

FORM 2E NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL FACILITIES WHICH</b> <b>DISCHARGE ONLY NONPROCESS WASTEWATER</b>
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**SECTION 1. OUTFALL LOCATION (40 CFR 122.21(h)(1))**

<b>Outfall Location</b>	1.1	Provide information on each of the facility's outfalls in the table below.				
		<b>Outfall Number</b>	<b>Receiving Water Name</b>	<b>Latitude</b>		<b>Longitude</b>
		001	Moccasin Creek	36°	10' 10.65" N	92° 9' 29.5" W
				°	' "	° ' "

**SECTION 2. DISCHARGE DATE (40 CFR 122.21(h)(2))**

<b>Discharge Date</b>	2.1	Are you a new or existing discharger? (Check only one response.)				
		<input type="checkbox"/> New discharger		<input checked="" type="checkbox"/> Existing discharger → SKIP to Section 3.		
	2.2	Specify your anticipated discharge date:				

**SECTION 3. WASTE TYPES (40 CFR 122.21(h)(3))**

<b>Waste Types</b>	3.1	What types of wastes are currently being discharged if you are an existing discharger or will be discharged if you are a new discharger? (Check all that apply.)				
		<input checked="" type="checkbox"/> Sanitary wastes		<input type="checkbox"/> Other nonprocess wastewater (describe/explain directly below)		
		<input checked="" type="checkbox"/> Restaurant or cafeteria waste				
		<input type="checkbox"/> Non-contact cooling water				
	3.2	Does the facility use cooling water additives?				
		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No → SKIP to Section 4.		
	3.3	List the cooling water additives used and describe their composition.				
		<b>Cooling Water Additives</b> <small>(list)</small>	<b>Composition of Additives</b> <small>(if available to you)</small>			

**SECTION 4. EFFLUENT CHARACTERISTICS (40 CFR 122.21(h)(4))**

<b>Effluent Characteristics</b>	4.1	Have you completed monitoring for all parameters in the table below at each of your outfalls and attached the results to this application package?						
		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority (attach waiver request and additional information) → SKIP to Section 5.				
	4.2	Provide data as requested in the table below. <sup>1</sup> (See instructions for specifics.)						
		<b>Parameter or Pollutant</b>	<b>Number of Analyses</b> <small>(if actual data reported)</small>	<b>Maximum Daily Discharge</b> <small>(specify units)</small>		<b>Average Daily Discharge</b> <small>(specify units)</small>	<b>Source</b> <small>(use codes per instructions)</small>	
				<b>Mass</b>	<b>Conc.</b>	<b>Mass</b>	<b>Conc.</b>	
		Biochemical oxygen demand (BOD <sub>5</sub> )	39	2.53 lb/d	3.13 mg/L	2.58 lb/d	2.78 mg	DMR
		Total suspended solids (TSS)	39	4.77 lb/d	5.10 mg/L	4.77 lb/d	4.62 mg	DMR
		Oil and grease	39	4.28 lb/d	4.63 mg/L	4.28 lb/d	4.63 mg	DMR
		Ammonia (as N)	39	0.905 lb/d	0.880 mg/L	0.905 lb/d	0.880 mg	DMR
		Discharge flow	39	0.668 MGD				
	pH (report as range)	39	7.0 - 8.0 S.U.					
	Temperature (winter)							
	Temperature (summer)							

<sup>1</sup> 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).

City: Calico Rock County: Izard State: AR Zip: 72519

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

Name: Arkansas Department of Correction Title: \_\_\_\_\_  
Street: \_\_\_\_\_ P.O. Box 8707  
City: Pine Bluff State: AR Zip: 71611  
E-mail address\*: Gail.mainard@arkansas.gov Fax: 870-267-6617

\* 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):

9223 SIC Facility Activity under this SIC or NAICS:  
922140 NAICS \_\_\_\_\_

14. Design Flow: 0.09 MGD Highest Monthly Average of the last two years Flow: 0.163 MGD

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

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

Name: Gail Mainard Title: Assistant Director  
Address: P. O. Box 8707 Phone Number: 870-267-6625  
E-mail Address: Gail.mainard@arkansas  
City: Pine Bluff State: AR Zip: 71611

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

Name: Chris Ashcraft Title: Maintenance Supervisor  
Address: 7800 Correction Circle Phone Number: 870-267-6620  
E-mail Address: Chris.ashcraft@arkansas.gov  
City: Pine Bluff State: AR Zip: 71603

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

Contact Name: Chid Kwelle  
Company Name: McClelland Consulting Engineers, Inc.  
Address: 7302 Kanis Road Phone Number: 501-371-0272  
E-mail Address: ckwelle@mce.us.com  
City: Little Rock State: AR Zip: 72203

19. Wastewater Operator Information

Wastewater Operator Name: Chris Ashcraft License number: 010923  
Class of municipal wastewater operator: I  II  III  IV

**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 ° 9 ' 58.72 " Long: 92 ° 9 ' 6.35 " County: Izard Nearest Town: Calico Rock

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

**Outfall No. 001:**

Latitude: 36 ° 10 ' 10.65 " Longitude: 92 ° 09 ' 29.5 "

Description of outfall location: The distance from the last unit of treatment (UV) to the outfall is approximately 2,150 feet.

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

Moccasin Creek, thence to the White River in Segment 4F of the White River Basin

**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):

Bar screen, grit chamber, flow meter, oxidation ditch, clarifiers, sludge drying beds, tertiary filter and UV disinfection

**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: Chris Ashcraft Date: 5-28-20  
 Printed name of Cognizant Official: Chris Ashcraft  
 Official title of Cognizant Official: Maintenance Supervisor Telephone Number: 870-267-6620

**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.

EM (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: Gail Mainard Date: 5/29/2020  
 Printed name of Responsible Official: Gail Mainard  
 Official title of Responsible Official: Assistant Director Telephone Number: 870-267-6625

S124-WR-1  
S124-WA-2