

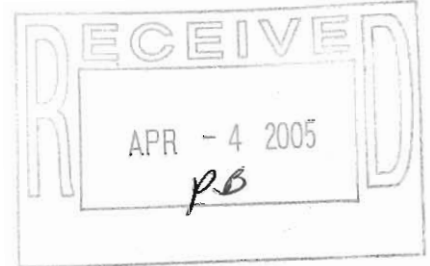
PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
POST OFFICE BOX 8913
LITTLE ROCK, AR 72219

NPDES PERMIT FILE
 NPDES # AR0044016
 AFIN # 33-00036
 Permit Pin
 _____ Correspondence
 _____ Technical Backup
5/29/07 Date Scanned

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. Facility Name: AR Dept of Corrections - N Central Unit
2. Legal Applicant Name (If the applicant is different from the above): _____
3. Operator of the facility (i.e. Corporation): State
4. Is the operator identified in number 2 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. Does your facility hold any other permits which are not listed above? Yes No
9. 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:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held by</u>
AR Dept of Corrections	AR0040827	Cummins Unit
AR Dept of Corrections	AR0045578	East AR Unit
AR Dept of Corrections	AR0035980	Tucker Unit
AR Dept of Corrections	ARG640090	Tucker Unit

10. Give a verbal description (Direction) of the facility with respect to known or easily identifiable landmarks:

North on AR Hwy 5 - 2.25 miles from Calico Rock, NE on Route 84~~5~~³ - 2.0 miles
to entrance of Prison

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

Street: Rt 5, Hwy 5N
City: Calico Rock County: Izard State: AR Zip: 72519

12. Facility Mailing Address (Street or Post Office Box):

Street: _____ P.O. Box 8707
City: Pine Bluff State: AR Zip: 71611

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

Oklahoma Missouri Tennessee Louisiana Texas Mississippi

14. Type of ownership: Public Private State Federal Other

15. Indicate applicable Standard Industrial Classification (SIC) Codes or NAICS codes for all processes:

_____ Primary, _____ Other, _____ Other

16. Design Flow: 0.09 MGD Highest Monthly Average of the last two years Flow: 0.26 MGD

17. Is Outfall equipped with a diffuser? Yes No

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

Name: David Cruseturner Title: _____
Address: PO Box 8707 Phone Number: 870-267-6999
City: Pine Bluff State: AR Zip: 71601

19. Designated Facility Contact (as describe on the last page of this application):

Name: Jesse Kemp Title: _____
Address: HC 62 Box 300 Phone Number: 870-297-4311
City: Calico Rock State: AR Zip: 72519

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

Name:	W William Graham Jr Inc		
Address:	100 N Rodney Parham	Phone Number:	501-227-0078
City:	Little Rock	State:	AR Zip: 72205

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location:

Lat: 36 ° 10 ' 11 " Long: 92 ° 09 ' 24 " Section: 3 Township: 17N
Range: 11W County: Izard Nearest Town: Calico Rock USGS Hydrologic Unit Code: _____
What map scale is used? U What Method is used? U Indicate Technical Accuracy U
What map datum is used? U Where is the collection point? U

2. Outfall/monitoring Location:

Outfall 001:

Lat: 36 ° 10 ' 11 " Long: 92 ° 09 ' 24 "
USGS Hydrologic Unit Code: U What map scale is used? U What Method is used? U
Indicate Technical Accuracy U What map datum is used? U Where is the collection point? U
Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
an unnamed tributary of Moccasin Creek to the White River

Outfall 002:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "
USGS Hydrologic Unit Code: _____ What map scale is used? _____ What Method is used? _____
Indicate Technical Accuracy _____ What map datum is used? _____ 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. Are the proposed or existing facility located above the 100-year flood level? Yes No

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

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

manual operated bar screen, infl. flow meter, oxidation ditch, 2 clarifiers, sludge drying beds, tertiary filter, UV disinfection, sludge recirculation pumping station

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. ARQ044016

Method of sludge treatment drying beds

What is the estimated amount of sludge generated at the treatment facility?

Dry Ton/Acre per year 0.7 Gallon/Acres per year _____

List all the land application sites with the following information:

Field Number	New/Old	Range	Township	Section	Total Acres	Available Acres	Crop Cover	Loading Rate
<u>1</u>	<u>old</u>	<u>11</u>	<u>17</u>	<u>3</u>	<u>45</u>	<u>45</u>	<u>fescue</u>	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

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)

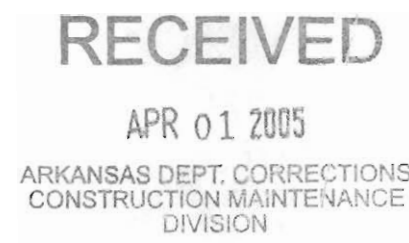
Location of lagoon _____ How old is the lagoon? _____

Surface are of lagoon: _____ Acre Depth: _____ Ft Does lagoon have a liner? Yes No

Incineration

Location of incinerator _____

Other (Provide complete description) _____



SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

- Private Well** - Distance from Discharge point: Within 5 mile Within 50 mile
- Municipal Water Utility** (Specify City): Calico Rock
Distance from Discharge point: Within 5 mile Within 50 mile
- Surface Water**- Name of Surface Water Source: _____
Distance from Discharge point: Within 5 mile Within 50 mile
- Other** (Specify): _____
Distance from Discharge point: Within 5 mile Within 50 mile

SECTION E: FINANCIAL ASSURANCE

Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (a)(1)- Arkansas Pollution Control and Ecology shall not permit or register any common sewage system serving two(2) or more **occupied lots, residences, businesses, or other discernible occupied** init without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to shows 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 (Arkansas Code 8-5-703(a)(2)):

- A. By obtaining insurance;
- B. By passing a financial test;
- C. By obtaining a letter of credit;
- D. By obtaining a surety bond;
- E. By obtaining a trust fund or escrow account;
- F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guidelines limitation promulgated by EPA (<http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-N.htm>) under Section 304 of the Clean Water Act (CWA) apply to your facility?

YES

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

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)

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

Yes No (If no, skip Question 7)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics

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/disposal system.

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

2. One set of construction plans and specifications, approved 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 one or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

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.

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:

David Croseturner

Date:

4/4/05

Printed name of responsible official:

DAVID CROSETURNER

Official title of responsible official:

ASSISTANT DIRECTOR

Telephone Number

810-267-6625

By signature in Section I above, the applicant certifies that the named individual is qualified as print below 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).

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:

DAVID CROSETURNER

David Croseturner

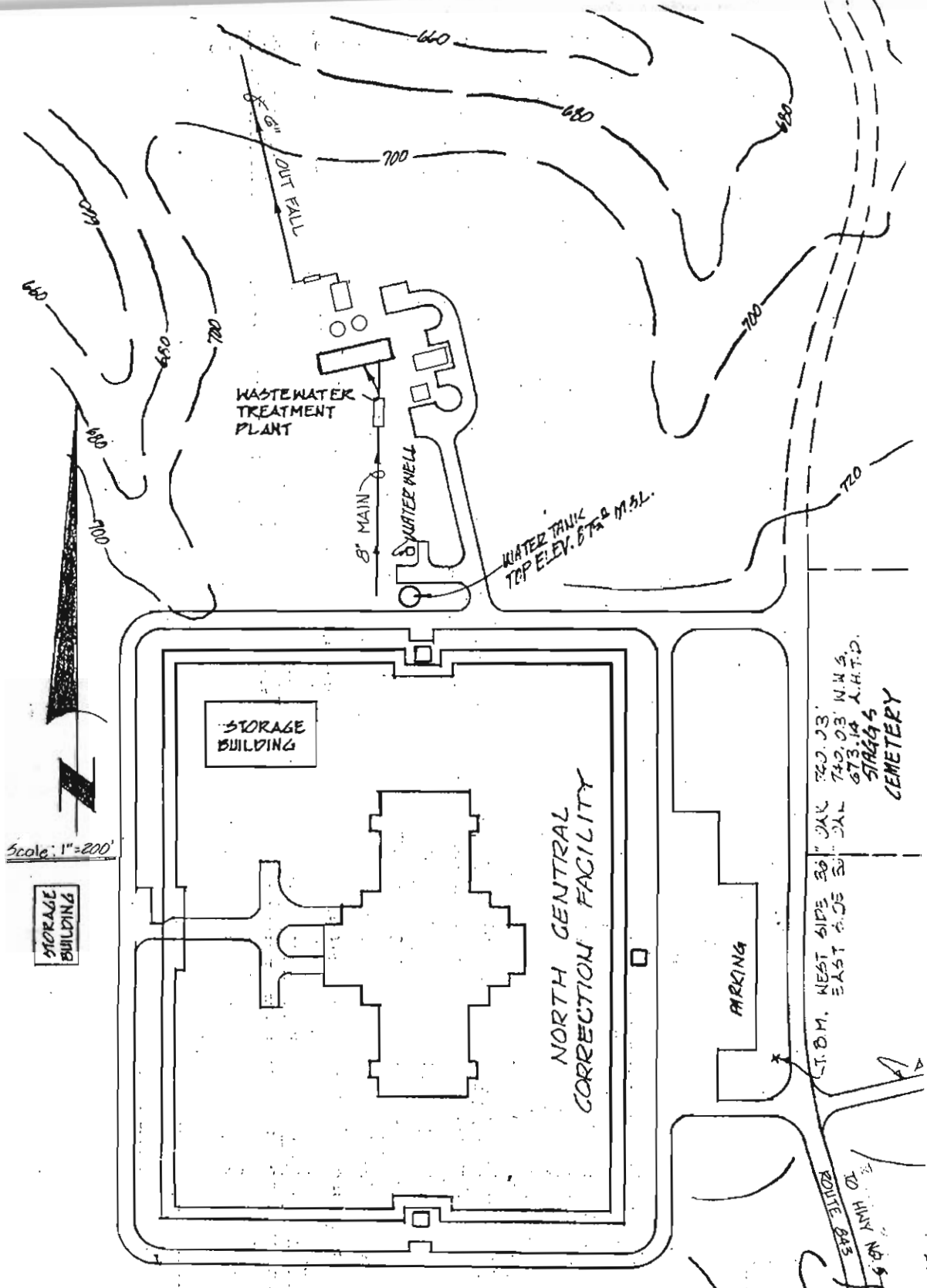
NAME (first, last)

ASSISTANT DIRECTOR

810-267-6625

TITLE

TELEPHONE



Scale: 1"=200'

STORAGE BUILDING

NORTH CENTRAL UNIT
 ARKANSAS DEPARTMENT of CORRECTION
 Izard County Arkansas
 SITE PLAN

Date: Jan. 6, 1994

Scale: 1"=200'

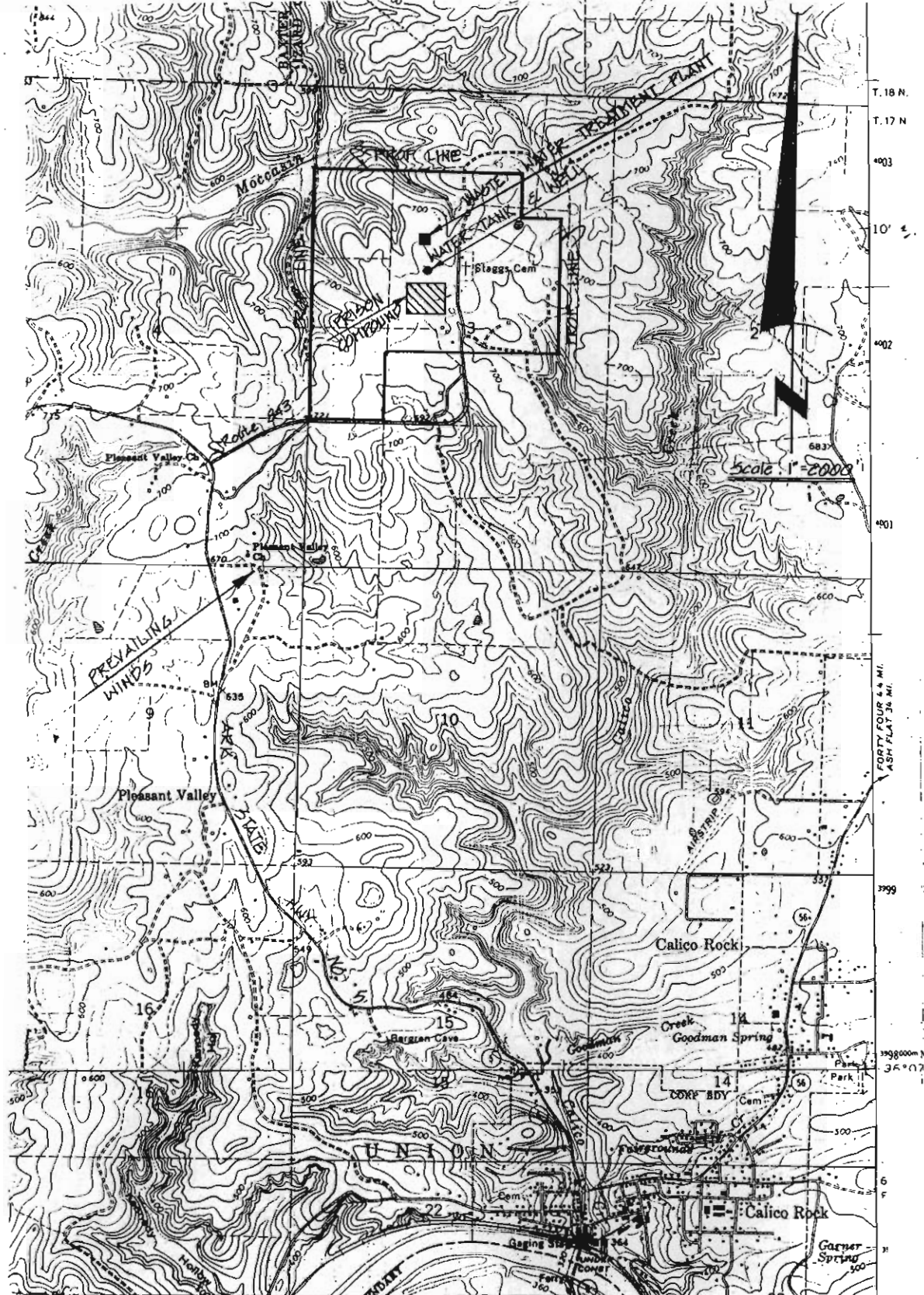
W. WILLIAM GRAHAM JR., INC.
 CONSULTING ENGINEERS
 LITTLE ROCK, ARKANSAS

EXHIBIT "B"

740.03 N.W.S.
 740.03 N.W.S.
 673.14 A.H.T.D.
 STRAGGS
 CEMETERY

ST. B.M. WEST SIDE 30' DIAL
 EAST SIDE 50' DIAL

ROUTE 645
 TO HANCOCK



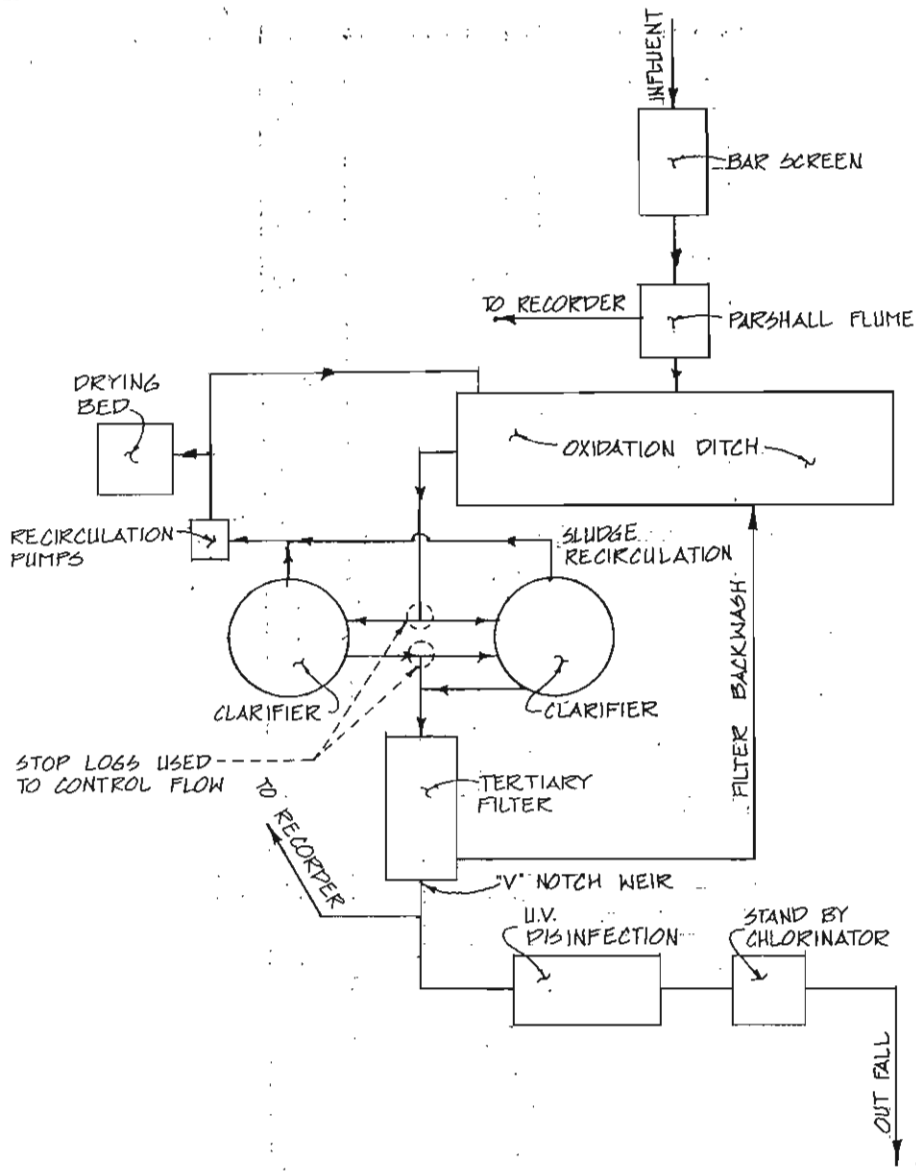
NORTH CENTRAL UNIT
 ARKANSAS DEPARTMENT of CORRECTION
 Izard County VICINITY MAP Arkansas

Date: Jan. 6, 1994

Scale: 1"=2000'

W. WILLIAM GRAHAM JR., INC.,
 CONSULTING ENGINEERS,
 LITTLE ROCK, ARKANSAS,

EXHIBIT "A"



DESIGN FLOW 90,000 gpd.

NORTH CENTRAL UNIT
 ARKANSAS DEPARTMENT OF CORRECTION
 Izard County Arkansas
 SCHEMATIC LAYOUT
 of
 WASTEWATER TREATMENT PLANT

Date: Jan. 6, 1994

Scale: N.T.S.

W. WILLIAM GRAHAM JR, INC.
 CONSULTING ENGINEERS
 LITTLE ROCK, ARKANSAS

EXHIBIT "C"

FACILITY NAME AND PERMIT NUMBER:

pb 4/4/05

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

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APR 02 2004
ARIZONA DEPT. OF ENVIRONMENTAL QUALITY
INSTRUCTION
5/3/05

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 G (CERTIFICATION)

APR - 4 - 2005
PB

FACILITY NAME AND PERMIT NUMBER:

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 Dept of Corrections- North Central Unit

Mailing Address P.O. Box 8707
Pine Bluff, AR 71601

Contact person Jesse Kemp

Title _____

Telephone number (870) 297-4311

Facility Address Rte 5 Hwy 5 N
(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 _____

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>seperate</u>	<u>state</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served _____

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

Two Years Ago

Last Year

This Year

b. Annual average daily flow rate _____ mgd

c. Maximum daily flow rate _____ 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

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?

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 CaCO₃

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 BOD₅ removal or Design CBOD₅ 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 _____

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)	7.26	s.u.			
pH (Maximum)	8.06	s.u.			
Flow Rate	0.258	mgd	0.07	mgd	300
Temperature (Winter)	8	C			10
Temperature (Summer)	25	C			10

* 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	3.75	mg/l	3.2	mg/l	9	5210 B	2.4
FECAL COLIFORM		307	col/100	142	col/100	9	9222 D	1
TOTAL SUSPENDED SOLIDS (TSS)		5	mg/l	4	mg/l	9	2540 D	1

END OF PART A.

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

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 > 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.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. 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.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. 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.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. 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.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes No

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	Actual Completion
	MM / DD / YYYY	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: 001

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)	1.2	mg/l	0.8	mg/l	9		
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	15	mg/l	9.3	mg/l	9		
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN	7	mg/l	3.3	mg/l	9		
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:

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:

- | | |
|---|---|
| <input type="checkbox"/> Basic Application Information packet | <input type="checkbox"/> Supplemental Application Information packet: |
| | <input type="checkbox"/> Part D (Expanded Effluent Testing Data) |
| | <input type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data) |
| | <input type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
| | <input type="checkbox"/> 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

DAVID ROSENBERG ASSISTANT DIRECTOR

Signature

[Handwritten Signature]

Telephone number

870-267-6625

Date signed

APRIL 4, 2005

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: