin aldehyde | ND | EPA 608 | 0.100 | 0.1 |
| 119. Heptachlor | ND | EPA 608 | 0.010 | 0.01 |
| 120. Heptachlor epoxide (BHC-hexachlorocyclohexane) | ND | EPA 608 | 0.010 | 0.01 |
| 130. Chlorpyrifos | ND | EPA 608 | 0.070 | 0.07 |
| 121. PCB-1242 | ND | EPA 608 | 0.200 | 0.2 |
| 122. PCB-1254 | ND | EPA 608 | 0.200 | 0.2 |
| 123. PCB-1221 | ND | EPA 608 | 0.200 | 0.2 |
| 124. PCB-1232 | ND | EPA 608 | 0.200 | 0.2 |
| 125. PCB-1248 | ND | EPA 608 | 0.200 | 0.2 |
| 126. PCB-1260 | ND | EPA 608 | 0.200 | 0.2 |
| 127. PCB-1016 | ND | EPA 608 | 0.200 | 0.2 |
| 128. Toxaphene | ND | EPA 608 | 0.300 | 0.3 |

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North Little Rock, AR 72118

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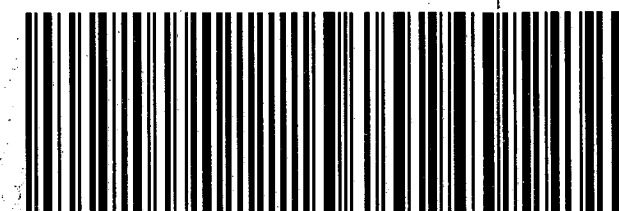
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