

**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
Modification	X	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 [www.osha.gov/oshstats/sicser.html](http://www.osha.gov/oshstats/sicser.html)
4. If you have any questions about this form you may call NPDES Section at 501-682-0622 or go to [www.adeq.state.ar.us/water](http://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, Water Division  
5301 Northshore Drive  
North Little Rock, AR 72118

Or by email to:

[Water.Permit.Application@adeq.state.ar.us](mailto:Water.Permit.Application@adeq.state.ar.us)

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

**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):

ADC- North Central Unit

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: 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:

Permit Name

Permit Number

Held by

See Attached Sheet of Permits

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

North on AR HWY 5- 2.25 miles from Calico Rock, Northeast on Route 843- 2.0 miles to Prison Entrance

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

\_\_\_\_\_ SIC Facility Activity under this SIC or NAICS:  
1623 NAICS \_\_\_\_\_

14. Design Flow: 0.09 MGD Highest Monthly Average of the last two years Flow: 0.111 MGD

15. Is 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: PO Box 8707 Phone Number: 870-267-6625  
E-mail Address: gail.mainard@arkansas.gov  
City: Pine Bluff State: AR Zip: 71611

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Contact Name: Dan Beranek  
Company Name: McClelland Consulting Engineers  
Address: PO Box 34037 Phone Number: 501-371-0272  
E-mail Address: dberanek@mcclelland-engrs.com  
City: Little Rock State: AR Zip: 72203

19. Wastewater Operator Information

Wastewater Operator Name: Danny Blankenship License number: 9627  
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: 36 ° 10 ' 11 " Long: 92 ° 09 ' 24 " 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 ' 11 " Longitude: 92 ° 09 ' 24 "

Where is the collection point? After the UV disinfection

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

Unnamed tributary of Moccasin Creek thence into the White 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):

Manually operated bar screen, flowmeter, oxidation ditch, 2 clarifiers, sludge, drying beds, tertiary filter, UV disinfection, outfall



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: Siemens ☐ 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: 925

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes ☒ No ☐

If Yes, How many? 1 Total Horespower (hp)? 150 kVA

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. 5124-WR1

☐ **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 \_\_\_\_\_

☐ **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 (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: 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	
	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.

**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)

Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)

Flow rate: \_\_\_\_\_ gallons/minute      Percent of total discharge: \_\_\_\_\_

**Answer questions 2, 3, 4, and 5 only if you are subject to Categorical Standards.**

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)



**SECTION H - TECHNICAL INFORMATION**

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

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

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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: Gail Mainard Date: 7/31/15  
Printed name of Cognizant Official: Gail Mainard  
Official title of Cognizant Official: Assistant Director Telephone Number: 870-267-6625

### 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.

GEM (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: 7/31/15  
Printed name of Responsible Official: Gail Mainard  
Official title of Responsible Official: Assistant Director Telephone Number: 870-267-6625

Permit Application Form1

Section A- General Information

8. Permit Numbers

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held By</u>
AR Department of Corrections	AR0040827	Cummins Unit
AR Department of Corrections	AR0045578	East AR Unit
AR Department of Corrections (AFIN: 39-00018)	5226-W	East AR Unit
AR Department of Corrections (AFIN: 33-00036)	5124-WR-1	North Central Unit
AR Department of Corrections	AR0035980	Tucker Unit



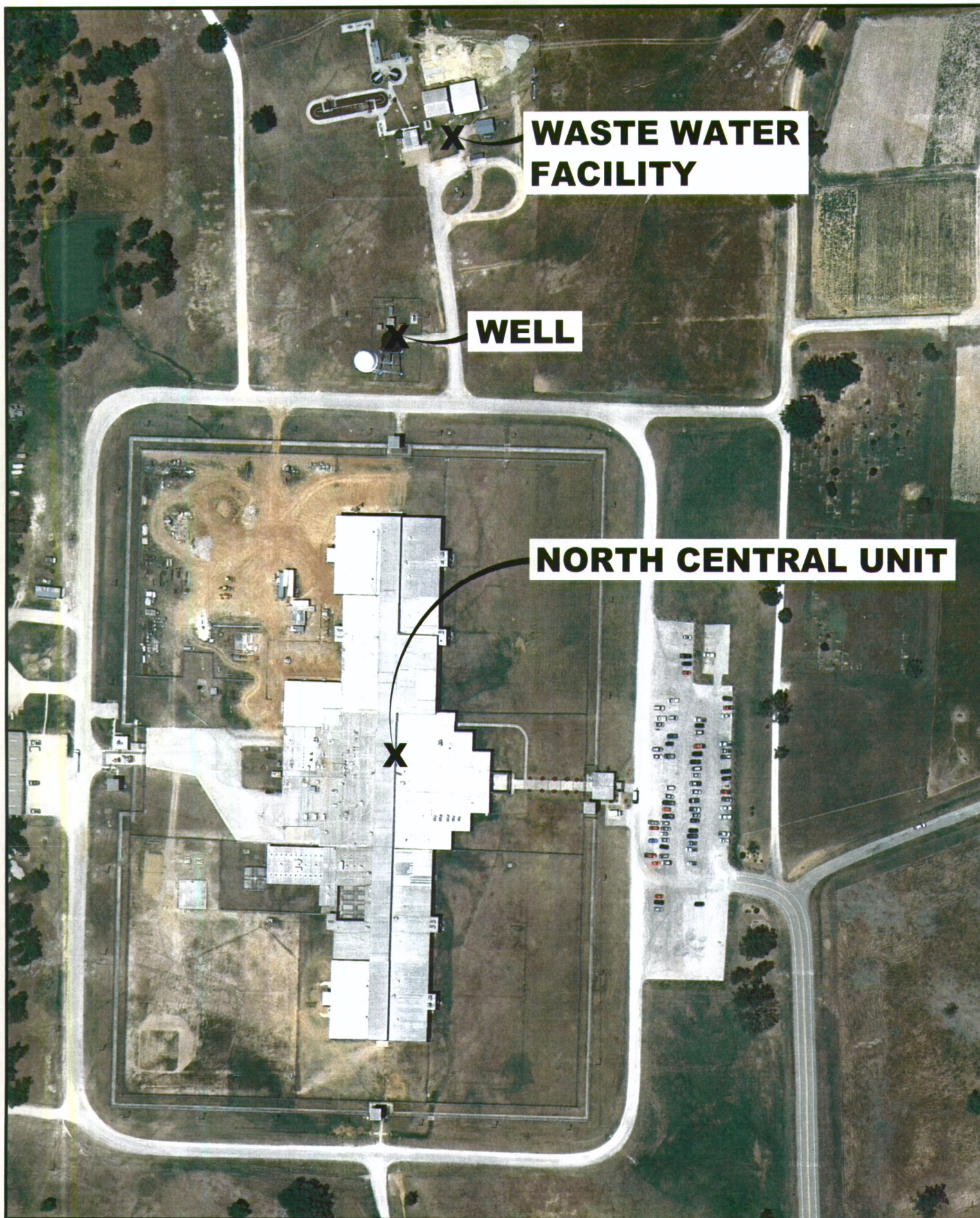


Google earth

feet  
meters







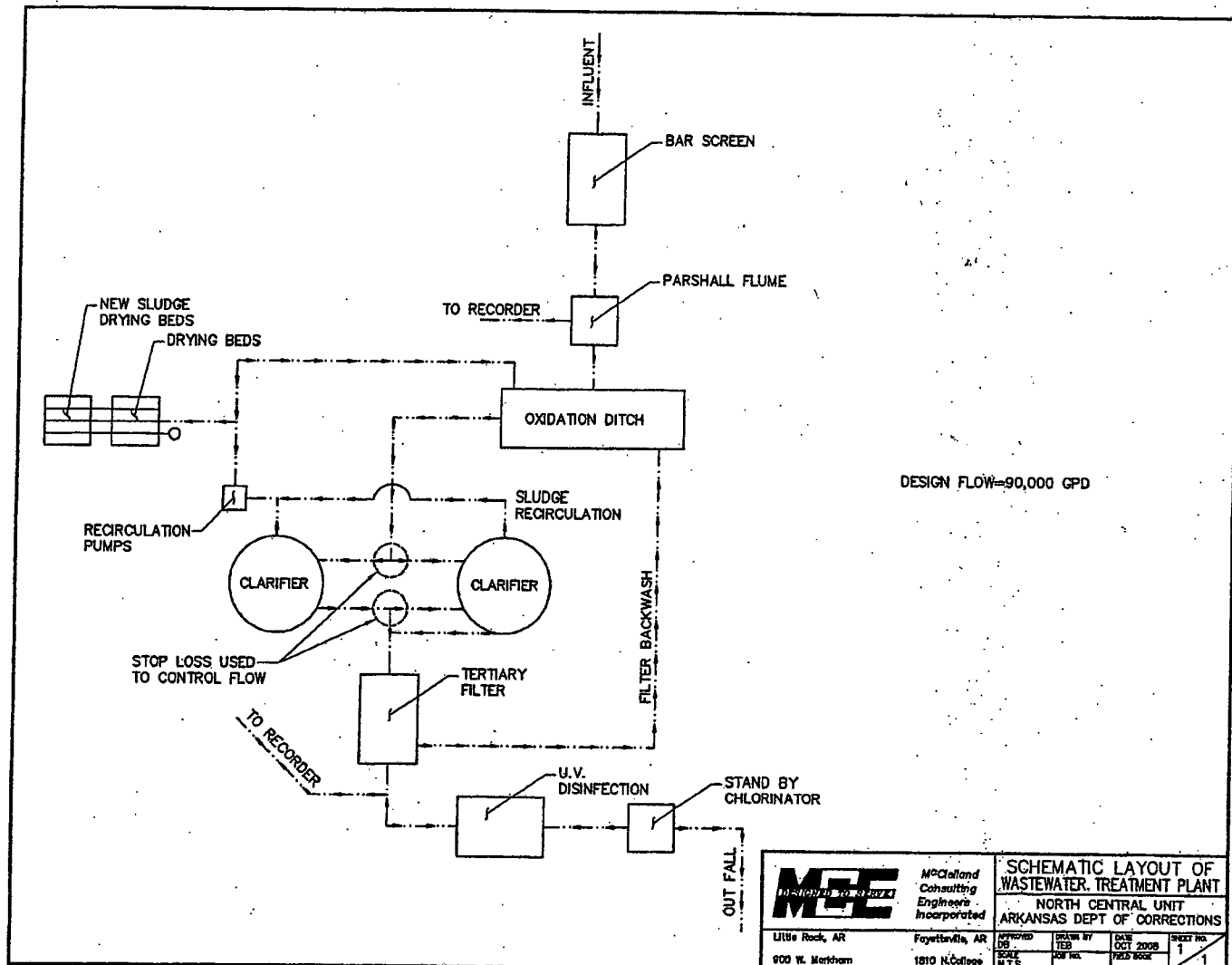
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DATE JUNE 04, 2014	
SCALE 1-1000	JOB NUMBER LR14-5741
1	

SITE LOCATION

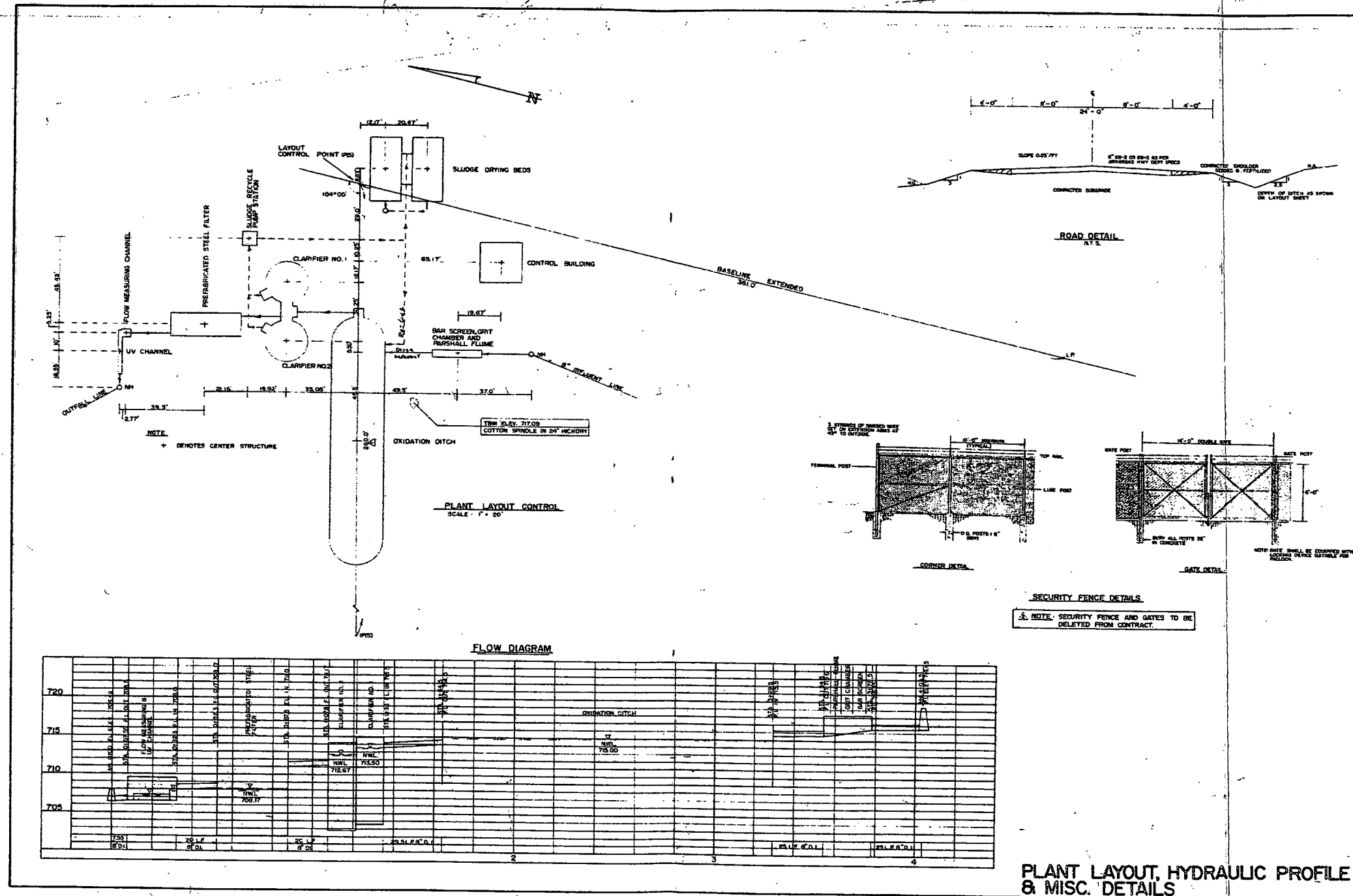
ADOC NORTH UNIT

**MCE** McCLELLAND  
CONSULTING  
ENGINEERS, INC.  
900 West Markham 1810 N. College  
Little Rock, Arkansas 72201 Fayetteville, Arkansas 72702  
PH# 501.371.0272 PH# 479.443.2377  
Fax # 501.371.9932 Fax # 479.443.9241  
[HTTP://WWW.MCCLELLAND-ENGRS.COM](http://www.mcclelland-engrs.com)



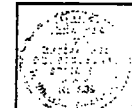


<b>MEE</b> McClelland Consulting Engineers Incorporated		<b>SCHEMATIC LAYOUT OF WASTEWATER TREATMENT PLANT</b> NORTH CENTRAL UNIT ARKANSAS DEPT OF CORRECTIONS			
Little Rock, AR 900 W. Markham	Fayetteville, AR 1810 N. College	APPROVED DB ECU N.T.S.	DRAWN BY TEB	DATE OCT 2008	SHEET NO. 1 / 1



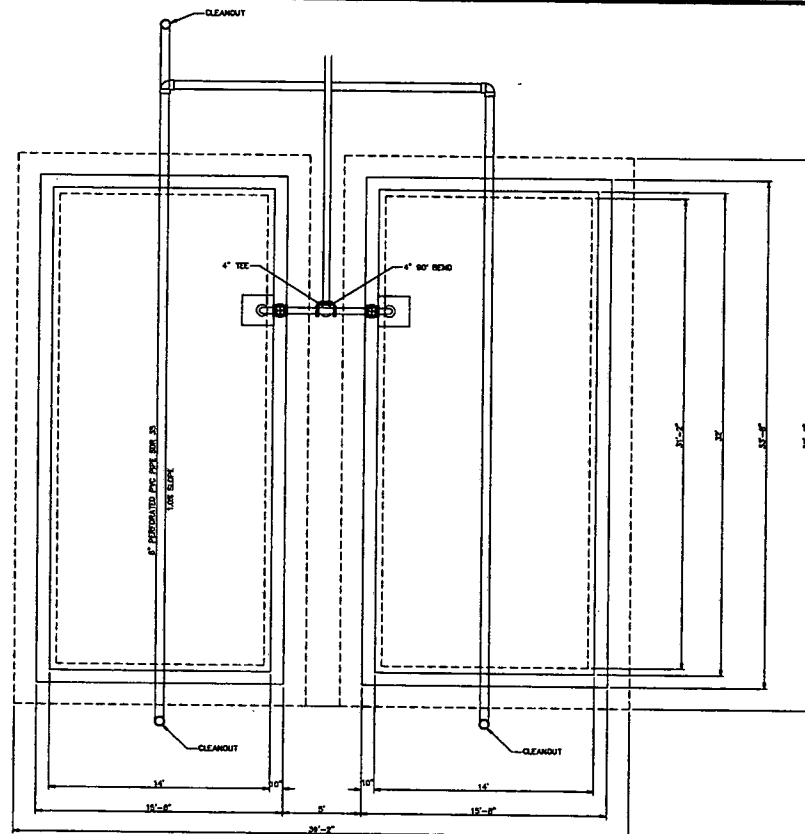
**BROOKS JACKSON ARCHITECTS, INC.**  
2228 Collandrea Lane • Little Rock, Arkansas 72202 • (501) 664-8700  
Brooks Jackson, AIA, CSI  
Donald Johnson, AIA, ASD

Isard County Correctional Facility  
Arkansas Department of Correction  
Pine Bluff, Arkansas

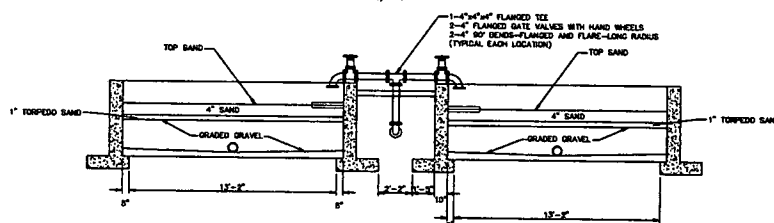


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REVISIONS:

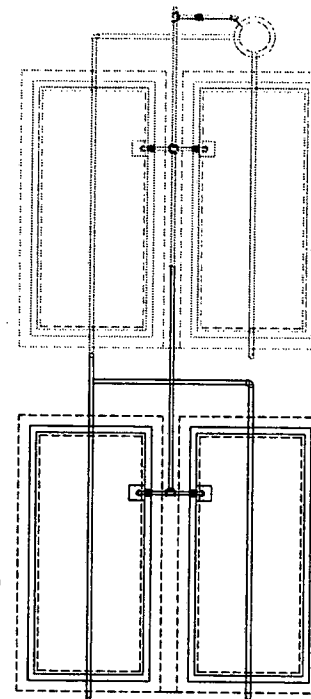
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**W W**  
**2**



PROPOSED SLUDGE DRYING BEDS  
PLAN VIEW  
1/4"=1'



PROPOSED SLUDGE DRYING BEDS  
ELEVATION VIEW  
1/4"=1'



**MCE**  
MACLELLAND  
CONSULTING  
ENGINEERS, INC.  
600 West Johnson  
Little Rock, Arkansas 72201  
PH: (501) 771-8000  
FAX: (501) 771-8000  
1810 N. Collins  
Fayetteville, Arkansas 72703  
PH: (479) 482-2277  
FAX: (479) 482-2041



PERSONAL SIGNATURE ON FILE

PROPOSED SLUDGE DRYING  
BEDS EXPANSION  
ADC NORTH CENTRAL UNIT  
CALICO ROCK, ARKANSAS

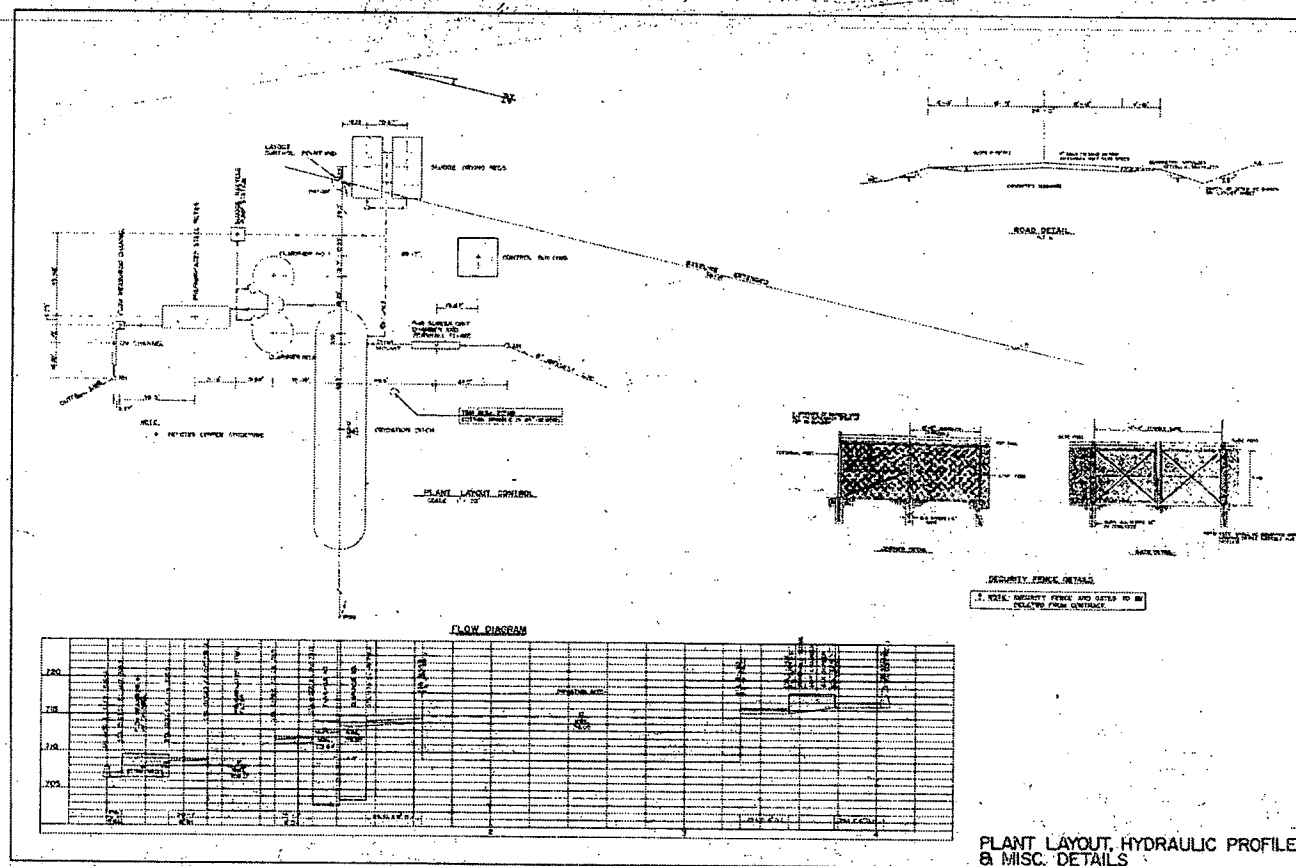
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12/1/08  
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AS SHOWN URS-5784

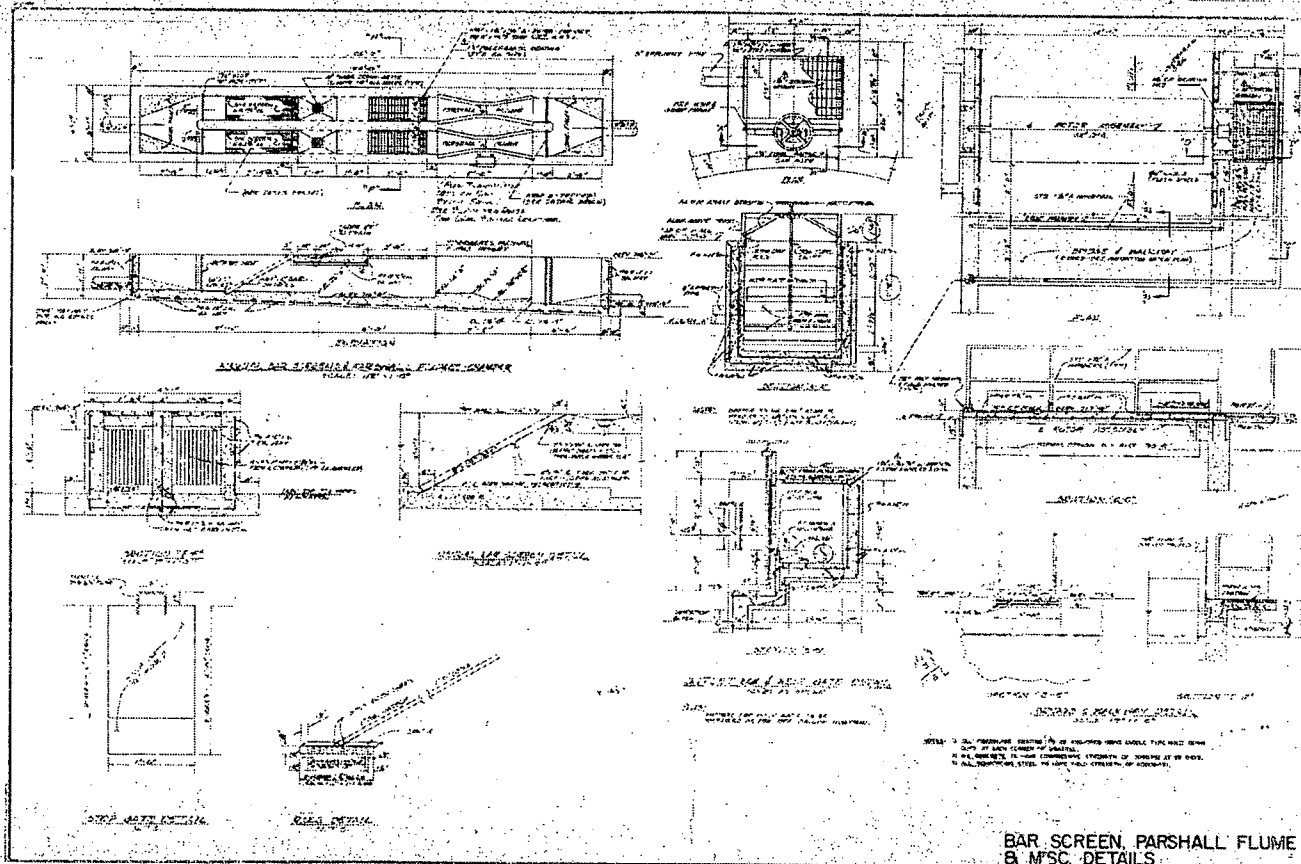
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5784-B2.DWG









BAR SCREEN, PARSHALL FLUME  
& MISC. DETAILS

**BROOKS JACKSON ARCHITECTS, INC.**  
224 Commercial - Birmingham 17221 - (205) 344-5700  
Birmingham, AL 35203

David Jackson, P.E., C.E.  
Birmingham, AL 35203

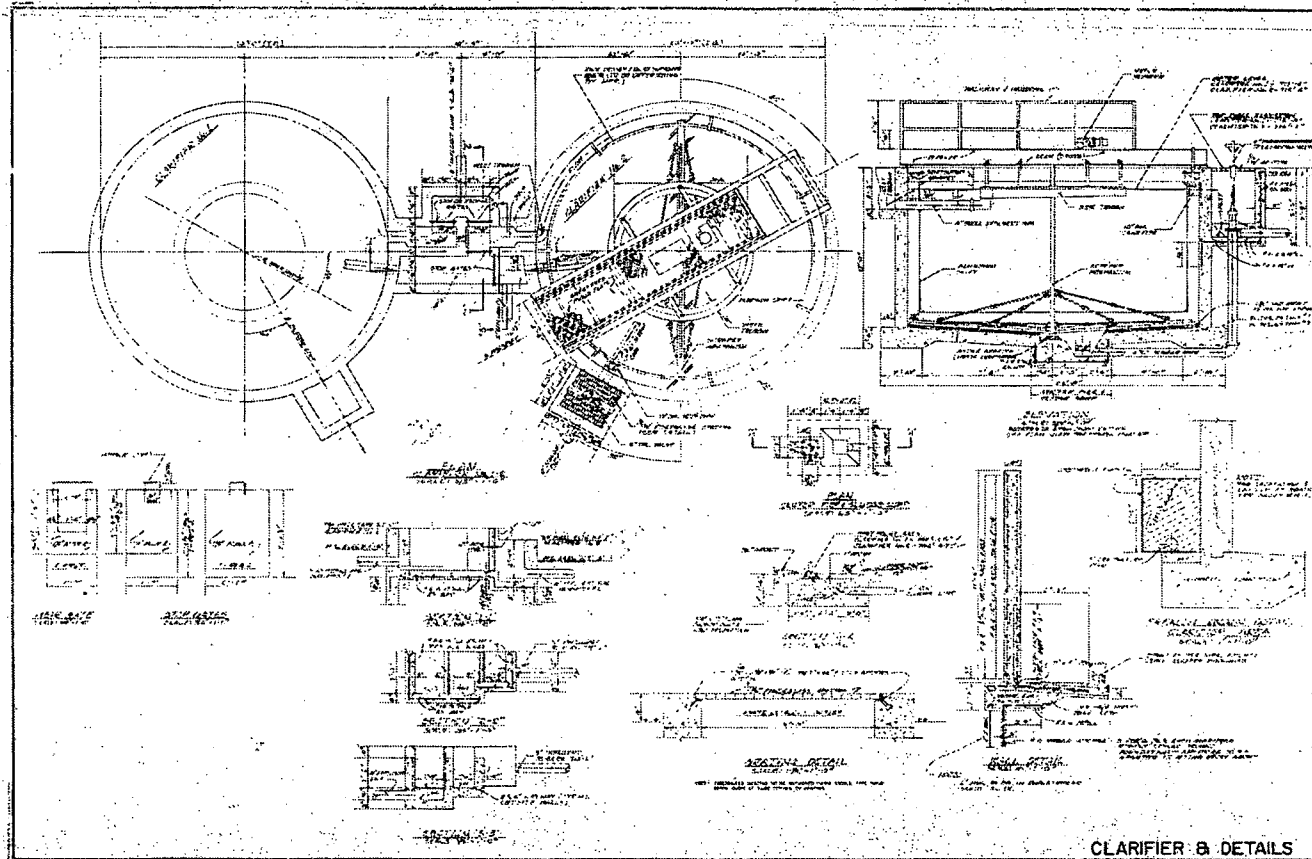
Hard County Correctional Facility  
Arkansas Department of Correction  
Pine Bluff, Arkansas

DATE  
BY  
REVISION

W W  
3

BY



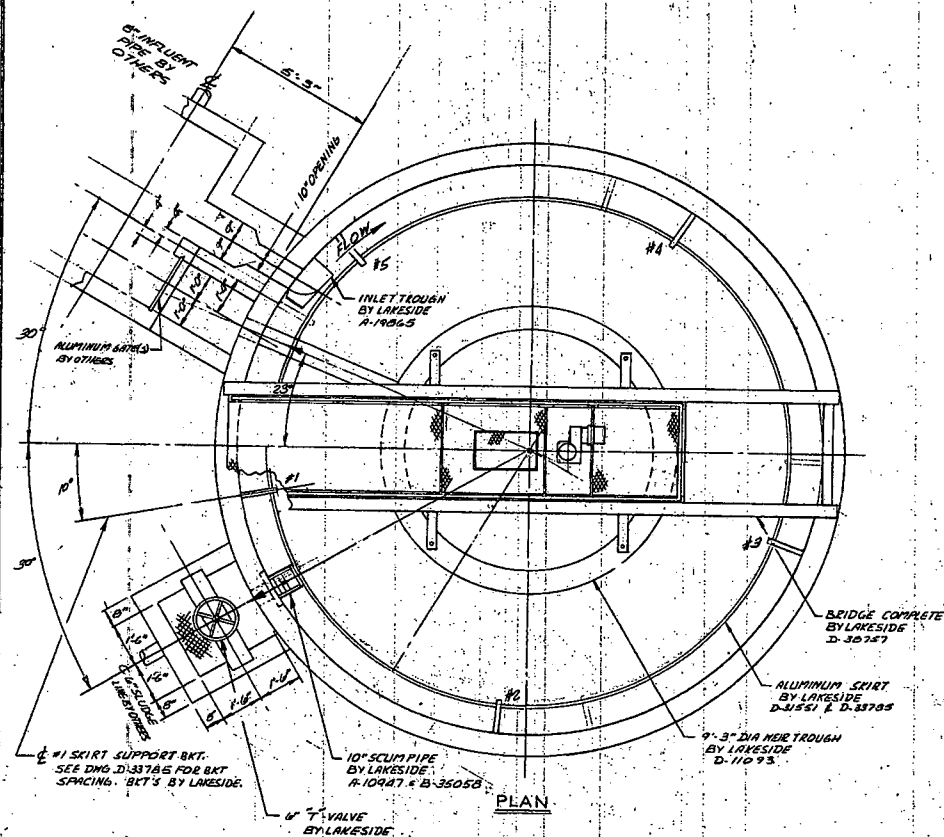


BROOKS JACKSON ARCHITECTS, INC.  
 2225 CONCORDIA LANE • SUITE 200 • PINE BLUFF, ARKANSAS 72262 • (501) 684-5200  
 Brook Jackson, AIA, CSI

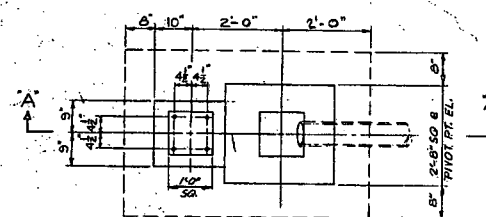
Izard County Correctional Facility  
 for the State of Arkansas  
 Pine Bluff, Arkansas



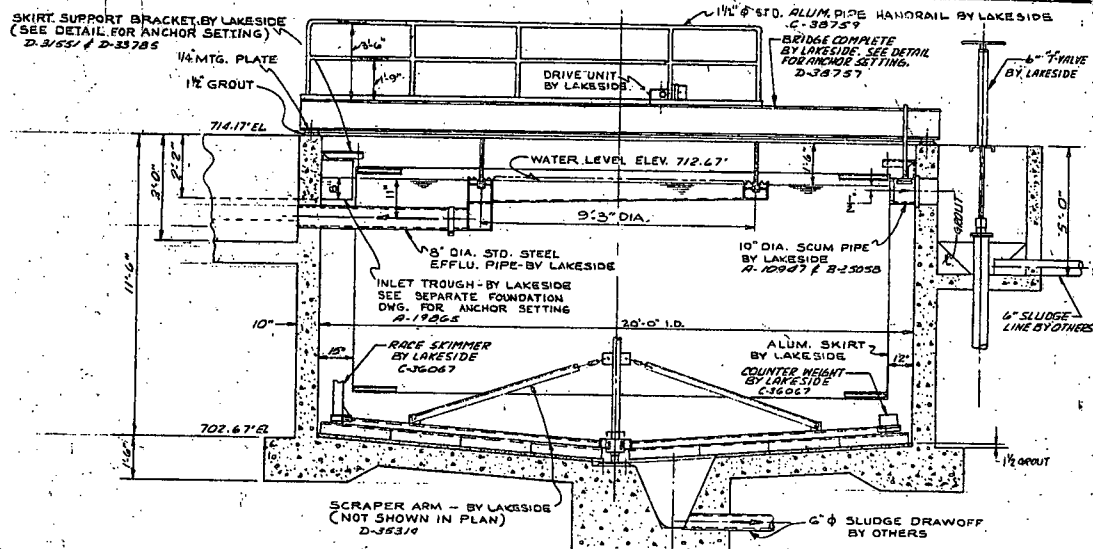
SHEET NO.  
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PLAN OF CENTER PIER & SLUDGE SUMP



## SECTION A-A



SECTIONAL ELEVATION  
(ROTATED TO SHOW CROSS SECTION, SEE  
PLAN FOR PROPER LOCATION)

TANK #2

				INSTALLATION DRAWING 20" O DIA. SPIRAFLOW
				CALICO ROCK, ARKANSAS
				LAKESIDE EQUIPMENT CORP. BARTLOTT ILLINOIS
			DR. P.T.S.	DATE 4-17-86
			FILED 122	FILED 122
				DRG. NO. 18 D-1909







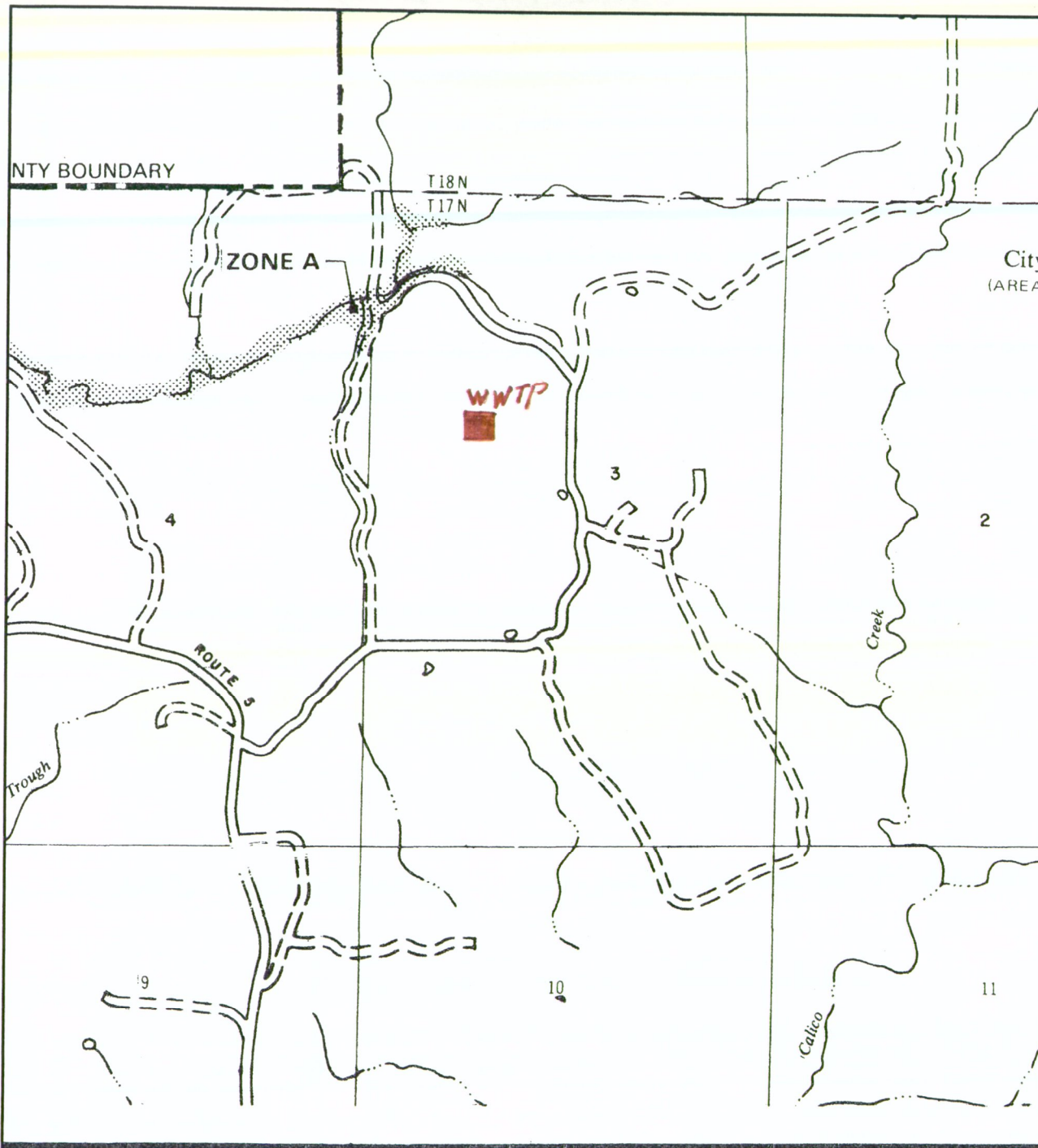
PROJECT ENGR: SAM GATES	DRAWN BY: BRINSR
DATE JUNE 04, 2014	
SCALE 1-1000	JOB NUMBER LR14-5741
	1

SITE LOCATION

ADOC NORTH UNIT

**MCE** McCLELLAND  
CONSULTING  
ENGINEERS, INC.  
900 West Markham  
Little Rock, Arkansas 72201  
P11W 501.371.0272  
Fax # 501.371.9932  
1810 N. College  
Fayetteville, Arkansas 72702  
P11W 479.643.2377  
Fax # 479.643.9241  
[HTTP://WWW.MCCLELLAND-ENGRS.COM](http://www.mcclelland-engrs.com)





# FLOOD HAZARD BOUNDARY MAP

## IZARD COUNTY, ARKANSAS

UNINCORPORATED AREA

PAGE 1 OF 8  
(SEE MAP INDEX FOR PAGES NOT PRINTED)

**EFFECTIVE DATE:**  
JULY 12, 1977

CONVERTED BY LETTER  
EFFECTIVE 12/1/2007

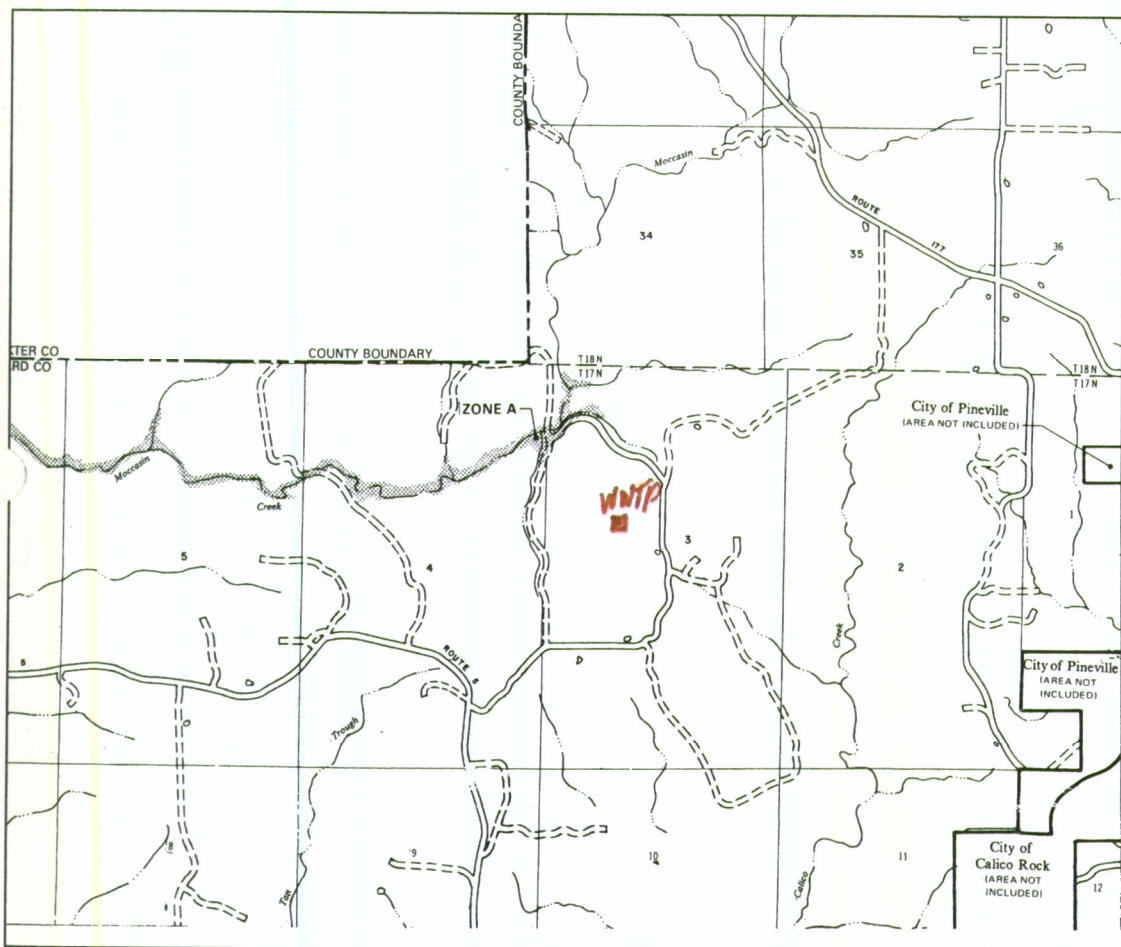
**COMMUNITY-PANEL NO.**  
050439 0001 A



**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT**  
FEDERAL INSURANCE ADMINISTRATION

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.msc.fema.gov](http://www.msc.fema.gov)





**FLOOD HAZARD BOUNDARY MAP**

**IZARD COUNTY,  
ARKANSAS**  
UNINCORPORATED AREA  
PAGE 1 OF 8  
(SEE MAP INDEX FOR PAGES NOT PRINTED)

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**U.S. DEPARTMENT OF HOUSING  
AND URBAN DEVELOPMENT  
FEDERAL INSURANCE ADMINISTRATION**

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## LEGEND

### SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

- ZONE A** No Base Flood Elevations determined.
- ZONE AE** Base Flood Elevations determined.
- ZONE AH** Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
- ZONE AO** Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For areas of alluvial fan flooding, velocities also determined.
- ZONE AR** Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
- ZONE A99** Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
- ZONE V** Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
- ZONE VE** Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

### FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

### OTHER FLOOD AREAS

- ZONE X** Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

### OTHER AREAS

- ZONE X** Areas determined to be outside the 0.2% annual chance floodplain.
- ZONE D** Areas in which flood hazards are undetermined, but possible.

### COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

### OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

- Floodplain boundary
- Floodway boundary
- - - Zone D boundary
- ..... CBRS and OPA boundary
- ← Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
- ~~~~~ 513 ~~~~~ Base Flood Elevation line and value; elevation in feet\*
- (EL 987) Base Flood Elevation value where uniform within zone; elevation in feet\*

\* Referenced to the North American Vertical Datum of 1988 (NAVD 88)

- Ⓐ — Ⓐ Cross section line
- ②③ - - - - - ②③ Transect line
- 97°07'30", 32°22'30" Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
- 42° 75' 00" N 1000-meter Universal Transverse Mercator grid ticks, zone 15
- 6000000 FT 5000-foot grid ticks: Arkansas State Plane coordinate system, south zone (FIPSZONE 0302), Lambert Conformal Conic
- DX5510 X Bench mark (see explanation in Notes to Users section of this FIRM panel)
- M1.5 River Mile

### MAP REPOSITORIES

Refer to Map Repositories list on Map Index

### EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP

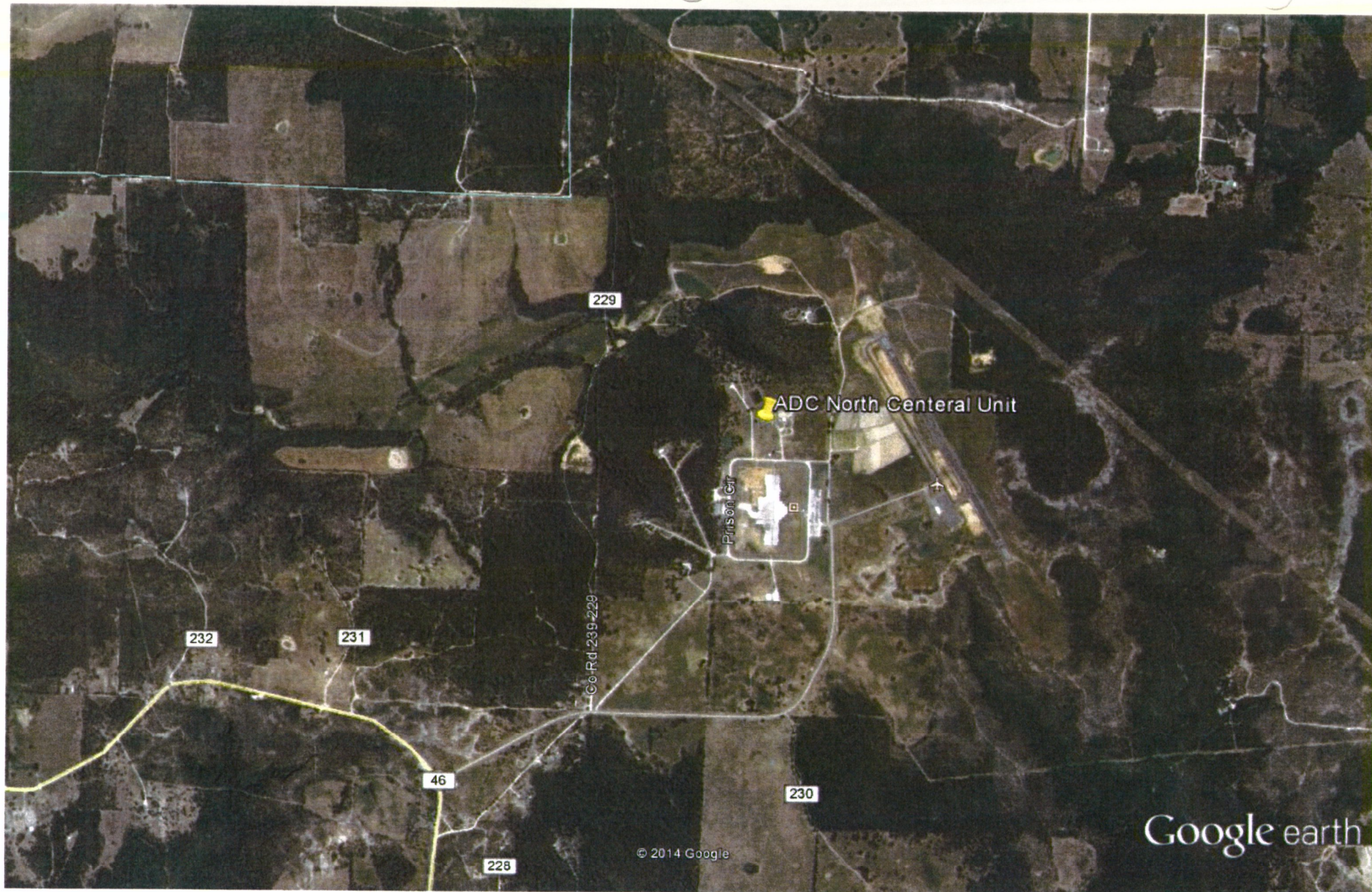
March 16, 2009

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.





Google earth

miles  
km

1

3





FORM  
**2A**  
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

**BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

**SUPPLEMENTAL APPLICATION INFORMATION:**

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

## FACILITY NAME AND PERMIT NUMBER:

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086**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 Ar. Department of Corrections - North Central UnitMailing Address P.O. Box 8707  
Pine Bluff, AR 71603Contact person Danny BlankenshipTitle Director of MaintenanceTelephone number (870) 297-3304Facility Address Rt. 5 Highway 5 North  
(not P.O. Box) Calico Rock, AR 72519**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 AR0044016

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other 5124-WR1

RCRA \_\_\_\_\_

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>ADOC</u>	<u>925</u>	<u>seperate</u>	<u>state</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served 925

## FACILITY NAME AND PERMIT NUMBER:

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086

## 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
- 0.09
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.03</u>	<u>0.06</u>	<u>0.09</u> mgd
c. Maximum daily flow rate	<u>0.04</u>	<u>0.09</u>	<u>0.22</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 \_\_\_\_\_ %  
☐ 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:

- i. Discharges of treated effluent 1
- ii. Discharges of untreated or partially treated effluent \_\_\_\_\_
- iii. Combined sewer overflow points \_\_\_\_\_
- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_
- v. 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: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application ☐ continuous or ☐ intermittent?

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

☐ Yes ☒ No

**FACILITY NAME AND PERMIT NUMBER:**

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

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

For each treatment works that receives this discharge, provide the following:

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

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

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

Title: \_\_\_\_\_

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

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

\_\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

## FACILITY NAME AND PERMIT NUMBER:

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086

## 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 001
- b. Location Calico Rock 72519  
(City or town, if applicable) (Zip Code)  
Izard AR  
(County) (State)  
36 10 11 92 09 24  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
\_\_\_\_\_ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes \_\_\_\_\_ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water unnamed tributary to Moccasin Creek
- 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): White 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>



## FACILITY NAME AND PERMIT NUMBER:

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086

## 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.

UV light with chlorine backup

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)	7.28	s.u.			
pH (Maximum)	8.60	s.u.			
Flow Rate	0.26	mgd	0.06	mgd	30.00
Temperature (Winter)	8.00	degrees C			10.00
Temperature (Summer)	25.00	degrees C			10.00

\* 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	22.00	mg/l	4.81	mg/l	30.00	5210B 2.4
FECAL COLIFORM		223.00	col/100	223.00	col/100	30.00	9222D 1
TOTAL SUSPENDED SOLIDS (TSS)		12.60	mg/l	12.60	mg/l	30.00	2540D 1

## END OF PART A.

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

**FACILITY NAME AND PERMIT NUMBER:**

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1. through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

\_\_\_\_\_ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_  
\_\_\_\_\_**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

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

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

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.  
\_\_\_\_\_
- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.  
\_\_\_\_ Yes \_\_\_\_ No

## FACILITY NAME AND PERMIT NUMBER:

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

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 pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**

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

**FACILITY NAME AND PERMIT NUMBER:**

Arkansas Department of Corrections - North Central Unit AR0044016

Form Approved 1/14/99  
OMB Number 2040-0086**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 Gail Mainard - Assistant DirectorSignature Telephone number (870) 267-6625Date signed 7/31/15

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:**

TRAVIS ADAIR  
FISCAL SUPPORT ANALYST  
ARKANSAS DEPT. OF CORRECTION  
7800 CORRECTION CIRCLE  
PINE BLUFF, AR 71603

720 721 72114\$ S1-14

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PERMIT# 700



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1

RETURN SERVICE REQUESTED

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