

**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
All Other Applicants	X	X	X	X	X				X

\* As necessary

3. If you need help on SIC or NNAICS 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	Information in Regard to	Telephone #
Arkansas Department of Health	Water Supply	501-661-2623
Department of Interior	USGS Hydrologic Unit Codes and Area Map	501-296-1877

5. Use the following information for Section B:

Scale of Map Information: 1:250,000 (1"=20,833') 1:62,500 (1"=5,208') 1:63,000 (1"=5,250') 1:25,000 (1"=2,083')  
1:20,000 (1"=1,667') 1:63,500 (1"=5,292') 1:24,000 (1"=2,000') 1:63,360 (1"=5,280') unknown  
Method is used information: 1 - Address Mapping 2 - Aerial Photo w/ Ground Control 3 - Cadastral Survey  
4 - State Plan Coord. System Conv. 5 - Township-Section-Rng Sys. Conv  
6 - UTM Coordinates Conversion 7 - Raw Photo Extraction 8 - GPS Survey  
9 - LORAN-C Navigation Device A - Map Interpolation B - Navigation Quality GPS  
C - Remote Sensing D - ZIP Code Centroid U - Unknown  
Datum of the Map Information: 1 - North American Datum 1927 ; 2 - North American Datum 1983 ; U - Unknown  
Technical Accuracy information: 1 - nearest 10th of a second ; 2 -nearest second; 3 -nearest 10 seconds; 4 -30 seconds;  
5 -nearest minute; 6 -nearest 10 minutes; 7 -nearest 30 minutes; 8 -nearest degree

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

- Form 2A** - Municipal Dischargers
- Form 2C** - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
- Form 2D** - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
- Form 2F** - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity
- Form 2E** - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)

NPDES PERMIT APPLICATION  
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER DIVISION  
POST OFFICE BOX 8913  
LITTLE ROCK, AR 72219  
[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. Facility Name: Mountain View Wastewater Treatment Plant
2. Legal Applicant Name (If the applicant is different from the above): \_\_\_\_\_
3. Operator name: Joseph Thatcher
4. Is the operator identified in number 3 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. Does your facility hold any other permits which are not listed above?  Yes  No
9. 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:

Permit Name

Permit Number

Held by

10. Driving directions to the facility with respect to known landmarks: The treatment plant is located off of Westwood Ave, turn North onto Westwood off of State Hwy. 66

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

The treatment plant is located off of Westwood Ave, turn North onto Westwood off of State Hwy. 66

12. 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: AR Zip: 72560

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

Name: Joe Thatcher Title: Wastewater Manager  
Street: \_\_\_\_\_ P.O. Box 360  
City: Mountain View State: AR Zip: 72560  
E-mail address: \_\_\_\_\_ Fax: 870-269-3293

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

9211 SIC Facility Activity under this SIC or NAICS:  
92112 NAICS \_\_\_\_\_

17. Design Flow: +/- 0.74 MGD Highest Monthly Average of the last two years Flow: 1.07 MGD

18. Is Outfall equipped with a diffuser?  Yes  No

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

Name: ~~William L. Moore~~ Title: Superintendent  
Address: P.O. Box 360 Phone Number: 870-269-3293  
E-mail \_\_\_\_\_

Address: \_\_\_\_\_

City: Mountain View State: AR Zip: 72560

20. Designated Facility Contact (as describe on the last page of this application):

Name: Joe Thatcher Title: WW Plant Manager

Address: P.O. Box 360 Phone Number: 870-269-3293

E-mail \_\_\_\_\_  
Address: \_\_\_\_\_

City: Mountain View State: AR Zip: 72560

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

Contact Name:	Byron Hicks		
Company Name:	McClelland Consulting Engineers		
Address:	P.O. Box 34087	Phone Number:	870-371-0272
E-mail Address:	<a href="mailto:bhicks@mcclelland-engrs.com">bhicks@mcclelland-engrs.com</a>		
City:	Little Rock	State:	AR Zip: 72203

**SECTION B: FACILITY AND OUTFALL INFORMATION**

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

Lat: 35 ° 51 ' 57.32 " Long: 92 ° 08 ' 42.54 " Section: 10 Township: 14N  
Range: 11W County: Stone Nearest Town: Mountain View USGS Hydrologic Unit Code: 11010004

What map scale is used? \_\_\_\_\_ What Method is used? \_\_\_\_\_ Indicate Technical Accuracy \_\_\_\_\_  
What map datum is used? NAD83 Where is the collection point? \_\_\_\_\_

2. Outfall monitoring Location:

Outfall No. 1 :

Latitude: 35 ° 31 ' 57.32 " Longitude: 92 ° 08 ' 42.54 " \_\_\_\_\_  
USGS Hydrologic Unit Code: 11010004 What map scale is used? \_\_\_\_\_ What Method is used? \_\_\_\_\_

Indicate Technical Accuracy \_\_\_\_\_ What map datum is used? \_\_\_\_\_ 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):

Outfall directly into Hughes Creek, thence into Lick Fork Creek, thence into South Sylamore Creek

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

Lat: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Long: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " \_\_\_\_\_  
USGS Hydrologic Unit Code: \_\_\_\_\_ What map scale is used? \_\_\_\_\_ What Method is used? \_\_\_\_\_

Indicate Technical Accuracy \_\_\_\_\_ What map datum is used? \_\_\_\_\_ 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. Outfall Location (If the location of end of the pipe (Discharge point) is different from the above monitoring 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 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](http://www.fema.gov).

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

7. Population 3000

**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION**

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

**Landfill**

Landfill Site Name \_\_\_\_\_ ADEQ Solid Waste Permit No. \_\_\_\_\_

**Land Application** ADEQ State Permit No. \_\_\_\_\_

Method of sludge treatment \_\_\_\_\_

What is the estimated amount of sludge generated at the treatment facility?

Dry metric Ton/ per year \_\_\_\_\_ Gallon/Acres per year \_\_\_\_\_

List all the land application sites with the following information:

Field Number	New/Old	Range	Township	Section	Total Acres	Available Acres	Crop Cover	Loading Rate
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

**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 are of lagoon: \_\_\_\_\_ Acre Depth: \_\_\_\_\_ Ft Does lagoon have a liner?  Yes  No

**Incineration** : Location of incinerator \_\_\_\_\_

**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):** Mountain View

Distance from Discharge point:  Within 5 miles  Within 50 miles

**Surface Water-** Name of Surface Water Source: \_\_\_\_\_

Distance from Discharge point:  Within 5 miles  Within 50 miles

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

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

Distance from Discharge point:  Within 5 miles  Within 50 miles



## SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE FORM

1. Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (a)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two(2) or more occupied lots, residences, businesses, or other discernible occupied init without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to shows 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 (Arkansas Code 8-5-703(a)(2)):

- A. By obtaining insurance;
- B. By passing a financial test;
- C. By obtaining a letter of credit;
- D. By obtaining a surety bond;
- E. By obtaining a trust fund or escrow account;
- F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

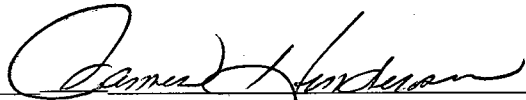
### 2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. The form may be obtained from ADEQ web site at:

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

### Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement I filed with ADEQ on \_\_\_\_\_ (Date of submittal).



\_\_\_\_\_  
Signature of Individual or Authorized Representative of Firm or Legal Entity

The following statement must be completed for Declaration of No Changes.

**VERIFICATION AND ACKNOWLEDGEMENT**

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Arkansas

County of Stone

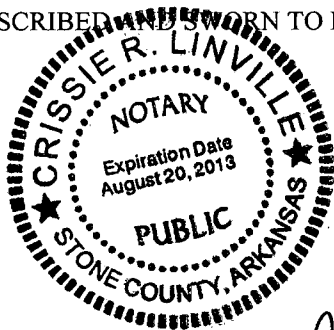
I, James Henderson, swear and affirm that the information contained in the previous Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT SIGNATURE: *James Henderson*

COMPANY TITLE: Superintendent

Date 2/4/08

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY 4th OF February 2008



*Crissie R. Linville*  
NOTARY PUBLIC

MY COMMISSION EXPIRES: August 20, 2013

## SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guidelines limitation promulgated by EPA (<http://www.epa.gov/epacfr40/chapt-I.info/chi-toc.htm>) 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):

---



---



---

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

## SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: \_\_\_\_\_ per day          Average discharge per batch:          (GPD)

Time of batch discharges          \_\_\_\_\_          at          \_\_\_\_\_  
    (days of week)     (hours of day)

Flow rate: \_\_\_\_\_ gallons/minute          Percent of total discharge: \_\_\_\_\_

**Answer questions 2, 3, and 4 only if you are subject to Categorical Standards.**

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: \_\_\_\_\_ per day          Average discharge per batch:          (GPD)

Time of batch discharges          \_\_\_\_\_          at          \_\_\_\_\_  
    (days of week)     (hours of day)

Flow rate: \_\_\_\_\_ gallons/minute          Percent of total discharge: \_\_\_\_\_

3. 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	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> Yes	<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:

---



---



---

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

Yes     No    (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics

---



---



---

## 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/disposal system.

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

The treatment process is through screening, extended aeration, clarification, and ultraviolet disinfection. The air supply in the extended aeration system is controlled by a plu using dissolved oxygen probes with variable frequency drives. The return activated sludge flow os based on the plant inflow and is controlled by a pump with variable frequency drive. The UV disinfection is also controlled based on inflow. The intensity increases as the flow increases.

---

---

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

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.

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: \_\_\_\_\_

Printed name of responsible official: ~~William Moore~~

Official title of responsible official: Superintendent Telephone Number 870-269-3293

By signature in Section I above, the applicant certifies that the named individual is qualified as print below 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).

### 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:

<u>Joe Thatcher</u>	_____
NAME (first, last)	
<u>WW Plant Manager</u>	<u>870-269-3293</u>
TITLE	TELEPHONE

# 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.



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)**

**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 Mountain View Wastewater Treatment Plant

Mailing Address P.O. Box 360  
Mountain View, AR 72560

Contact person Joe Thatcher

Title Wastewater Plant Manager

Telephone number (870) 269-3293

Facility Address 340 Westwood Avenue  
(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>3240</u>	<u>separate</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>3240</u>			

**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 0.74 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	_____	<u>0.43</u>	<u>0.49</u> mgd
c. Maximum daily flow rate	_____	<u>1.36</u>	<u>1.04</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 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- 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

FACILITY NAME AND PERMIT NUMBER:

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

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

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

Transporter name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

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

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

No

If yes, provide the following for each disposal method:

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

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_

continuous or \_\_\_\_\_

intermittent?

FACILITY NAME AND PERMIT NUMBER:

**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 AR  
(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 0.50 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 S. Sylamore thence 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): \_\_\_\_\_  
 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>

FACILITY NAME AND PERMIT NUMBER:

**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	95.00	%
Design SS removal	95.00	%
Design P removal	_____	%
Design N removal	95.00	%
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)	6.50	s.u.			
pH (Maximum)	7.90	s.u.			
Flow Rate	1.04	MGD	0.49	MGD	300.00
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	5.20	mg/L	3.65	mg/L	5210 B	2.4 mg/L
FECAL COLIFORM		2.10	col/100ml	1.30	col/100ml	9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		7.70	mg/L	5.11	mg/L	2540 D	1

**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:

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

**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.

118,000.00 gpd

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

\_\_\_\_\_

\_\_\_\_\_

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

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

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

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

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

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

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

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

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

001 \_\_\_\_\_

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

Yes  No

FACILITY NAME AND PERMIT NUMBER:

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

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: 001A

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)	3.60	mg/L	2.10	mg/L	30.00	4500-NH3B,C	0.05 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	10.60	mg/L	8.13	mg/L	30.00	4500-O C or G	1 mg/L
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN	10.50	mg/L	8.80	mg/L	30.00	4500-NO3	0.05 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**



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 Joe Thatcher Wastewater Plant Manager

Signature 

Telephone number (870) 269-3293

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:**

FACILITY NAME AND PERMIT NUMBER:

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

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information 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 analyses conducted using 40 CFR Part 136 methods. In addition, these 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. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. 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: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:

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

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>VOLATILE ORGANIC COMPOUNDS.</b>											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:

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

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
1,1,1-TRICHLOROETHANE												
1,1,2-TRICHLOROETHANE												
TRICHLOROETHYLENE												
VINYL CHLORIDE												

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												
PENTACHLOROPHENOL												
PHENOL												
2,4,6-TRICHLOROPHENOL												

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**BASE-NEUTRAL COMPOUNDS.**

ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												

FACILITY NAME AND PERMIT NUMBER:

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

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
3,4 BENZO-FLUORANTHENE												
BENZO(GHI)PERYLENE												
BENZO(K)FLUORANTHENE												
BIS (2-CHLOROETHOXY) METHANE												
BIS (2-CHLOROETHYL)-ETHER												
BIS (2-CHLOROISO-PROPYL) ETHER												
BIS (2-ETHYLHEXYL) PHTHALATE												
4-BROMOPHENYL PHENYL ETHER												
BUTYL BENZYL PHTHALATE												
2-CHLORONAPHTHALENE												
4-CHLORPHENYL PHENYL ETHER												
CHRYSENE												
DI-N-BUTYL PHTHALATE												
DI-N-OCTYL PHTHALATE												
DIBENZO(A,H) ANTHRACENE												
1,2-DICHLOROBENZENE												
1,3-DICHLOROBENZENE												
1,4-DICHLOROBENZENE												
3,3-DICHLOROBENZIDINE												
DIETHYL PHTHALATE												
DIMETHYL PHTHALATE												
2,4-DINITROTOLUENE												
2,6-DINITROTOLUENE												
1,2-DIPHENYLHYDRAZINE												

FACILITY NAME AND PERMIT NUMBER:

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

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
FLUORANTHENE												
FLUORENE												
HEXACHLOROBENZENE												
HEXACHLOROBUTADIENE												
HEXACHLOROCYCLO-PENTADIENE												
HEXACHLOROETHANE												
INDENO(1,2,3-CD)PYRENE												
ISOPHORONE												
NAPHTHALENE												
NITROBENZENE												
N-NITROSODI-N-PROPYLAMINE												
N-NITROSODI- METHYLAMINE												
N-NITROSODI-PHENYLAMINE												
PHENANTHRENE												
PYRENE												
1,2,4-TRICHLOROBENZENE												

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

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

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. 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.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_ chronic      \_\_\_\_ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

FACILITY NAME AND PERMIT NUMBER:

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

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.


k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			



FACILITY NAME AND PERMIT NUMBER:

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

Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes  No      If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)  
 \_\_\_\_\_  
 \_\_\_\_\_

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

FACILITY NAME AND PERMIT NUMBER:

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

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

**GENERAL INFORMATION:**

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

Yes  No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: \_\_\_\_\_

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

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

\_\_\_\_\_

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (  continuous or  intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (  continuous or  intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?  Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck  Rail  Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)  No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous  Intermittent If intermittent, describe discharge schedule.

\_\_\_\_\_

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

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART G. COMBINED SEWER SYSTEMS**

If the treatment works has a combined sewer system, complete Part G.

**G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

**CSO OUTFALLS:**

Complete questions G.3 through G.6 once for each CSO discharge point.

**G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
 (City or town, if applicable) (Zip Code)  
 \_\_\_\_\_  
 (County) (State)  
 \_\_\_\_\_  
 (Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
 \_\_\_ Rainfall                      \_\_\_ CSO pollutant concentrations                      \_\_\_ CSO frequency  
 \_\_\_ CSO flow volume                      \_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
 \_\_\_\_\_ events (\_\_\_ actual or \_\_\_ approx.)
- b. Give the average duration per CSO event.  
 \_\_\_\_\_ hours (\_\_\_ actual or \_\_\_ approx.)

FACILITY NAME AND PERMIT NUMBER:

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

c. Give the average volume per CSO event.

\_\_\_\_\_ million gallons (\_\_\_\_ actual or \_\_\_\_ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

a. Name of receiving water: \_\_\_\_\_

b. Name of watershed/river/stream system: \_\_\_\_\_

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

c. Name of State Management/River Basin: \_\_\_\_\_

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

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

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

# ADEQ

ARKANSAS  
Department of Environmental Quality

## Hand Delivered Mail Receipt

Date	2-4-08
Division	Water NPDES Eng.
Sender	Amber Buswell ms Clelland Engrs.
Received By	Jrasofka