

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
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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 X
Class of industrial wastewater operator: Basic Advanced

SECTION B: FACILITY AND OUTFALL INFORMATIONN

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: 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? 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 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	Last 12 Months		Highest Production Year of Last 5 Years	
	lbs/day*		lbs/day*	
(Brand name)	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.

NOT APPLICABLE (N/A): X

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)

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

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

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 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
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City: Springdale State: AR Zip: 72765-0769

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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? 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 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 ' 39 " Long: 94 33 ° 39 ' 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:

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- Mobile Home Parks,
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- 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	
	Highest Month	lbs/day*	lbs/day*	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)

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

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

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 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

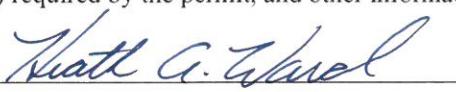
Cognizant Official (Duly Authorized Representative)

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: 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:



Date: April 28, 2020

Printed name of Responsible Official:

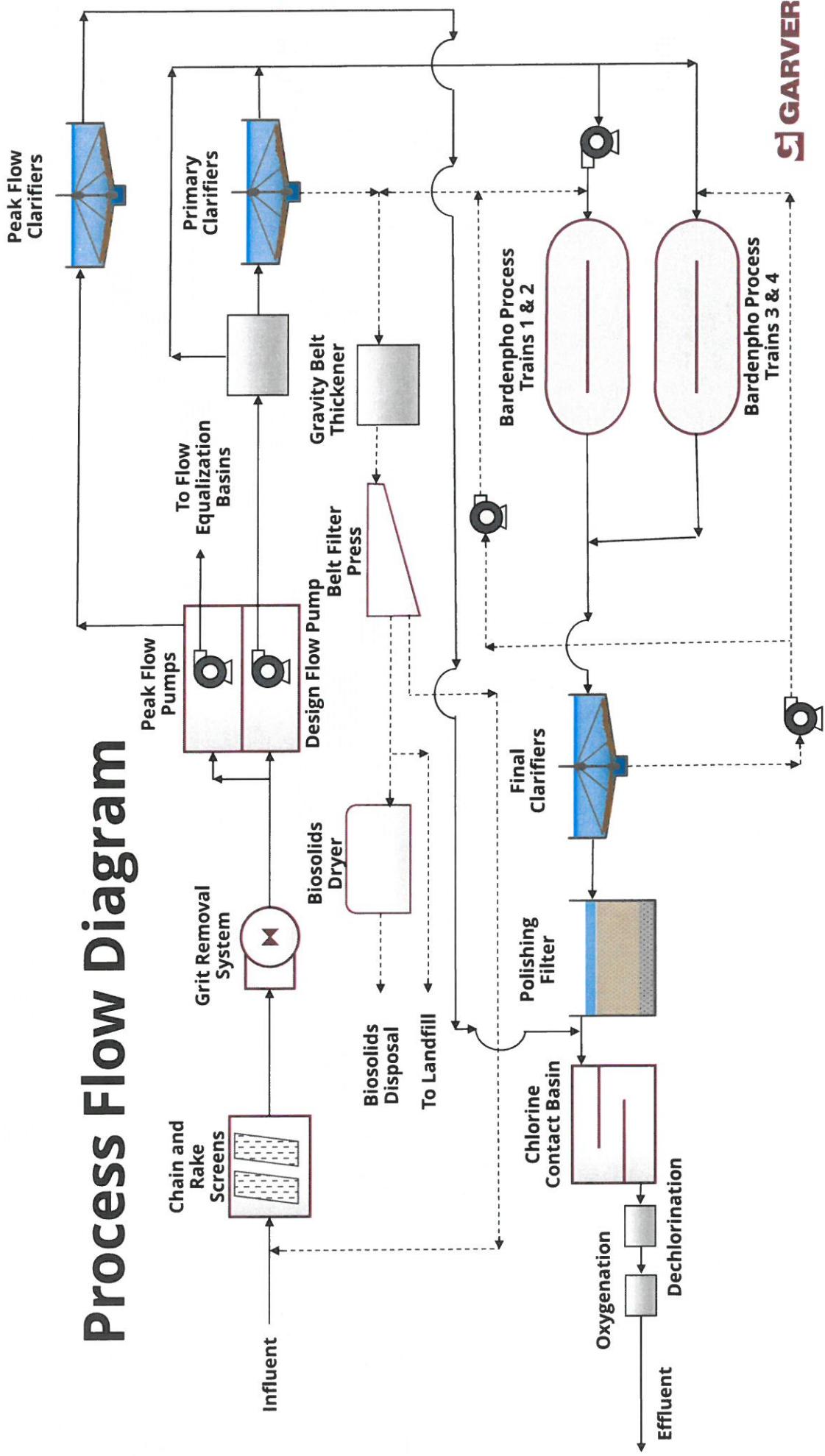
Heath Ward

Official title of Responsible Official:

Executive Director

Telephone Number: 479-751-5751

Process Flow Diagram



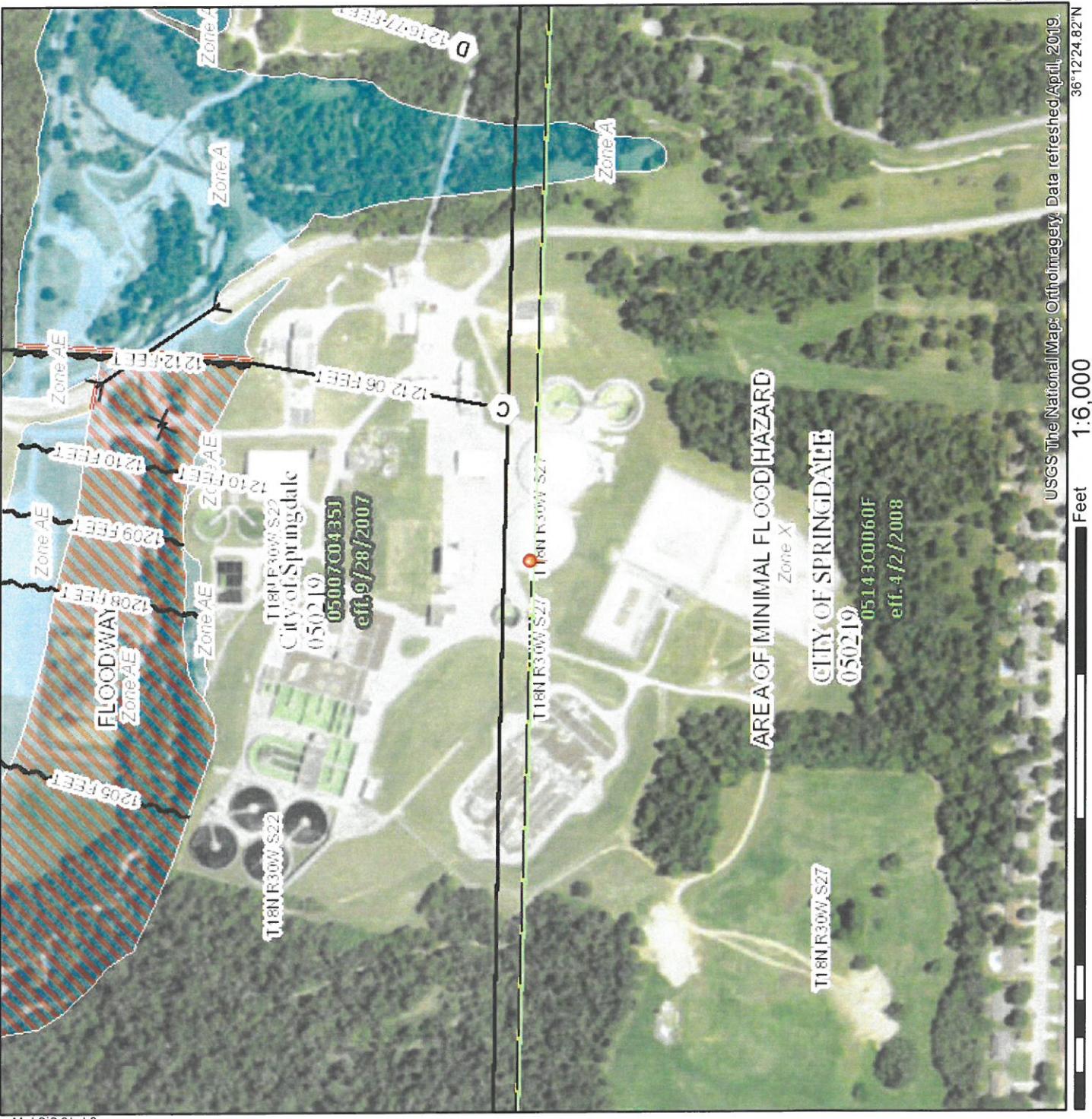
National Flood Hazard Layer FIRMette



Legend

36°12'53.85"N

SEE FIS REPORT FOR DETAIL EDI LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT





1 inch = 400 feet

Wastewater Treatment Plant

KNOX LOOP

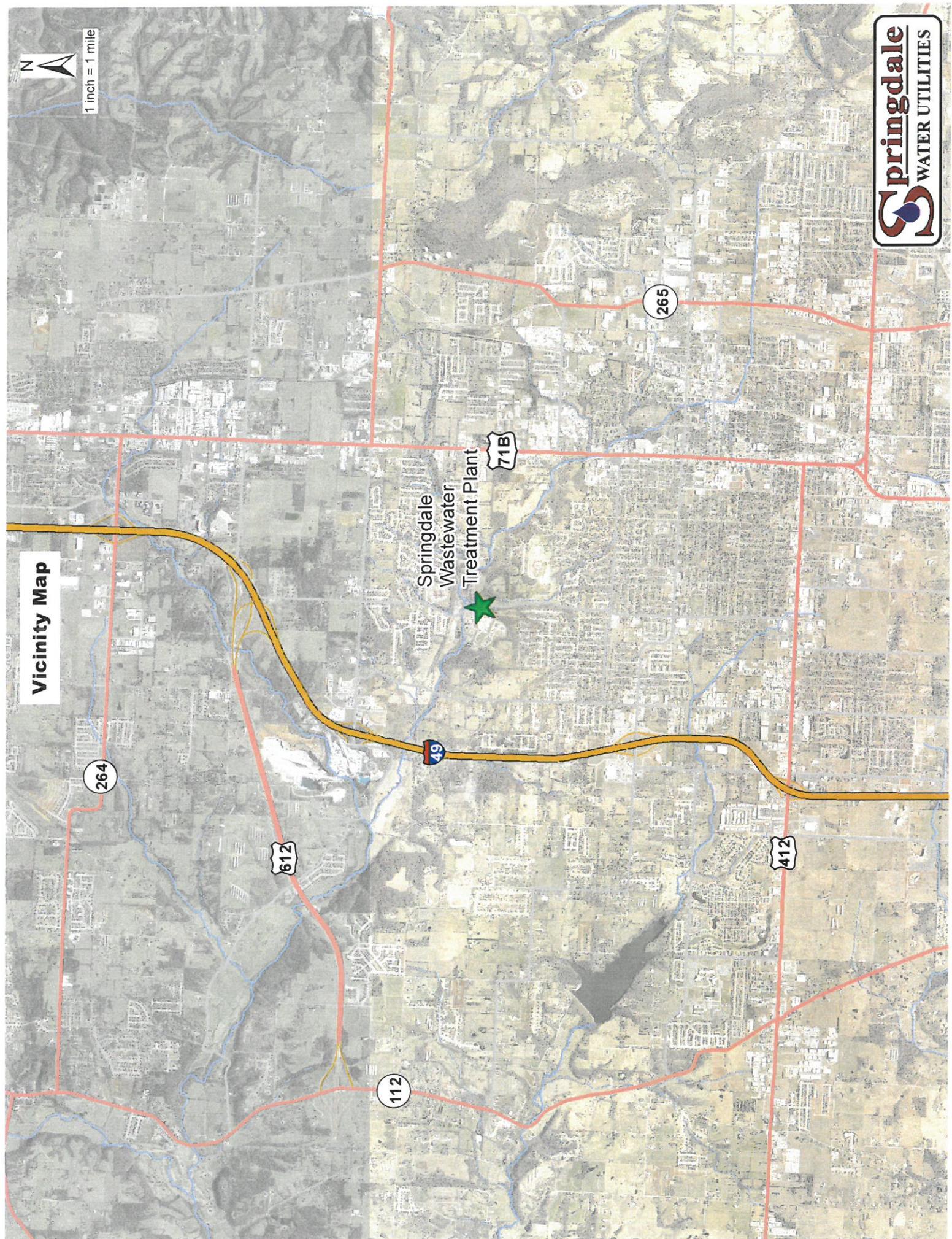
W PUMP STATION RD

SILENT GROVE RD

36.211449, -94.161757



71B
264
49
812
N THOMPSON ST
WAGON WHEEL RD
N HOLT ST
ELM SPRINGS RD
BACKUS AVE
HARBER AVE



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			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples			
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.

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) MAH _C	MAH _C (Total) ug/L	Influent Dates Sampled (ug/L)			WQ level/limit ug/L	Effluent Dates Sampled (ug/L)			Laboratory Analysis		
		Once/quarter	Once/quarter	Once/quarter		EPA MQL (ug/L)	EPA Method Used	EPA Detection Level (ug/L)			
Antimony (Total)	n/a	<60	<60	<60	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
Benzolic acid				140							
Chloroform									15		
Ebis(2-ethylhexyl)phthalate				21							

*Water Quality Driven + Inhibition Driven # Sludge Criteria Driven

[1] It is advised that the inflow 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/TBLLs based on Reg. #2 WQ Standards, EPA Guidance, and the CFP 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.)

Note: 4th quarter priority pollutant samples were collected in December of 2017. Results are available upon request.
WQ - Water Quality. Levels "not to exceed" or NPDES Limits

MONITORING RESULTS FOR THE ANNUAL PRETREATMENT REPORT [1]

REPORTING YEAR: DECEMBER 1, 2017 THROUGH NOVEMBER 30, 2018
TREATMENT PLANT: SPRINGDALE, AR
NPDES PERMIT NO. AR0022063

* 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 so that the data can also be used for Local Limits assessment and NPDES application purposes.

[2] Values calculated during the evaluation of MAHLS/TBLLS 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

[b] RECENT HISTORY OF ANY POLLUTION [NO. 611 IN 122, APPENDIX L] IN AN AREA WHERE VI DECEASED AND THE QUANTITY IN WHICH THEY WERE RECEIVED.

Plant expansion came online in November of 2005. Re-evaluation of MAHLs will be done after anticipated reissuance of WICP - Water Quality Levels "not to exceed" or NPDES Limits. Note: 4th quarter nonpoint pollutant samples were collected in December of 2017. Results are available upon request.

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) MAH _C	MAH _C (Total) ug/L	Influent Dates Sampled		WQ level/ limit	Effluent Dates Sampled		Laboratory Analysis		
		Once/quarter			Once/quarter		EPA MQL (ug/L)	EPA Method Used	
		6/10-11-2019 1400-1400	8/19-20/19** 1400-1400		6/13-14-2019 0800-0800	8/22-23/2019** 0800-0800	(1)	(1)	
Antimony (Total)	n/a	<60	<60	n/a	<60	<60	60	EPA 200.8	
Cadmium (Total)	13#	<0.5	<0.5	<0.5	7	<0.5	<0.5	EPA 200.8	
Copper (Total)	100+	22	17	23	42	5.1	4.3	9.8	
Lead (Total)	120#	0.64	0.63	1.4	19	<0.5	<0.5	EPA 200.8	
Mercury (Total)	0.036*	0.0407	0.0314	0.1180	0.169	12345	0.00224	0.00589	
Nickel (Total)	70#	5.0	6.4	17	5.9	440	2.9	3.7	
Selenium (Total)	12*	<5	<5	<5	6	<5	<5	5	
Silver (Total)	250+	<0.5	<0.5	<0.5	20	<0.5	<0.5	EPA 1631E	
Zinc (Total)	300+	97	100	92	95	380	41	24	
Chromium (Total)	250+	<10	<10	<10	1300	<10	<10	EPA 200.8	
Cyanide (Total)	20*	<10	<10	<10	6	<10	<10	10	
Arsenic (Total)	60#	0.78	1.2	1.6	12	350	<0.5	<0.5	
Molybdenum (Total)	n/a	<10	<10	<10	n/a	<10	<10	n/a	
Phenols (Total)	n/a	130	150	420	110	n/a	26	14	
Beryllium (Total)	n/a	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	0.5	
Thallium (Total)	n/a	<0.5	<0.5	<0.5	n/a	<0.5	<0.5	0.5	
Flow (MGD)	n/a	13.2	14	14	15.2	n/a	15.1	15.7	
Phenol				35					
Chloroethane							12		
Chloroform							8.8		

*Water Quality Driven + Inhibition Driven # Sludge Criteria Driven

[1] It is advised that the inflow 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.

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[2] Values calculated during the evaluation of MAH_Ls/IBLLs based on Reg. #2 WQ Standards, EPA Guidance, and the CTP 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 MAH_Ls will be done after anticipated reissuance of NPDES permit which expired in 2009. (Improved performance makes current MAH_Ls more restrictive.)

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

**Note: 3rd quarter Hg samples collected on 8/29-27/19 (Influent) and 8/11-15/2019 (Effluent)

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