

FACILITY NAME AND PERMIT NUMBER:

City of Flippin AR0021717

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).

N/A

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		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	3.1	mg/L	1.1	mg/L	3		
CHLORINE (TOTAL RESIDUAL, TRC)	unknown						
DISSOLVED OXYGEN	9.50	mg/L	8.85	mg/L	3		
TOTAL KJELDAHL NITROGEN (TKN)	unknown						
NITRATE PLUS NITRITE NITROGEN	unknown						
OIL and GREASE	unknown						
PHOSPHORUS (Total)	unknown						
TOTAL DISSOLVED SOLIDS (TDS)	unknown						
OTHER							

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

Arkansas Department of Environmental Quality

NPDES PERMIT APPLICATION

FORM 1

INSTRUCTIONS:

- 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.
- 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

- If you need help on SIC or NNAICS go to www.osha.gov/oshstats/sicser.html
- 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. 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

- 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

- 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

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: City of Flippin Wastewater Treatment Plant
2. Legal Applicant Name (If the applicant is different from the above): N/A
3. Operator name: Steven Berg License number: 001530 class of wastewater operator: I II III IV
4. Is the operator identified in number 3 above, the owner of the facility? Yes No
5. NPDES Permit Number (If Applicable): AR0021717
6. NPDES General Permit Number (If Applicable): ARG N/A
7. NPDES General Storm Water Permit Number (If Applicable): N/A
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

NPDES

Permit Number

AR0021717

Held by

City of Flippin

10. Driving directions to the facility with respect to known landmarks:
From ARK. Hwy. 62 turn North onto Eight Street. Go North one block; turn left onto East Industrial Dr. Follow to dead end at Facility.

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

Same as above

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

Street: 222 East Industrial Dr.
City: Flippin County: Marion State: AR Zip: 72634

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

Name: James J. Hudson Title: Mayor
Street: _____ P.O. Box: 40
City: Flippin State: AR Zip: 72634
E-mail address: _____ Fax: (870) 453-5722

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

4952 SIC Facility Activity under this SIC or NAICS:

22132 NAICS Operation of a sewage treatment plant

17. Design Flow: 175 MGD Highest Monthly Average of the last two years Flow: 403 MGD

18. Is Outfall equipped with a diffuser? Yes No

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

Name: James J. Hudson Title: Mayor
Address: P.O. Box 40 Phone Number: (870) 453-8300
E-mail Address: _____
City: Flippin State: AR Zip: 72634

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

Name: Steven Berg Title: Water/sewer Supervisor
Address: P.O. Box 40 Phone Number: (870) 453-8300
E-mail Address: _____
City: Flippin State: AR Zip: 72634

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

Contact Name:	<u>none</u>				
Company Name:					
Address:		Phone Number:			
E-mail Address:					
City:		State:		Zip:	

SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 36 ° 17 ' 00 " Long: 92 ° 35 ' 10 " Section: 20 Township: 9 North
Range: 15 West County: Marion Nearest Town: Flippin 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? _____

2. Outfall monitoring Location:

Outfall No. 001:

Latitude: 36 ° 17 ' 00 " Longitude: 92 ° 35 ' 10 "

USGS Hydrologic Unit Code: 11010001 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):

Fallen Ash Creek then to White River in Segment 41 of the White River Basin

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):

Activated Sludge & Vortex screen, oxidation ditch, final clarifiers, dosing tank, intermittent sand filter, ultra violet disinfection, post-aeration

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

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

Isco 4230 Bubbler Flow Meter

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

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

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

7. Population 1355 _____

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

Landfill

Landfill Site Name NAbors Sanitation ADEQ Solid Waste Permit No. 5-2-49

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): _____

Distance from Discharge point: Within 5 miles Within 50 miles

Surface Water- Name of Surface Water Source: Bull Shoals Lake

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

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).

Unknown for information

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 Marion

I, James J. Hudson, 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 J. Hudson

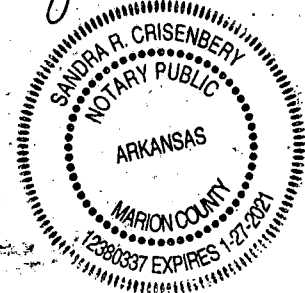
COMPANY TITLE: Meyor - City of Flippin

Date 4/12/12

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY 12th OF April 2012

Sandra R. Crisenberg
NOTARY PUBLIC

MY COMMISSION EXPIRES: 1-27-2021



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)
1	Treated Municipal waste water	.229	.685	Continuous

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.

This is just a renewal.

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: *James J. Hudson* Date: 4/12/12
 Printed name of responsible official: James J Hudson
 Official title of responsible official: Mayor Telephone Number 870-405-2332

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:

Not at this time.
 NAME (first, last)

 TITLE TELEPHONE

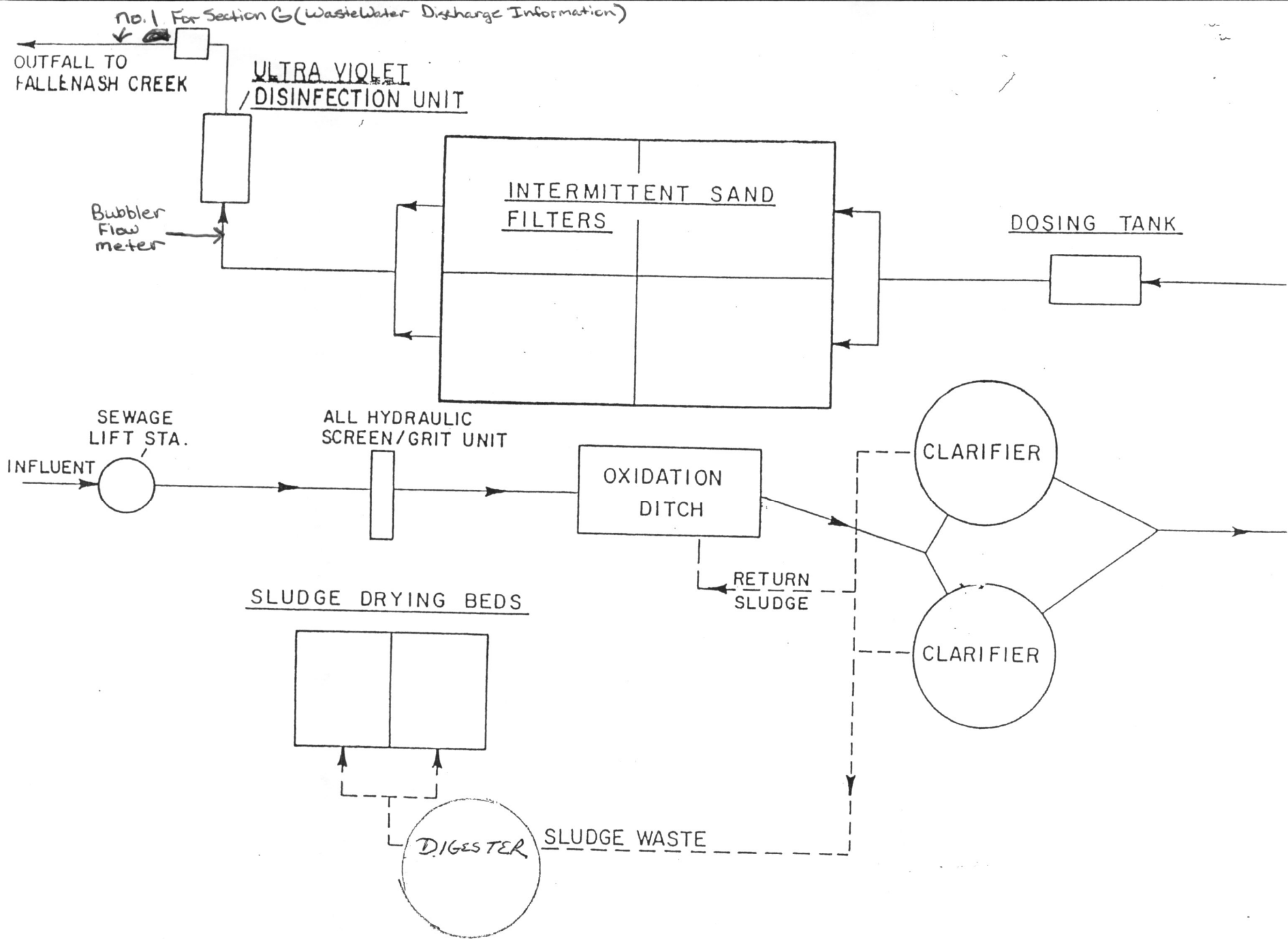
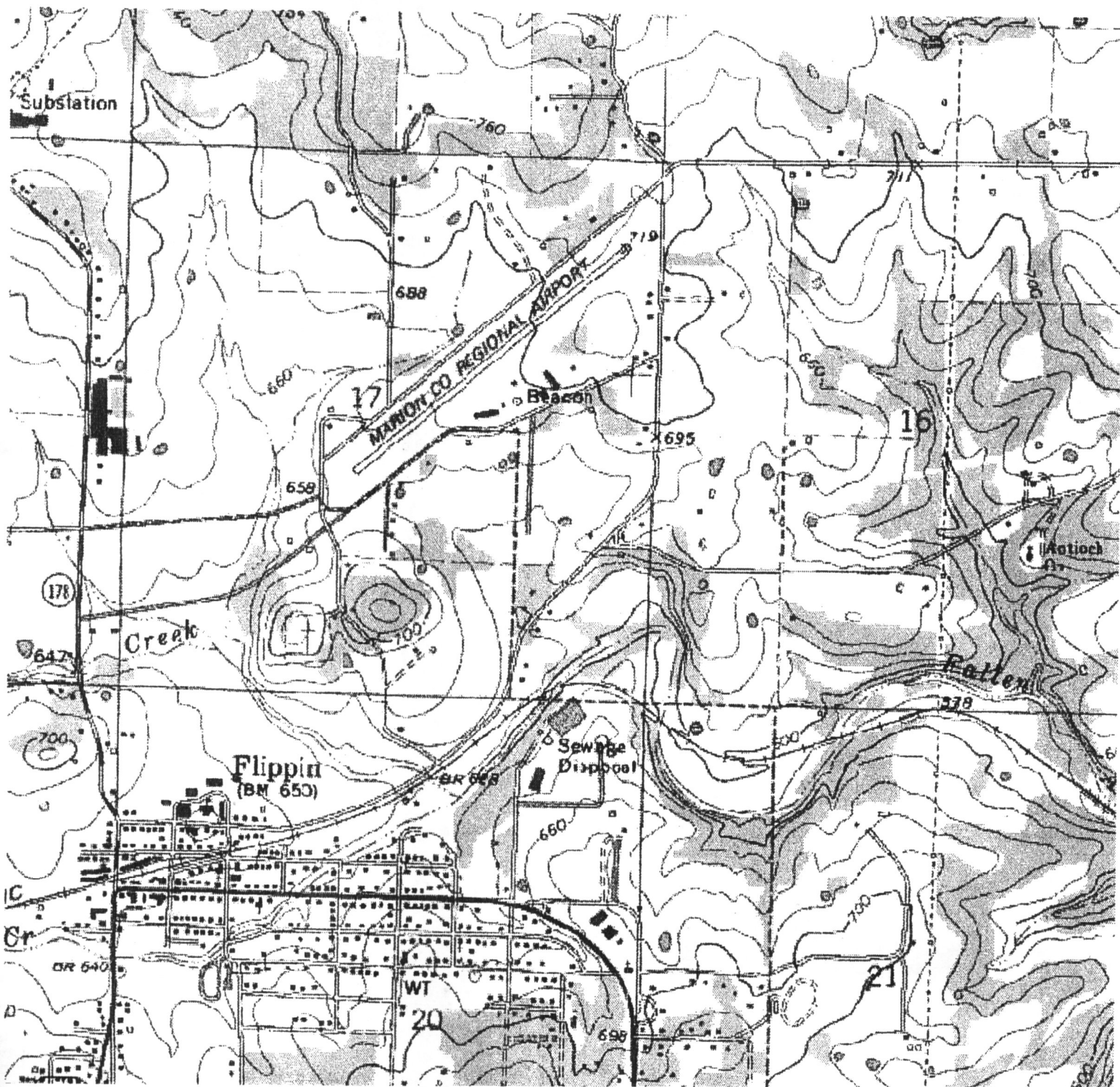


FIGURE 1
 SCHEMATIC FLOW DIAGRAM
 FLIPPIN WASTEWATER TREATMENT PLANT





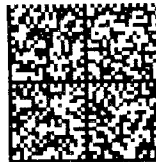
City of Flippin


"A Place For All Seasons"

Post Office Box 40
Flippin, Arkansas 72634

NPDES Enforcement Section
ADEQ
5301 Northshore Dr
North Little Rock, AR 72118-5317

Waller Fifth Floor



UNITED STATES POSTAGE

PITNEY BOWES
02 1P \$ 000.65⁰
0003839188 APR 12 2012
MAILED FROM ZIP CODE 72634