

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). If a section is not required, please check the Not Applicable (N/A) box at the top of the section.

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	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 NAICS go to <https://www.naics.com/search/>.

Common SIC and NAICS

Facility Type	SIC Code	NAICS
Publicly Owned Treatment Works (POTW)	4952	221320
Subdivision, Apartment Complex	6552	237210
Mobile Home Park	6515	533190

4. If you have any questions about this form you may call NPDES Section at 501-682-0623 or go to www.adeq.state.ar.us/water. You may also contact :

Department
Arkansas Department of Health

Information in Regard to
Water Supply

Telephone #
501-661-2623

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

Form 2A - Municipal Dischargers

Form 2B - Concentrated Animal Feeding Operations

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

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

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

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

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality

5301 Northshore Drive
North Little Rock, AR 72118

Or by email to:

Water.Permit.Application@adeq.state.ar.us

NPDES PERMIT APPLICATION
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WATER QUALITY
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 (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):

City of Springdale

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: _____

3. Facility Name: Springdale Wastewater Treatment Facilities

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

5. NPDES Permit Number (If Applicable): AR0022063

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): AR00C376

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:

Permit Name

Permit Number

Held by

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

From I 540, east at exit 76 (Wagon Wheel Rd.) to Silent Grove Rd. South to WWTF.

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

Street: 2910 Silent Grove Rd.

City: Springdale

County: Washington/Benton

State: AR

Zip: 72762

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

Name: attn: Heath Ward, Springdale Water Utilities Title: Executive Director
Street: _____ P.O. Box 769
City: Springdale State: AR Zip: 72765
E-mail address*: hward@springdalewater.com Fax: 479-750-4039

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

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

Oklahoma ☒ Missouri ☒ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

4952 SIC Facility Activity under this SIC or NAICS:
221320 NAICS Publicly Owned Treatment Works (POTW)

14. Design Flow: 24 MGD Highest Monthly Average of the last two years Flow: 17.9 MGD

15. Is the outfall equipped with a diffuser? ☐ Yes ☒ No

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

Name: Heath Ward Title: Executive Director
Address: P.O. Box 769 Phone Number: 479-751-5751
E-mail Address: hward@springdalewater.com
City: Springdale State: AR Zip: 72765-0769

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

Name: Heath Ward Title: Executive Director
Address: P.O. Box 769 Phone Number: 479-751-5751
E-mail Address: hward@springdalewater.com
City: Springdale State: AR Zip: 72765-0769

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

Contact Name: Chris Buntin, P.E.
Company Name: Garver L.L.C.
Address: 2049 East Joyce Blvd., Suite 400 Phone Number: 479-527-9100
E-mail Address: crbuntin@garverusa.com
City: Fayetteville State: AR Zip: 72703

19. Wastewater Operator Information

Wastewater Operator Name: Jennifer Enos License number: 1999
Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☒
Class of industrial wastewater operator: Basic ☐ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 36 ° 12 ' 40.38N " Long: 94 ° 09 ' 37.80 W " County: Benton Nearest Town: Springdale

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

Outfall No. 001:

Latitude: 36 ° 12 ' 49N " Longitude: 94 ° 09 ' 52W "

Description of outfall location: Parshall flume north of Chlorine Contact Basin

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Spring Creek, thence into Osage Creek, thence into Illinois River

Outfall No. _____:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Description of outfall location: _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. _____:

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

Outfall No. _____:

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

Outfall No. _____:

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

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

Chain and rake screens, grit and scum removal, primary clarifiers (optional), Bardenpho (advanced BNR/extended aeration process), final clarification, sand filtration, chlorine disinfection, sulfur dioxide dechlorination, oxygenation, sludge thickening and dewatering, and (drying soon to be completed)

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Composite samples collected with automated flow proportioned sampling equipment. Backup composite samples from 12 samples collected and flow proportioned by operators over 24 hours. Grab samples collected by facilities staff.

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

Parshall flume with electronic logging and manual reading/recording backup

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

NOTE: FEMA Map must be included with this application. Maps can be ordered at <https://msc.fema.gov>.

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

7. Population for Municipal and Domestic Sewer Systems: 87,621

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes X No ☐

If Yes, how many? 8 Total Horsepower (hp)? 6,450 KW

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

☒ **Landfill**

Landfill Site Name EcoVista, Tontitown, AR ADEQ Solid Waste Permit No. 290-S1-R2

☐ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing:** Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ _____ Pipe: ☐ _____ Other: _____

☐ **Subsurface Disposal** (Lagoon for which the sole purpose is storing sludge):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☒ **Other** (Provide complete description): ADEQ will be notified if Springdale Water Utilities decides to utilize another means of disposal of Class A biosolids other than landfilling once dryer is in full operation.

SECTION D - WATER SUPPLY

Water Sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Siloam Springs, AR

Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☒ **Surface Water**- Name of Surface Water Source: Illinois River

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: 36 ° 07 ' 51 " Long: 94 ° 33 ' 39 "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Environmental Quality from issuing, modifying, renewing, or transferring a permit for a nonmunicipal domestic sewage treatment works without the applicant first fulfilling the trust fund requirements set forth in that section. Ark. Code Ann. § 8-4-203(b)(1)(B) defines “nonmunicipal domestic sewage treatment works” as a device or system operated by an entity other than a city, town, or county that treats, in whole or in part, waste or wastewater from humans or household operations and must continually operate to protect human health and the environment despite a permittee’s failure to maintain or operate the device or system. NDSTW’s can include, but are not limited to:

- Sewer Improvement Districts;
- Subdivisions,
- Mobile Home Parks,
- Property Owner’ Associates,
- RV parks, and
- Apartments

Exclusions Excluded from this application’s Section E.1. requirements for trust fund contribution fees are:

- State or federal facilities,
- Schools,
- Universities and colleges,
- Entities that continuously operate due to a connection with a city, town, or county, and
- Commercial or industrial entity that treats domestic sewage from its operations and does not accept domestic sewage from other entities or residences.

The trust fund form may be obtained from the ADEQ web site at:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

2. Disclosure Statement:

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. §8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10k and 10Q filings to the Securities and Exchange Commission in lieu of the Disclosure Statement. The form may be obtained from the ADEQ web site at:

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

NOT APPLICABLE (N/A) X

SECTION F – INDUSTRIAL ACTIVITY

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

YES ☐ (Answer questions 2 and 3) NO ☐

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____

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

5. Production: (projected for new facilities)

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

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

SECTION 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, 4, and 5 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. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

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)

SECTION H -TECHNICAL INFORMATION

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

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

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

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official: _____ Date: _____

Printed name of Cognizant Official: Heath Ward

Official title of Cognizant Official: Executive Director Telephone Number: 479-751-5751

Responsible Official

The information contained in this form must be certified by a **responsible official** as defined in the “signatory requirements for permit applications” (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

Partnership, a general partner

Sole proprietorship: the proprietor

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

____ (Initial) “I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b).” NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

____ (Initial) “I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above.”

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested.”

Signature of Responsible Official: _____ Date: _____

Printed name of Responsible Official: Heath Ward

Official title of Responsible Official: Executive Director Telephone Number: 479-751-5751

NPDES PERMIT APPLICATION
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF WATER QUALITY
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 (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):

City of Springdale

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: _____

3. Facility Name: Springdale Wastewater Treatment Facilities

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

5. NPDES Permit Number (If Applicable): AR0022063

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): AR00C376

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:

Permit Name

Permit Number

Held by

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

From I 540, east at exit 76 (Wagon Wheel Rd.) to Silent Grove Rd. South to WWTF.

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

Street: 2910 Silent Grove Rd.

City: Springdale

County: Washington/Benton

State: AR

Zip: 72762

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

Name: attn: Heath Ward, Springdale Water Utilities Title: Executive Director

Street: _____ P.O. Box 769

City: Springdale State: AR Zip: 72765

E-mail address*: hward@springdalewater.com Fax: 479-750-4039

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☒ Yes ☐ No

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

Oklahoma ☒ Missouri ☒ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

4952 SIC Facility Activity under this SIC or NAICS:
221320 NAICS Publicly Owned Treatment Works (POTW)

14. Design Flow: 24 MGD Highest Monthly Average of the last two years Flow: 17.9 MGD

15. Is the outfall equipped with a diffuser? ☐ Yes ☒ No

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

Name: Heath Ward Title: Executive Director

Address: P.O. Box 769 Phone Number: 479-751-5751

E-mail Address: hward@springdalewater.com

City: Springdale State: AR Zip: 72765-0769

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

Name: Heath Ward Title: Executive Director

Address: P.O. Box 769 Phone Number: 479-751-5751

E-mail Address: hward@springdalewater.com

City: Springdale State: AR Zip: 72765-0769

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

Contact Name: Chris Buntin, P.E.

Company Name: Garver L.L.C.

Address: 2049 East Joyce Blvd., Suite 400 Phone Number: 479-527-9100

E-mail Address: crbuntin@garverusa.com

City: Fayetteville State: AR Zip: 72703

19. Wastewater Operator Information

Wastewater Operator Name: Jennifer Enos License number: 1999

Class of municipal wastewater operator: I ☐ II ☐ III ☐ IV ☒

Class of industrial wastewater operator: Basic ☐ Advanced ☐

SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 36 ° 12 ' 40.38N " Long: 94 ° 09 ' 37.80W " County: Benton Nearest Town: Springdale

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

Outfall No. 001:

Latitude: 36 ° 12 ' 49N " Longitude: 94 ° 09 ' 52W "

Description of outfall location: _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

Spring Creek, thence into Osage Creek, thence into Illinois River

Outfall No. _____:

Latitude: _____ ° _____ ' _____ " Longitude: _____ ° _____ ' _____ "

Description of outfall location: _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** location):

Outfall No. _____:

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

Outfall No. _____:

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

Outfall No. _____:

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

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

Chain and rake screens, grit and scum removal, primary clarifiers (optional), Bardenpho (advanced BNR/extended aeration process), final clarification, sand filtration, chlorine disinfection, sulfur dioxide dechlorination, oxygenation, sludge thickening and dewatering, and (drying soon to be completed)

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Composite samples collected with automated flow proportioned sampling equipment. Backup composite samples from 12 samples collected and flow proportioned by operators over 24 hours. Grab samples collected by facilities staff.

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

Parshall flume with electronic logging and manual reading/recording backup

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

NOTE: FEMA Map must be included with this application. Maps can be ordered at <https://msc.fema.gov>.

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

7. Population for Municipal and Domestic Sewer Systems: 87,621

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes X No ☐

If Yes, how many? 8 Total Horsepower (hp)? 6,450 KW

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

☒ **Landfill**

Landfill Site Name EcoVista, Tontitown, AR ADEQ Solid Waste Permit No. 290-S1-R2

☐ **Land Application:** ADEQ State Permit No. _____

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing:** Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ _____ Pipe: ☐ _____ Other: _____

☐ **Subsurface Disposal** (Lagoon for which the sole purpose is storing sludge):

Location of lagoon _____ How old is the lagoon? _____

Surface area of lagoon: _____ Acre Depth: _____ ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☐ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? _____

Has sludge ever been removed? Yes ☐ No ☐ If Yes, When was it removed? _____

☒ **Other** (Provide complete description): ADEQ will be notified if Springdale Water Utilities decides to utilize another means of disposal of Class A biosolids other than landfilling once dryer is in full operation.

SECTION D - WATER SUPPLY

Water Sources which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Siloam Springs, AR

Distance from Discharge point: ☐ Within 5 miles ☒ Within 50 miles

☒ **Surface Water**- Name of Surface Water Source: Illinois River

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

Lat: 36 ° 07 ' 51 " Long: 94 ° 33 ' 39 "

☐ **Other** (Specify): _____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Environmental Quality from issuing, modifying, renewing, or transferring a permit for a nonmunicipal domestic sewage treatment works without the applicant first fulfilling the trust fund requirements set forth in that section. Ark. Code Ann. § 8-4-203(b)(1)(B) defines “nonmunicipal domestic sewage treatment works” as a device or system operated by an entity other than a city, town, or county that treats, in whole or in part, waste or wastewater from humans or household operations and must continually operate to protect human health and the environment despite a permittee’s failure to maintain or operate the device or system. NDSTW’s can include, but are not limited to:

- Sewer Improvement Districts;
- Subdivisions,
- Mobile Home Parks,
- Property Owner’ Associates,
- RV parks, and
- Apartments

Exclusions Excluded from this application’s Section E.1. requirements for trust fund contribution fees are:

- State or federal facilities,
- Schools,
- Universities and colleges,
- Entities that continuously operate due to a connection with a city, town, or county, and
- Commercial or industrial entity that treats domestic sewage from its operations and does not accept domestic sewage from other entities or residences.

The trust fund form may be obtained from the ADEQ web site at:

<https://www.adeq.state.ar.us/water/permits/npdes/individual/pdfs/ndstw-trust-fund-certification-form.pdf>

2. Disclosure Statement:

Ark. Code Ann. 8-1-106 requires that applicants for any type of permit or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a Disclosure Statement with their application unless exempt for doing so under Ark. Code Ann. §8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10k and 10Q filings to the Securities and Exchange Commission in lieu of the Disclosure Statement. The form may be obtained from the ADEQ web site at:

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.pdf

SECTION F – INDUSTRIAL ACTIVITY

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

YES ☐ (Answer questions 2 and 3) NO ☐

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____

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

5. Production: (projected for new facilities)

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

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

SECTION 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, 4, and 5 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. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

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)

SECTION H -TECHNICAL INFORMATION

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

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

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

SECTION I: SIGNATORY REQUIREMENTS

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Signature of Cognizant Official: Heath G. Ward Date: April 28, 2020
Printed name of Cognizant Official: Heath Ward
Official title of Cognizant Official: Executive Director Telephone Number: 479-751-5751

Responsible Official

The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president

Partnership, a general partner

Sole proprietorship: the proprietor

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

____ (Initial) "I certify that the cognizant official designated above is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b)." NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department.

____ (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested."

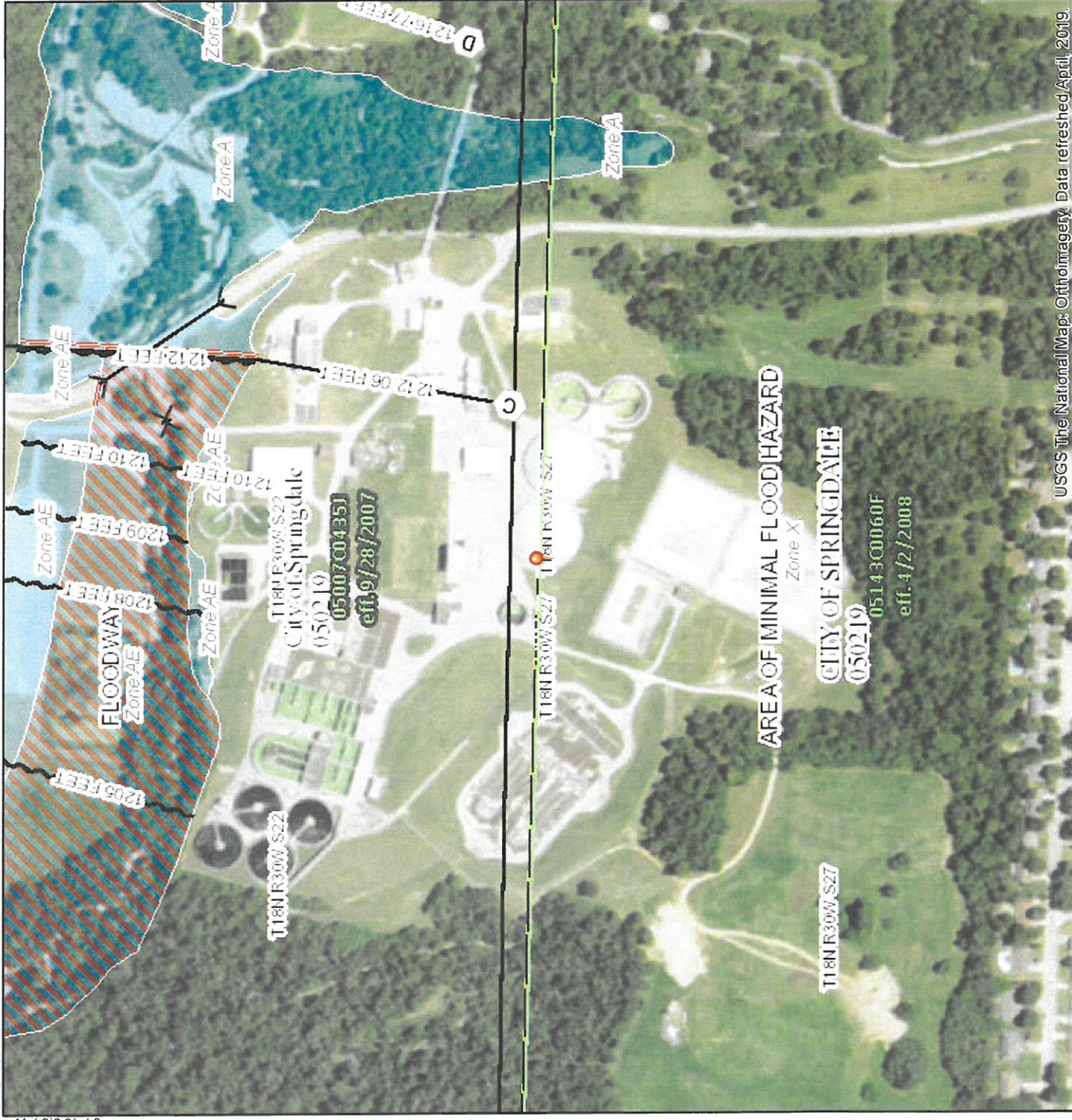
Signature of Responsible Official: Heath G. Ward Date: April 28, 2020
Printed name of Responsible Official: Heath Ward
Official title of Responsible Official: Executive Director Telephone Number: 479-751-5751

[illegible]

National Flood Hazard Layer FIRMette



36°12'53.85"N



USGS The National Map: Orthoimagery. Data refreshed April, 2019.



36°12'24.82"N

94°9'29.39"W

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99
	With BFE or Depth Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD	Regulatory Floodway
	0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile (Zone X)
OTHER AREAS	Future Conditions 1% Annual Chance Flood Hazard (Zone X)
	Area with Reduced Flood Risk due to Levee. See Notes. (Zone X)
GENERAL STRUCTURES	Area with Flood Risk due to Levee (Zone D)
	Area of Minimal Flood Hazard (Zone A)
OTHER FEATURES	Effective LOMRs
	Area of Undetermined Flood Hazard (Zone X)
MAP PANELS	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
	Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature
	Digital Data Available
	No Digital Data Available
	Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/19/2020 at 11:36:39 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Wastewater Treatment Plant

1 inch = 400 feet



WPUMP STATION RD

SILENT GROVE RD

36.211449, -94.161757





1 inch = 1 mile

Vicinity Map

Springdale
Wastewater
Treatment Plant



71B

265

264

612

49

112

412



EPA Identification Number AR00963	NPDES Permit Number AR0022063	Facility Name Springdale Water Utilities	Outfall Number 001
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Ammonia (as N)	1.69	mg/L	0.24	mg/L	31	SM 4500-NH3 D 2011	0.03 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	0.01	mg/L	0.00	mg/L	5	SM 4500-Cl G 2011	0.01 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	12.4	mg/L	10.3	mg/L	30	SM 4500-O G 2011	0.1 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	1.4	mg/L	1.2	mg/L	3	EPA 300.0	0.05 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Kjeldahl nitrogen	2.4	mg/L	2.2	mg/L	3	EPA 351.2	0.5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Oil and grease	7.4	mg/L	5.8	mg/L	3	EPA 1664A	5 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phosphorus	1.94	mg/L	0.59	mg/L	31	SM 4500-P B5,E 2011	0.03 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total dissolved solids	420	mg/L	410	mg/L	3	SM 2540 C 2011	25 mg/L <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

[1]

MONITORING RESULTS FOR THE ANNUAL PRETREATMENT REPORT
 REPORTING YEAR: DECEMBER 1, 2016 THROUGH NOVEMBER 30, 2017
 TREATMENT PLANT: SPRINGDALE, AR NPDES PERMIT NO. AR0022063
 AVERAGE POTW FLOW: 12.0 MGD % IU FLOW: 43%

METALS, CYANIDE, and PHENOLICS (total) MAHC	MAHC (Total) ug/L	Influent Dates Sampled (ug/L) Once/quarter				WQ level/limit ug/L [2]	Effluent Dates Sampled (ug/L) Once/quarter				Laboratory Analysis		
		Once/quarter					Once/quarter				EPA MQL (ug/L)	EPA Method Used (1)	Detection Level Achieved (ug/L)
		2/14/2017 1400-1400	5/16/2017 1400-1400	8/21/2017 1400-1400	(see note below)		2/17/2018 0800-0800	5/19/2017 0800-0800	8/22/2017 0600-0600	(see note below)			
Antimony (Total)	[2] n/a	<60	<60	<60	(see note below)	n/a	<60	<60	<60	60	EPA 200.8	30	
Cadmium (Total)	13#	<0.5	<0.5	<0.5		7	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Copper (Total)	100+	25	41	20		42	4.3	5.3	3.6	0.5	EPA 200.8	0.5	
Lead (Total)	120#	0.97	0.86	0.7		19	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Mercury (Total)	0.036*	0.0286	0.0276	0.0652		0.014	0.00336	0.00527	0.00659	0.005	EPA 1631E	0.0005	
Nickel (Total)	70#	6.8	6.6	6.4		440	3.5	3	3.5	0.5	EPA 200.8	10	
Selenium (Total)	12*	<5	<5	<5		6	<5	<5	<5	5	EPA 200.8	5	
Silver (Total)	250+	<0.5	<0.5	<0.5		20	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Zinc (Total)	300+	120	100	87		380	34	33	33	20	EPA 200.8	20	
Chromium (Total)	250+	<10	<10	<10		1300	<10	<10	<10	10	EPA 200.8	10	
Cyanide (Total)	20*	<10	<10	<10		6	<10	<10	<10	10	SM 4500	10	
Arsenic (Total)	60#	3.5	6.0	5.4		350	<0.5	0.54	2.1	0.5	EPA 200.8	0.5	
Molybdenum (Total)	n/a	<8	<8	<8		n/a	<8	<8	<8	n/a	EPA 200.8	8	
Phenols (Total)	n/a	86	66	120		n/a	<5	7.8	24	5	EPA 420.1	5	
Beryllium (Total)	n/a	<0.5	<0.5	<0.5		n/a	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5	
Thallium (Total)	n/a	<0.5	<0.5	<0.5		n/a	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5	
Flow (MGD)	n/a	12.2	14.9	13.9		n/a	14.8	16.9	14.6	n/a	Totalizer	n/a	
Benzoic acid				140									
Chloroform									15				
Bis(2-ethylhexyl)phthalate				21									

* Water Quality Driven + Inhibition Driven # Sludge Criteria Driven

[1] It is advised that the influent samples be collected considering flow detention time through each plant. Analytical MQLs must be met for the effluent and should be met for the influent so that the data can also be used for Local Limits assessment and NPDES application purposes.
 [2] Values calculated during the evaluation of MAHLS/TBLs based on Reg. #2 WQ Standards, EPA Guidance, and the CPP implementation procedures.

[3] Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table V] detected and the quantity in which they were detected.
 Plant expansion came on-line in November of 2005. Re-evaluation of MAHLS will be done after anticipated reassurance of NPDES permit which expired in 2009. (Improved performance makes current MAHLS more restrictive.)
 WQ - Water Quality Levels "not to exceed" or NPDES Limits
 Note: 4th quarter priority pollutant samples were collected in December of 2017. Results are available upon request.

[1]

MONITORING RESULTS FOR THE ANNUAL PRETREATMENT REPORT
 REPORTING YEAR: DECEMBER 1, 2017 THROUGH NOVEMBER 30, 2018
 TREATMENT PLANT: SPRINGDALE, AR NPDES PERMIT NO. AR0022063
 AVERAGE POTW FLOW: 12.3 % IU FLOW: 46%

METALS, CYANIDE, and PHENOLICS (total) MAHC	MAHC (Total) ug/L	Influent Dates Sampled (ug/L) Once/quarter				WQ level/ limit	Effluent Dates Sampled (ug/L) Once/quarter				Laboratory Analysis		
		2/12-13/2018 1400-1400	5/14-15/2018 1400-1400	8/21-22/2018 1400-1400	11/6-7/2018 1400-1400		2/15-16/2018 0800-0800	5/18-19/2018 0800-0800	8/24-25/2018 0800-0800	11/9-10/18 0800-0800	EPA MQL (ug/L)	EPA Method Used (1)	Detection Level Achieved (ug/L)
		[2]	[2]	[2]	[2]		[2]	[2]	[2]	[2]			
Antimony (Total)	n/a	<60	<60	<60	<60	n/a	<60	<60	<60	<60	60	EPA 200.8	30
Cadmium (Total)	13#	<0.5	<0.5	<0.5	<0.5	7	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5
Copper (Total)	100+	36	22	20	19	42	9.2	4.8	4.1	5.1	0.5	EPA 200.8	0.5
Lead (Total)	120#	0.64	0.86	<0.5	0.55	19	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5
Mercury (Total)	0.036*	0.0530	0.0569	0.6940	0.0138	0.014	0.0039	0.0097	0.00657	0.0108	0.005	EPA 1631E	0.0005
Nickel (Total)	70#	7	5.0	5.7	5.3	440	3.9	3	2.5	2.8	0.5	EPA 200.8	10
Selenium (Total)	12*	<5	<5	<5	<5	6	<5	<5	<5	<5	5	EPA 200.8	5
Silver (Total)	250+	0.62	<0.5	<0.5	<0.5	20	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5
Zinc (Total)	300+	130	100	71	81	380	36	48	25	36	20	EPA 200.8	20
Chromium (Total)	250+	<10	<10	<10	<10	1300	<10	<10	<10	<10	10	EPA 200.8	10
Cyanide (Total)	20*	<10	<10	<10	14	6	<10	<10	<10	24	10	SM 4500	10
Arsenic (Total)	60#	1.3	0.8	5.4	0.98	350	<0.5	<5	0.6	<0.5	0.5	EPA 200.8	0.5
Molybdenum (Total)	n/a	<10	<10	<8	<10	n/a	<10	<10	<10	<10	n/a	EPA 200.8	8
Phenols (Total)	n/a	79	230	120	190	n/a	5	6.4	12	31	5	EPA 420.1	5
Beryllium (Total)	n/a	<0.5	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5
Thallium (Total)	n/a	<0.5	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5
Flow (MGD)	n/a	8.747	10.6	14.9	13.692	n/a	13.4	15.502	15.4	15.1	n/a	Totalizer	n/a
Phenol				34									

* Water Quality Driven + Inhibition Driven # Sludge Criteria Driven

[1] It is advised that the influent samples be collected considering flow detention time through each plant. Analytical MQLs must be met for the effluent and should be met for the influent so that the data can also be used for Local Limits assessment and NPDES application purposes.

[2] Values calculated during the evaluation of MAHLS/TBLs based on Reg. #2 WQ Standards, EPA Guidance, and the CPP implementation procedures.

[3] Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table V] detected and the quantity in which they were detected.

Plant expansion came on-line in November of 2005. Re-evaluation of MAHLS will be done after anticipated reissuance of NPDES permit which expired in 2009. (Improved performance makes current MAHLS more restrictive.)

WQ - Water Quality Levels "not to exceed" or NPDES Limits

Note: 4th quarter priority pollutant samples were collected in December of 2017. Results are available upon request.

[1]

MONITORING RESULTS FOR THE ANNUAL PRETREATMENT REPORT
 REPORTING YEAR: DECEMBER 1, 2018 THROUGH NOVEMBER 30, 2019
 TREATMENT PLANT: SPRINGDALE, AR NPDES PERMIT NO. AR0022063
 AVERAGE POTW FLOW: 15.3 MGD % IU FLOW: 45%

METALS, CYANIDE, and PHENOLICS (total) MAHC	MAHC (Total) ug/L	Influent Dates Sampled (ug/L) Once/quarter					WQ level/ limit	Effluent Dates Sampled (ug/L) Once/quarter				Laboratory Analysis		
												EPA MQL (ug/L)	EPA Method Used (1)	Detection Level Achieved (ug/L)
		2/25-26/19 1400-1400	6/10-11-2019 1400-1400	8/19-20/19** 1400-1400	11/4-5/19 ** 1400-1400	2/28/19-3/1/19 0800-0800		6/13-14-2019 0800-0800	8/22-23/2019** 0800-0800	11/7-8/2019** 0800-0800				
Antimony (Total)	n/a	<60	<60	<60	<60	n/a	<60	<60	<60	<60	60	EPA 200.8	30	
Cadmium (Total)	13#	<0.5	<0.5	<0.5	<0.5	7	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Copper (Total)	100+	22	17	22	23	42	5.1	4.2	4.3	9.8	0.5	EPA 200.8	0.5	
Lead (Total)	120#	0.64	0.63	0.64	1.4	19	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Mercury (Total)	0.036*	0.0407	0.0314	0.1180	0.169	12345	0.00224	0.00389	0.00589	0.0418	0.005	EPA 1631E	0.0005	
Nickel (Total)	70#	5.0	6.4	17	5.9	440	2.9	3.6	3.7	3.8	0.5	EPA 200.8	10	
Selenium (Total)	12*	<5	<5	<5	<5	6	<5	<5	<5	<5	5	EPA 200.8	5	
Silver (Total)	250+	<0.5	<0.5	<0.5	<0.5	20	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	0.5	
Zinc (Total)	300+	97	100	92	95	380	41	24	28	66	20	EPA 200.8	20	
Chromium (Total)	250+	<10	<10	<10	<10	1300	<10	<10	<10	<10	10	EPA 200.8	10	
Cyanide (Total)	20*	<10	<10	<10	<10	6	<10	<10	<10	<10	10	SM 4500	10	
Arsenic (Total)	60#	0.78	1.2	1.6	12	350	<0.5	<0.5	<0.5	4.2	0.5	EPA 200.8	0.5	
Molybdenum (Total)	n/a	<10	<10	<10	<10	n/a	<10	<10	<10	<10	n/a	EPA 200.8	8	
Phenols (Total)	n/a	130	150	420	110	n/a	26	14	31	10	5	EPA 420.1	5	
Beryllium (Total)	n/a	<0.5	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5	
Thallium (Total)	n/a	<0.5	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	<0.5	<0.5	0.5	EPA 200.8	<0.5	
Flow (MGD)	n/a	13.2	14	14	15.2	n/a	15.1	15.1	15.7	24.2	n/a	Totalizer	n/a	
Phenol				35										
Chloroethane									12					
Chloroform									8.8					

* Water Quality Driven + Inhibition Driven # Sludge Criteria Driven

[1] It is advised that the influent samples be collected considering flow detention time through each plant. Analytical MQLs must be met for the effluent and should be met for the influent so that the data can also be used for Local Limits assessment and NPDES application purposes.

[2] Values calculated during the evaluation of MAHLS/TBLs based on Reg. #2 WQ Standards, EPA Guidance, and the CPP implementation procedures.

[3] Record the name of any pollutant [40 CFR 122, Appendix D, Table II and/or Table VI] detected and the quantity in which they were detected.

Plant expansion came on-line in November of 2005. Re-evaluation of MAHLS will be done after anticipated reassurance of NPDES permit which expired in 2009. (Improved performance makes current MAHLS more restrictive.)

WQ - Water Quality Levels "not to exceed" or NPDES Limits

**Note: 3rd quarter Hg samples collected on 8/26-27/19 (Influent) and 8/29-30/2019 (Effluent)

4th Quarter Hg samples collected on 11/12-13/2019 (Influent) and 11/15-16/2019 (Effluent)