

## Blevins, Terri

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**From:** Blevins, Terri  
**Sent:** Monday, April 20, 2015 11:33 AM  
**To:** 'cityofmelbourne@centurytel.net'; 'dhopkins@landmarkeng-sur.com'  
**Cc:** Yarberry, Katherine; Vickerson, Casey  
**Subject:** NPDES Renewal Application AR0020036  
**Attachments:** AR0020036.pdf

**Importance:** High

<b>Tracking:</b>	<b>Recipient</b>	<b>Delivery</b>	<b>Read</b>
	'cityofmelbourne@centurytel.net'		
	'dhopkins@landmarkeng-sur.com'		
	Yarberry, Katherine	Delivered: 4/20/2015 11:33 AM	
	Vickerson, Casey	Delivered: 4/20/2015 11:33 AM	Read: 4/20/2015 11:34 AM

April 20, 2015

Honorable Rhonda Halbrook  
Mayor, City of Melbourne

Re: NPDES Permit Number AR0020036, AFIN 33-00026

Dear Mayor Halbrook:

The application for renewal of your NPDES permit was received on 3/12/2015 with additional information received 03/24/2015. In accordance with Department policy, your application has been reviewed and determined to still be incomplete. Please complete the following:

1. Temperature must be recorded in Section A.12 of EPA Form 2A.
2. Testing must be completed for all pollutants in Section B.6 of EPA Form 2A. Please note at least 3 samples must be taken.

These forms must be completed and received by the Department no later than 14 days from the date of this letter. Failure to submit the required information will result in your application being placed in an inactive status.

Upon receipt of the information requested, your application will be determined to be complete, and processing of your renewal application will begin. Consequently, failure to provide the information requested could result in an unpermitted discharge upon expiration of your current permit and subject you to enforcement action by the Department.

A hardcopy of letter to follow.

Thank you for your cooperation in this matter. If there are any questions concerning this submittal, please contact Casey Vickerson of my staff at (501) 682-0653 or by email at [vickerson@adeq.state.ar.us](mailto:vickerson@adeq.state.ar.us).

Sincerely,

Katherine Yarberry, P.E.  
NPDES Engineer Supervisor  
Water Division

**From:** [Microsoft Exchange](#)  
**To:** [cityofmelbourne@centurytel.net](mailto:cityofmelbourne@centurytel.net)  
**Subject:** Relayed: NPDES Renewal Application AR0020036  
**Date:** Monday, April 20, 2015 11:32:43 AM  
**Importance:** High

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Delivery to these recipients or distribution lists is complete, but delivery notification was not sent by the destination:  
[cityofmelbourne@centurytel.net](mailto:cityofmelbourne@centurytel.net)<<mailto:cityofmelbourne@centurytel.net>>  
Subject: NPDES Renewal Application AR0020036

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Sent by Microsoft Exchange Server 2007

**From:** [Mail Delivery Subsystem](#)  
**To:** [dhopkins@landmarkeng-sur.com](mailto:dhopkins@landmarkeng-sur.com)  
**Subject:** Relayed: NPDES Renewal Application AR0020036  
**Date:** Monday, April 20, 2015 11:32:53 AM  
**Importance:** High

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Delivery to these recipients or distribution lists is complete, but delivery notification was not sent by the destination:  
HYPERLINK "mailto:dhopkins@landmarkeng-sur.com"dhopkins@landmarkeng-sur.com  
Subject: NPDES Renewal Application AR0020036

**From:** [David Hopkins](#)  
**To:** [Blevins, Terri](#)  
**Subject:** Read: NPDES Renewal Application AR0020036  
**Date:** Monday, April 20, 2015 2:08:08 PM  
**Importance:** High

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Your message was read on Monday, April 20, 2015 2:05:36 PM (GMT-06:00) Central Time (US & Canada).

**FACILITY NAME AND PERMIT NUMBER:**  
MELBOURNE AR0020036

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

**A.11. Description of Treatment.**

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

Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

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

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      95.00 %  
Design SS removal                      90.00 %  
Design P removal                      \_\_\_\_\_ %  
Design N removal                      75.00 %  
Other \_\_\_\_\_ %

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

CHLORINE

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: \_\_\_\_\_

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.20	s.u.			
pH (Maximum)	7.82	s.u.			
Flow Rate	0.78	MGD	0.18	MGD	12.00
Temperature (Winter)					
Temperature (Summer)					

\* 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	5.20	lb/d	3.43	mg/l	6.00	SM185210B
FECAL COLIFORM		99.00	col/100ml	19.67	col/100 ml	6.00	SM189222D
TOTAL SUSPENDED SOLIDS (TSS)		8.80	lb/d	3.75	mg/l	6.00	EPA 160.2

**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:**

MELBOURNE AR0020036

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

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: \_\_\_\_\_  
\_\_\_\_\_

**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		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	4.50	lb/d	1.17	mg/l	6.00	EPA 350.2	
CHLORINE (TOTAL RESIDUAL, TRC)	0.10	mg/l	0.05	mg/l	12.00		
DISSOLVED OXYGEN	9.20	mg/l	8.22	mg/l	12.00	EPA 360.1/2	
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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