

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

version 1.8

(Submission #: HPA-672T-90TT8, version 1)

## Details

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<b>Submitted</b>	7/13/2021 (34 days ago) by Barry Connell
<b>AFIN</b>	08-00033
<b>Reference #</b>	ARG640030
<b>Submission ID</b>	HPA-672T-90TT8
<b>Description</b>	Recertification ARG640030- Carroll Boone Water District West Plant
<b>Submission Reason</b>	Renewal
<b>Submission Assigned Staff</b>	Barry Manasco
<b>Status</b>	Submitted

## Form Input

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### Review Existing Permittee 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 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**

ARG640030

**AFIN**

08-00033

**Permittee Legal Name**

Carroll Boone Water District

**Facility Name**

Carroll Boone Water District West Plant

**Facility Address**

11510 Hwy 187

**Facility City**

Eureka Springs

**Facility State**

AR

**Facility Zip Code**

72631

**Mailing Address**

11510 Hwy 187

**Mailing Address City**

Eureka Springs

**Mailing Address State**

AR

**Mailing Address Zip Code**

72631

**Responsible Official Name & Title**

Frank A. Brooks, III

**Responsible Official Email**

cbwd@carroll-boone.com

**Cognizant Official Name & Title**

Barry B. Connell

**Cognizant Official Email**

NONE PROVIDED

**Primary Phone Number**

(479) 253-7269

**Contact Person**

Barry B. Connell

**Contact Person Email**

cbwd@carroll-boone.com

**Contact Person Phone Number**

(479) 253-7269

**Invoice Address (line 1)**

BARRY B, CONNELL

**Invoice Address (line 2)**

CARROLL BOONE WATER DISTRICT

**Invoice Address (line 3)**

11510 HWY 187

**Invoice Address City**

EUREKA SPRINGS

**Invoice Address State**

AR

**Invoice Address Zip Code**

726310000

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees**

36

**First Outfall Latitude Minutes**

24

**First Outfall Latitude Seconds**

41.07

**First Outfall Longitude Degrees**

-93

**First Outfall Longitude Minutes**

50

**First Outfall Longitude Seconds**

22.17

**Second Outfall Number (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

**Second Outfall Latitude Minutes (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

**Second Outfall Longitude Degrees (if applicable)**

NONE PROVIDED

**Second Outfall Longitude Minutes (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

**Third Outfall Number (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

**Third Outfall Latitude Seconds (if applicable)**

NONE PROVIDED

**Third Outfall Longitude Degrees (if applicable)**

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

**Is the above outfall information correct?**

Yes

## 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

No

### 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

No

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

No

## 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

## Facility/Contact info Corrections

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### 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)

Carroll Boone Water District

### 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)**

Carroll Boone Water District West Plant

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

NONE PROVIDED

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

11510 Hwy 187

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

NONE PROVIDED

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

Eureka Springs

**Facility City (correction, if needed)**

NONE PROVIDED

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

AR

**Facility State (correction, if needed)**

NONE PROVIDED

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

72631

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

NONE PROVIDED

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

11510 Hwy 187

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

NONE PROVIDED

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

Eureka Springs

**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)**

72631

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

NONE PROVIDED

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

Frank A. Brooks, III

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

NONE PROVIDED

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

cbwd@carroll-boone.com

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

NONE PROVIDED

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

Barry B. Connell

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

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

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

(479) 253-7269

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

NONE PROVIDED

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

Barry B. Connell

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

NONE PROVIDED

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

cbwd@carroll-boone.com

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

NONE PROVIDED

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

(479) 253-7269

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

NONE PROVIDED

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

BARRY B, CONNELL

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

NONE PROVIDED

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

CARROLL BOONE WATER DISTRICT

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

NONE PROVIDED

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

11510 HWY 187

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

NONE PROVIDED

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

EUREKA SPRINGS

**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

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

726310000

**Invoice Address Zip Code (correction, if needed)**

NONE PROVIDED

**Other Comments/Notes**

NONE PROVIDED



## **Conditional Monitoring Requirements Corrections**

### **Instructions**

Include any necessary corrections regarding the facility's raw water source, usage of aluminum-based coagulants in the treatment process, and usage of chlorination with less than 24 hours of treatment pond(s) retention time. You can provide further information in the given fields if corrections are being made.

### **Groundwater Usage**

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**DEQ's current records: groundwater used as a water source?**

No

**Does the facility use groundwater as a water source? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)**

No

**Any additional information or elaboration regarding this correction**

NONE PROVIDED

### **Aluminum-Based Coagulants Usage**

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**DEQ's current records: aluminum-based coagulants used in the treatment process?**

Yes

**Are aluminum-based coagulants used in the treatment process? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)**

No changes

### **Chlorination Usage and Pond Retention Time**

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**DEQ's current records: chlorinated water used for filter backwash, AND the treatment pond(s) retention time is less than 24 hours?**

No

**Is chlorinated water used for filter backwash, and is the treatment pond(s) retention time less than 24 hours? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)**

No changes

### **Disclosure Statement**

**Declaration of No Changes**

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

**Attachments**

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<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>User</b>
8/16/2021 5:01 PM	ARG640030_Boone Carroll Water FULL Compliance Review_20210816.pdf	Submission	Barry Manasco
8/9/2021 3:07 PM	ARG640030 Carroll Boone Water District West Plant Form Checklist.docx	Submission	Barry Manasco
8/6/2021 3:19 PM	ARG640030 Carroll Boone Water District West Plant Proof of Payment Grid.pdf	Submission	Barry Manasco
7/27/2021 2:38 PM	eportal cert.PDF	Submission	Kealey Burrow