

ADEQ

ARKANSAS
Department of Environmental Quality

APR 20 2015

CERTIFIED MAIL: RETURN RECEIPT REQUESTED 91 7199 9991 7030 4937 5145

Honorable Rhonda Halbrook
Mayor, City of Melbourne
P.O. Box 800
Melbourne, AR 72556

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:

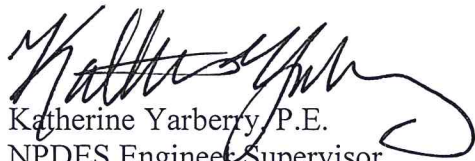
1. Temperature must be recorded in Section A.12 of EPA Form 2A.
2. Testing must be completed for all pollutants in Section B.6 of EPA Form 2A. Please note at least 3 samples must be taken.

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.

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.

Sincerely,



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

Enclosure

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 BOD₅ removal or Design CBOD₅ 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
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 | | |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. | | | | | | | |
| 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**