



ARKANSAS ENERGY & ENVIRONMENT

NPDES Individual Permit Application Form 1

5301 Northshore Drive
North Little Rock, AR 72118-5317

PURPOSE OF THIS APPLICATION (check all that apply)

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

SECTION A - GENERAL INFORMATION

A.1. Legal Applicant Name: City of Mountain View

A.2. Operator Type: Choose an item. Municipality

A.3. Corporation? Yes No → Skip to A.4

State of Incorporation, if not Arkansas: Choose an item.

Attach a Proof/Status of Good Standing from Arkansas Secretary of State and from the state of incorporation, if applicable.

A.4. Facility Name: Mountain View Wastewater Treatment Plant.

A.5. Is the applicant identified in A.1, the owner of the facility? Yes → Skip to A.6 No

Owner of the facility: City of Mountain View

A.6. Is there an outstanding state construction permit for this facility that needs to be terminated?

Yes No → Skip to A.7

A state construction permit can be terminated by submitting Notice of Completion of Construction for State Construction Permits found through the link below:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/state-construction-permit-completion-of-construction.pdf>

NPDES Permit Number	AFIN	Facility Name	County
AR0020117	69-00011	Mountain View Wastewater Plant	Stone

A.7. Indicate below any NPDES permits issued by DEQ to this facility, if applicable. (Check all that apply and list the corresponding permit number for each.)

NPDES permits issued by DEQ		
<input checked="" type="checkbox"/> NPDES Individual Discharge Permit AR0020117	<input type="checkbox"/> NPDES Non-Stormwater General Permit ARG _____	<input type="checkbox"/> NPDES Industrial Stormwater General Permit ARR00 _____

A.8. List permit numbers and/or names of any permits issued by DEQ 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
Mountain View Wastewater Plant	AR0020117	City of Mountain View
Mountain View Water Plant	ARG 640093	City of Mountain View

A.9. Is the facility required to file a disclosure statement?

Yes, one has been attached

Exempt

The disclosure statement form may be obtained from the DEQ web site at:

https://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf

A.10. Facility Physical Location. Attach a location map.

Street address 340 Westwood Ave			
City or town Mountain View	State AR	ZIP code 72560	County Stone Choose an item.

Front Door (gate) location of the facility.

Latitude:	35°	51'	59.48"
Longitude:	92°	08'	53.83"

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

Street Address		P.O. Box 360
City or town Mountain View	State Ar	ZIP code 72560

NPDES Permit Number	AFIN	Facility Name	County
AR0020117	69-0011	Mountain View Wastewater Plant	Choctawhatchee

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

- Louisiana Mississippi Missouri
 Oklahoma Tennessee Texas

A.13. Standard Industrial Classification (SIC) code and North America Industrial Classification System (NAICS) code for primary process and secondary process if applicable.

Primary SIC <u>4952</u>	Primary NAICS <u>221320</u>
Secondary SIC <input type="checkbox"/> N/A	Secondary NAICS <input type="checkbox"/> N/A

A.14. Responsible Official (as described on the last page of this application):

Name (First and Last) <u>Roger Gardner</u>	Title <u>Mayor</u>
E-mail Address <u>Mayor@cityofmtvview.com</u>	Phone Number <u>870 213 8200</u>

A.15. Cognizant Official (Duly Authorized Representative as described on the last page of this application):

Name (First and Last) <u>Jesse Dandridge</u>	Title <u>Wastewater Plant Manager</u>
E-mail Address <u>jessedandridge@gmail.com</u>	Phone Number <u>870 213 5640</u>

A.16. Did a consulting firm prepare this application?

- Yes No → Skip to A.17

Contact Name (First and Last)	Title	
Company Name		
E-mail Address	Phone Number	
Street Address		
City or town	State	ZIP Code

NPDES Permit Number	AFIN	Facility Name	County
AR00 20117	69-00011	Mountain View wastewater plant	Choose an item. Stowe

A.17. Wastewater Operator Information

Name (First and Last)	License Number	Municipal Wastewater Operator	Industrial Wastewater Operator
Keith Johnson	001916	Class Ch III Choose an item.	Advanced Industrial
Jesse Dandridge	013683	Class Ch III Choose an item.	Choose an item.
Dustin Long	014041	Class Ch III Choose an item.	Choose an item.
Evan Wood	013100	Class Ch III Choose an item.	Choose an item.

Bobby Lawrence 012596 CLASS III

NPDES Permit Number	AFIN	Facility Name	County
AR002017	69-00011	Mountain View Wastewater Plant	Choctawhatchee

SECTION B - OUTFALL INFORMATION

B.1. Outfall Information (If more than two outfalls, attach additional pages)

Outfall <u>001</u>								
Design Flow <u>.73</u> MGD				Highest Monthly Average flow over the last two years <u>2.05</u> MGD				
End-of-Pipe Location:	Latitude:	<u>35</u> °	<u>52</u> '	<u>01.54</u> " N	Longitude:	<u>92</u> °	<u>08</u> '	<u>47.01</u> " W
Monitoring Location (If different from End-of-Pipe Location):	Latitude:	<u>35</u> °	<u>52</u> '	<u>1.36</u> " N	Longitude:	<u>92</u> °	<u>08</u> '	<u>47.71</u> " W
Name of Receiving Stream <u>Hughes Creek, thence to Tubbs Creek, thence to Lick Fork, thence to South Sylamore creek, thence White River in Segment 4F of the White River Basin</u>								
Treatment system (Include all components of the treatment system and attach a process flow diagram): <u>Screening, grit chamber, aerated equalization basin, oxidation ditch, secondary clarifier, UV disinfection, post aeration, aerobic digester, & sludge drying beds</u>								
How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system. <input type="checkbox"/> Grab <input type="checkbox"/> Composite <input checked="" type="checkbox"/> Both <u>Samples are taken after UV disinfection past parshall flume & reading instrument.</u>								
Will be moved back to post aeration basin when drain valve is fixed in current construction job How is flow measured and where (relative to the process flow diagram)? <u>Parshall Flume with ultra-sonic level detection</u>								
Is the outfall equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
What is the diameter of the effluent pipe? <u>16</u> inches								

NPDES Permit Number	AFIN	Facility Name	County
AR0020117	69-00011	Mountain View Wastewater Plant	Clayton item. SVA

Outfall NA

Design Flow MGD				Highest Monthly Average flow over the last two years MGD				
End-of-Pipe Location:	Latitude:	____ °	____ '	____ " N	Longitude:	____ °	____ '	____ " W
Monitoring Location (If different from End-of-Pipe Location:	Latitude:	____ °	____ '	____ " N	Longitude:	____ °	____ '	____ " W

Name of Receiving Stream

Treatment system (Include all components of the treatment system and attach a process flow diagram):

How and where are effluent samples collected? Include a narrative description of where samples are collected relative to the treatment system.
 Grab Composite Both

How is flow measured and where?

Is the outfall equipped with a diffuser?
 Yes No

What is the diameter of the effluent pipe?
 _____ inches

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AR0020117	69-00011	mountain view wastewater plant	Shelburne

B.2. Describe how influent is collected and conveyed to the treatment system.
Gravity feed to 11 different lift station or gravity feed to the plant.

B.3. Are you a publicly owned treatment works?

Yes No → Skip to B.4

If "Yes", complete the table below:

Pollutant	Maximum Daily Influent		Average Daily Influent		
	Value	Units	Value	Units	Number of Samples*
CBOD ₅ /BOD ₅	65.9	mg/L	41.05	mg/L	2
TSS	65.0	mg/L	46.5	mg/L	2
How and where were the influent samples collected? Include a narrative description of where samples are collected relative to the treatment system. <i>The samples were grab samples. They were pulled at the front side of the spiral screen</i>					
<input checked="" type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Both					

* At a minimum, influent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application

Attach the laboratory report for the CBOD₅/BOD₅ and TSS tests.

B.4. Attach a process flow diagram.

B.5. Attach a topographic map extending at least one mile beyond the property boundary with the discharge location(s) marked with this application.

B.6. Is the proposed or existing facility located above the 100-year flood level?

Yes No

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

Has a FEMA map been submitted with a previous application?

Yes No

If "No", a FEMA map must be submitted with this application as an attachment.

B.7. Population served for Municipal or Domestic Sewer Systems: 3800

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AR0020117	69-00011	mountain view wastewater plant	Greene Stone

B.8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? 1 Total Horsepower (hp)? 490

If No, check all that apply.

- Portable generator is available.
- The WWTP does not require power to operate.
- Operations at the facility will cease if power is not available.
- The WWTP has sufficient capacity to hold influent until power is restored.
- Other, please explain. _____

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SECTION C - WASTE STORAGE AND DISPOSAL INFORMATION

C.1. Are solids/sludge produced at this facility?

Yes No → Skip to Section D

C.2. Do solids/sludge remain in treatment lagoon(s)?

Yes No → Skip to C.3

How many lagoon(s)? _____ How old is the lagoon(s)? _____

Has sludge depth been measured? Yes No

If yes, when was it measured (MM/YYYY)? _____ Average sludge depth? _____ ft.

If no, when will it be measured? _____

Has sludge ever been removed? Yes No

If yes, when was it removed (MM/YYYY)? _____

C.3. Are solids/sludge disposed at a landfill?

Yes No → Skip to C.4

Is the Landfill located in Arkansas? Yes No

If Yes, what is the DEQ solid waste permit issued to the landfill? Permit No. 299-SI-R1

If No, which state? State: _____

Provide the solid waste permit Permit No. _____

C.4. Are solids/sludge disposed by land application?

Yes No → Skip to C.5

Is the land application site located in Arkansas? Yes No

If Yes, what is the DEQ state permit issued to the land application site? _____

If No, what state and their state permit? State: _____ Permit No. _____

C.5. Are solids/sludge disposed by septic tank?

Yes No → Skip to C.6

Arkansas Department of Health Permit No. _____

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AR00 20117	69-00011	mountain view waste water plant	Stone Mountain

C.6. Are solids/sludge distributed and marketed?

Yes No → Skip to C.7

Company Name receiving solids/sludge		
E-mail Address		Phone Number
Street Address		
City or town	State	ZIP Code
Distributed by (check all that applies)		
<input type="checkbox"/> Pipe		
<input type="checkbox"/> Rail		
<input type="checkbox"/> Truck		
<input type="checkbox"/> Other _____		

C.7. Are solids/sludge disposed by sludge storage lagoon? (Lagoon for which the sole purpose is storing sludge):

Yes No → Skip to C.8

How many lagoon(s)? _____ How old is the lagoon(s)? _____ years

Total surface area of lagoon(s)? _____ acre

Has sludge depth been measured? Yes No

If yes, when was it measured (MM/YYYY)? _____ Average depth? _____ ft.

If no, when will it be measured? _____

Has sludge ever been removed? Yes No

If yes, when was it removed (MM/YYYY)? _____

Does lagoon(s) have a liner? Yes No

C.8. Are solids/sludge disposed by incineration?

Yes No → Skip to C.9

Company Name	
E-mail Address	Phone Number

NPDES Permit Number	AFIN	Facility Name	County
AR00 20117	69-00011	mountain View wastewater plant	Choose an item. STONE

Street Address		
City or town	State	ZIP Code

C.9. Are solids/sludge disposed by **Other** method? (Provide complete description)

NA

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SECTION D - WATER SUPPLY

D.1. Are there any water supply sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility?

Yes No → Skip to Section E

D.2. Is the water supply source subsurface water?

Yes No → Skip to D.3

Private Well?

Yes No

Distance from discharge point: Within 5 miles Within 50 miles

Municipal Water Utility?

Yes No

City or town _____

Distance from discharge point: Within 5 miles Within 50 miles

D.3. Is the water supply source surface water

Yes No → Skip to D.4

Distance from discharge point: Within 5 miles Within 50 miles

D.4. **Other** (Provide complete description)

NA

Distance from discharge point: Within 5 miles Within 50 miles

NPDES Permit Number	AFIN	Facility Name	County
AR00 20117	69-00011	mountain view wastewater plant	Choose an item.

SECTION E - TRUST FUND REQUIREMENTS

E.1. Is the facility considered a “nonmunicipal domestic sewage treatment works” (NDSTW) as defined in [Ark. Code Ann. 8-4-203\(b\)](#)?

Yes No

If “yes”, a completed NDSTW trust fund form must be submitted. The trust fund form may be obtained from the DEQ web site at:

<http://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

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AR0020117	69-00011	Mountain View Wastewater Plant	Stoner Choose an item.

SECTION F - INDUSTRIAL ACTIVITY

F.1. Is this facility subject to an effluent limit guideline?

N/A

Yes No → Skip to Section G

F.2. 40 CFR reference for applicable effluent limit guidelines _____

List all applicable Subpart(s) _____

F.3. Description of all operations at this facility including primary products or services (attach additional sheets if necessary):

NPDES Permit Number	AFIN	Facility Name	County
AR0020117	69-00011	mountain View wastewater plant	Choose an item.

SECTION G - MODIFICATION AND CONSTRUCTION INFORMATION

G.1. Was "Modification of existing permit" or "Construction permit" checked off on Purpose of this Application? (Above Section A - General Information)

Yes No → Skip to Section H

G.2. List proposed changes at the facility.

G.3. If this application is for a State Construction permit, please note that, in accordance with Rule 6.202, plans and specifications and design calculations must be stamped and signed by a **Registered Professional Engineer in the State of Arkansas**. The basic design criteria for wastewater treatment plants in the State of Arkansas should be based on the latest edition of the "Recommended Standards for Sewage Works," published by the Great Lakes-Upper Mississippi Board of State Sanitary Engineers known as 10 States Standards, with few modifications. Exception to the criteria will only be approved by DEQ when fully justified. A comprehensive list of exceptions to 10 State Standards is listed in Rule 6.202(B) and can be viewed here: https://www.adeg.state.ar.us/regs/files/reg06_final_150918.pdf

Checklist	
<input type="checkbox"/>	Professional Engineer registered in the State of Arkansas
<input type="checkbox"/>	Design calculations signed and stamped, attached
<input type="checkbox"/>	Plans and drawing signed and stamped, attached
<input type="checkbox"/>	Specifications meet the 10 States Standards, except for those that are fully justified attached

G.4. In the case of construction, will the construction disturb one acre or more?

Yes No → Skip to Section H

If the area disturbed is more than one acre up to, but not including, five acres, the facility is automatically covered under the Construction Stormwater General Permit ARR150000 and must comply with the terms and conditions of that permit.

If the area disturbed is five acres or more, a Construction Stormwater General Permit ARR150000 must be obtained by submitting a Notice of Intent and a Stormwater Pollution Prevention Plan to DEQ. The application information can be found here:

<https://www.adeg.state.ar.us/water/permits/npdes/stormwater/>

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AR00 20117	69-00011	Mountain View Wastewater Plant.	Stone Choose an item.

SECTION H: CHECKLIST AND SIGNATORY REQUIREMENTS

H.1. Mark the sections of Form 1 below that have been completed and are being submitted as part of the application. For each section, specify any attachments that will be enclosed. Note that not all applicants are required to provide all attachments.

Form 1 Section	Attachments
<input checked="" type="checkbox"/> Section A – General Information	<input type="checkbox"/> w/Proof of Good Standing from Arkansas Secretary of State <input type="checkbox"/> w/Proof of Good Standing from State of Incorporation <input type="checkbox"/> w/Notice of Completion of Construction for State Construction Permits <input type="checkbox"/> w/Disclosure Statement <input checked="" type="checkbox"/> w/location map
<input checked="" type="checkbox"/> Section B – Outfall Information	<input type="checkbox"/> w/additional outfall information <input checked="" type="checkbox"/> w/topographic map extending at least one mile beyond the property boundary with the discharge location marked <input checked="" type="checkbox"/> w/FEMA flood plain map <input checked="" type="checkbox"/> w/process flow diagram
<input checked="" type="checkbox"/> Section C – Waste Storage and Disposal Information	
<input checked="" type="checkbox"/> Section D – Water Supply	
<input checked="" type="checkbox"/> Section E – Trust Fund Requirements	<input type="checkbox"/> w/Nonmunicipal Domestic Sewage Treatment Works Trust Fund Certification form
<input checked="" type="checkbox"/> Section F – Industrial Activity	
<input type="checkbox"/> Section G – Modification and Construction Information	<input type="checkbox"/> w/design calculations <input type="checkbox"/> w/design specifications <input type="checkbox"/> w/plans and drawing

H.2. Is the submittal of this Form 1 for the modification of an existing permit?

- Yes → Skip to H.3, EPA Form Not Required No - additional EPA Forms (in addition to this Form 1) are required for processing your application:

Check all boxes that are applicable

- EPA Form 2A – Municipal Dischargers
- EPA Form 2B – Concentrated Animal Feeding Operations
- EPA Form 2C – Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
- EPA Form 2D – New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
- EPA Form 2E – Facilities Which Do Not Discharge Process Wastewater (i.e. domestic, non-contact cooling water, etc)
- EPA Form 2F – Application for Permit to Discharge Stormwater Dischargers Associated with Industrial Activity

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AR00 2017	69-00011	mountain view wastewater plant	stone Choose an item.

H.3. Cognizant Official (Duly Authorized Representative)

40 C.F.R. 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.

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:

Print name (First and Last) <u>Jesse Dandridge</u>	Official title <u>wastewater plant manager</u>
Signature <u>Jesse Dandridge</u>	Date signed <u>1-30-2023</u>
	Telephone number <u>870 213 5640</u>

H.4. Responsible Official


"By my signature below, I certify that I met the requirement to be the signatory as defined in 40 C.F.R. § 122.22."

"By my signature below, 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 Division considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Division.

"By my signature below, I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas."

"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."

Print name (First and Last) <u>Roger Gardner</u>	Official title <u>MAYOR</u>
Signature <u>Roger Gardner</u>	Date signed <u>1-30-2023</u>
	Telephone number <u>870 213 8200</u>

EPA Identification Number		NPDES Permit Number AR0020117		Facility Name Mountain View Wastewater Plant		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS					
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))							
Facility Information	1.1	Facility name Mountain View Wastewater plant					
		Mailing address (street or P.O. box) P.O. Box 360					
		City or town Mountain View		State AR		ZIP code 72560	
		Contact name (first and last) Keith Johnson		Title Superintendent		Phone number (870) 269-3293	
						Email address watersuperintendent@cityofm	
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 340 Westwood Ave					
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No					
Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.					
		Applicant name					
		Applicant address (street or P.O. box)					
		City or town		State		ZIP code	
		Contact name (first and last)		Title		Phone number	
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both					
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)					
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)					
		Existing Environmental Permits					
		<input checked="" type="checkbox"/> NPDES (discharges to surface water)		<input type="checkbox"/> RCRA (hazardous waste)		<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input checked="" type="checkbox"/> Other (specify) ARG640093		

EPA Identification Number

NPDES Permit Number
AR0020117Facility Name
Mountain View Wastewater PlantForm Approved 03/05/19
OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
		Mountain View	3800	<u>100</u> % separate sanitary sewer	<input checked="" type="checkbox"/> Own	<input checked="" type="checkbox"/> Maintain
				_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
				<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % separate sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			_____ % combined storm and sanitary sewer	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
			<input type="checkbox"/> Unknown	<input type="checkbox"/> Own	<input type="checkbox"/> Maintain	
		Total Population Served				
			Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer	
		Total percentage of each type of sewer line (in miles)	100 %		0 %	
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate	
					.73 mgd	
		Annual Average Flow Rates (Actual)				
		Two Years Ago	Last Year		This Year	
		.925 mgd	1.0 mgd		1.3 mgd	
		Maximum Daily Flow Rates (Actual)				
Two Years Ago	Last Year		This Year			
2.5 mgd	2.7 mgd		1.85 mgd			
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
	1	0	0	0	0	

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
 Yes No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
 Yes No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?
 Yes No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

Entity name	Mailing address (street or P.O. box)	
City or town	State	ZIP code
Contact name (first and last)	Title	
Phone number	Email address	

Outfalls and Other Discharge or Disposal Methods

Outfalls and Other Discharge or Disposal Methods Continued

1.20 In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.

Receiving Facility Data				
Facility name			Mailing address (street or P.O. box)	
City or town			State	ZIP code
Contact name (first and last)			Title	
Phone number			Email address	
NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate mgd	

1.21 Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?
 Yes No → SKIP to Item 1.23.

1.22 Provide information in the table below on these other disposal methods.

Information on Other Disposal Methods				
Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Variance Requests

1.23 Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

Discharges into marine waters (CWA Section 301(h)) Water quality related effluent limitation (CWA Section 302(b)(2))

Not applicable

Contractor Information

1.24 Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?
 Yes No → SKIP to Section 2.

1.25 Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.

Contractor Information			
	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Phone number			
Email address			
Operational and maintenance responsibilities of contractor			

SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Design Flow	Outfalls to Waters of the United States						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			Average Daily Volume of Inflow and Infiltration		
				400,000 gpd			
Indicate the steps the facility is taking to minimize inflow and infiltration. We are presently replacing the old clay lines in the city with a welded poly line. Upgrading several lines, repairing several service line cleanouts. Repair or replace bad ManHoles.							
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Scheduled Improvements and Schedules of Implementation	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
	Briefly list and describe the scheduled improvements.						
	1. Repairing the bar screen						
	2. Replacing a pump on the Oxidation ditch and cleaning it out.						
	3. Building a new clarifier and repairing the old clarifier and cleaning it out.						
	4. Building a splitter box for the clarifiers.						
	2.6	Provide scheduled or actual dates of completion for improvements.					
	Scheduled or Actual Dates of Completion for Improvements						
		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
		1.	1	01/09/2023	06/20/2004	07/20/2004	08/20/2004
	2.						
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable						
Explanation: ADEQ npdes construction permit							

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number 01	Outfall Number _____	Outfall Number _____
	State	Arkansas		
	County	Stone		
	City or town	Mountain View		
	Distance from shore	10 ft.	ft.	ft.
	Depth below surface	1 ft.	ft.	ft.
	Average daily flow rate	1.0 mgd	mgd	mgd
	Latitude	35° 52' 11.54" N <input type="checkbox"/>	° ' "	° ' "
	Longitude	92° 08' 18.01" W <input type="checkbox"/>	° ' "	° ' "
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
	Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____		
	Receiving water name	Hughes Creek					
	Name of watershed, river, or stream system	segment 4 of White River					
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin						
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	11010004					
	Critical low flow (acute)		cfs	cfs	cfs		
	Critical low flow (chronic)		cfs	cfs	cfs		
Total hardness at critical low flow		mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃			
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number ⁰¹ _____	Outfall Number _____	Outfall Number _____		
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____			
	Design Removal Rates by Outfall						
	BOD ₅ or CBOD ₅		90 %	%	%		
	TSS		90 %	%	%		
	Phosphorus		<input checked="" type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		
	Nitrogen		<input type="checkbox"/> Not applicable 90 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		
Other (specify) _____		<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %			

Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.						
			Outfall Number <u>01</u>	Outfall Number _____	Outfall Number _____			
		Disinfection type	UV					
		Seasons used	all					
		Dechlorination used?	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.13.						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number _____	Outfall Number _____	Outfall Number _____			
			Acute	Chronic	Acute	Chronic	Acute	Chronic
		Number of tests of discharge water						
		Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input checked="" type="checkbox"/> No → Complete Table B, omitting chlorine.						
	3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> • The facility has a design flow greater than or equal to 1 mgd. • The POTW has an approved pretreatment program or is required to develop such a program. • The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input checked="" type="checkbox"/> No → SKIP to Section 4.							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → Complete tests and Table E and SKIP to Item 3.26.
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → Provide results in Table E and SKIP to Item 3.26.
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.			
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → SKIP to Item 3.26.
3.23	Describe the cause(s) of the toxicity:			
3.24	Has the treatment works conducted a toxicity reduction evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → SKIP to Item 3.26.
3.25	Provide details of any toxicity reduction evaluations conducted.			
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not applicable	Not applicable because previously submitted information to the NPDES permitting authority.

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	No → SKIP to Item 4.7.
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.			
	Number of SIUs	Number of NSCIUs		
4.3	Does the POTW have an approved pretreatment program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → SKIP to Item 4.6.
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.			
4.6	Have you completed and attached Table F to this application package?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Industrial Discharges and Hazardous Wastes Continued

4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.			
4.8	If yes, provide the following information:			
	Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.			
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No			
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))

CSO Map and Diagram

5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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.

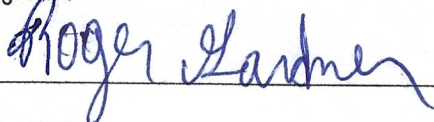
Name (print or type first and last name)

Roger Gardner

Official title

Mayor

Signature



Date signed

02/01/2023

EPA Identification Number	NPDES Permit Number AR0020117	Facility Name Mountain View Wastewater Plant	Outfall Number 01
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	2.0	mg/l	<2.0	mg/l	3	SM5210B-2011	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fecal coliform	1676	CFU/100M/S	1061	CFU/100M/S	3	SM9222D-2006	1.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Design flow rate	0.73MGD	mgd	.524	MGD	3		
pH (minimum)	7.35	s.u.					
pH (maximum)	7.60	s.u.					
Temperature (winter)	73.0	degrees fahrenheit	52.6	degrees fahrenheit	3		
Temperature (summer)	100.0	degrees fahrenheit	86.5	degrees fahrenheit	3		
Total suspended solids (TSS)	7.0	MG/L	3.7	MG/L	3	SM2540D-2011	1.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number	NPDES Permit Number AR0020117	Facility Name Mountain View Wastewater Plant	Outfall Number 01
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	0.3	MG/L	0.233	MG/L	3	sm4500-nh3-d-2011	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL .01
Chlorine (total residual, TRC) ²							<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 0.03
Dissolved oxygen	8.52	MG/L	7.50	MG/L	3	sm4500-og-2011	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 1.0
Nitrate/nitrite	8.69	MG/L	7.94	MG/L	3	sm4500-no3-e-2011	<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 0.01
Kjeldahl nitrogen							<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 0.1
Oil and grease							<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 5
Phosphorus							<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 0.01
Total dissolved solids							<input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL 1.0

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431

NPDES Wastewater Monitoring
 Water and Wastewater Analysis
 Concrete, Asphalt, and Aggregate Testing
 Geotechnical Testing
 Industrial and Construction Quality Control

Mountain View

Collection Date: January 19, 2023

Collection Time: 10:22 AM

Collected By: Mountain View

Wastewater Analysis

Parameter	Analysis Begin		Analysis End		Results	Unit	Analyst	% Spike	Rel %	Sample Type	Ref #
	Date / Time	Date / Time	Date / Time	Date / Time							
BOD	01/20 7:30 AM	01/25 11:30 AM	01/25 11:30 AM	01/19 2.0	16.2	mg/l	KLB/JMP	90.7	2.62	GRAB	1
	Based on Effluent Sample from 01/19				88%	% Removal					
TSS	01/23 9:00 AM	NA	NA	15.0	28.0	mg/l	JMP	NA	0.00	GRAB	2
	Based on Effluent Sample from 01/19				46%	% Removal					

Influent Structure

KLB

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven
Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂; Oil & Grease, Ammonia, COD

References:

Analysis complies with 40 CFR Part 136:

- SM 5210 B-2011
- SM 2540 D-2011


 Neville Adams, Manager

Arkansas Testing Laboratories

3301 Langley Drive · Searcy, AR 72143 (501) 268-6431

NPDES Wastewater Monitoring
 Water and Wastewater Analysis
 Concrete, Asphalt, and Aggregate Testing
 Geotechnical Testing
 Industrial and Construction Quality Control

Mountain View

Collection Date: January 12, 2023

Collection Time: 11:00 AM

Collected By: Mountain View

Wastewater Analysis

Influent Structure

Parameter	Analysis Begin Date / Time	Analysis End Date / Time	Results	Unit	Analyst	% Spike	Rel %	Sample Type	Ref #
BOD	01/13 8:00 AM	01/18 1:06 PM	65.9	mg/l	KLB/KLB	93.3	0.15	GRAB	1
	Based on Effluent Sample from 01/12		84%	% Removal					
TSS	01/16 12:00 PM	NA	65.0	mg/l	JMP	NA	9.23	GRAB	2
	Based on Effluent Sample from 01/12		77%	% Removal					

Quality Assurance: All Parameters include 10% duplication studies by random selection. The following equipment is checked and calibrated daily: pH meter, balance, incubators, water baths, drying oven
Notes: Samples iced at collection. Preserved with H₂SO₄ to pH₂; Oil & Grease, Ammonia, COD

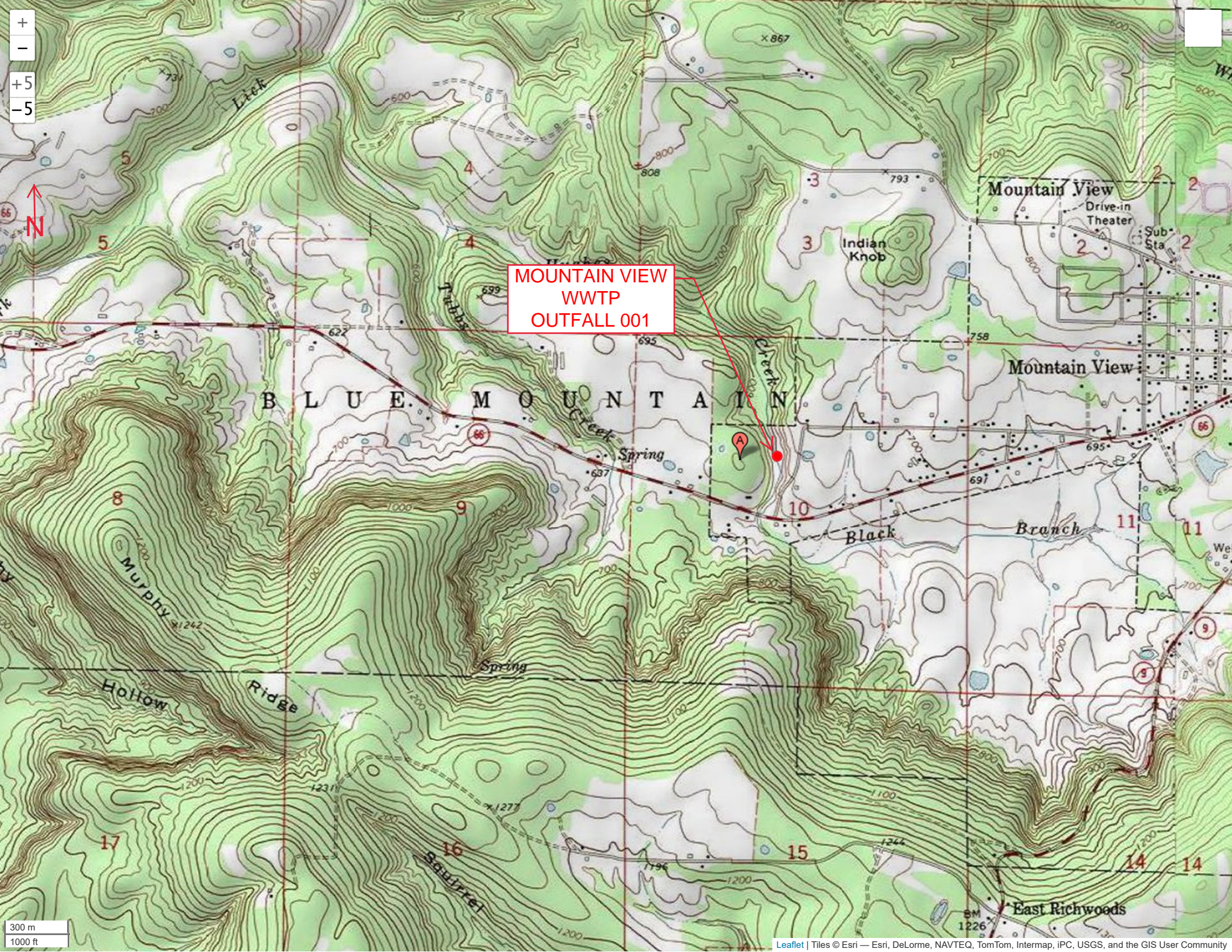
References:

Analysis complies with 40 CFR Part 136:

1. SM 5210 B-2011
2. SM 2540 D-2011



Neville Adams, Manager

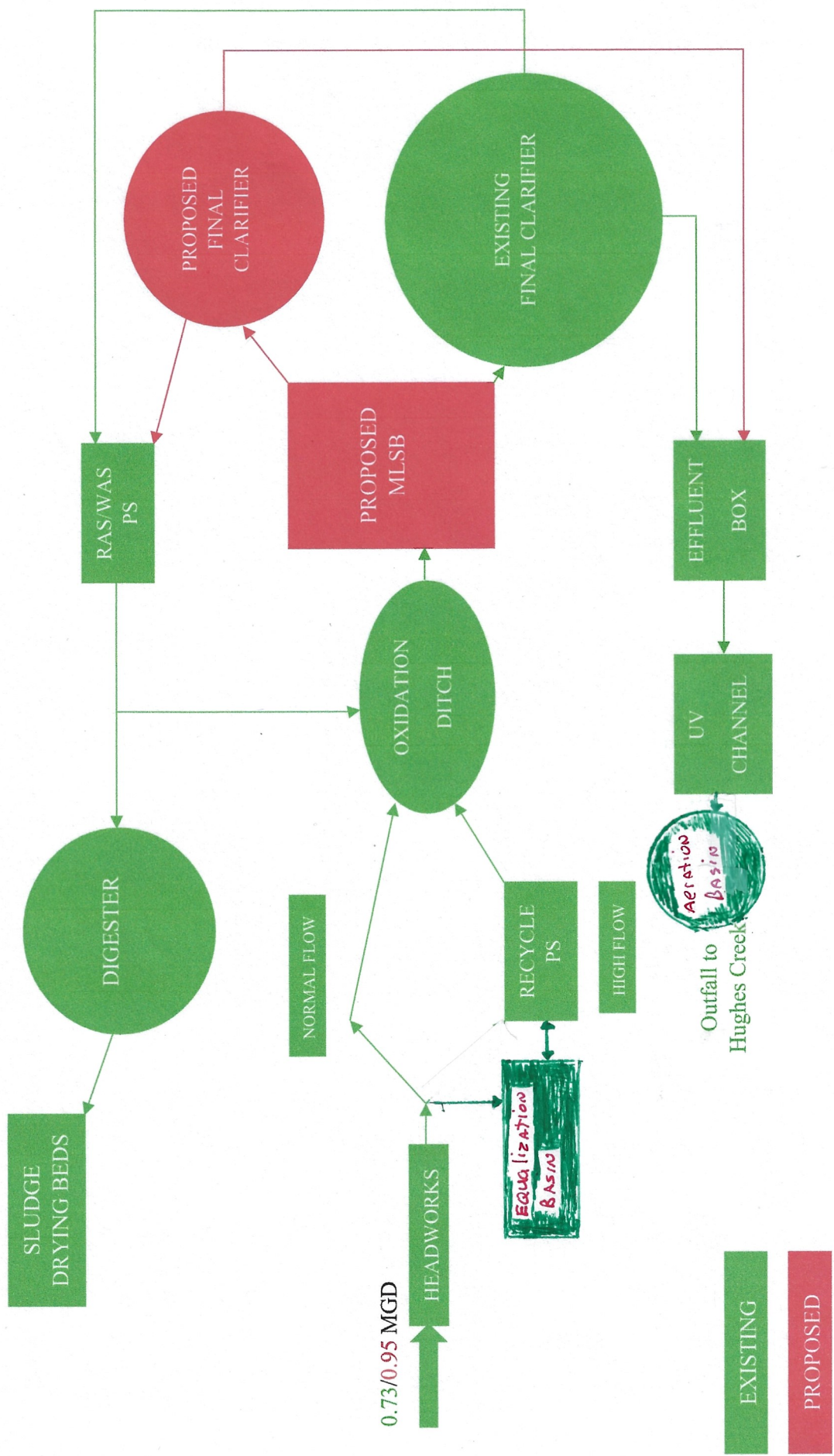


MOUNTAIN VIEW
WWTP
OUTFALL 001

300 m
1000 ft

B.4.

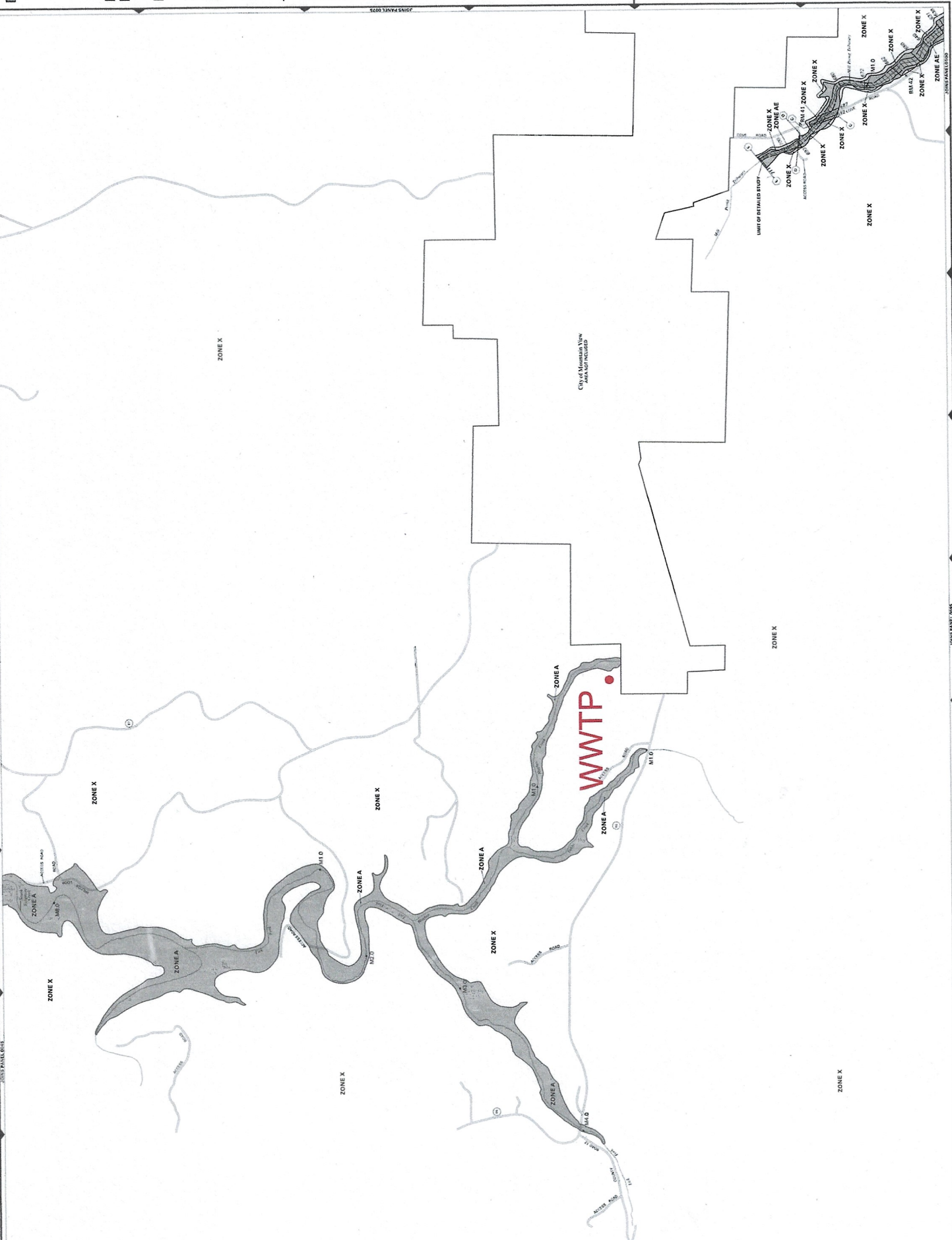
Mountain View WWTP Flow Schematic



J
H
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A

LEGEND
 FLOOD INSURANCE ZONES
 ZONE A Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE AE Special Flood Hazard Area that is subject to ponding from 1% annual chance flood
 ZONE AH Special Flood Hazard Area that is subject to high water from storm surge from 1% annual chance flood
 ZONE AV Special Flood Hazard Area that is subject to very high water from storm surge from 1% annual chance flood
 ZONE B Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE C Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE D Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE E Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE F Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE G Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE H Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE I Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE J Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE K Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE L Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE M Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE N Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
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 ZONE Q Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE R Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE S Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE T Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE U Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE V Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE W Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE X Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE Y Special Flood Hazard Area that is subject to flooding from 1% annual chance flood
 ZONE Z Special Flood Hazard Area that is subject to flooding from 1% annual chance flood

NOTES
 1. This map is based on the Flood Insurance Rate Map (FIRM) for Stone County, Arkansas, dated July 18, 1987.
 2. The FIRM is based on the Flood Insurance Study (FIS) for Stone County, Arkansas, dated July 18, 1987.
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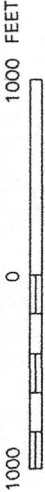


NATIONAL FLOOD INSURANCE PROGRAM
FIRM FLOOD INSURANCE RATE MAP
STONE COUNTY, ARKANSAS
UNINCORPORATED AREAS
PANEL 70 OF 140
USE MAP INDEX FOR PANELS NOT PRINTED
COMMUNITY PANEL NUMBER 05645 0001 A
EFFECTIVE DATE JULY 18, 1987
FEDERAL EMERGENCY MANAGEMENT AGENCY

agent or call the National Flood Insurance Program at (800) 638-6620.



APPROXIMATE SCALE



NATIONAL FLOOD INSURANCE PROGRAM

FIRM FLOOD INSURANCE RATE MAP

STONE COUNTY,
ARKANSAS
UNINCORPORATED AREAS

PANEL 70 OF 140
(SEE MAP INDEX FOR PANELS NOT PRINTED)



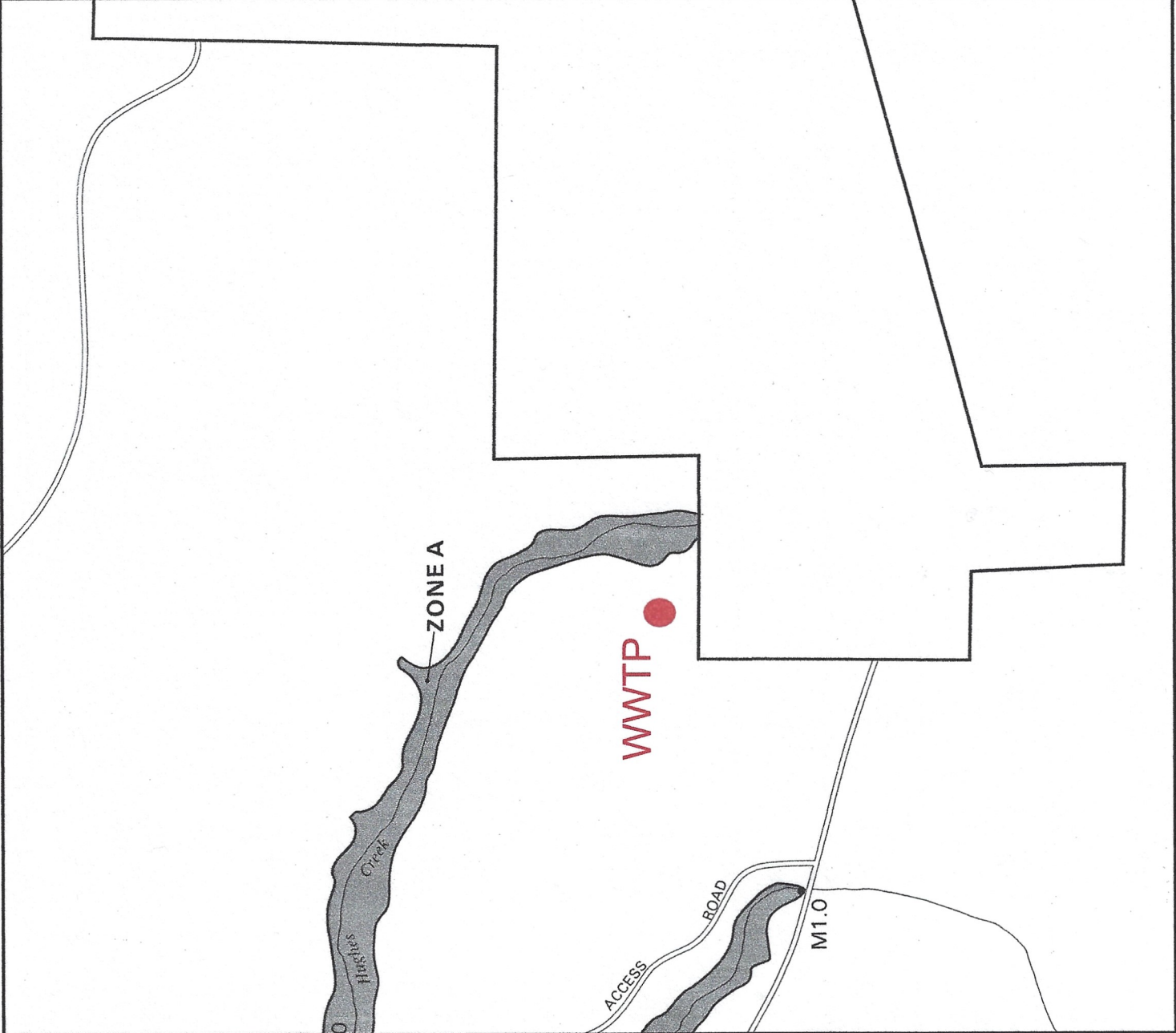
PANEL LOCATION

COMMUNITY-PANEL NUMBER
050465 0070 A

EFFECTIVE DATE:
JULY 16, 1987



Federal Emergency Management Agency



This is an official FIRMette showing a portion of the above-referenced flood map created from the MSC FIRMette Web tool. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For additional information about how to make sure the map is current, please see the Flood Hazard Mapping Updates Overview Fact Sheet available on the FEMA Flood Map Service Center home page at <https://msc.fema.gov>.