

# Mountain View Water & Wastewater

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PO BOX 360  
100 Oak Ave.  
MOUNTAIN VIEW AR 72560

PHONE: 870-269-3293  
FAX: 870-269-9158

February 8, 2013

Arkansas Department of Environmental Quality  
Permits Branch, Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

RE: NPDES Permit Number AR0020117, AFIN 69-00011

Dear Mr. Shaffi:

We would like a few more days extension on getting the information necessary to complete the paper work for the renewal of our NPDES permit. We should have it in to you no later than the first of next week if that will be permissible. Any consideration would be appreciated. If you have any questions, please give me a call.

Sincerely,



Julius R Henderson, System Manager  
JRH:dw

**Arkansas Department of Environmental Quality  
NPDES PERMIT APPLICATION  
FORM 1**

**INSTRUCTIONS:**

1. This form should be **typed or printed in ink**. If insufficient space is available to address any item please continue on an attached sheet of paper.
2. Please complete the following Section (s):

Sections	A	B	C	D	E	F	G	H	I
POTW	X	X	X	X					X
Industrial User	X	X	X	X	X	X	X		X
Construction Permit Only	X	X	*	X				X	X
Modification	X	X	X	X	X	*	*	X	X
All Other Applicants	X	X	X	X	X				X

\* As necessary

3. If you need help on SIC or NAICS go to [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)
4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to [www.adeq.state.ar.us/water](http://www.adeq.state.ar.us/water). You may also contact :

Department  
Arkansas Department of Health

Information in Regard to  
Water Supply

Telephone #  
501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

**Form 2A** - Municipal Dischargers

**Form 2B** - Concentrated Animal Feeding Operations

**Form 2C** - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations

**Form 2D** - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

**Form 2E** - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)

**Form 2F** - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality  
Permits Branch, Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

Or by email to:

[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)

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

JOE ROBERT THATCHER

Note: The legal name of the applicant 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

3. Facility Name: CITY OF MOUNTAIN VIEW WASTEWATER TREATMENT PLANT

4. Is the legal applicant identified in number 1 above, the owner of the facility?  Yes  No

5. NPDES Permit Number (If Applicable): AR0020117

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:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
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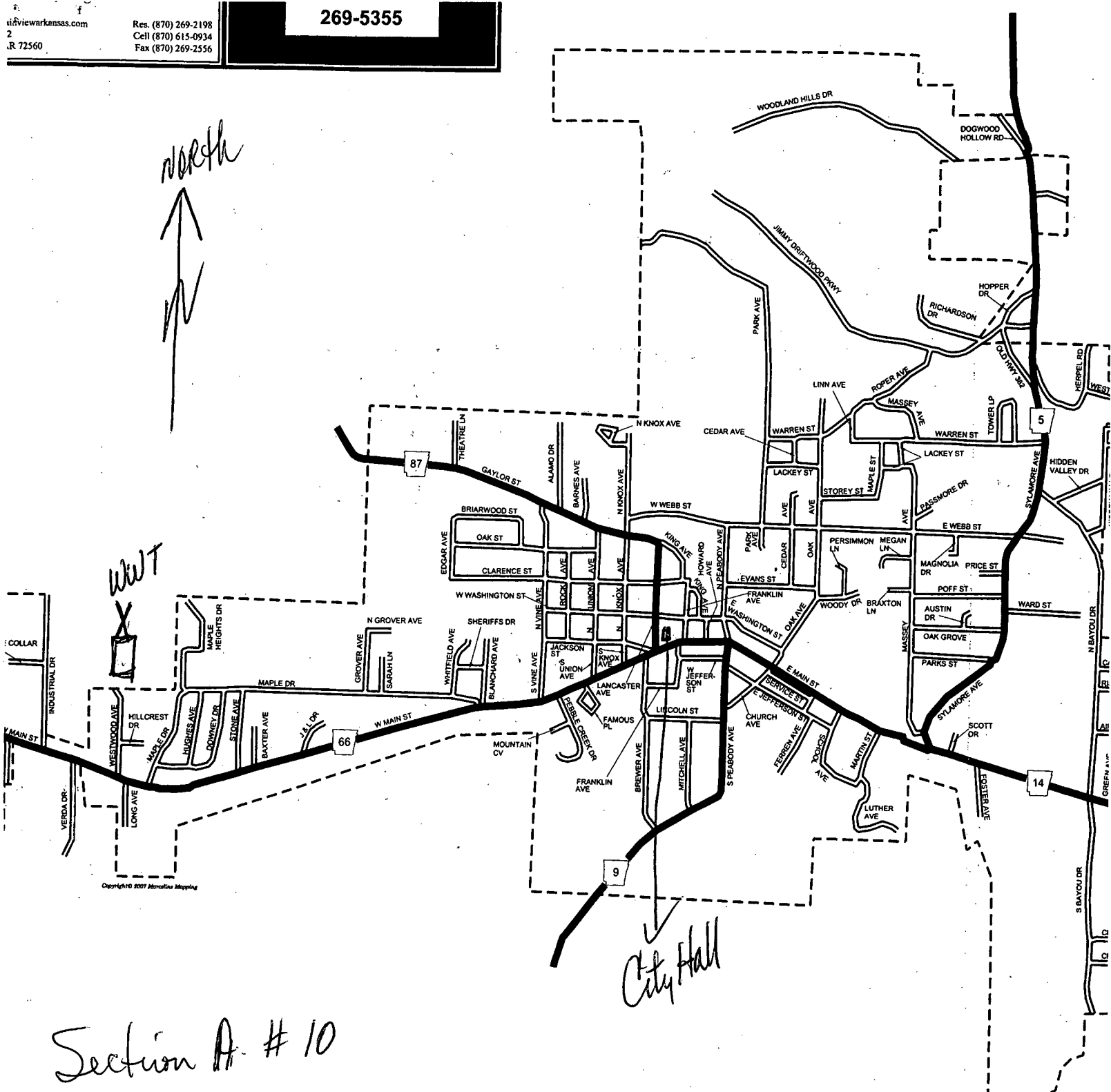
9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

GO WEST FROM MOUNTAIN VIEW ON HWY 66 ONE AND A HALF MILES TO WESTWOOD AVE TURN NORTH ON WESTWOOD AVE GO QUARTER OF A MILE TO THE LOCATION

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

Street: 340 WESTWOOD AVE

City: MOUNTAIN VIEW County: STONE State: ARKANSAS Zip: 72560



Section A # 10

# CITY OF MOUNTAIN VIEW

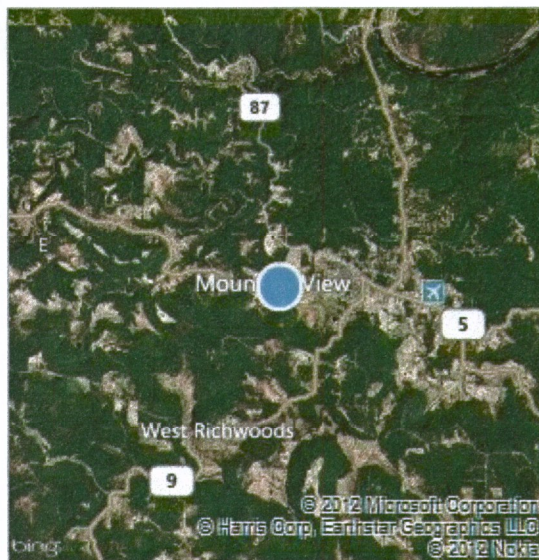
bing Maps

340 Westwood Ave, Mountain View, AR  
72560

My Notes

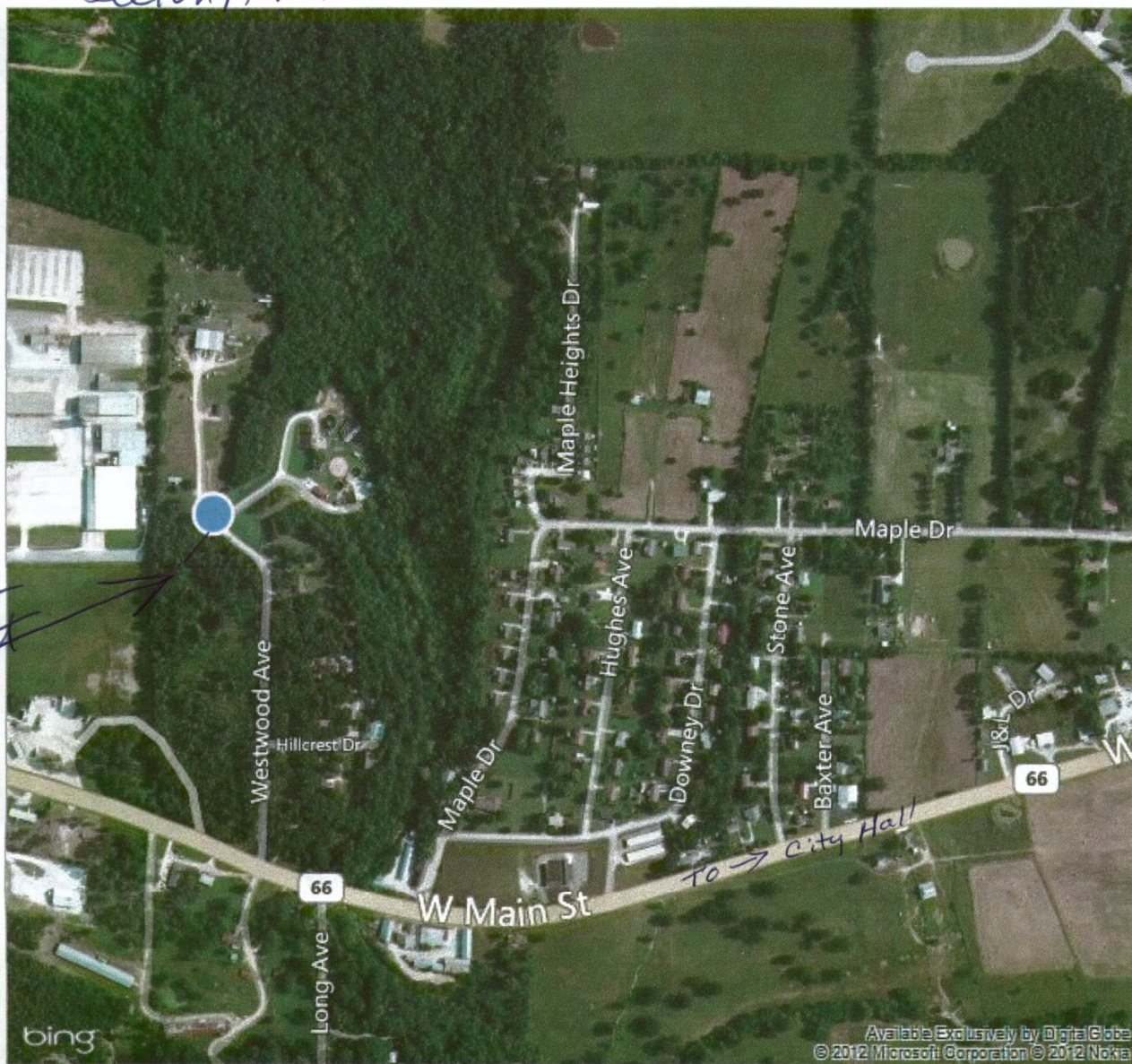
Wastewater Treatment Plant

On the go? Use [m.bing.com](http://m.bing.com) to find maps, directions, businesses, and more



Section A: #10

WWT Plant



Bird's eye view maps can't be printed, so another map view has been substituted.

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

Name: CITY OF MOUNTAIN VIEW WATER AND WASTEWATER DEPT Title: \_\_\_\_\_  
Street: 311 WEST MAIN ST P.O. Box 360  
City: MOUNTAIN VIEW State: ARKANSAS Zip: 72560  
E-mail address\*: mvwater@mvtel.net Fax: 870-269-9158

\* 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 operation of a sewage treatment plant

14. Design Flow: 0.83 MGD Highest Monthly Average of the last two years Flow: .9 MGD

15. Is Outfall equipped with a diffuser?  Yes  No

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

Name: RON STERLING Title: MAYOR  
Address: P O BOX 360 Phone Number: 870-269-3804  
E-mail Address: mvwater@mvtel.net  
City: MOUNTAIN VIEW State: ARKANSAS Zip: 72560

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

Name: JULIUS R HENDERSON Title: SYSTEM MANAGER  
Address: P O BOX 360 Phone Number: 870-269-3293  
E-mail Address: mvwater@mvtel.net  
City: MOUNTAIN VIEW State: AR Zip: 72560

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

Contact Name: BYRON HICKS  
Company Name: McCLELLAND CONSULTING ENGINEERS  
Address: P O BOX 34087 (900 WEST MARKHAM) Phone Number: 870-371-0272  
E-mail Address: bhicks@mcclelland-engrs.com  
City: LITTLE ROCK State: ARKANSAS Zip: 72203

19. Wastewater Operator Information

Wastewater Operator Name: JOE ROBERT THATCHER License number: 01463  
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: 35 ° 51 ' 59.48 " Long: 92 ° 08 ' 53.83 " County: STONE Nearest Town: MOUNTAIN VIEW

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

**Outfall No. 001:**

Latitude: 35 ° 51 ' 57.32 " Longitude: 92 ° 08 ' 42.52 "

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):

HUGHES CREEK, THEN TO LICK FORK CREEK, THEN TO SOUTH SYLAMORE CREEK, THEN TO THE WHITE RIVER I  
IN SEGMENT 4 F OF THE 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. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

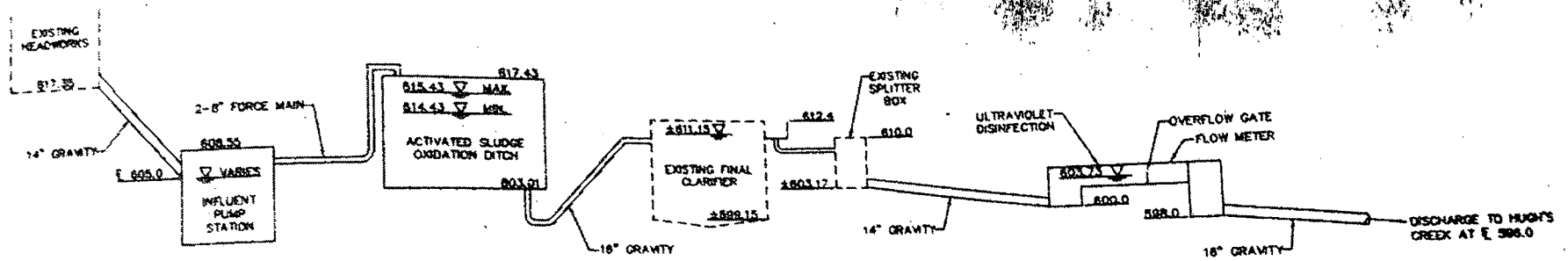
**Outfall No. \_\_\_\_\_:**

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

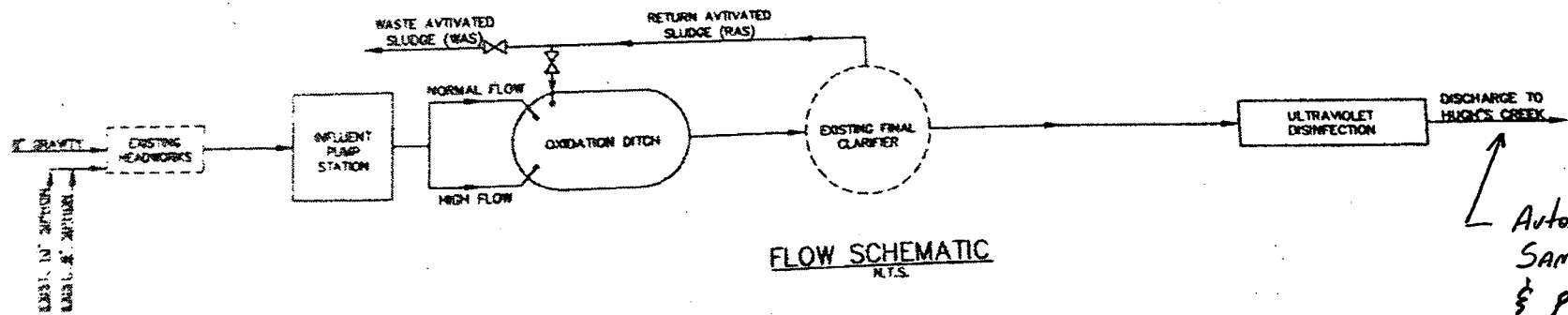
4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

EXTENDED AERATION SYSTEM-COMPONENTS: INITIAL SCREENING, EXTENDED AERATION IN OXIDATION DITCH, FINAL CLARIFIER, THEN DISINFECTION BY UV LIGHT. SEE ATTACHED SHEET FOR PROCESS FLOW DIAGRAM.

PLAN 19



HYDRAULIC PROFILE  
N.T.S.

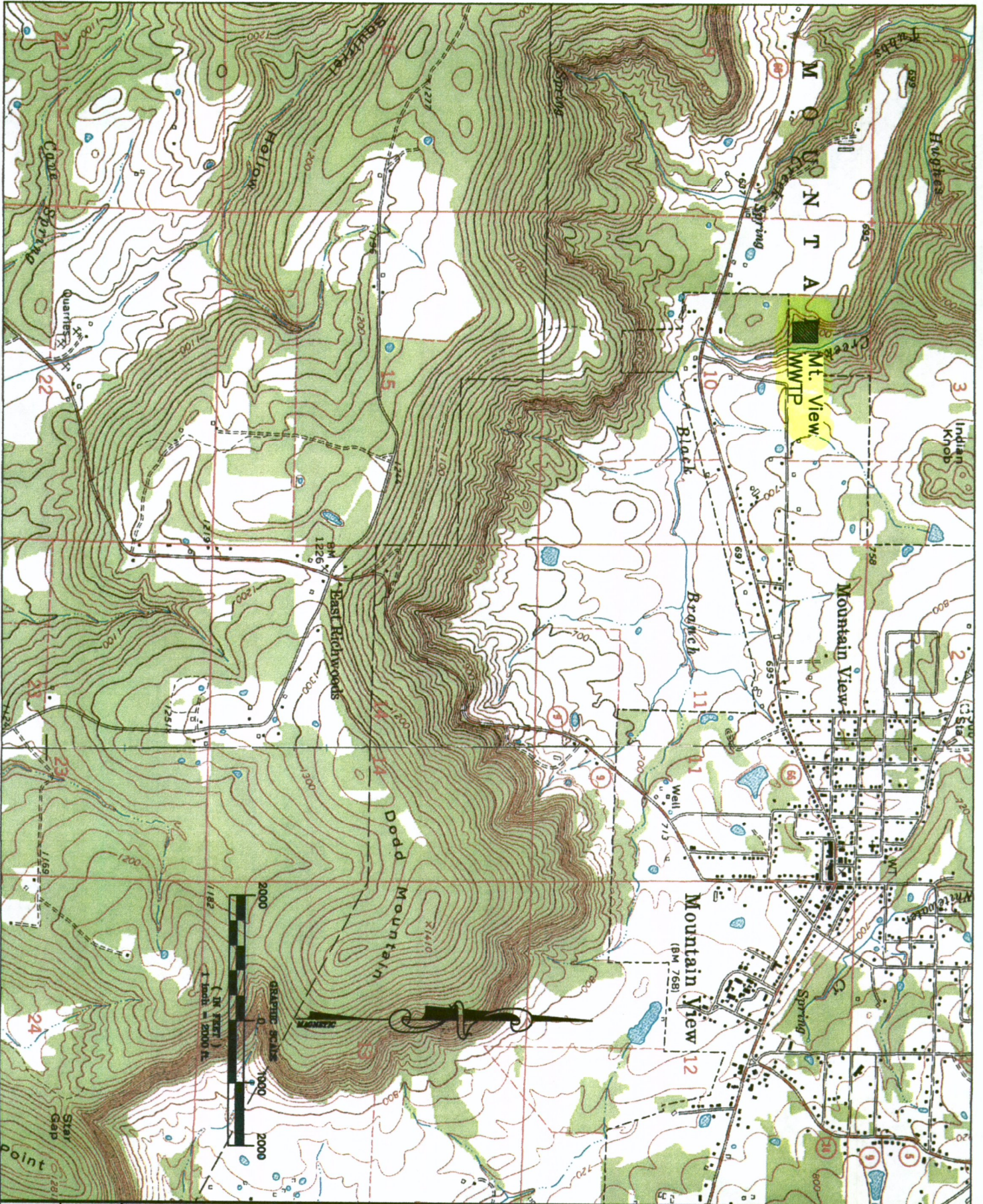


FLOW SCHEMATIC  
N.T.S.

Automatic Sampling & post aeration

Section B: #4





PROJECT ENGR:	DRAWN BY:
AST	JAM
DATE	
2-8-13	
SCALE	JOB NUMBER
1"=2000'	LR12-5791
1	

**Wastewater Plant Facilities**

**Mt. View WWTP**

**MCE** McCLELLAND  
CONSULTING  
ENGINEERS, INC.

900 West Markham  
Little Rock, Arkansas 72201  
PHN 501.371.8272  
Fax # 501.371.9952  
HTTP://WWW.MCCLLELLAND-ENGRS.COM/COMPANY/

1810 N. College  
Fayetteville, Arkansas 72702  
PHN 479.443.2377  
Fax # 479.443.2041

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

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

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

FLOW MONITORING IS AT UV BASIN

AUTOMATIC SAMPLING IS AFTER FLOW MONITORING- SEE ATTACHED SHEET

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](http://www.fema.gov).

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

7. Population for Municipal and Domestic Sewer Systems: 3680

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes  No

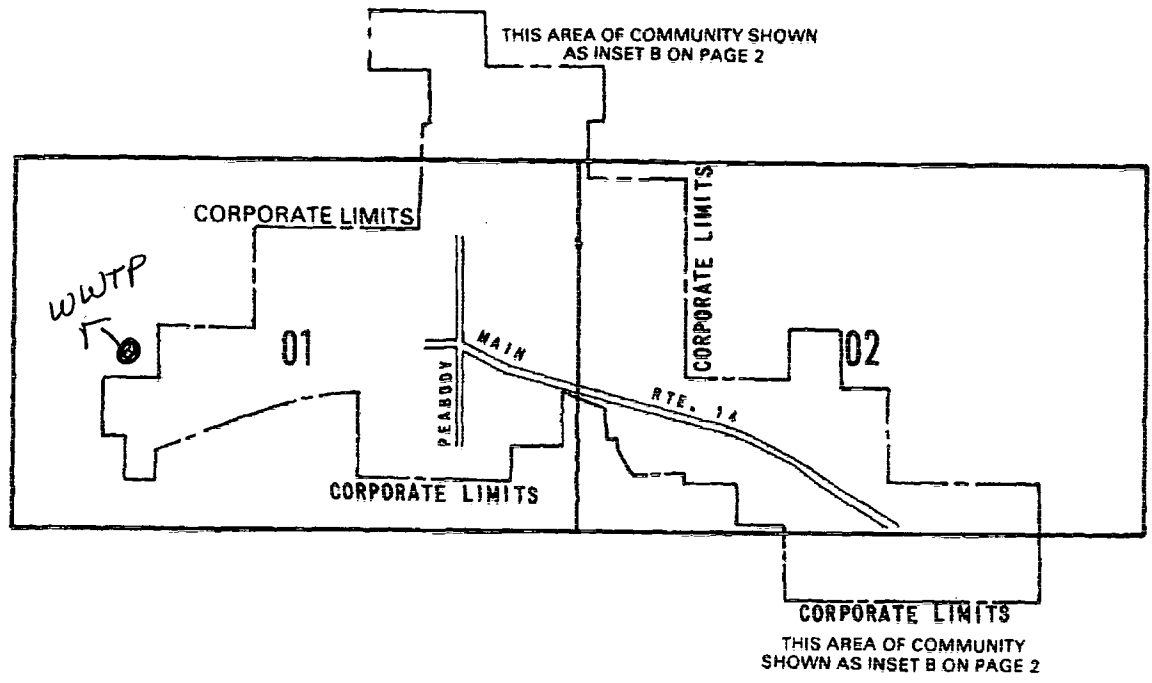
If Yes, How many? 1 Total Horespower (hp)? 490

If No, Please explain? ALSO ONE STANDBY 45K



ZONE DESIGNATIONS\*

Base Flood Elevation Line



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ONE A

ONE C

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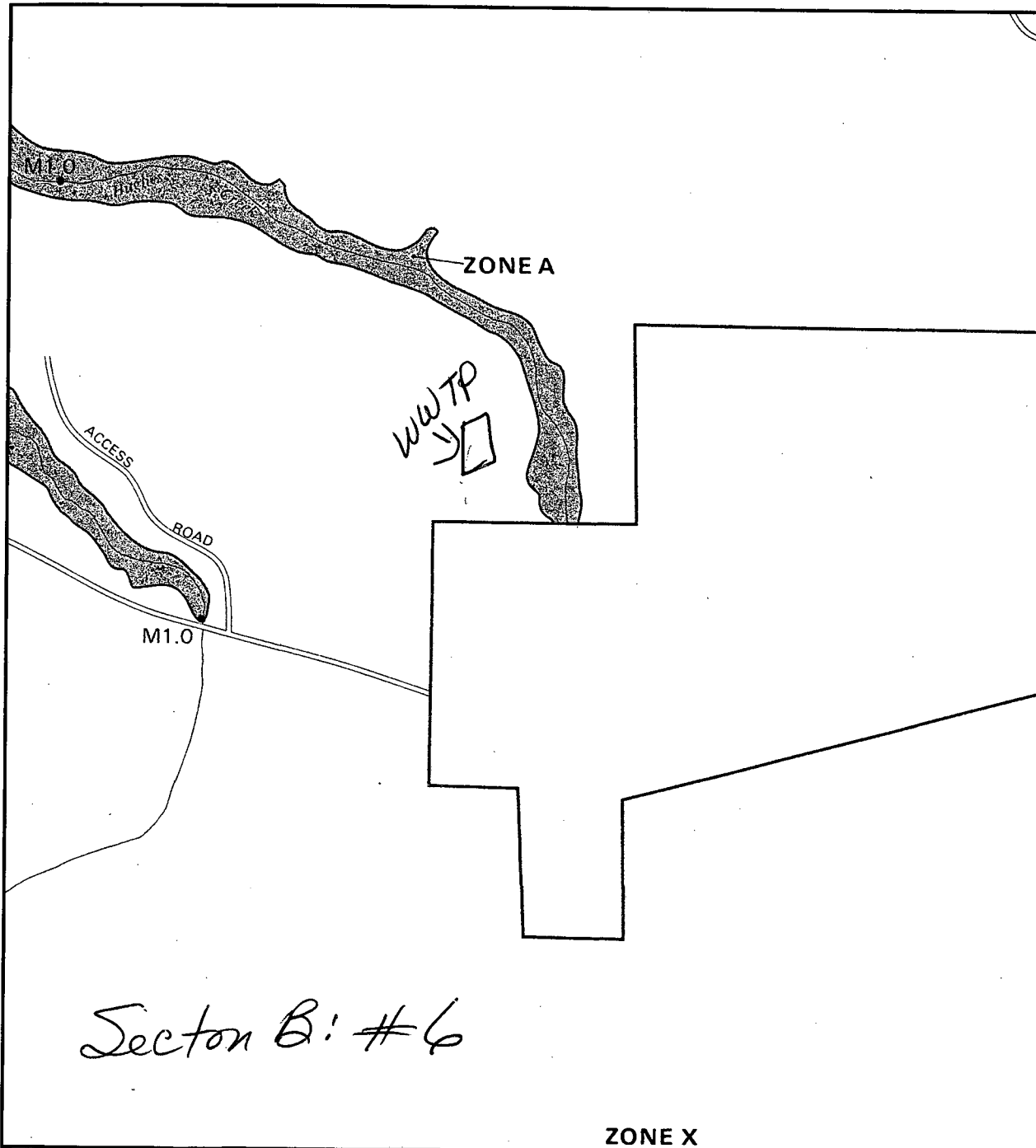
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01 - 02

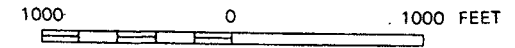
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d elevations

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

#6



APPROXIMATE SCALE

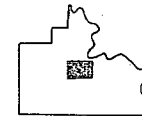


NATIONAL FLOOD INSURANCE PROGRAM

**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 copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)

## SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

**Landfill**

Landfill Site Name NABORS SANITATION INC

ADEQ Solid Waste Permit No. S-249

**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): \_\_\_\_\_

Distance from Discharge point:  Within 5 miles  Within 50 miles

**Surface Water**- Name of Surface Water Source: WHITE RIVER

Distance from Discharge point:  Within 5 miles  Within 50 miles

Lat: 35 ° 55 ' 30.24 " Long: 92 ° 05 ' 30.48 "

**Other** (Specify): \_\_\_\_\_

Distance from Discharge point:  Within 5 miles  Within 50 miles

## SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203 provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – “The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years.”

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
  - B. Obtaining a letter of credit;
  - C. Obtaining a surety/performance bond;
  - D. Obtaining a trust fund or an escrow account; or
  - E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.
2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

[http://www.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf)

**SECTION F – INDUSTRIAL ACTIVITY**

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES  (Answer questions 2 and 3)      NO

2. What Part of 40 CFR? \_\_\_\_\_

3. What Subpart(s)? \_\_\_\_\_

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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5. Production: (projected for new facilities)

Product(s) Manufactured (Brand name)	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
	Highest Month	Days of Operation	Monthly Average	Days of Operation

\* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.







## SECTION H - TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

1. Describe the treatment system. Include the types of control equipment to be installed along with their methods of operation and control efficiency.

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2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer (PE)** registered in **Arkansas**, must be submitted as follows:
  - a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
  - b. Specifications and complete design calculations.
  - c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.
3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

## SECTION I: SIGNATORY REQUIREMENTS

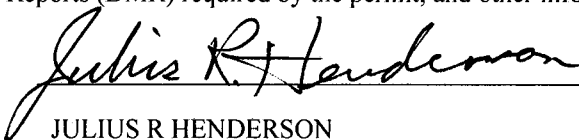
### Cognizant Official (Duly Authorized Representative)

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.

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:



Date: 2-8-2013

Printed name of Cognizant Official:

JULIUS R HENDERSON

Official title of Cognizant Official:

SYSTEM MANAGER

Telephone Number: 870-269-3293

### 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

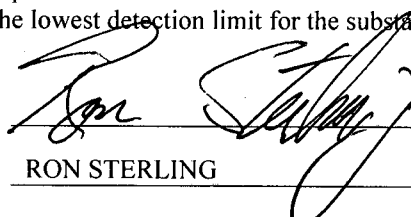
**Municipal, state, federal, or other public facility**: principal executive officer, or ranking elected official.

 (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."

Signature of Responsible Official:



Date: 2-8-13

Printed name of Responsible Official:

RON STERLING

Official title of Responsible Official:

MAYOR

Telephone Number: 870-269-3804

## Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

### Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FACILITY NAME AND PERMIT NUMBER:

CITY OF MOUNTAIN VIEW WASTEWATER PLANT #AR0020117

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  $\geq$  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)**

FACILITY NAME AND PERMIT NUMBER:  
CITY OF MOUNTAIN VIEW WASTEWATER PLANT #AR0020117

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 CITY OF MOUNTAIN VIEW WASTEWATER TREATMENT PLANT

Mailing Address P O BOX 360 MOUNTAIN VIEW ARKANSAS 72560

Contact person JOE ROBERT THATCHER

Title WASTEWATER PLANT MANAGER

Telephone number (870) 213-6515

Facility Address 340 WESTWOOD AVE

(not P.O. Box) \_\_\_\_\_

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

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

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 AR0020117 \_\_\_\_\_ 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
<u>City of Mountain View</u>	<u>3680</u>	<u>separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served		<u>3680</u>	

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**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 0.83 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>0.41</u>	<u>0.28</u>	<u>0.48</u> mgd
c. Maximum daily flow rate	<u>0.63</u>	<u>0.47</u>	<u>0.72</u> 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 \_\_\_\_\_
- iii. Combined sewer overflow points \_\_\_\_\_
- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_
- v. Other \_\_\_\_\_

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



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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?

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**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 MOUNTAIN VIEW 72560  
(City or town, if applicable) (Zip Code)  
STONE ARKANSAS  
(County) (State)  
35 51' 57" 92 08' 42"  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ 0.45 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 HUGHES CREEK TO LICK FORK, SOUTH SYLAMORE TO WHITE RIVER
- b. Name of watershed (if known) \_\_\_\_\_  
 United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): SEGMENT 4F OF WHITE RIVER BASIN  
 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<sub>3</sub>

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**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<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      92.00 %  
Design SS removal                      92.00 %  
Design P removal                      \_\_\_\_\_ %  
Design N removal                      92.00 %  
Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV

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: 001A

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.57	s.u.			
pH (Maximum)	8.90	s.u.			
Flow Rate	0.55	mgd	0.35	mgd	72.00
Temperature (Winter)	13.00	°C	10.80	°C	18.00
Temperature (Summer)	31.00	°C	29.50	°C	18.00

\* 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 DEMAND (Report one)	BOD-5						
	CBOD-5	10.30	mg/l	4.90	mg/l	36.00	5210 B 2.4 mg/l
FECAL COLIFORM		312.00	#/100mL	7.00	#/100mL	36.00	9222 D <4 #/100mL
TOTAL SUSPENDED SOLIDS (TSS)		16.00	mg/l	3.70	mg/l	36.00	2540 D 1 mg/l

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

FACILITY NAME AND PERMIT NUMBER:

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**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  $\geq 0.1$  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.

1,500.00 gpd

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

Repair major line leaks as needed, smoke testing

**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.

*This will be sent later.*

**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.

*Will be sent later*

**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

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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	Actual Completion
	MM / DD / YYYY	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 0.1 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		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	6.80	mg/l	1.70	mg/l	36.00	4500 NH B,C	0.1 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	9.60	mg/l	8.40	mg/l	36.00	4500 O C or G	0mg/l
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN	4.50	mg/l	2.20	mg/l	36.00	4500 NO3 E	0.5 mg/l
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**

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### 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.

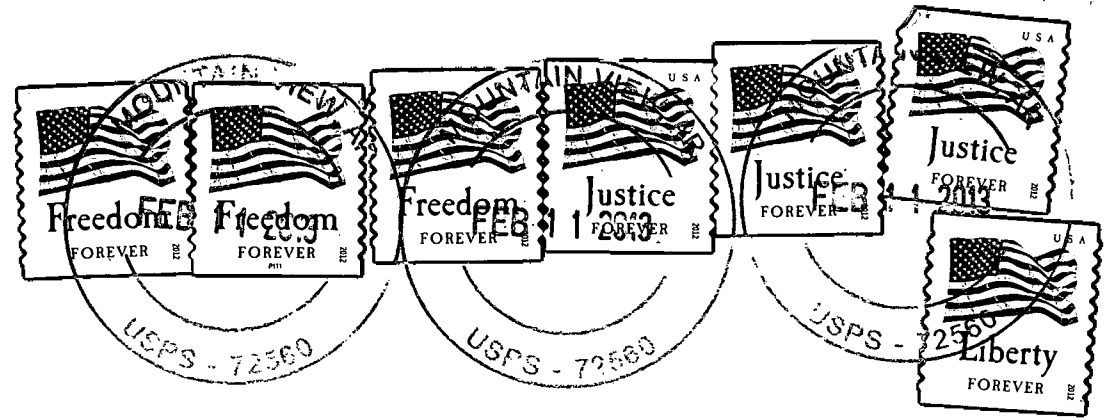
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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    JULIUS R. HENDERSON    SYSTEM MANAGER  
Signature                    *Julius R. Henderson*  
Telephone number         (870) 213-7265  
Date signed                 2-8-2013

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:

Mountain View Water Dept.  
311 W Main ST. PO Box 360  
Mountain View AR 72560-360



ADEQ  
Permits Branch, Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

