

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

version 1.8

(Submission #: HP9-G6E6-V7TBK, version 1)

## Details

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<b>Originally Started By</b>	Zachary Carroll
<b>Submitted</b>	7/12/2021 (49 days ago) by KENNETH BRANDON BIGGS
<b>AFIN</b>	35-00206
<b>Reference #</b>	ARG640045
<b>Submission ID</b>	HP9-G6E6-V7TBK
<b>Description</b>	Recertification - ARG640045- Watson Chapel
<b>Submission Reason</b>	Renewal
<b>Submission Assigned Staff</b>	Faizan Khan
<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 to **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**

ARG640045

#### **AFIN**

35-00206

#### **Permittee Legal Name**

Watson Chapel Water Association

#### **Facility Name**

Watson Chapel Water Association

#### **Facility Address**

6909 Sulphur Springs Road

**Facility City**

Pine Bluff

**Facility State**

AR

**Facility Zip Code**

71613

**Mailing Address**

P.O. Box 1410

**Mailing Address City**

Pine Bluff

**Mailing Address State**

AR

**Mailing Address Zip Code**

71613

**Responsible Official Name & Title**

Kenneth Biggs

**Responsible Official Email**

wcwapb@sbcglobal.net

**Cognizant Official Name & Title**

John Perry Veazey

**Cognizant Official Email**

wcwapb@sbcglobal.net

**Primary Phone Number**

(870) 879-1392

**Contact Person**

Kenneth Biggs

**Contact Person Email**

wcwapb@sbcglobal.net

**Contact Person Phone Number**

870-879-1392

**Invoice Address (line 1)**

ACCOUNTS PAYABLE

**Invoice Address (line 2)**

WATSON CHAPEL WATER

**Invoice Address (line 3)**

PO BOX 1410

**Invoice Address City**

PINE BLUFF

**Invoice Address State**

AR

**Invoice Address Zip Code**

716130000

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees**

34

**First Outfall Latitude Minutes**

11

**First Outfall Latitude Seconds**

21

**First Outfall Longitude Degrees**

92

**First Outfall Longitude Minutes**

05

**First Outfall Longitude Seconds**

04

**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

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

No

### 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?

Yes

## 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)

Watson Chapel Water Association

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

Watson Chapel Water public water authority

### 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)

Watson Chapel Water Association

### Facility Name (correction, if needed)

NONE PROVIDED

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

6909 Sulphur Springs Road

### Facility Address (correction, if needed)

NONE PROVIDED

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

Pine Bluff

**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)**

71613

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

NONE PROVIDED

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

P.O. Box 1410

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

NONE PROVIDED

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

Pine Bluff

**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)**

71613

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

NONE PROVIDED

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

Kenneth Biggs

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

NONE PROVIDED

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

wcwapb@sbcglobal.net

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

NONE PROVIDED

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

John Perry Veazey

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

Heath Bogy

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

wcwapb@sbcglobal.net

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

NONE PROVIDED

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

(870) 879-1392

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

NONE PROVIDED

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

Kenneth Biggs

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

NONE PROVIDED

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

wcwapb@sbcglobal.net

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

NONE PROVIDED

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

870-879-1392

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

NONE PROVIDED

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

ACCOUNTS PAYABLE

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

NONE PROVIDED

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

WATSON CHAPEL WATER

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

NONE PROVIDED

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

PO BOX 1410

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

NONE PROVIDED

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

PINE BLUFF

**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)**

716130000

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

NONE PROVIDED

**Other Comments/Notes**

NONE PROVIDED

## **Monitoring Frequency Reductions**

### **Instructions**

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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:**

NONE PROVIDED

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

NONE PROVIDED

## **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>
7/12/2021 2:18 PM	ARG640045_transfer.pdf	Submission	Zachary Carroll

## **Internal Data**

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<b>Label</b>	<b>Value</b>
Type of treatment	