

Nancy Koon (adpce.ad)

To: Loretta Carstens (adpce.ad)
Subject: RE: NPDES Permit Renewal Application, AR0020117

From: water superintendent [<mailto:watersuperintendent@cityofmtnview.com>]
Sent: Wednesday, February 1, 2023 3:46 PM
To: Loretta Carstens (adpce.ad)
Subject: RE: NPDES Permit Renewal Application, AR0020117

Hope this is acceptable to you.
Keith Johnson
Mountain View Water and Wastewater

Sent from [Mail](#) for Windows

From: [Loretta Carstens \(adpce.ad\)](#)
Sent: Tuesday, January 31, 2023 4:03 PM
To: [water superintendent](#); [Roger Gardner](#)
Cc: 'jessedandridge@gmail.com'
Subject: NPDES Permit Renewal Application, AR0020117

Please see the attached administrative incompleteness letter regarding your recently submitted renewal application. If you have any questions, please contact me at loretta.carstens@adeq.state.ar.us or at (501) 682-0612.

Loretta Carstens, P.E. | Engineer, P.E.
Division of Environmental Quality | Office of Water Quality
NPDES Permits Section
5301 Northshore Drive | North Little Rock, AR 72118
t: 501.682.0612 | e: loretta.carstens@adeq.state.ar.us



ARKANSAS
ENERGY & ENVIRONMENT

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19
OMB No. 2040-0004

AR0020117

Mountain View Wastewater Plant

CSO Receiving Waters

5.7 Provide the information in the table below for each of your CSO outfalls.

	CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
Receiving water name			
Name of watershed/ stream system			
U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Name of state management/river basin			
U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

6.1 In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.

Column 1	Column 2	
<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ Table F
<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

6.2 Certification Statement

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.

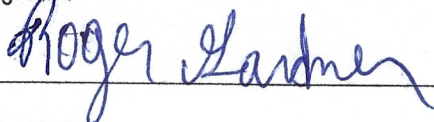
Name (print or type first and last name)

Roger Gardner

Official title

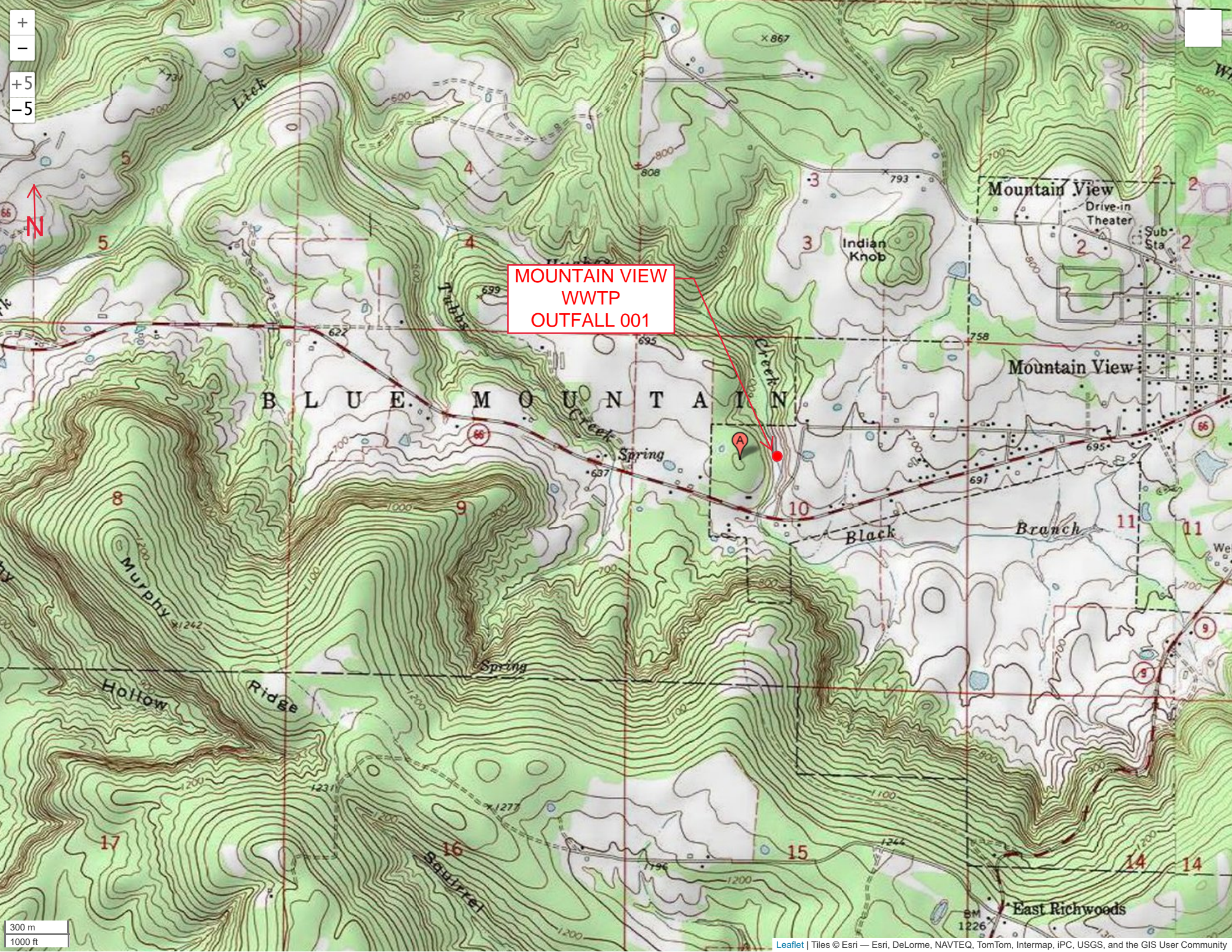
Mayor

Signature



Date signed

02/01/2023



MOUNTAIN VIEW
WWTP
OUTFALL 001

300 m
1000 ft