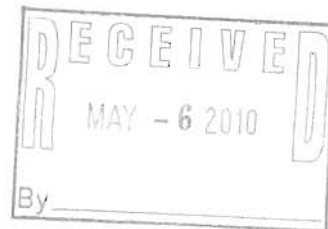


NPDES PERMIT APPLICATION
FORM 1

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. Operator (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 operator 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 operator 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> |
|--------------------|----------------------|----------------|
| | | |
| | | |

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 845- 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*: _____ Fax: _____

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? Yes No

12. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma Missouri Tennessee Louisiana Texas Mississippi

13. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

_____ SIC Facility Activity under this SIC or NAICS:
1623 NAICS _____

14. Design Flow: 0.09 MGD Highest Monthly Average of the last two years Flow: 0.062 MGD

15. Is Outfall equipped with a diffuser? Yes No

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

Name: Leon Starks Title: Assistant Director
Address: PO Box 8707 Phone Number: 870-267-6625
E-mail Address: leon.starks@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@mccllelland-engrs.com
City: Little Rock State: AR Zip: 72203

19. Wastewater Operator Information

Wastewater Operator Name: Danny Blankanship 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? _____

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

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

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.

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

7. Population for Municipal and Domestic Sewer Systems: 556

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. AR004416

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. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) 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.adeg.state.ar.us/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES (Answer questions 2 and 3) NO

2. What Part of 40 CFR? _____

3. What Subpart(s)? _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

5. Production: (projected for new facilities)

| Product(s) Manufactured (Brand name) | Last 12 Months | | Highest Production Year of Last 5 Years | |
|---|----------------|-------------------|---|-------------------|
| | 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

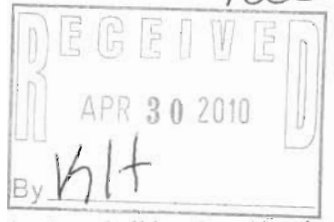
Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment system.

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.

RECEIVED
1977-6-20
By _____

7883



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: Leon Starks Date: 04-28-2010

Printed name of Cognizant Official: Leon Starks

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.

____ (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: Leon Starks Date: 04-28-2010

Printed name of Responsible Official: Leon Starks

Official title of Responsible Official: Assistant Director Telephone Number: 870-267-6625

