

ADEQ

ARKANSAS
Department of Environmental Quality

February 12, 2008

Mr. James Henderson
City of Mountain View
P.O. Box 360
Mountain View, AR 72560

Re: NPDES Permit Number AR0020117 – AFIN 69-00011

Dear Mr. Henderson:

The application for renewal of your NPDES permit was received on 2/5/2008. In accordance with Department policy, your application has been reviewed, and it has been determined to be incomplete. The deficiencies are described in Attachment 1, and information to satisfy the deficiencies must be received by the Department no later than **3/31/2008**, before processing of your application can begin. Failure to submit the required information will result in your application being placed in an inactive status.

Existing NPDES permits cannot be continued past their expiration dates under the provisions of Arkansas Pollution Control and Ecology Commission Regulation No. 6 until a complete application for renewal has been received by the Department. Consequently, failure to provide the information requested could result in an unpermitted discharge upon expiration of your current permit and subject you to enforcement action by the Department. However, upon receipt of the information requested in Attachment 1, your application will be determined to be complete, and processing of your renewal application will begin.

Thank you for your cooperation in this matter. If there are any questions concerning this submittal, please contact Loretta Reiber at (501) 682-0612 or at reiber@adeq.state.ar.us.

Sincerely,



Mo Shafii,
Assistant Chief, Water Division

Attachment

Page 2

Mr. James Henderson
City of Mountain View
NPDES Permit No. AR0020117
AFIN 69-00011

Attachment 1

1. Complete all items listed page 5, number 6 of Form 1, a FEMA map
2. Please include a flow diagram and/or technical information
3. Please retain signature consistency. On Page 2, Form 1, no responsible official is listed. Please list a responsible official on the included page. The same official must sign the necessary EPA forms. You have provided the incorrect signature on page 9 of EPA form 2. Please supply the signature of James Henderson, if he is in fact the responsible official, on the included page.

Outfall No. _____:

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

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

Extended Aeration System – Components: initial screening, extended aeration in oxidation ditch, final clarifier, then disinfection by UV light. See Construction plans for process flow diagram.

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

Current: Flow Metering	<input type="checkbox"/>	Yes	Type _____	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Sampling Equipment	<input type="checkbox"/>	Yes	Type _____	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Planned: Flow Metering	<input type="checkbox"/>	Yes	Type _____	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Sampling Equipment	<input type="checkbox"/>	Yes	Type _____	<input type="checkbox"/>	No	<input type="checkbox"/>	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 facilities? _____

7. Population 3000

10. Driving directions to the facility with respect to known landmarks:

11. Give a driving direction to the wastewater treatment plant:

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

Street: _____

City: _____ County: _____ State: _____ Zip: _____

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

Name: _____ Title: _____

Street: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Fax: _____

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

Oklahoma Missouri Tennessee Louisiana Texas Mississippi

15. Type of ownership: Public Private State Federal Other

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

SIC Facility Activity under this SIC or NAICS:

_____ NAICS _____

17. Design Flow: _____ MGD Highest Monthly Average of the last two years Flow: _____ MGD

18. Is Outfall equipped with a diffuser? Yes No

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

Name: _____ Title: _____

Address: _____ Phone Number: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

FACILITY NAME AND PERMIT NUMBER:

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 _____

Signature _____

Telephone number _____

Date signed _____

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: