



September 21, 2020

Ms. Lorretta Carstens, P.E.
NPDES Permits, Office of Water Quality
ARKANSAS ENERGY AND ENVIRONMENT
DIVISION OF ENVIRONMENTAL QUALITY
5301 Northshore Drive
North Little Rock, AR 72118-5328

RE: Saddle Ranch Subdivision
NPDES Permit Number AR0053210
Construction Permit No. AR0053210C
AFIN: 60-05010

Dear Ms. Carstens:

In response to your letter dated September 10, 2020, below is the additional information or corrected pages of the application that you requested.

1. ADEQ Form 1
 - Section A.14, page 4, indicating the design flow to be 0.432 mgd;
 - Section B.5, page 7, indicating that grab samples will be collected;
 - Section B.7, page 7, indicates a population of 600;
 - Section H, attached is an engineer's certification for the design calculation, specifications and drawings.
2. EPA Form 2E
 - Attached is EPA Form 2E.
3. Attached is a map indicating the location of Saddle Ranch Subdivision in relation to the City of Little Rock's city limits and planning/zoning boundary. The map indicates the property is outside the City's boundary. The map source is the City of Little Rock, Planning and Development, Interactive Maps, Planning District map found at maps.littlerock.gov.

Please let me know if you need additional information or have any questions.

Respectfully,

A handwritten signature in blue ink, appearing to read "W. Doug Ford".

Wm. Doug Ford, P.E.
Project Manager

WDF:tlr

Enclosures

cc: Rick Ferguson, Southwest Equity Investments, w/encls.

FERG-11791

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

Street: Roland Cutoff
City: Roland County: Pulaski State: AR Zip: 72135

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

Name: Saddle Ranch Subdivision WWTP Title: _____
Street: _____ P.O. Box 23070
City: Little Rock State: AR Zip: 72221
E-mail address*: rickferguson777@gmail.com 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 (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

4952 SIC Facility Activity under this SIC or NAICS:
221320 NAICS Sewage Treatment Facilities

14. Design Flow: 0.432 MGD Highest Monthly Average of the last two years Flow: N/A MGD

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

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

Name: Rick Ferguson Title: President
Address: P.O. Box 23070 Phone Number: 501-868-8855
E-mail Address: rickferguson777@gmail.com
City: Little Rock State: AR Zip: 72221

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

Name: Brock Ferguson Title: General Manager
Address: P.O. Box 23070 Phone Number: 501-868-8855
E-mail Address: brockferg31@gmail.com
City: Little Rock State: AR Zip: 72221

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

Contact Name: Brad Wingfield, P.E.
Company Name: PMI
Address: 3512 S. Shackelford Road Phone Number: 501-221-7122
E-mail Address: bwingfiled@pmico.com
City: Little Rock State: AR Zip: 72205

5. FLOW AND SAMPLE MEASUREMENT

How are effluent samples collected?

Samples will be collected at the end of the pipe via grab sampling.

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

Totalizing meter

6. Is the proposed or existing facility located above the 100-year flood level? Yes No

NOTE: FEMA Map must be included with this application. Maps can be ordered at <https://msc.fema.gov>.

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

7. Population for Municipal and Domestic Sewer Systems: 600

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes No

If Yes, how many? 1 Total Horsepower (hp)? 40

If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.



September 21, 2020

The wastewater treatment design calculations for the Saddle Ranch Subdivision were prepared by Tipton Environmental International, Inc., 4446 State Route 132, Batavia, Ohio, 45103. The wastewater treatment specifications and drawings were also prepared by Tipton Environmental International, Inc. I have reviewed the design calculations, specifications and design drawings. I agree they are prepared in accordance with good engineering practices.

Sincerely,

A handwritten signature in blue ink, appearing to read "W.D. Ford", is written over the typed name.

PMI



William D. (Doug) Ford, P.E.

| | | |
|---------------------|--|---|
| FORM 2E NPDES | | U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL FACILITIES WHICH DISCHARGE ONLY NONPROCESS WASTEWATER |
|---------------------|--|---|

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(h)(1))

| | | | | | |
|------------------|-----|--|-----------------------------|------------------|------------------|
| Outfall Location | 1.1 | Provide information on each of the facility's outfalls in the table below. | | | |
| | | Outfall Number | Receiving Water Name | Latitude | Longitude |
| | | 001 | Mill Bayou | 34° 53' 58.39" N | 92° 31' 28.06" W |
| | | | | ° ' " | ° ' " |

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

| | | |
|----------------|-----|--|
| Discharge Date | 2.1 | Are you a new or existing discharger? (Check only one response.) <input checked="" type="checkbox"/> New discharger <input type="checkbox"/> Existing discharger → SKIP to Section 3. |
| | 2.2 | Specify your anticipated discharge date: 03/01/2021 |

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

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

| Cooling Water Additives (list) | Composition of Additives (if available to you) |
|-----------------------------------|---|
| | |

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

| | | | | | | | | |
|--------------------------|----------------------|---|--|---|--------------|---|---|---|
| Effluent Characteristics | 4.1 | Have you completed monitoring for all parameters in the table below at each of your outfalls and attached the results to this application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; a waiver has been requested from my NPDES permitting authority (attach waiver request and additional information) → SKIP to Section 5. | | | | | | |
| | 4.2 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | | |
| | | Parameter or Pollutant | Number of Analyses (if actual data reported) | Maximum Daily Discharge (specify units) | | Average Daily Discharge (specify units) | Source (use codes per instructions) | |
| | | | | Mass | Conc. | Mass | Conc. | |
| | | Biochemical oxygen demand (CBOD) | | | 8.4 mg/L | | <4 mg/L | 3 |
| | | Total suspended solids (TSS) | | | 15 mg/L | | <6 mg/L | 3 |
| | | Oil and grease | | | <5mg/L | | <5mg/L | 3 |
| | | Ammonia (as N) | | | 16mg/L | | <4 mg/L | 3 |
| | | Discharge flow | | 50,000 gpd | | | | 3 |
| | | pH (report as range) | | (6.4-7.3) s.u. | | | | 3 |
| | Temperature (winter) | | | | | | | |
| | Temperature (summer) | | | | | | | |

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

| | | | | | | | |
|------------------------------------|---|--|---|--|--|--|---|
| Effluent Characteristics Continued | 4.3 | Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.5. | | | | | |
| | 4.4 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | |
| | | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | Source <small>(Use codes per instructions.)</small> |
| | | | | Mass | Conc. | Mass | Conc. |
| | | Fecal coliform | | | | | |
| | | <i>E. coli</i> | | | | | |
| | | Enterococci | | | | | |
| | 4.5 | Is chlorine used (or will it be used)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7. | | | | | |
| | 4.6 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | |
| | | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | Source <small>(use codes per instructions)</small> |
| | | | Mass | Conc. | Mass | Conc. | |
| | Total Residual Chlorine | | | 0.8 mg/L | 0.4 mg/L | 3 | |
| 4.7 | Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5. | | | | | | |
| 4.8 | Provide data as requested in the table below. ¹ (See instructions for specifics.) | | | | | | |
| | Parameter or Pollutant | Number of Analyses <small>(if actual data reported)</small> | Maximum Daily Discharge <small>(specify units)</small> | | Average Daily Discharge <small>(specify units)</small> | Source <small>(use codes per instructions)</small> | |
| | | | Mass | Conc. | Mass | Conc. | |
| | Chemical oxygen demand (COD) | | | | | | |
| | Total organic carbon (TOC) | | | | | | |

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

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

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

| | | | | | |
|------------------|-----|--|--|--|--|
| Treatment System | 6.1 | Briefly describe any treatment system(s) used (or to be used). The treatment plant is an extended air, activated sludge treatment process, with chlorine disinfection | | | |
|------------------|-----|--|--|--|--|

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).




| | | |
|----------------------------------|-----------------------------------|--|
| EPA Identification Number N/A | NPDES Permit Number New Permit | Facility Name Saddle Ranch Subdivision WWTP |
|----------------------------------|-----------------------------------|--|

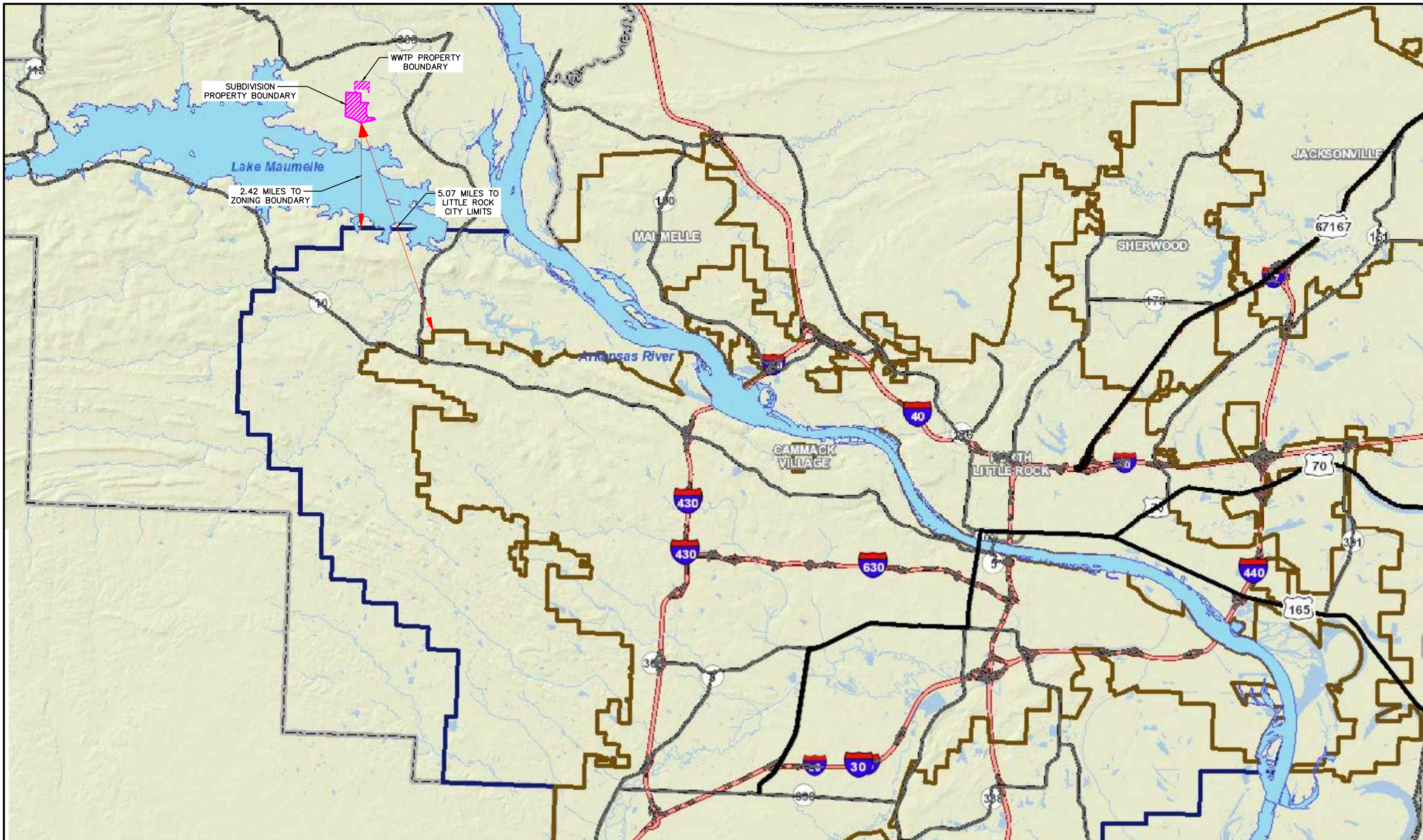
Form Approved 03/05/19
OMB No. 2040-0004

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

| | | |
|-------------------|-----|---|
| Other Information | 7.1 | Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed. |
|-------------------|-----|---|

SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

| | | | | | | | | | | | |
|---|----------------|--|---|--|----------------|---------------|-----------|-----------|-------------|---|---------|
| Checklist and Certification Statement | 8.1 | In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments. | | | | | | | | | |
| | | Column 1 | Column 2 | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 1: Outfall Location | <input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls) | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 2: Discharge Date | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 3: Waste Types | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 4: Effluent Characteristics | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 5: Flow | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 6: Treatment System | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input type="checkbox"/> Section 7: Other Information | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | | <input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement | <input type="checkbox"/> w/ attachments | | | | | | | | |
| | 8.2 | <p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1" style="width: 100%;"> <tr> <td>Name (print or type first and last name)</td> <td>Official title</td> </tr> <tr> <td>Rick Ferguson</td> <td>President</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> <tr> <td></td> <td>9-21-20</td> </tr> </table> | | Name (print or type first and last name) | Official title | Rick Ferguson | President | Signature | Date signed |  | 9-21-20 |
| Name (print or type first and last name) | Official title | | | | | | | | | | |
| Rick Ferguson | President | | | | | | | | | | |
| Signature | Date signed | | | | | | | | | | |
|  | 9-21-20 | | | | | | | | | | |



CIVIL ENGINEERING AND ENVIRONMENTAL SERVICES
 3512 South Shackleford Road
 Little Rock, Arkansas 72205
 (501) 221-7122 fax (501) 221-7775

| | |
|------------|---------------|
| SUBMITTED: | D. FORD |
| DRAWN: | C. GLOVER |
| CHECKED: | D. FORD |
| DATE: | SEP. 18, 2020 |



WASTEWATER TREATMENT DESIGN & PERMITTING
 SADDLE RANCH SUBDIVISION
 ROLAND CUTOFF ROAD
 ROLAND, ARKANSAS

BOUNDARY OFFSETS

| | |
|-------------|------------|
| JOB NUMBER | FERG-11791 |
| DRAWING NO. | 3 |