

APR 2 0 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,

Enclosure

Katherine Yarberry

NPDES Engineer Supervisor Water Division

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| .11. De | escription of | Treatment. | | | | | | | | | | | |
|---|--|---|--|--|---|---|---|---|--|---|--|---|--|
| a. | What levels | of treatment | are provi | ded? C | heck all the | at app | ply. | | | | | | |
| | <u> </u> | - | | ✓ Se | econd | Jary | | | | | | | |
| | | Advanced | | | Ot | iher. | Describe: | | | | | | |
| b. | Indicate the following removal rates (as applicable): | | | | | | | | | | | | |
| | Design BO | In CBOD removal | | | | 95.00 | | % | | | | | |
| | Design SS removal | | | 5 | | | | | 90.00 | | | | |
| | Design P re | | | | | | | % | | | | | |
| | Design N removal | | | | | | | 75.00 | | % | | | |
| | Other | | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | ,0.00 | | % | | |
| - | What ture | f disinfection | in upod f | - | fluent from | m íhia | autoulo li dia | | | | _ | | |
| C. | | r disinfection | is used t | or the e | muent from | n inis | souttail? It dis | niection varies | oy season, p | lease describe | 3. | | |
| | | | | | | | | | 1 | | | | |
| | If disinfection | If disinfection is by chlorination, is d | | | rination us | ed for | r this outfall? | | Yes | | | N0 | |
| d. Does the treatment plant have pos | | | | st aerat | ion? | | | _ | Y€ | es _ | | No | |
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| c d. | If the answer to E Provide dates imp applicable. For ir applicable. Indica | 5.b is "Yes," br | iefly describe, in | cluding new max | imum daily inflov | | | | | | | | |
|--------------------------------------|---|------------------------|---|--|--|---|---|---|--|--|--|--|--|
| d. | Provide dates imp applicable. For in applicable. Indica | nosed by any co | | | and a day milor | v rate (if applicat | ple). | | | | | | |
| | 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. | | | | | | | | | | | | |
| | | | Schedule | 9 | Actual Completion | on | | | | | | | |
| | Implementation Stage | | MM / DD | MM / DD / YYYY | | - | | | | | | | |
| | Begin construction End construction | | / | / | // | | | | | | | | |
| | | | / | / | // | | | | | | | | |
| | – Begin discharge | | / | / | // | | | | | | | | |
| | - Attain operational level | | / | / | // | | | | | | | | |
| ۵ | Have annronriate | permits/clearar | ices concerning | other Federal/St | ate requiremente | been obtained? | Yes | No | | | | | |
| σ. | Describe briefly: | ponniciologica | lace concerning | | | | | | | | | | |
| | besalise sherry. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 3.6. EFFL | LUENT TESTING | DATA (GREAT | ER THAN O.1 N | IGD ONLY). | | | | | | | | | |
| over meti stan polli Out | ing required by the rflows in this secti thods. In addition, ndard methods for utant scans and m fall Number: 001 | analytes not ad | ion reported mus comply with QA/ Idressed by 40 C than four and or | Call (Mouder with st be based on da QC requirements FR Part 136. At re-half years old. | ata collected thro s of 40 CFR Part a minimum, efflu | <u>charged.</u> 56 ho ough analysis co 136 and other a uent testing data | nducted using 40 CFR ppropriate QA/QC req must be based on at I | Part 136 uirements for east three | | | | | |
| PC | JLLUTANT | TANT MAXIMUN DISCHA | | AVER | AGE DAILY DISC | | | | | | | | |
| | | Conc. | Units | Conc. | Units | Number of Samples | ANALYTICAL METHOD | ML / MDL | | | | | |
| ONVENT | TIONAL AND NOI | | IAL COMPOUN | DS. | | | | | | | | | |
| MMONIA | (as N) | 4 50 | lb/d | 1 17 | mo/l | 6.00 | EPA 350 2 | | | | | | |
| HLORINI | E (TOTAL L, TRC) | 0.10 | mg/l | 0.05 | mg/l | 12.00 | | | | | | | |
| ISSOLVE | ED OXYGEN | 9.20 | ma/l | 8.22 | ma/l | 12.00 | EPA 360.1/.2 | | | | | | |
| OTAL KJ | | | | | | | | | | | | | |
| ITRATE I | PLUS NITRITE | | | | | | | | | | | | |
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| | | | | END OF F | PART B. | | | | | | | | |

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