

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

version 1.2

(Submission #: HP9-HRRW-68ER8, version 1)

Details

Submitted	6/17/2021 (4 days ago) by DAVID A KING
Reference #	ARG640050
Submission ID	HP9-HRRW-68ER8
Description	Recertification ARG640050- Cross County Rural Water
Submission Reason	Renewal
Submission Assigned Staff	Zachary Carroll
Status	In Review

Form Input

Permit 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 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

ARG640050

AFIN

74-00272

Permittee Legal Name

Cross County Rural Water

Did the Permittee Legal Name change?

No

Facility Name

Cross County Rural Water - Morton Plant

Facility Address

337 CR 432

Facility City

McCrory

Facility State

AR

Facility Zip Code

72101

Mailing Address

PO Box 61

Mailing Address City

Hickory Ridge

Mailing Address State

AR

Mailing Address Zip Code

72347

Responsible Official Name & Title

David A. King

Responsible Official Email

davidking1978@live.com

Cognizant Official Name & Title

CONNIE WILSON

Cognizant Official Email

crosscountyruralwatersystem.com

Primary Phone Number

(870) 697-2971

Contact Person

DAVID KING

Contact Person Email

davidking1978@live.com

Contact Person Phone Number

8706972971

Invoice Address (line 1)

DAVID KING

Invoice Address (line 2)

CROSS CO.RURAL WATER/MORTON

Invoice Address (line 3)

PO BOX 61

Invoice Address City

Hickory Ridge

Invoice Address State

AR

Invoice Address Zip Code

72347

Outfall Information

First Outfall Number

101

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

35

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

14

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

13.22

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

91

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

05

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

45.23

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

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
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

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, but I would like to apply for reduction(s) at this time

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.

Does the facility use groundwater as a water source? (select "No changes" if no correction is required for this item)

No changes

Are aluminum-based coagulants used in the treatment process? (select "No changes" if no correction is required for this item)

No changes

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)

Yes

Any additional information or elaboration regarding this correction

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:

NONE PROVIDED

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

Date	Attachment Name	Context	User
6/18/2021 1:38 PM	ARG640050 Recert Checklist.pdf	Submission	Zachary Carroll
6/18/2021 1:37 PM	ARG640050_enforcement.pdf	Submission	Zachary Carroll
6/18/2021 12:59 PM	NPDESMonitoringData_ARG640050.xlsx	Submission	Zachary Carroll
6/18/2021 12:59 PM	Clarification re retention time.pdf	Submission	Zachary Carroll
6/18/2021 12:59 PM	ARG640050_invoice.pdf	Submission	Zachary Carroll