# ARG640000 Recertification Notice of Intent for Water Treatment Facilities with a Wastewater Discharge

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM
Date: 2021.12.09 16:12:16 -08:00
Reason: Copy Of Record
Location: North Little Rock, Arkansas

version 1.10

(Submission #: HPD-M6B6-W8SPH, version 1)

# **Details**

**AFIN** 02-00033

Submission ID HPD-M6B6-W8SPH

**Submission Reason** Renewal

# **Form Input**

# **Review Existing Permittee Information**

#### **Facility/Contact Information**

The permittee means any person (an individual, association, partnership, corporation, municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For the purpose of this permit, the permittee refers Permittee means any person (any state agency, municipality, governmental subdivision of the state or the United States, public or private corporation, individual, partnership, association, or other entity) who has the primary management and decision-making responsibility over a permitted operation, facility, or activity. The permittee is responsible for ensuring compliance with all applicable environmental regulations and conditions. The permittee is the entity named as such on an individual permit or the entity covered by a general permit.

If the permittee is a corporation, the permittee legal name has to be an identical match with the Arkansas Secretary of State. Below is a link to verify the legal name:

Arkansas Secretary of State Business Entity Search Website

#### **Permit Number**

ARG640017

#### **AFIN**

02-00033

# **Permittee Legal Name**

**Crossett Water Commission** 

#### Facility Name

**Crossett Water Treatment Plant** 

#### **Facility Address**

1100 Waterwell Road

#### **Facility City**

Crossett

#### **Facility State**

AR

#### **Facility Zip Code**

71635

12/9/2021 4:12:16 PM Page 1 of 10

#### **Mailing Address**

PO Box 616

#### **Mailing Address City**

Crossett

#### **Mailing Address State**

AR

## Mailing Address Zip Code

71635

#### **Responsible Official Name & Title**

Cecil G. Ritter

#### Responsible Official Email

crossettwater@windstream.net

#### **Cognizant Official Name & Title**

Albert R. Mills

#### **Cognizant Official Email**

NONE PROVIDED

#### **Primary Phone Number**

(870) 364-4195

#### **Contact Person**

Albert R. Mills

#### **Contact Person Email**

crossettwater@windstream.net

#### **Contact Person Phone Number**

(870) 364-4195

#### Invoice Address (line 1)

ALBERT MILLS

#### **Invoice Address (line 2)**

CROSSETT WATER COMMISSION

#### **Invoice Address (line 3)**

PO BOX 616

# **Invoice Address City**

**CROSSETT** 

#### **Invoice Address State**

AR

# Invoice Address Zip Code

716350616

#### **Outfall Information**

#### **First Outfall Number**

101A (filter backwash)

# **First Outfall Latitude Degrees**

33

#### **First Outfall Latitude Minutes**

06

12/9/2021 4:12:16 PM Page 2 of 10

#### First Outfall Latitude Seconds

35.05

#### **First Outfall Longitude Degrees**

-91

# **First Outfall Longitude Minutes**

56

#### First Outfall Longitude Seconds

49.28

#### Second Outfall Number (if applicable)

101B (lime sludge lagoon no. 1)

#### Second Outfall Latitude Degrees (if applicable)

33

# Second Outfall Latitude Minutes (if applicable)

UO

#### Second Outfall Latitude Seconds (if applicable)

26.17

# Second Outfall Longitude Degrees (if applicable)

-91

# Second Outfall Longitude Minutes (if applicable)

56

#### Second Outfall Longitude Seconds (if applicable)

46.89

#### Third Outfall Number (if applicable)

101C (lime sludge lagoon no. 2)

#### Third Outfall Latitude Degrees (if applicable)

33

#### Third Outfall Latitude Minutes (if applicable)

06

# Third Outfall Latitude Seconds (if applicable)

26

# Third Outfall Longitude Degrees (if applicable)

-91

#### Third Outfall Longitude Minutes (if applicable)

56

#### Third Outfall Longitude Seconds (if applicable)

49

#### Is the above outfall information correct?

Nο

#### **Conditional Monitoring Requirements**

#### Instructions

Please check if our current information on file for this permit regarding water source, usage of aluminum-based coagulants in the treatment process, and usage of chlorination is correct. If any of the items is incorrect, please select "No" for the question at the end of this section.

12/9/2021 4:12:16 PM Page 3 of 10

#### Facility uses groundwater as a water source

Yes

#### Facility uses aluminum-based coagulants in the treatment process

Yes

Facility uses chlorinated water for filter backwash, AND the treatment pond(s) retention time is less than 24 hours Yes

Is the above information about water source, aluminum-based coagulant usage, and chlorination/pond(s) retention time correct?

Yes

#### **Monitoring Frequency Reductions**

Please refer to Part 3.4 of the permit for more information. Click here to view Part 3.4 of the Permit

Does the facility have reduced monitoring frequency requirements for Aluminum, Iron, Manganese, TRC, or TSS? Yes

# **Facility/Contact info Corrections**

#### Instructions

Include any necessary corrections in this form. If the permittee legal name or facility name needs to be corrected, a permit transfer form must be attached to this submission.

#### Permittee Legal Name (currently in DEQ's records)

**Crossett Water Commission** 

#### Permittee Legal Name (correction, if needed)

NONE PROVIDED

#### **Permit Transfer Form**

If the Permittee Legal Name changes, a Permit Transfer Form will be required to be submitted with this Recertification Notice of Intent. The Permit Transfer Form is found at the link below. Please fill out the Permit Transfer Form and attach the form to this Recertification Notice of Intent.

Click here to view the Permit Transfer Form online

#### **Attach the Permit Transfer Form**

NONE PROVIDED

Comment

NONE PROVIDED

#### Facility Name (currently in DEQ's records)

**Crossett Water Treatment Plant** 

#### Facility Name (correction, if needed)

NONE PROVIDED

#### Facility Address (currently in DEQ's records)

1100 Waterwell Road

#### Facility Address (correction, if needed)

NONE PROVIDED

#### Facility City (currently in DEQ's records)

Crossett

# Facility City (correction, if needed)

NONE PROVIDED

12/9/2021 4:12:16 PM Page 4 of 10

#### Facility State (currently in DEQ's records)

AR

# Facility State (correction, if needed)

NONE PROVIDED

# Facility Zip Code (currently in DEQ's records)

71635

#### Facility Zip Code (correction, if needed)

NONE PROVIDED

#### Mailing Address (currently in DEQ's records)

PO Box 616

#### Mailing Address (correction, if needed)

NONE PROVIDED

#### Mailing Address City (currently in DEQ's records)

Crossett

#### Mailing Address City (correction, if needed)

NONE PROVIDED

#### Mailing Address State (currently in DEQ's records)

AR

#### Mailing Address State (correction, if needed)

NONE PROVIDED

#### Mailing Address Zip Code (currently in DEQ's records)

71635

#### Mailing Address Zip Code (correction, if needed)

NONE PROVIDED

#### Responsible Official Name & Title (currently in DEQ's records)

Cecil G. Ritter

#### Responsible Official Name & Title (correction, if needed; for example: John Doe, President)

GREG SIVILS, PRESIDENT

#### Responsible Official Email (currently in DEQ's records)

crossettwater@windstream.net

#### Responsible Official Email (correction, if needed)

NONE PROVIDED

## Cognizant Official Name & Title (currently in DEQ's records)

Albert R. Mills

#### Cognizant Official Name & Title (correction, if needed; for example: John Doe, President)

ALBERT R. MILLS, PLANT MANAGER

#### Cognizant Official Email (currently in DEQ's records)

NONE PROVIDED

12/9/2021 4:12:16 PM Page 5 of 10

#### Cognizant Official Email (correction, if needed)

NONE PROVIDED

# Primary Phone Number (currently in DEQ's records)

(870) 364-4195

#### Primary Phone Number (correction, if needed)

NONE PROVIDED

#### Contact Person (currently in DEQ's records)

Albert R. Mills

#### Contact Person (correction, if needed)

NONE PROVIDED

#### Contact Person Email (currently in DEQ's records)

crossettwater@windstream.net

#### Contact Person Email (correction, if needed)

NONE PROVIDED

# Contact Person Phone Number (currently in DEQ's records)

(870) 364-4195

#### **Contact Person Phone Number (correction, if needed)**

NONE PROVIDED

#### Invoice Address (line 1; currently in DEQ's records)

ALBERT MILLS

#### Invoice Address (line 1; correction, if needed)

NONE PROVIDED

#### Invoice Address (line 2, if applicable; currently in DEQ's records)

**CROSSETT WATER COMMISSION** 

# Invoice Address (line 2, if applicable; correction, if needed)

NONE PROVIDED

#### Invoice Address (line 3, if applicable; currently in DEQ's records)

**PO BOX 616** 

#### Invoice Address (line 3, if applicable; correction, if needed)

NONE PROVIDED

#### Invoice Address City (currently in DEQ's records)

CROSSETT

## Invoice Address City (correction, if needed)

NONE PROVIDED

# Invoice Address State (currently in DEQ's records)

AR

#### Invoice Address State (correction, if needed)

NONE PROVIDED

12/9/2021 4:12:16 PM Page 6 of 10

#### Invoice Address Zip Code (currently in DEQ's records)

716350616

# Invoice Address Zip Code (correction, if needed)

NONE PROVIDED

#### Other Comments/Notes

NONE PROVIDED

# **Outfall Corrections**

#### Instructions

Please provide a description of why the outfall information has changed, such as "clerical error", "Outfall XXX relocated", "Outfall XXX eliminated", etc.

Substantial changes may require additional documentation; DEQ will contact you if any additional information is needed.

#### **Description of Outfall Changes**

THERE ARE "NO" CHANGES.

#### First Outfall

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30 \$\display 10' 30" N, 90 \$\display 10' 10" W)

#### First Outfall Number (currently in DEQ's records)

101A (filter backwash)

#### First Outfall Number (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Degrees (currently in DEQ's records)

33

# First Outfall Latitude Degrees � (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Minutes ' (currently in DEQ's records)

06

#### First Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Seconds " (currently in DEQ's records)

35.05

#### First Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

#### First Outfall Longitude Degrees � (currently in DEQ's records)

-91

#### First Outfall Longitude Degrees � (correction, if needed)

NONE PROVIDED

#### First Outfall Longitude Minutes ' (currently in DEQ's records)

56

#### First Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

# First Outfall Longitude Seconds " (currently in DEQ's records)

49.28

12/9/2021 4:12:16 PM Page 7 of 10

#### First Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

#### Second Outfall (if applicable)

The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30 \$\display 10' 30" N, 90 \$\display 10' 10" W)

#### Second Outfall Number (currently in DEQ's records)

101B (lime sludge lagoon no. 1)

#### Second Outfall Number (correction, if needed)

NONE PROVIDED

# Second Outfall Latitude Degrees � (currently in DEQ's records)

33

#### Second Outfall Latitude Degrees • (correction, if needed)

NONE PROVIDED

#### Second Outfall Latitude Minutes ' (currently in DEQ's records)

06

#### Second Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

#### Second Outfall Latitude Seconds " (currently in DEQ's records)

26.17

#### Second Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

#### Second Outfall Longitude Degrees � (currently in DEQ's records)

-91

#### Second Outfall Longitude Degrees • (correction, if needed)

NONE PROVIDED

#### Second Outfall Longitude Minutes ' (currently in DEQ's records)

#### Second Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

#### Second Outfall Longitude Seconds " (currently in DEQ's records)

46.89

#### Second Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

#### Third Outfall (if applicable)

The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30 10' 30" N, 90 10' 10" W)

#### Third Outfall Number (currently in DEQ's records)

101C (lime sludge lagoon no. 2)

# Third Outfall Number (correction, if needed)

NONE PROVIDED

#### Third Outfall Latitude Degrees � (currently in DEQ's records)

33

12/9/2021 4:12:16 PM Page 8 of 10

#### Third Outfall Latitude Degrees @ (correction, if needed)

NONE PROVIDED

#### Third Outfall Latitude Minutes ' (currently in DEQ's records)

06

#### Third Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

#### Third Outfall Latitude Seconds " (currently in DEQ's records)

26

#### Third Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

#### Third Outfall Longitude Degrees • (currently in DEQ's records)

-91

#### Third Outfall Longitude Degrees � (correction, if needed)

NONE PROVIDED

#### Third Outfall Longitude Minutes ' (currently in DEQ's records)

56

# Third Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

#### Third Outfall Longitude Seconds " (currently in DEQ's records)

49

#### Third Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

# **Monitoring Frequency Reductions**

#### Instructions

For Aluminum, Iron, Manganese, or TRC:

The monitoring frequency may be reduced to once/year if the requirements of Part 3.4.1 of the permit are met.

For TSS for permittees subject to Part 2.1 (Outfall Type 101):

The monitoring frequency may be reduced to once/6 months if the requirements of Part 3.4.2 of the permit are met.

For TSS for permittees subject to Part 2.2 (Outfall Type 102) or Part 2.3 (Outfall Type 103):

The monitoring frequency may be reduced to once/quarter if the requirements of Part 3.4.3 of the permit are met.

#### Please select all existing monitoring frequency reductions for the facility:

Total Residual Chlorine (TRC)

# TOTAL RESIDUAL CHLORINE (TRC): Would you like to request continuation of the current reduced monitoring frequency requirements for this parameter?

Yes

#### **TOTAL RESIDUAL CHLORINE (TRC)**

Please note the permittee must meet the requirements of Part 3.4.1 to qualify for this continuation. DEQ will review the permittee's most recent two (2) years of reported data for TRC to determine compliance with the permit limit.

#### Please select any new monitoring frequency reductions you would like to apply for at this time:

NONE PROVIDED

# Does the facility have multiple outfalls with different monitoring frequency reductions (or requested reductions)?

NC

12/9/2021 4:12:16 PM Page 9 of 10

# **Disclosure Statement**

# **Declaration of No Changes**

This facility is owned by a municipality or county, or is a public water authority.

12/9/2021 4:12:16 PM Page 10 of 10