

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.Permits.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.adcq.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.):

ADC- North Central

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: Arkansas

3. Facility Name: ADC- North Central Unit

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

5. NPDES Permit Number (If Applicable): AR0044016

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:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
Arkansas Dept of Corrections (ADC)	AR0040827	Cummins Unit
ADC	AR0045578	EA AR Unit

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

From Calico Rock, go approximately 3 miles north on Arkansas State Highway (Ar Hwy 5), then northeast on County Road 46
For 11/4 miles to the entrance of the prison in Izard County, Arkansas.

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

Street: Route 5 HWY 5 North

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

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 ° 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

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Effluent samples are collected in accordance with the prevailing NPDES permit

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

Flow metering using Siemens instrument

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: 925

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? 1 Total Horsepower (hp)? 160 hp

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.

N/A

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. 5124-WR

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): _____

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): _____

Distance from Discharge point: Within 5 miles Within 50 miles

Surface Water- Name of Surface Water Source: _____

Distance from Discharge point: Within 5 miles Within 50 miles

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

Other (Specify): _____

Distance from Discharge point: Within 5 miles Within 50 miles

SECTION E: 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.adeg.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.adeg.state.ar.us/ADEQ_Disclosure_Statement.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):

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 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: 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

Water Permits Division



Application Form 2E

Manufacturing, Commercial, Mining, and Silvicultural Facilities Which Discharge Only Nonprocess Wastewater

NPDES Permitting Program

Note: Complete this form *and* Form 1 if your facility is a new or existing manufacturing, commercial, mining, and silvicultural facility that discharges only nonprocess wastewater.

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2E to be 13.5 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

FORM 2E—INSTRUCTIONS

General Instructions

Who Must Complete Form 2E?

You must complete Form 2E if you answered "Yes" to Item 1.2.4 on Form 1—that is, if you are a new or existing facility (including manufacturing, commercial, mining, and silvicultural facilities) that discharges only nonprocess wastewater.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2E) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1's "General Instructions" to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2E (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2E. Note that NPDES permitting authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency's business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2E and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1's "General Instructions" for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to demonstrate that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2E are in the "Glossary" at the end of the "General Instructions" in Form 1.

Follow-up Requirements for New Dischargers

Note that no later than 24 months after commencement of discharge from the proposed facility, you must complete and submit Section 4 of this form. At that time you must test and report *actual* rather than estimated data for the pollutants or parameters listed, unless waived by the NPDES permitting authority.

Line-by-Line Instructions

If you have multiple outfalls, you must submit a separate Form 2E for each (Sections 1, 3, and 4 only).

Section 1. Outfall Location

Item 1.1. Complete sections 1 through 6 for each outfall. Provide the latitude and longitude to the nearest 15 seconds for the outfall. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. If you need further guidance in responding to Item 1.1, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Discharge Date

Item 2.1. Indicate whether you are a new or an existing discharger. If you are an existing discharger, skip to Section 3 after completing this item.

Item 2.2. Indicate the date on which the facility will or is estimated to commence discharge.

Section 3. Waste Types

Item 3.1. Indicate the general type(s) of wastes being discharged or to be discharged, depending on whether you are an existing or new discharger. If you mark the response "Other Nonprocess Wastewater," specify the nature of your discharge.

Item 3.2. Indicate if the facility uses cooling water additives. If yes, continue. If no, skip to Section 4.

Item 3.3. List the cooling water additives being used (or to be used) and specify the composition of the additives, if such information is available to you. You can generally find composition information on product labels or from manufacturers' data sheets.

Section 4. Effluent Characteristics

Items 4.1 to 4.8. These items require you to collect and report data for the parameters and pollutants listed in Section 4. The instructions are distinct for applicants with existing discharges versus applicants that are new.

Important note: Read the "General Instructions for Reporting, Sampling, and Analysis" on pages 2E-3 and 2E-4 before completing Section 4.

FORM 2E—INSTRUCTIONS CONTINUED

Item 4.1. Indicate whether you have completed monitoring for all parameters in the table under Item 4.2 and attached it to the application package. If you answer "No" because you have requested a waiver from your NPDES authority, skip to Section 5. If "Yes," continue to Item 4.2.

Item 4.2. Provide the sampling data requested in the table per the "General Instructions for Reporting, Sampling, and Analysis" for biochemical oxygen demand (BOD), total suspended solids (TSS), oil and grease, ammonia (as N), flow, pH, and temperature (winter and summer).

Item 4.3. Answer whether you believe fecal coliform to be present in your discharge or whether sanitary waste is discharged (or will be discharged). If you answer "No," skip to Item 4.5. Otherwise, continue to Item 4.4.

Item 4.4. Provide the sampling data requested in the table per the "General Instructions for Reporting, Sampling, and Analysis" for fecal coliform, *Escherichia coli* (*E. coli*), and enterococci.

Item 4.5. Indicate whether chlorine is used (or will be used). If no, skip to Item 4.7. Otherwise, continue to Item 4.6.

Item 4.6. Provide the sampling data requested in the table per the "General Instructions for Reporting, Sampling, and Analysis" for total residual chlorine.

Item 4.7. Answer whether non-contact cooling water is (or will be) discharged from your facility. If no, skip to Section 5. If yes, continue to Item 4.8.

Item 4.8. Provide the sampling data requested in the table per the "General Instructions for Reporting, Sampling, and Analysis" for chemical oxygen demand (COD), and total organic carbon (TOC).

Section 5. Flow

Item 5.1. Indicate whether any of the discharges that you described in Sections 1 and 3 (except for stormwater runoff, leaks, or spills) are intermittent or seasonal. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills) in gallons or million gallons per day (gpd or mgd), whichever is appropriate. The frequency of flow is the number of days or months per year there is an intermittent discharge. Duration is the number of days or hours per discharge. For new dischargers, report your best estimate.

Section 6. Treatment System

Item 6.1. Briefly describe any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied (or to be applied), such as grit removal, ammonia stripping, dialysis, etc.

Section 7. Other Information

Item 7.1. OPTIONAL ITEM. Report any additional information or data (such as sampling results) that you believe the NPDES permitting authority should consider when establishing permit

limitations. If you wish to demonstrate your eligibility for a "net" effluent limitation (i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water) add a short statement as to why you believe you are eligible. See also 40 CFR 122.45(g). You will be contacted by the NPDES permitting authority with further instructions.

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided on the application. In Column 1, mark the sections of Form 2E that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 8.2. The Clean Water Act (CWA) provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ... shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

Submit your completed Form 1, Form 2E, and all associated attachments (and any other required NPDES application forms) to your NPDES permitting authority.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Section 4 of Form 2E.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Section 4 for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Section 4.

Reporting of Effluent Data

Report pollutant levels for all pollutants in Section 4 as concentration *and* total mass, with the exception of flow, pH, and temperature. Total mass is the total weight of pollutants discharged over a day.

Flow, temperature, pH, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring "units" in Section 4.

Concentration	Mass
ppm = parts per million	lbs = pounds
mg/L = milligrams per liter	ton = tons (English tons)
ppb = parts per billion	mg = milligrams
µg/L = micrograms per liter	g = grams
MPN = most probable number per 100 milliliters	kg = kilograms
	T = tonnes (metric tons)

Existing Dischargers

You must provide at least one analysis for each parameter or pollutant, including the following: BOD, TSS, oil and grease, ammonia (as N), fecal coliform including *E. coli* and enterococci (if believed present or if sanitary waste is or will be discharged), total residual chlorine (if chlorine is or will be used), COD, and TOC (if non-contact cooling water is or will be discharged), discharge flow, pH, and temperature (winter and summer).

You may report quantitative data that you have collected over the past 365 days if they are representative of your current operations. The data reported must include maximum daily discharge, average daily discharge, and number of analyses. Most existing facilities routinely monitor the pollutants and parameters listed in Section 4 as part of their existing NPDES permit requirements.

You must collect and analyze samples in accordance with 40 CFR 136. Grab samples must be used for analyses of pH, temperature, total residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus) and volatile organic compounds. Twenty-four-hour composite samples must be used for all other pollutants, using at least four grab samples unless otherwise specified at 40 CFR 136. For a composite sample, only one analysis of the composite of aliquots is required.

If you have sampling and analysis questions, direct them to your NPDES permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under CWA Section 308.

New Dischargers

You must provide maximum daily and average daily discharge estimates for the parameters or pollutants listed in Section 4, unless specifically indicated on the form. Note that if you have the results of *actual* analyses for the listed parameters or pollutants, you are required to report those results rather than submit estimates.

Report or estimate all parameter or pollutant levels as concentration *and* as total mass, except for flow, pH, and temperature. Indicate the source of all estimates in the appropriate column in the Section 4 tables using the engineering study codes below. Note that you are required to conduct follow-up testing and reporting no later than two years once your facility commences discharge.

Engineering Report Codes

- Actual data from pilot plants1
- Estimates from other engineering reports2
- Data from other similar plants3
- Best professional estimates4
- Othersspecify on the form

Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor engineering reports or any other studies performed on the proposed facility.

Pollutants Solely in Intake Water

If you expect a pollutant to be present solely because of its presence in your intake water, you must still provide an estimate or analytical result in Section 4; however, you should indicate in Section 7 in Item 7.1 that you believe the pollutant or parameter to be present only due to its presence in your source water. See the instructions under Item 7.1.

Testing Waivers

The NPDES permitting authority may waive the testing and reporting requirements for flow or any of the pollutants listed in Section 4 if you submit a written request for such a waiver before or with your application. Contact your NPDES permitting authority for more information.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1-1 of Form 1 for contact information. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

General Instructions for Reporting, Sampling, and Analysis Continued

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is "sufficiently sensitive" when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility's discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.

- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of "sufficiently sensitive," the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method's precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Effluent Characteristics Continued	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.5.				
	4.4	Provide data as requested in the table below. ¹ (See instructions for specifics.)				
		Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)
				Mass	Conc.	Mass
		Fecal coliform	37		350 col/10	21 col/10
		<i>E. coli</i>				
		Enterococci				
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.7.				
	4.6	Provide data as requested in the table below. ¹ (See instructions for specifics.)				
		Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)
			Mass	Conc.	Mass	
	Total Residual Chlorine	N/A				
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.					
4.8	Provide data as requested in the table below. ¹ (See instructions for specifics.)					
	Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)	
			Mass	Conc.	Mass	
	Chemical oxygen demand (COD)					
	Total organic carbon (TOC)					

SECTION 5. FLOW (40 CFR 122.21(h)(5))

Flow	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input type="checkbox"/> Yes → Complete this section. <input checked="" type="checkbox"/> No → SKIP to Section 6.		
	5.2	Briefly describe the frequency and duration of flow.		

SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))

Treatment System	6.1	Briefly describe any treatment system(s) used (or to be used). The treatment system comprises bar screen, grit chamber, flow meter, oxidation ditch, clarifier, sludge drying bed, tertiary filter and UV disinfection.		
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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).

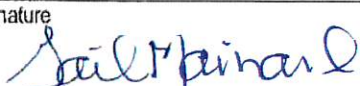
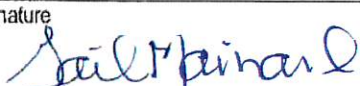
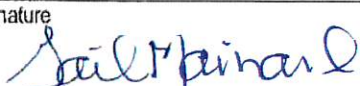
EPA Identification Number	NPDES Permit Number AR0044016	Facility Name ADC North Central Unit
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Form Approved 03/05/19
OMB No. 2040-0004

SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

Other Information	7.1	Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.
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SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.							
		Column 1	Column 2						
		<input checked="" type="checkbox"/> Section 1: Outfall Location	<input checked="" type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)						
		<input checked="" type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments						
		<input checked="" type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments						
		<input checked="" type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments						
		<input checked="" type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments						
		<input checked="" type="checkbox"/> Section 6: Treatment System	<input checked="" type="checkbox"/> w/ attachments						
		<input type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments						
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments						
	8.2	<p>Certification Statement</p> <p><i>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></p> <table border="1" style="width: 100%;"> <tr> <td>Name (print or type first and last name)</td> <td>Official title</td> </tr> <tr> <td>Gail Malnard</td> <td>Assistant Director</td> </tr> <tr> <td>Signature </td> <td>Date signed 6/1/2020</td> </tr> </table>		Name (print or type first and last name)	Official title	Gail Malnard	Assistant Director	Signature 	Date signed 6/1/2020
Name (print or type first and last name)	Official title								
Gail Malnard	Assistant Director								
Signature 	Date signed 6/1/2020								



FACILITY LOCATION
 LAT 36° 9' 58.72"
 LONG 92° 9' 6.35"

OUTFALL NO. 001
 LAT 36° 10' 10.55"
 LONG 92° 9' 29.15"

MCE McCLELLAND
 CONSULTING
 ENGINEERS, INC.
DESIGNED TO SERVE

7302 Kanis Rd.
 Little Rock, AR 72203-4087
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Aerial Map

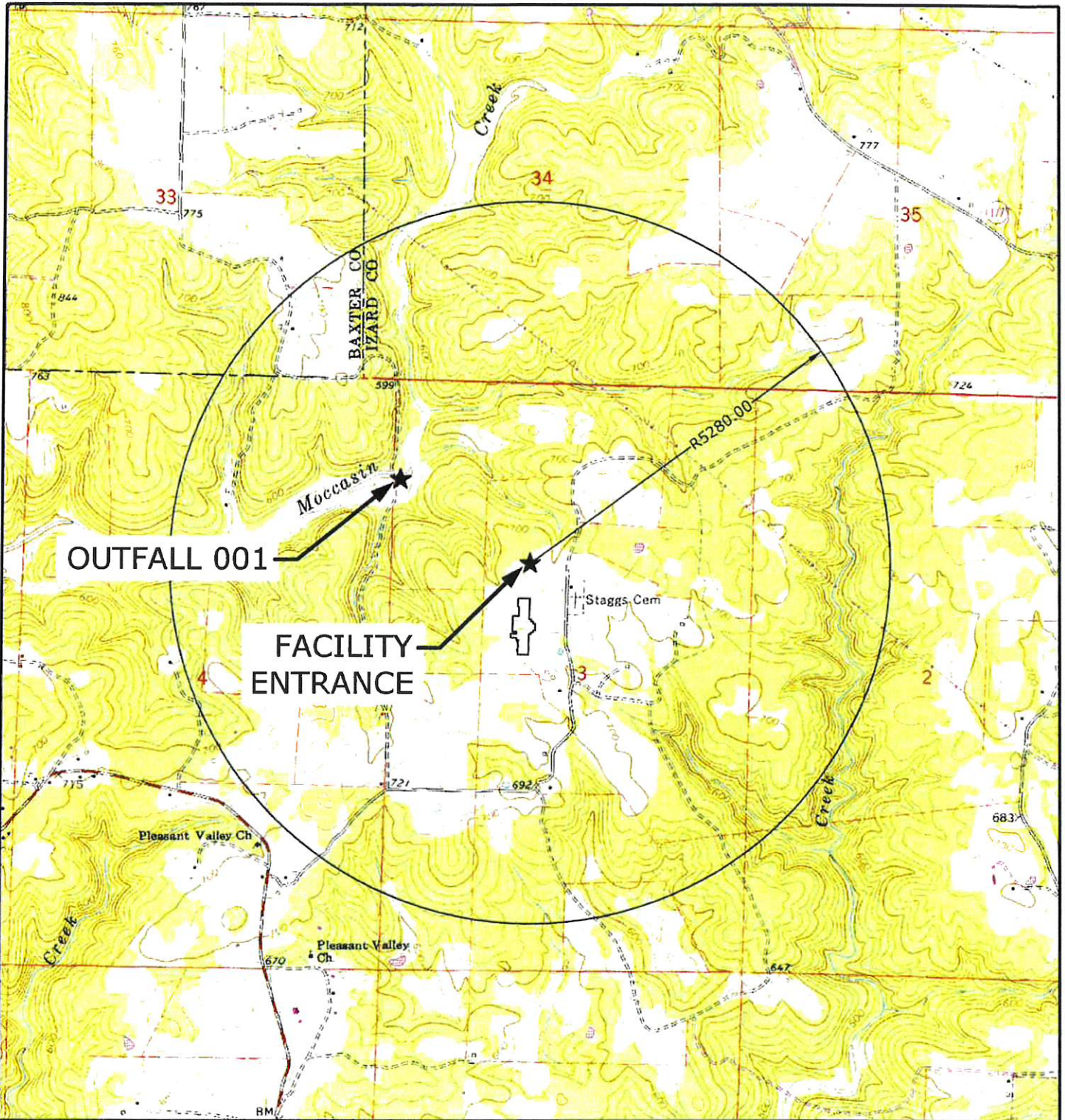
ADC Iazard County Correction Facility
 Calico Rock, Arkansas

Source: Google Earth Pro

MCE No. 20-5778

Scale: 1"=1000'





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Topographic Map

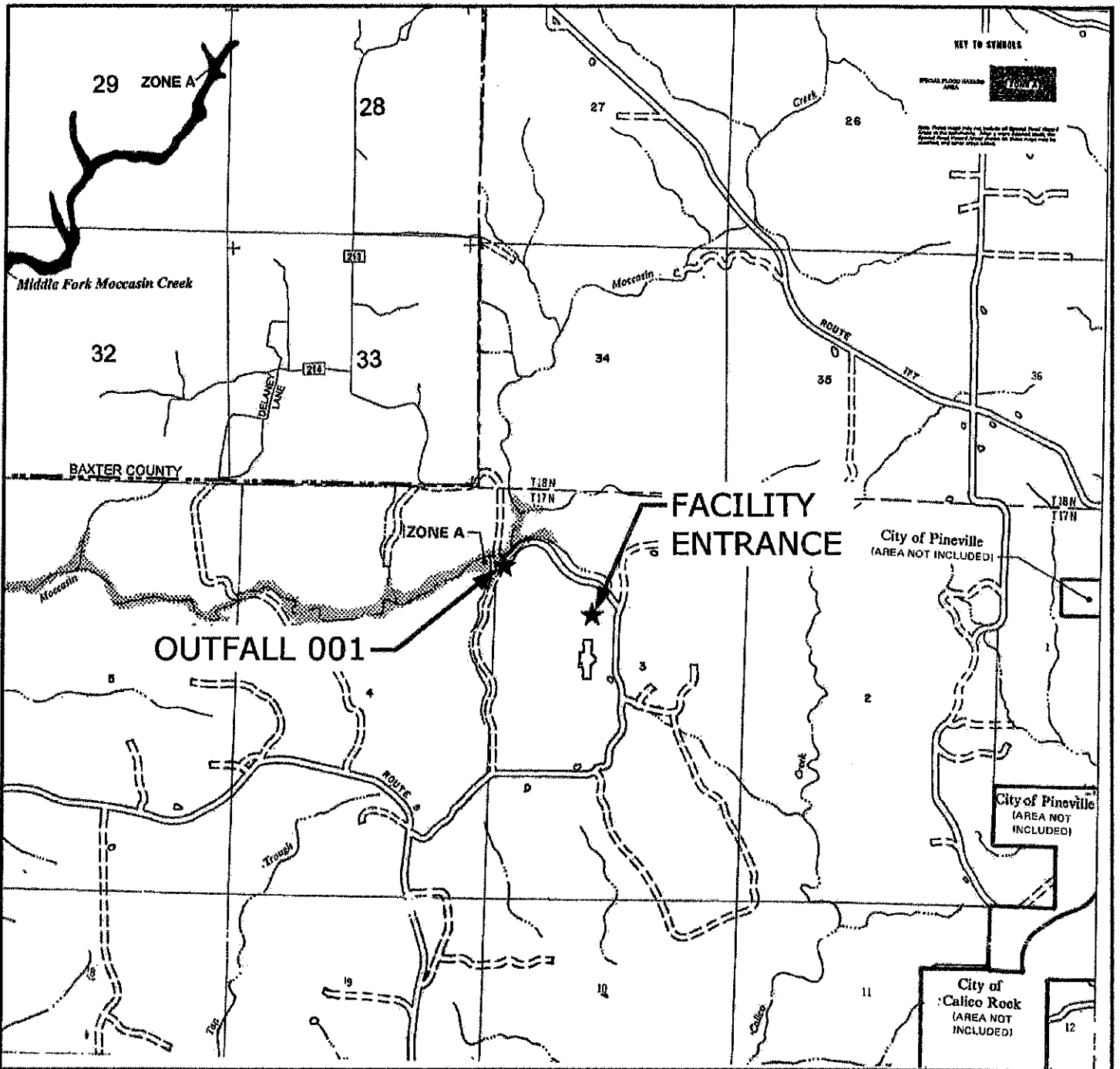
ADC Iazard County Correction Facility
 Calico Rock, Arkansas

Source: USGS

MCE No. 20-5778

Scale: 1"=2000'





FACILITY LOCATION
 LAT 36° 9' 58.72"
 LONG 92° 9' 6.35"

OUTFALL NO. 001
 LAT 36° 10' 10.65"
 LONG 92° 9' 29.15"

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FEMA Flood Map

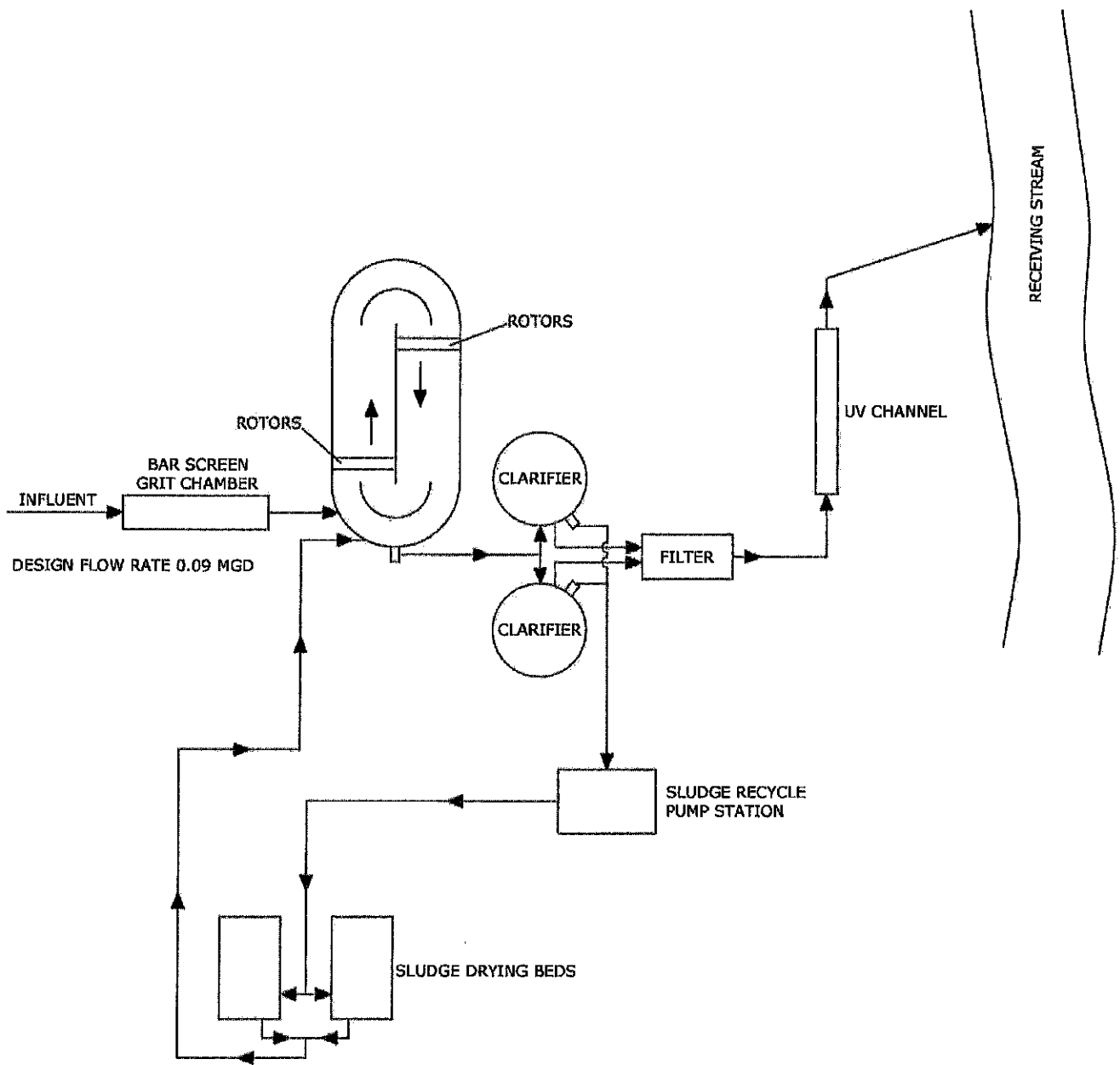
ADC Izard County Correction Facility
 Calico Rock, Arkansas

Source: FEMA GeoPlatform

MCE No. 20-5778

Scale: N.T.S.





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**Schematic Process
 Flow Diagram**

ADC Iazard County Correction Facility
 Calico Rock, Arkansas



MCE No. 20-5778

Scale: N.T.S.