

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

version 1.3

(Submission #: HP9-PB11-ZYVMC, version 1)

## Details

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<b>Submitted</b>	6/23/2021 (70 days ago) by steven lucas
<b>AFIN</b>	34-00003
<b>Reference #</b>	ARG640021
<b>Submission ID</b>	HP9-PB11-ZYVMC
<b>Description</b>	Recertification ARG640021 - Breckenridge-Union Water Treatment Facility
<b>Submission Reason</b>	Renewal
<b>Submission Assigned Staff</b>	Zachary Carroll
<b>Status</b>	In Review

## Form Input

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### Permit Information

#### Facility/Contact Information

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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 and 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**

ARG640021

**AFIN**

34-00003

**Permittee Legal Name**

Breckenridge-Union Water Users Association

**Did the Permittee Legal Name change?**

No

**Facility Name**

Breckenridge-Union Water Treatment Facility

**Facility Address**

6200 hwy 17 south

**Facility City**

Newport

**Facility State**

AR

**Facility Zip Code**

72112

**Mailing Address**

711 Josephine St

**Mailing Address City**

Newport

**Mailing Address State**

AR

**Mailing Address Zip Code**

72112

**Responsible Official Name & Title**

John R. Sink

**Responsible Official Email**

jafarms3000@gmail.com

**Cognizant Official Name & Title**

Steven C. Lucas

**Cognizant Official Email**

breckenridgewater@gmail.com

**Primary Phone Number**

(870) 217-1693

**Contact Person**

Steven Lucas

**Contact Person Email**

breckenridgewater@gmail.com

**Contact Person Phone Number**

(870) 217-1693

**Invoice Address (line 1)**

BRECKENRIDGE-UNION WATER ASSO

**Invoice Address (line 2)**

C/O LEWALLEN &amp; CO., LTD

**Invoice Address (line 3)**

PO BOX 490

**Invoice Address City**

NEWPORT

**Invoice Address State**

AR

**Invoice Address Zip Code**

721120000

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees (in Degrees, Minutes, Seconds format)**

35

**First Outfall Latitude Minutes (in Degrees, Minutes, Seconds format)**

28

**First Outfall Latitude Seconds (in Degrees, Minutes, Seconds format)**

28.5

**First Outfall Longitude Degrees (in Degrees, Minutes, Seconds format)**

-91

**First Outfall Longitude Minutes (in Degrees, Minutes, Seconds format)**

13

**First Outfall Longitude Seconds (in Degrees, Minutes, Seconds format)**

47.28

**Second Outfall Number (if applicable)**

NONE PROVIDED

**Second Outfall Latitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Latitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Latitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Number (if applicable)**

NONE PROVIDED

**Third Outfall Latitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Latitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Latitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

### **Conditional Monitoring Requirements**

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#### **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.

**Facility uses groundwater as a water source**

Yes

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

No

**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**

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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?**

No

### **Disclosure Statement**

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#### **Declaration of No Changes**

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

## Attachments

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Date	Attachment Name	Context	User
8/30/2021 8:07 AM	ARG640021 Recert Checklist.pdf	Submission	Zachary Carroll
8/30/2021 8:04 AM	ARG640021_UpdatedDisclosure.pdf	Submission	Zachary Carroll
8/3/2021 8:16 AM	ARG640021_Eportal Certification and Disclosure Statement_20210802.PDF	Submission	Amanda Blackmon
8/2/2021 1:53 PM	ARG640021_Eportal Certification and Disclosure Statement_20210802.PDF	Submission	Amanda Blackmon
7/13/2021 4:52 PM	ARG640021_Breckenridge Union Compliance Review_20210713.pdf	Submission	Myrl Lawrence
6/30/2021 2:59 PM	DomesticGoodStanding.pdf	Submission	Zachary Carroll
6/30/2021 2:59 PM	ARG6400021_invoice.pdf	Submission	Zachary Carroll