WATER POLLUTION CONTROL PERMIT APPLICATION ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

Septic Tank and Leach Field

							Revised Septen	nber 24, 2007	
Permit No.:	AFI		SIC Code:			NAICS Code:			
(Office use only) (Office use only) (Office use only) (Office use only)								only)	
1. Permit Action Requested: ()	Please check	one of the follo	owing.)						
New Permit for New Facility New Pe			rmit for Existing Facility			Permit Renewal			
Modification of Existin	g Permit, Pl	ease Describe:							
2. Name and Mailing Address	of Organizat	ion/Individual	Requesting	Permit:					
Owner/Organization Name:	(Mr. / Mrs.	/Ms.) ();	ty of	CAU	e Spi	\sim	K S	-	
Address: P.O. BOX 5				Phone: 479-248-1040					
City: Cave Springs State: ARK Zip: 727/8									
Contact Person: (Mr) / Mrs. / Ms.) Lavry Smith Phone: 479-248-1040									
Fax: 479-248-7521 Email: LSmith@CaveSprings Gr. Com									
2 Type of Weste Monogement	(Plassa aha						U		
3. Type of Waste Management: (Please check all that apply to Car Wash Truck Wash				Laundromat			Slaughterho	use	
X Other, Please Describe: Decentralized Waste water treatment and disposed System									
4. Waste Storage and/or Treat	ment Facility	y Location: (ac	tual facility	address is	required;	<u>NO P</u>	O. BOXES)		
Facility Name: City of CANE Springs WAStewater									
Address:				Phone: 479-2			i-248-104	1D	
City: CAUESPI.M		State: Grk Zip:			72	72718 .			
¹ / ₄ Sec.: Section:									
Latitude:	Longitude:			Source Datum:WGS 84NAD 83				<u>NAD 27</u>	
Name and Distance to Nearest Stream: OSAGE CIEEIL GOOFeed Nearest Town: (AVE Spring S.									
5. Consultant Information:		0					,		
Name: (Mr. / Mrs. / Ms.)								1	
Consulting Firm Name:									
Address:					Phone:				
City:					Zip:				
Fax:		Email:					•.		

6. Please describe the location of the facility with respect to roads, towns and other easily identifiable landmarks: Both wastewater treatment units are located at the Creates Gulf COURSE ON HWY 112, From I-540, tAKE Huy Zby East to Hwy 112, GO South On Hwy 112 to Golf COURSE

7. Please list and describe all waste storage and/or treatment components:

8. Is the applicant organized as a corporation? XYES or ____NO; If yes, is it foreign or domestic? Domestic?

Is the corporation currently registered to do business with the Arkansas Secretary of State? YES or _____NO

Please read the following carefully and sign below.

I certify under penalty of law that this document and all attachments were prepared under my direction and 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, which may include fines and/or imprisonment.

SIGNATORY REQUIREMENTS: The signature below must be in compliance with Part I, Item 4 on pages 1-2.

LARRY Smith-MAYOL Name of Individual Signing Application (Please Print)

Signature

Address with latitude and longitude to sewer plants-Question #4 Sewer plant #1 Address-14991/2 South Main Latitude- 36 15 02 Longitude- -94 14 30

Sewer plant #2 Address-1053 South Main Latitude-36.251058 Longitude- -94.242432

Answer to question # 7

63°.

Individual septic tanks at each residence → Interceptor force main where flow is divided and directed to either Treatment Plant #1 or Treatment Plant #2

- Treatment Plant #1 (flow capacity = 92,000 gpd): 30,000 gal equalization tank → Fixed Film Treatment Unit → Two 9,000 gal Final Settling Tanks → 38,000 gal Pump Tank → Drip Fields (10 Zones covering 6.3 acres on golf course driving range)
- Treatment Plant #2 (flow capacity = 320,000 gpd): Two 19,000 gal parallel Fixed Film Treatment Units → Two 47,663 gal Clarifiers in parallel → Pump Tank → Drip Fields (27 Zones covering 23 acres on golf course western fairways)

CAVE SPRINGS WATER DEPARTMENT P.O. Box 5

CAVE SPRINGS, ARKANSAS 72718

ADEO Water Division Water Division Permits Branch, NO-Discharge Permits Branch, NO-Discharge 5301. North shore Prive 5301. North shore Prive 5301. North shore Prive Forth Little Rock, Ark 72118-5317

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