

ADEQ

ARKANSAS
Department of Environmental Quality

MAR 18 2015

CERTIFIED MAIL: RETURN RECEIPT REQUESTED 91 7199 9991 7030 4937 4452

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. In accordance with Department policy, your application has been reviewed and determined to be incomplete. Please complete the following:

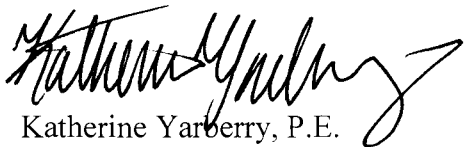
1. The enclosed pages 8-12 of ADEQ Form 1 must be completed.
2. Temperature must be recorded in Section A.12 of EPA Form 2A.
3. Testing must be completed for all pollutants in Section B.6 of EPA Form 2A. Please note at least 3 samples must be taken.

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

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203 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.adeg.state.ar.us/disclosure_stmt.pdf

NOT APPLICABLE (N/A):

SECTION F – INDUSTRIAL ACTIVITY

1. 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.

NOT APPLICABLE (N/A):

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked “Yes” in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

- 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)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

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: ____

Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.

- 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.

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.

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

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		
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**