NPDES PERMIT APPLICATION

FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Operator (Legal) Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

   City of Melbourne

   Note: The legal name of the operator must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☐ State ☐ Federal ☐ Partnership ☐ Corporation ☐ Other ☒

   State of Incorporation: Arkansas Municipality

3. Facility Name: Melbourne Wastewater Treatment Plant

4. Is the operator identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR0020036

6. NPDES General Permit Number (If Applicable): ARG ____

7. NPDES General Storm Water Permit Number (If Applicable): ____

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name	Permit Number	Held by

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

   Highway 9 spur west from Melbourne 0.3 miles to end of road @ hardwood floor factory. Turn left on gravel road to facility.

10. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

    Street: Highway 9 Spur

    City: Melbourne County: Izard State: AR Zip: 72556

11. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Melbourne City Hall Title: Water & Wastewater Supt.

Street: P.O. Box 800

City: Melbourne State: AR Zip: 72556

E-mail address*: cityofmelbourne@centurytel.net Fax: 870-368-4721

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☐ Yes ☒ No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☐ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

4952 SIC Facility Activity under this SIC or NAICS:

221320 NAICS Sewage treatment plants or facilities

14. Design Flow: 0.410 MGD Highest Monthly Average of the last two years Flow: 0.262 MGD

15. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

16. Responsible Official (as described on the last page of this application):

Name: Mike Cone Title: Mayor

Address: P.O. Box 800 Phone Number: 870-368-4215

E-mail Address: mike.cone@centurytel.net

City: Melbourne State: AR Zip: 72556

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

Name: Coy Dale Title: Water & Wastewater Supt.

Address: P.O. Box 800 Phone Number: 870-368-4215

E-mail Address:

City: Melbourne State: AR Zip: 72556

18. Name, address and telephone number of active consulting engineer firm (If none, so state):

Contact Name: David Hopkins, P.E.

Company Name: Landmark Engineering & Surveying

Address: 300 S. Rodney Parham, STE 7 Phone Number: 501-224-1000 x 2#

E-mail Address: dhopkins@landmarkeng-sur.com

City: Little Rock State: AR Zip: 72205-4777

19. Wastewater Operator Information

Wastewater Operator Name: Coy Dale License number: 000918

Class of municipal wastewater operator: I ☐ II ☐ III ☒ IV ☐

Class of industrial wastewater operator: Basic ☐ Advanced ☒

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** location of the facility):

Lat: 36 ° 03 ' 34 " Long: 91 ° 55 ' 33 " County: Izard Nearest Town: Melbourne

2. **Outfall** Location (The location of the end of the pipe Discharge point.):

Outfall No. 001:

Latitude: 36 ° 03 ' 34 " Longitude: 91 ° 55 ' 38 "

Where is the collection point? At end of plant discharge pipe

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Unnamed ditch; thence into Mill Creek; thence to Lower Piney Creek; thence to Piney Creek; thence to Upper White River in Segment 4F of White River Basin.

Outfall No. _____:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. 001:

Lat: 36 ° 03 ' 33 " Long: 91 ° 55 ' 38 "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

Influent flow meter, bar screen, oxidation ditch, dual secondary clarifiers, gas chlorination, SO2 dechlorination, parshall flume effluent flow meter, cascade post-aeration, discharge.

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☒	Yes	Type: _____	☐	No	☐	N/A ☐
	Sampling Equipment	☐	Yes	Type: _____	☒	No	☐	N/A ☐
Planned:	Flow Metering	☐	Yes	Type: _____	☒	No	☐	N/A ☐
	Sampling Equipment	☐	Yes	Type: _____	☒	No	☐	N/A ☐

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

6. Is the proposed or existing facility located above the 100-year flood level? ☒ Yes ☐ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov .

If "No", what measures are (or will be) used to protect the facility? _____

7. Population for Municipal and Domestic Sewer Systems: _____

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☒ No ☐

If Yes, How many? 1 Total Horespower (hp)? 100+ (350 kW)

If No, Please explain? _____

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☒ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing**: Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ Pipe: ☐ Other: _____

☐ **Subsurface Disposal** (Lagooning):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☐ **Other** (Provide complete description): _____

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Melbourne

Distance from Discharge point: ☒ Within 5 miles ☐ Within 50 miles

☐ **Surface Water-** Name of Surface Water Source: _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

(1) the authorization is made in writing by the applicant (or person authorized by the applicant);
(2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

Coy Sign + DATE

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director.

Signature of Cognizant Official: Coy Dale Date: 3-9-10

Printed name of Cognizant Official: Coy Dale

Official title of Cognizant Official: Water & Wastewater Superintendent Telephone Number: (870) 368-4215

Responsible Official

The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president
Partnership, a general partner
Sole proprietorship: the proprietor
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

Mayor INITIAL

MC *(Initial)* "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

_____ *(Initial)* "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

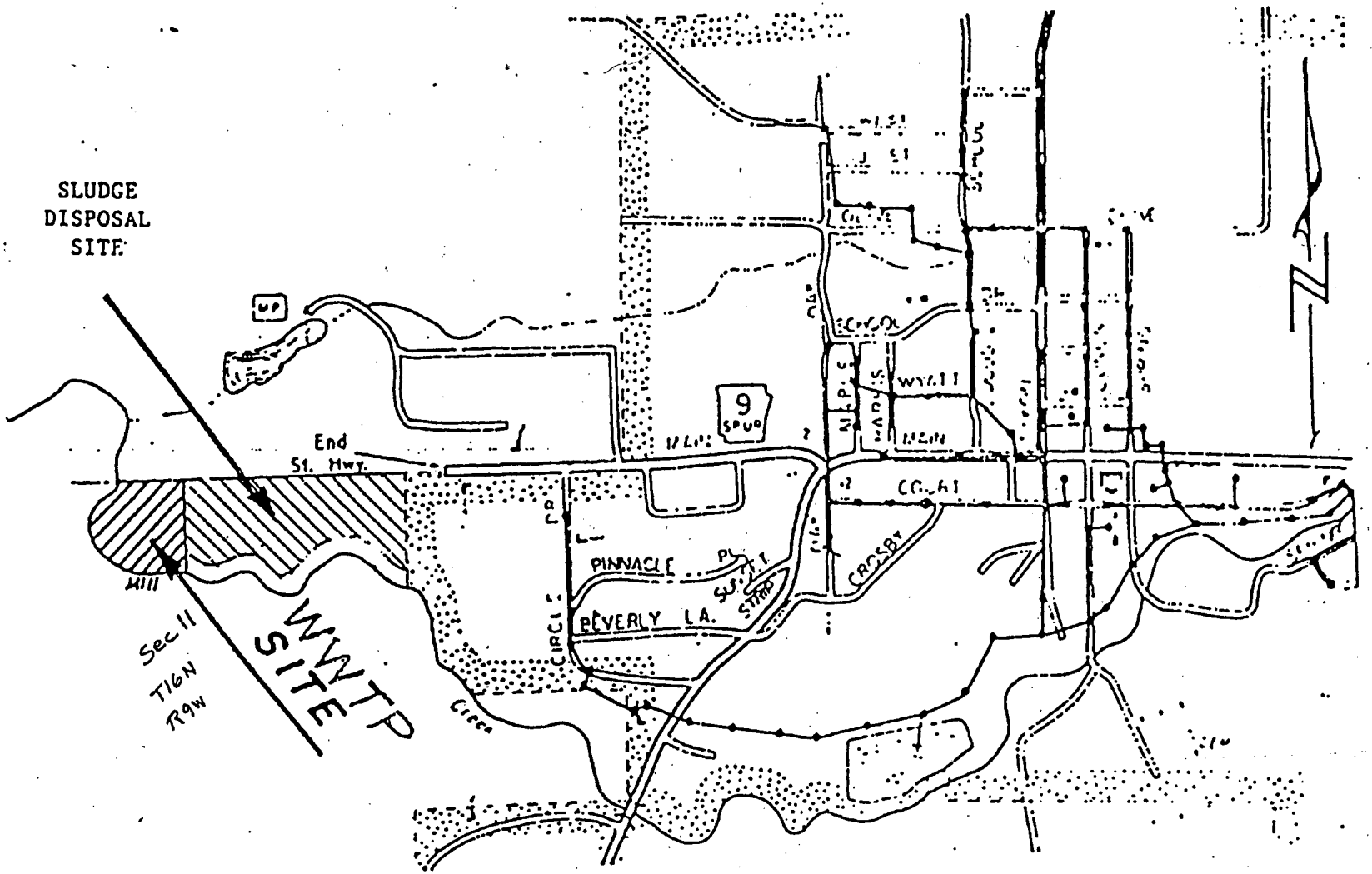
"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

Mayor Sign + DATE

Signature of Responsible Official: Mike Cone Date: 3-9-10

Printed name of Responsible Official: Mike Cone

Official title of Responsible Official: Mayor Telephone Number: (870) 368-4215



VICINITY MAP
MELBOURNE, AR.

SCALE: 1"=1000'

Prepared by
CEI Engineering Associates
Bentonville, Arkansas

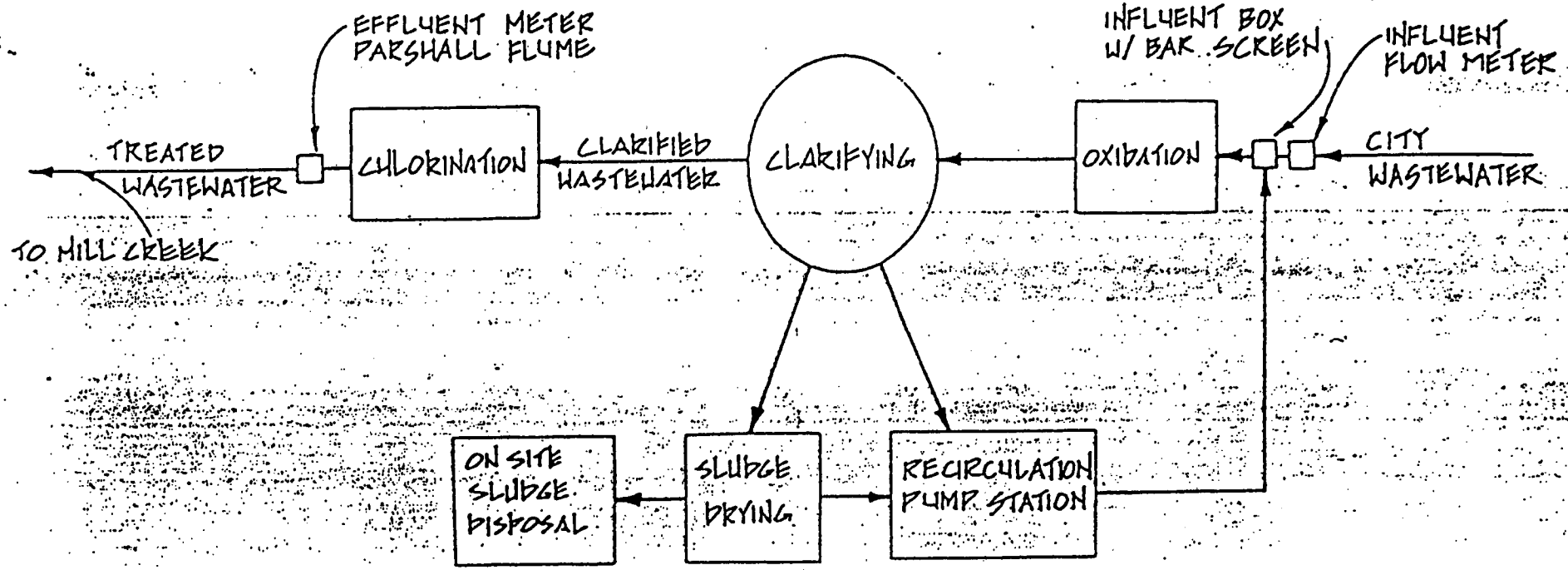
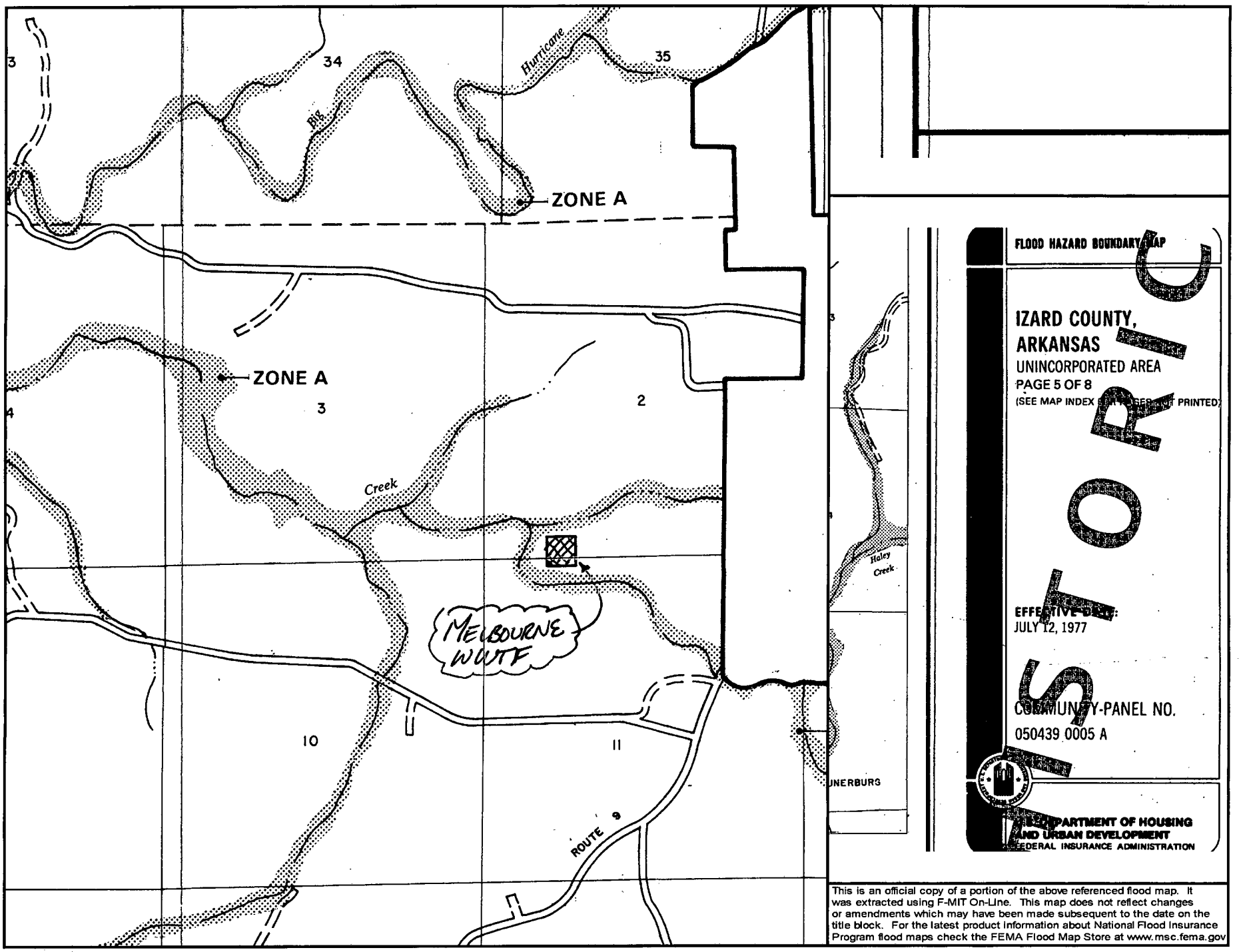


EXHIBIT 1

PLANT FLOW PATTERN DIAGRAM



FLOOD HAZARD BOUNDARY MAP

IZARD COUNTY, ARKANSAS

UNINCORPORATED AREA

PAGE 5 OF 8

(SEE MAP INDEX FOR PANELS NOT PRINTED)

HISTORIC

EFFECTIVE DATE:
JULY 12, 1977

COMMUNITY-PANEL NO.
050439 0005 A

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL INSURANCE ADMINISTRATION

FACILITY NAME AND PERMIT NUMBER:
MELBOURNE AR0020036

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

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: MELBOURNE WASTEWATER TREATMENT PLANT

Mailing Address: P.O. BOX 800
MELBOURNE, AR 72556

Contact person: COY DALE

Title: WATER & WASTEWATER SUPERINTENDENT

Telephone number: (870) 368-4215

Facility Address (not P.O. Box): HIGHWAY 9 SPUR
MELBOURNE, ARKANSAS

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: CITY OF MELBOURNE

Mailing Address: P.O. BOX 800
MELBOURNE, AR 72556

Contact person: COY DALE

Title: WATER & WASTEWATER SUPERINTENDENT

Telephone number: (870) 368-4215

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	AR0020036	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
CITY OF MELBOURNE	1700	SEPARATE	MUNICIPAL

Total population served 1700

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.41 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.22	0.22	0.17	mgd
c. Maximum daily flow rate	0.48	0.43	0.40	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other _____	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
MELBOURNE AR0020036

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

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
CITY OF MELBOURNE (City or town, if applicable) — 72556 (Zip Code)
IZARD (County) — ARKANSAS (State)
36°03'34" (Latitude) — 91°55'38" (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate 0.17 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water MILL CREEK => LOWER PINEY CRK => UPPER WHITE RIVER

b. Name of watershed (if known) WHITE RIVER BASIN SEGMENT 4F

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 11010004

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

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_5 removal or Design $CBOD_5$ 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)	6.01	s.u.			
pH (Maximum)	7.59	s.u.			
Flow Rate	0.59	MGD	0.17	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	BOD-5							
DEMAND (Report one)	CBOD-5	5.00	mg/l	2.67	mg/l	12.00	SM185210B	
FECAL COLIFORM		272.00	col/100ml	23.17	col/100 ml	12.00	SM189222D	
TOTAL SUSPENDED SOLIDS (TSS)		15.00	mg/l	4.09	mg/l	12.00	EPA 160.2	

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

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

20,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

COLLECTION SYSTEM MONITORING AND REPAIR

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

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 MM / DD / YYYY	Actual Completion 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 O.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)	0.40	mg/l	0.13	mg/l	12.00	EPA 350.2	
CHLORINE (TOTAL RESIDUAL, TRC)	0.05	mg/l	0.02	mg/l	12.00		
DISSOLVED OXYGEN	11.55	mg/l	9.27	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

FACILITY NAME AND PERMIT NUMBER:
MELBOURNE AR0020036

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: MIKE CONE, MAYOR

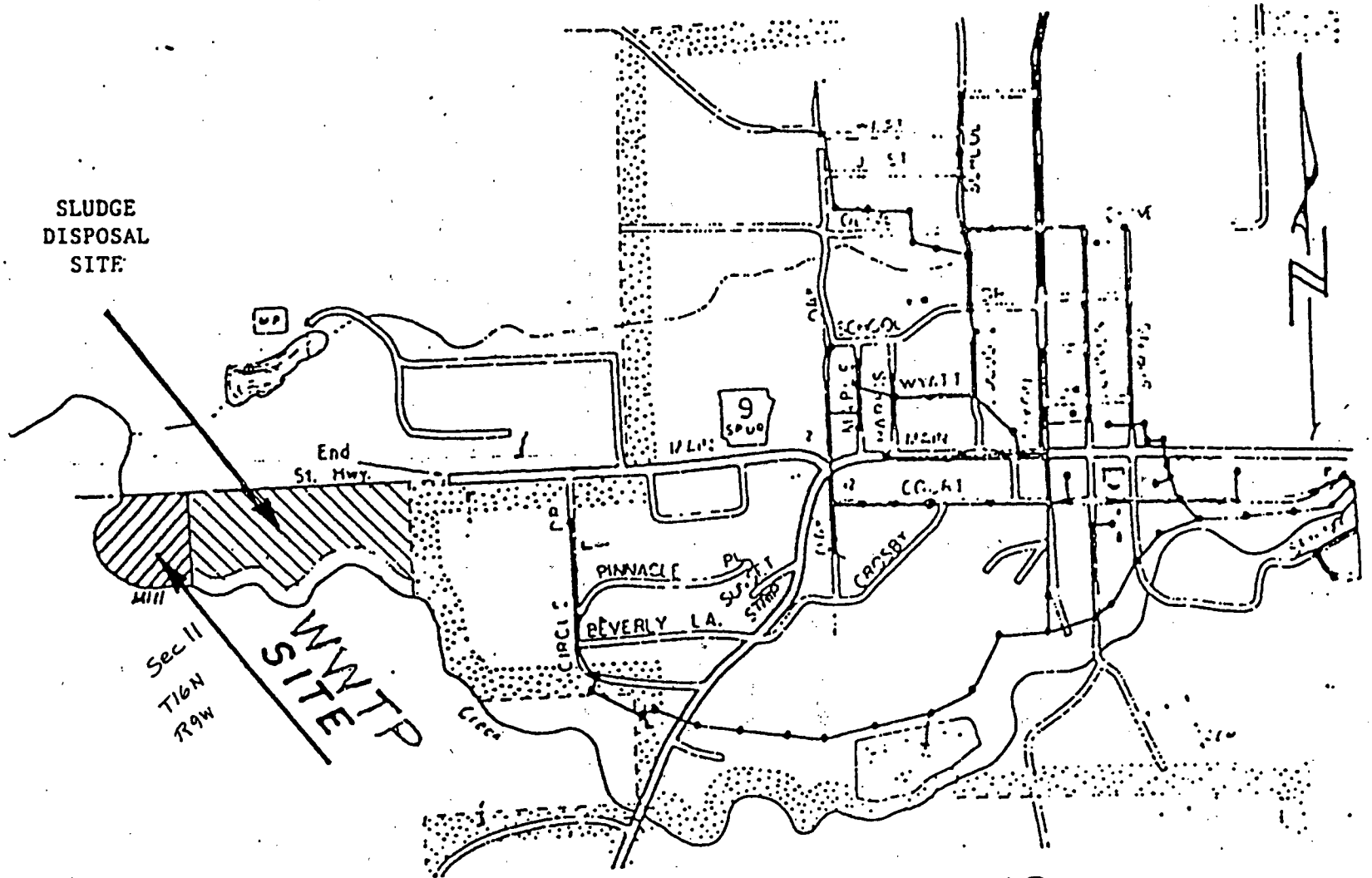
Signature: Mike Cone

Telephone number: (870) 368-4215

Date signed: 3-9-10

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

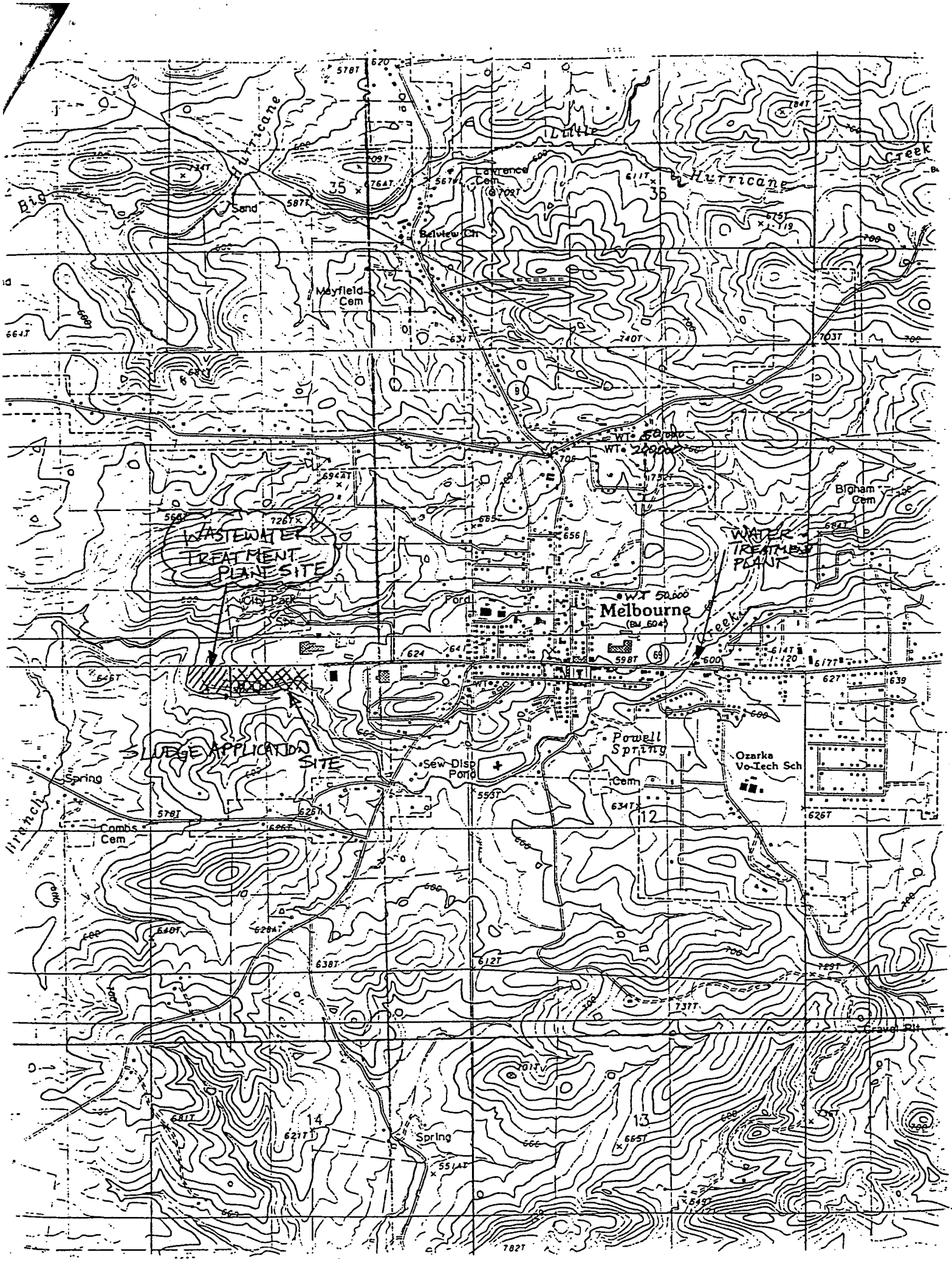
SEND COMPLETED FORMS TO:



VICINITY MAP
MELBOURNE, AR.

SCALE: 1"=1000'

Prepared by
CEI Engineering Associates
Bentonville, Arkansas


WASTEWATER TREATMENT PLANT SITE
SLUDGE APPLICATION SITE
WATER TREATMENT PLANT
Melbourne
(Bu 604)
Powell Spring
Ozarka Vo-Tech Sch
Sew Disp Pond
Mayfield Cem
Lawrence Cem
Belview Ch
Brigham Cem
Combs Cem
Spring
Gravel Pit
Big Hurricane
Little Hurricane Creek
Hurricane Creek
Sand
Pond
City Park
35
36
12
13
14

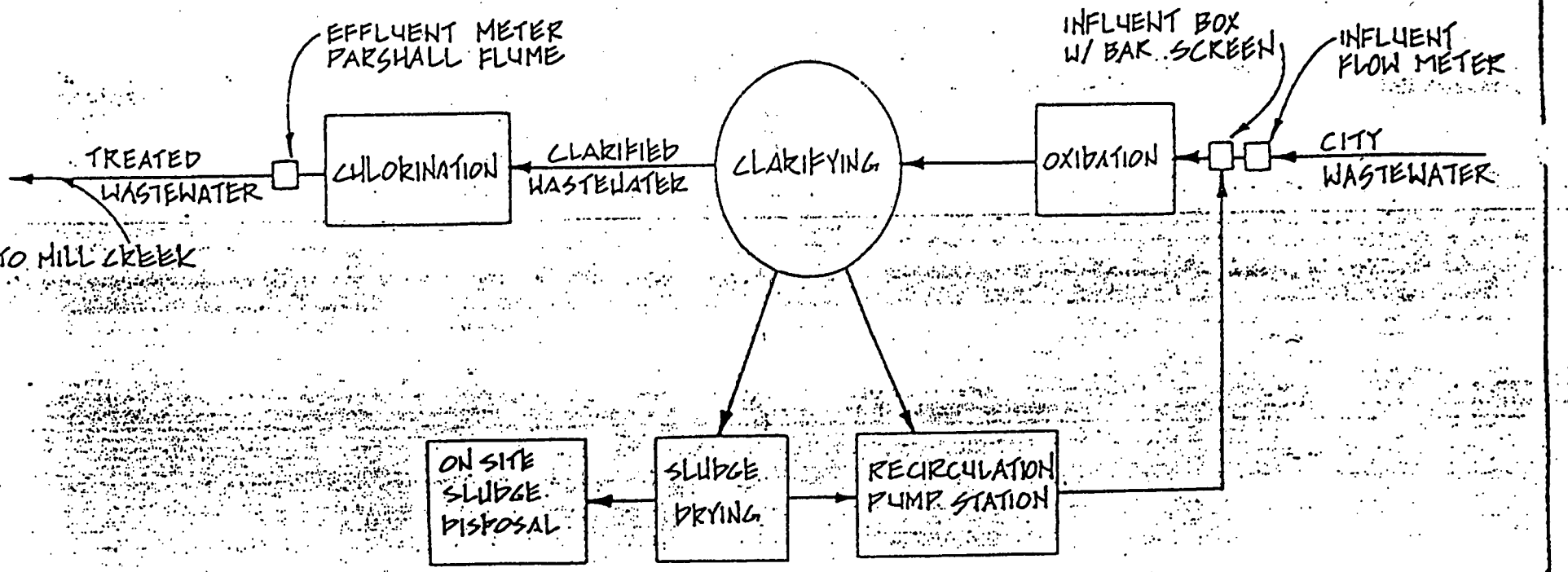


EXHIBIT 1

PLANT FLOW PATTERN DIAGRAM