

## 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

## NOT APPLICABLE (N/A):

#### SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

 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.adeq.state.ar.us/disclosure\_stmt.pdf

# NOT APPLICABLE (N/A):

## SECTION F - INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA (<u>Link to a Listing of the 40 CFR Effluent Limit Guidelines</u>) 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)

	Last	t 12 Months	Highest Production	Year of Last 5 Years
Product(s) Manufactured		lbs/day*	lbs/e	day*
(Brand name)	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.

#### 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 b	eatch: (GPD)
Time of batch discharges	(days of week)	at (hours of	day)
Flow rate: gallons/minut	e 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)

		Average Flow	Maximum Flow	Type of Discharge
No.	Unregulated Process	(GPD)	(GPD)	(batch, continuous, none)

	No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
	If ba	tch discharge occurs or will occur	, indicate: [New facilit	ies may estimate.]	
	Nun	nber of batch discharges: I	per day Averag	ge discharge per batch:	(GPD)
	Tim	e of batch discharges(days	at of week)	(hours of day)	
	Flov	v rate: gallons/minute	Percent of total	discharge:	
3.	Do you h	nave, or plan to have, automatic sa	mpling equipment or c	ontinuous wastewater flo	ow metering equipment at this facility?
	Current:	Flow Metering Sampling Equipment	es Type: Yes Type:	No	□ N/A □ □ N/A □
	Planned:	Flow Metering Sampling Equipment	es Type: Yes Type:	No	□ N/A □ □ N/A □
If y	ves, please	indicate the present or future loca	tion of this equipment	on the sewer schematic a	and describe the equipment below:
4.	Are any	process changes or expansions pla	nned during the next th	hree years that could alte	r wastewater volumes or characteristics?
		Yes No	(If no, skip Que	stion 5)	
5.	Briefly d	escribe these changes and their eff	fects on the wastewater	r volume and characteris	tics:

## NOT APPLICABLE (N/A):

#### 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.

.11. Des	scription of Tre	eatment.										
a.	What levels of	treatment a	are provi	ded? C	heck all the	at app	ply.					
	Pri	imary			🖌 Se	econd	Jary					
	Ad	vanced			Ot	iher.	Describe:					
b.	Indicate the fol	llowing rem	oval rate	es (as a	pplicable):							
	Design BOD <sub>5</sub> r	emoval <u>or</u> l	Design C	BOD	removal			95.00	)	%		
	Design SS rem							90.00	)	%		
	Design P remo	oval								%		
	Design N remo	oval						75.00	)	%		
	Other								-	%		
		isisfaction i	in upod f	-	fluont from	n thia	outfall? If dia	nfaction varias			-	
с.	What type of d	isiniecuon	is used ii	or the e	muent non	n uns	soutiality it dis	mection varies	oy season, p	lease describe	3.	
	If disinfection is	s by chlorin	ation, is	dechlo	rination us	ed for	r this outfall?		Ye			No
d.	Does the treat	ment plant l	have pos	st aerat	ion?				Y€	es		No
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MMONIA (as N		DIS	MUM DAILY SCHARGE	AVER	AGE DAILY DIS	CHARGE		
MMONIA (as N		Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL
-		CONVENTION	NAL COMPOUN	D\$.		I		
HLORINE (TO	)	4.50	lb/d	1.17	mg/l	6.00	EPA 350.2	
ESIDUAL, TRO		0.10	mg/l	0.05	mg/l	12.00		
ISSOLVED OX	YGEN	9.20	mg/l	8.22	mg/l	12.00	EPA 360.1/.2	
OTAL KJELDA ITROGEN (TKI								
ITRATE PLUS		-						
ITROGEN IL and GREAS	E							
HOSPHORUS	-							
OTAL DISSOL								
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