

**Gage, Hannah**

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**From:** Michael Callahan <townofhatfield@yahoo.com>  
**Sent:** Thursday, March 10, 2016 11:18 AM  
**To:** Water Permit Application  
**Subject:** NPDES Permit Form 1 and Form 2  
**Attachments:** NPDES PERMIT APP. FORM 1.pdf; NPDES APP. FORM 2.pdf

Attached is the NPDES App. Forms 1 and 2 from James Anderson, Water Supt., Hatfield Arkansas.

Thanks  
Mike Callahan, Recorder/Clerk

NPDES PERMIT APPLICATION  
**FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER DIVISION  
5301 Northshore Drive  
North Little Rock, AR 72118-5317  
[www.adeq.state.ar.us/water](http://www.adeq.state.ar.us/water)

**PURPOSE OF THIS APPLICATION**

INITIAL PERMIT APPLICATION FOR NEW FACILITY  
 INITIAL PERMIT APPLICATION FOR EXISTING FACILITY  
 MODIFICATION OF EXISTING PERMIT  
 REISSUANCE (RENEWAL) OF EXISTING PERMIT  
 MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT  
 CONSTRUCTION PERMIT

**SECTION A- GENERAL INFORMATION**

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

Linda Denton

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: City of Hatfield

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

5. NPDES Permit Number (If Applicable): AR00 35483

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

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

8. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

Permit Name

NPDES

Permit Number

AR00 35483

Held by

City of Hatfield

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

From Hwy 71 turn west on Hwy 246 and drive approximately 2 miles and turn right into metal gate

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

Street: Hwy 246 west

City: Hatfield      County: Polk      State: AR      Zip: 71945

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

Name: City of Hatfield Title: \_\_\_\_\_  
Street: Town Hall Park P.O. Box 6  
City: Hatfield State: AR Zip: 71945  
E-mail address\*: TownofHatfield@yahoo.com Fax: \_\_\_\_\_

\* 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

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

\_\_\_\_\_ NAICS

14. Design Flow: 0.07 MGD Highest Monthly Average of the last two years Flow: \_\_\_\_\_ MGD

15. Is Outfall equipped with a diffuser?  Yes  No

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

Name: Linda Denton Title: Mayor  
Address: P.O. Box 6 Phone Number (870) 389-6611  
E-mail Address: \_\_\_\_\_  
City: Hatfield State: AR Zip: 71945

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

Name: James Anderson Title: Supt.  
Address: P.O. Box 6 Phone Number (870) 389-6611  
E-mail Address: \_\_\_\_\_  
City: Hatfield State: AR Zip: 71945

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

Contact Name: Greg Vaughn  
Company Name: Vaughn Engineering  
Address: 408 Degueen St. Mena Phone Number (479) 394-2885  
E-mail Address: \_\_\_\_\_  
City: Mena State: AR Zip: 71953

19. Wastewater Operator Information

Wastewater Operator Name: James Anderson License number: 010274

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 **front door (Gate)** location of the facility):

Lat: 34 ° 29' 20 " Long: 94 ° 23' 17 " County: Polk Nearest Town: Cove

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

Outfall No. 001:

Latitude: 34 ° 29' 20 " Longitude: 94 ° 23' 17 "

Where is the collection point? \_\_\_\_\_

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

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

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

Where is the collection point? \_\_\_\_\_

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

3. 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 (Included all components of treatment system and Attach the process flow diagram):

Two Cell Lagoon followed by overland flow and chlorination

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

Current: Flow Metering  Yes Type: \_\_\_\_\_  No  N/A    
 Sampling Equipment  Yes Type: \_\_\_\_\_  No  N/A

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

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

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

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

NOTE: FEMA Map must be included with this application. Maps can be ordered at [www.fema.gov](http://www.fema.gov) .

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

7. Population for Municipal and Domestic Sewer Systems: \_\_\_\_\_

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes  No

If Yes, How many? 1 Total Horespower (hp)? 18

If No, Please explain? \_\_\_\_\_

## SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

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

**Landfill**

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

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

**Septic tank** Arkansas Department of Health Permit No.: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Rail:  Pipe:  Other: \_\_\_\_\_

**Subsurface Disposal (Lagooning):**

Location of lagoon \_\_\_\_\_ How old is the lagoon? \_\_\_\_\_

Surface area of lagoon: \_\_\_\_\_ Acre Depth: \_\_\_\_\_ ft Does lagoon have a liner?  Yes  No

**Incineration:** Location of incinerator NA

**Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? 39 years old Has sludge depth been measured?  Yes  No

If Yes, Date measured? \_\_\_\_\_ Sludge Depth? 2 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): sludge is retained in the lagoons

## SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

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

**Municipal Water Utility** (Specify City): City of Hatfield

Distance from Discharge point:  Within 5 miles  Within 50 miles

**Surface Water**- Name of Surface Water Source: Gillham Water

Distance from Discharge point:   Within 5 miles  Within 50 miles

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

**Other** (Specify): NA

Distance from Discharge point:   Within 5 miles  Within 50 miles

## SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Arkansas Code Annotated § 8-4-203 provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – “The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years.”

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide **financial assurance** in order to show that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
- B. Obtaining a letter of credit;
- C. Obtaining a surety/performance bond;
- D. Obtaining a trust fund or an escrow account; or
- E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for 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. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

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

NOT APPLICABLE (N/A):

## 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):

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5. Production: (projected for new facilities)

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

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

**NOT APPLICABLE (N/A):**

## 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)

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**  Yes Type: \_\_\_\_\_  No  N/A  X  
**Sampling Equipment**  Yes Type: \_\_\_\_\_  No  N/A  V

Planned: **Flow Metering**  Yes Type: \_\_\_\_\_  No  N/A   
**Sampling Equipment**  Yes Type: \_\_\_\_\_  No  N/A

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

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:

NOT APPLICABLE (N/A):

## 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.

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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 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:

*James Anderson* \_\_\_\_\_ Date: 3-9-16

Printed name of Cognizant Official:

*James Anderson* \_\_\_\_\_

Official title of Cognizant Official:

*Supt.* \_\_\_\_\_ Telephone Number: (870)389-6611

### 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.

*Linda Denton* (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:

*Linda Denton* \_\_\_\_\_ Date: 3-9-16

Printed name of Responsible Official:

*Linda Denton* \_\_\_\_\_

Official title of Responsible Official:

*Mayor* \_\_\_\_\_ Telephone Number: 870-389-6611

## BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

## A.1. Facility Information.

Facility name City of Hatfield sewer

Mailing Address P.O. Box 6  
Hatfield AR 71945

Contact person James Anderson

Title Waste water treatment operator + Water Supt.

Telephone number (870) 389-66611

Facility Address Hwy 246 west Hatfield  
(not P.O. Box)

## A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

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

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

Title \_\_\_\_\_

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

Is the applicant the owner or operator (or both) of the treatment works?

owner  operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility  applicant

## A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES AR0035483

UIC \_\_\_\_\_

RCRA \_\_\_\_\_

PSD \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

## A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>City of Hatfield</u>	<u>170</u>	<u>Separate San. Sewer</u>	<u>Municipal</u>

Total population served \_\_\_\_\_

City of Hatfield AR0035483

## A.5. Indian Country.

a. Is the treatment works located in Indian Country?

Yes  No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

Yes  No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.07 mgd

	Two Years Ago	Last Year	This Year
b. Annual average daily flow rate	<u>11,000</u>	<u>11,000</u>	<u>11,000</u> mgd
c. Maximum daily flow rate	<u>51,000</u>	<u>51,000</u>	<u>51,000</u> mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

Separate sanitary sewer 5 miles %  
 Combined storm and sanitary sewer   %

## A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.?

Yes  No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- Discharges of treated effluent
- Discharges of untreated or partially treated effluent
- Combined sewer overflow points
- Constructed emergency overflows (prior to the headworks)
- Other

   
    
    
    
  

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

Yes  No

If yes, provide the following for each surface impoundment:

Location:  

Annual average daily volume discharged to surface impoundment(s)   mgd

Is discharge   continuous or   intermittent?

c. Does the treatment works land-apply treated wastewater?

Yes  No

If yes, provide the following for each land application site:

Location:  

Number of acres: 3 fields each 1.85 acres

Annual average daily volume applied to site:   Mgd

Is land application yes continuous or   intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

Yes  No

City of Hatfield

## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

a. Outfall number 001b. Location Hatfield

(City or town, if applicable)

Polk

(County)

34° 29' 20"

(Latitude)

71945

(Zip Code)

AR

(State)

94° 23' 17"

(Longitude)

c. Distance from shore (if applicable) 20 ft.d. Depth below surface (if applicable) 2 ft.e. Average daily flow rate 26,000 mgd

f. Does this outfall have either an intermittent or a periodic discharge?

X periodic Yes \_\_\_\_\_ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: twelveAverage duration of each discharge: 336 hrsAverage flow per discharge: 28,000Months in which discharge occurs: 9-11

g. Is outfall equipped with a diffuser?

✓ Yes \_\_\_\_\_ No

## A.10. Description of Receiving Waters.

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

b. Name of watershed (if known) \_\_\_\_\_

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

c. Name of State Management/River Basin (if known): Red River Basin

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

d. Critical low flow of receiving stream (if applicable): acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

## A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

Primary       Secondary  
 Advanced       Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal \_\_\_\_\_ %

Design SS removal \_\_\_\_\_ %

Design P removal \_\_\_\_\_ %

Design N removal \_\_\_\_\_ %

Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine

If disinfection is by chlorination, is dechlorination used for this outfall?

Yes       No

d. Does the treatment plant have post aeration?

Yes       No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.15	s.u.			
pH (Maximum)	7.91	s.u.			
Flow Rate	0.075	MGD		12	once a month
Temperature (Winter)	60-85 F				
Temperature (Summer)	60-85 F				

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

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

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5 CBOD-5	10 —	mg/L —	10 —	mg/L —	24/month —	5210 b —	
FECAL COLIFORM		632	Colonies/100mL	632	61/100mL	24/month	9222 D	100 mL
TOTAL SUSPENDED SOLIDS (TSS)		33.4	mg/L	41.6	mg/L	24/month	2540	100 mL

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

## BASIC APPLICATION INFORMATION

## PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

## Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

 Part D (Expanded Effluent Testing Data) Part E (Toxicity Testing: Biomonitoring Data) Part F (Industrial User Discharges and RCRA/CERCLA Wastes) Part G (Combined Sewer Systems)

## ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Linda Denton, Mayor - Town of Hatfield

Signature

Linda Denton

Telephone number

870-389-1661

Date signed

3-9-16

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

## SEND COMPLETED FORMS TO: