

ADEQ

ARKANSAS
Department of Environmental Quality

MAR 29 2017

CERTIFIED MAIL: RETURN RECEIPT REQUESTED 9489 0090 0027 6022 2481 67

Honorable Jerald Marberry
Mayor, City of Flippin
P.O. Box 40
Flippin, AR 72634

Re: NPDES Permit Number AR0021717, AFIN 45-00021

Dear Mayor Marberry:

The application for renewal of your NPDES permit was received on 3/28/2017. In accordance with Department policy, your application has been reviewed and determined to be incomplete. Please complete the following:

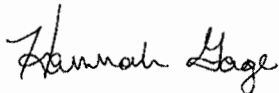
1. ADEQ Form 1
 - a. A location map is required under Section A.10.
 - b. A FEMA Map is required under Section B.6.
2. A topographic map is required under Section B.2 of EPA Form 2A.

These forms must be completed and received by the Department no later than 14 days from the date of this letter. Failure to submit the required information will result in your application being placed in an inactive status.

Upon receipt of the information requested, your application will be determined to be complete, and processing of your renewal application will begin. Consequently, failure to provide the information requested could result in an unpermitted discharge upon expiration of your current permit and subject you to enforcement action by the Department.

Thank you for your cooperation in this matter. If there are any questions concerning this submittal, please contact Jessica Temple at (501) 682-0621 or by email at templej@adeq.state.ar.us.

Sincerely,



Hannah Gage
Administrative Specialist III
Office of Water Quality

**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

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):

City of Flippin, AR

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: Flippin WWTP

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

5. NPDES Permit Number (If Applicable): AR0021717

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>
State Construction Permit	AR0021717C	City of Flippin

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

From Hwy 412 turn north on Old Hwy 62E and follow to north on 8th Street, thence to Industrial Drive

and location of WWTP

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

Street: 222 East Industrial Drive

City: Flippin County: Marion State: AR Zip: 72634

5. Do you have, or plan to have, **AUTOMATIC** sampling equipment or **CONTINUOUS** wastewater flow metering equipment at this facility?

Current: Flow Metering Yes Type: Parabolic Flume No N/A
Sampling Equipment Yes Type: _____ No N/A

Planned: Flow Metering Yes Type: _____ No N/A
Sampling Equipment Yes Type: _____ No N/A

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

The parabolic flume provides instant flow measurement based on the depth of flow across the flume

If **NO**, please describe the method and location of flow measurement below:

Sampling is done manually using typical procedures

6. Is the proposed or existing facility located above the 100-year flood level? Yes No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.

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

7. Population for Municipal and Domestic Sewer Systems: 1355

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

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

If No, Please explain? _____

FACILITY NAME AND PERMIT NUMBER:

Flippin WWTP - AR0021717

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.

_____ 20,000.00 gpd

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

Replacement of mains, smoke testing to determine leaks on an annual basis, and repair leaks as found _____

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.)

- The area surrounding the treatment plant, including all unit processes.
- 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.
- Each well where wastewater from the treatment plant is injected underground.
- 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.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- 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.)

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

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

___ Yes ___ No