ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS NPDES GENERAL PERMIT ARG640000

Application Type: New ☐ Renewal ⊠	Permit # ARG64					
I. PERMITTEE/OPERATOR INFORMATION	AFIN#					
Permittee (Legal Name): Vanndale-Birdeye Water Association	Operator Type:					
Permittee Mailing Address: P.O. Box 298	State Partnership					
Permittee City: Cherry Valley	☐ Federal ☐ Corporation*					
Permittee State: AR Zip: 72324	Sole Proprietorship/Private					
Permittee Telephone Number: 870-588-4336	*State of Incorporation: AR The legal name of the Permittee must be identical to the name listed with the					
Permittee Fax Number: 870-588-4307						
Permittee E-mail Address: <u>treasurer@vb-water.com</u>	Arkansas Secretary of State.					
II. INVOICE MAILING INFORMATION						
Invoice Contact Person: A. W. Curtis	City: Charmy Valley					
	City: Cherry Valley					
Invoice Mailing Company: Vanndale-Birdeye Water Association	State: AR Zip: 72324					
Invoice Mailing Address: P.O. Box 298 Tel	ephone: _870-588-4336					
III. FACILITY INFORMATION						
Facility Name: Vanndale-Birdeye Water Treatment Facility Cont	act Person: A.W. Curtis					
	ntact Title: Manager					
	ne Number: 870-588-4336					
	act E-mail: treasurer@vb-water.com					
Facility SIC Code: 4041 Facility NAICS Code: 221310 Type of	F Rusiness: Water Treatment Facility					
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: Water Treatment Facility Facility Latitude: 35 Deg 22 Min 30.97Sec Facility Longitude: 90 Deg 42 Min 19.10Sec						
<u>Unkn</u>	<u>Unkno</u> <u>Settlement</u>					
Accuracy: <u>Unknown</u> Method: <u>Satellite</u> Datum: <u>own</u> Sca Section: 30 Township: 9 N Range: 4 E	lle: wn Description: Basin					
Section: 30 Township: 9 N Range: 4 E						
IV. DISCHARGE INFORMATION						
Outfall Type: 101 Flow: 0.018	MGD (Million Gallons per Day)					
Stream Segment: 5B Hydrologic Basin Code: 08020205						
Outfall Latitude: 35Deg 22 Min 30.62Sec Outfall Longitude: 90Deg 42 Min 19.30Sec						
Unknow Unkno Accuracy: n Method: Satellite Datum: own Scale: wn Description: Outfall						
Accuracy: n Method: Satellite Datum: own Scale: wn Description: Outfall Type of Treatment: Settling Pond						
Receiving Stream: Unnamed tributary of St. Francis Bay seep ditch, thence to	o St. Francis River					
Water Source: Surface water Groundwater						
Are aluminum based coagulants used? Yes No No						
Is chlorinated water used for filter backwash? Yes No						
WATER DIVISION						
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK	K, ARKANSAS 72118					

PHONE 501-682-0623 / FAX 501-682-0880

Do	o the ponds have a	retention time >	24 hours?	Yes	\boxtimes	No [
Ou	utfall Type:				Flow:		MGD (M	illion Gall	lons pe	er Day)	
St	ream Segment:		Hydi	rologic Basin	Code:					•	
Οι	utfall Latitude:	Deg	Min			all Long	itude:	Deg	144	Min	Sec
I	Accuracy:	Method:		Datum:		_ Scale:	4.	Descri	iption:	1	
Ту	pe of Treatment:										
Re	eceiving Stream:	3							14		
W	ater Source: Si	urface water	Groun	dwater							
Ar	re aluminum based	coagulants used	?	Yes		No [
Is	chlorinated water	used for filter ba	ckwash?	Yes		No [
Do	o the ponds have a	retention time >	24 hours?	Yes		No [
	NPDES General C			rmit Number mit Number							
VI.	OTHER INFO	ORMATION:									
Т	reatment System (Operator Name:	A.W. Cur	tis Li	icense N	Jumber:	006950				
	cense Class:	Basic 🖂	Advanced		2 3						1
	Additional Location		N/A								
			N/A	1 DE 1	f'11 > 1	11.5					
		Contact Name:				ewell En	igineers, li	nc		-	
		Email Address: ultant Address:	P.O. Box	ngr@aol.con	1			City:	Nove	nort	
	Collst	unant Address.	a	AR				Zip:	7211		
	Consultant E	Phone Number:	_			Consu	ltant Fax	-			
	Consultant	none rannoet.	0/0-323-0	JJ1		Consu	mam rax	Tullioel.	0/0-	525-0555	

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR					
(Initial) "I certify that the cognizant official designate under the provisions of 40 CFR 122.22(b). If no cognizant reports signed only by the Applicant."(Initial) "I certify under penalty of law that this docum in accordance with a system designed to assure that quali Based on my inquiry of the person or persons directly response.	a, it is registered with the Secretary of the State of Arkansas." d in this Application is qualified to act as a duly authorized representative official has been designated, I understand that the Department will accept ment and all attachments were prepared under my direction or supervision fied personnel properly gather and evaluate the information submitted. In onsible for gathering the information, the information submitted is, to the lete. I am aware that there are significant penalties for submitting falsement for knowing violations."				
Responsible Official Printed Name: Steven Stricklin Responsible Official Signature: treasurer@vb-wat	Title: President Date: // // / / / / / / / / / / / / / / / /				
Cognizant Official Printed Name: Cognizant Official Signature: Cognizant Official Email: treasurer@vb-wat	Title: Manager Date: 1 - 1 - 2 er.com Telephone: 870-588-4336				
X. PERMIT REQUIREMENT VERIFICATION Please check the following to verify completion of permit requirements. Yes No * If No is answered for any of the questions, then a permit can not be issued!					
Submittal of Complete NOI? Submittal of Required Permit Fee? Submittal of Site Map? Submittal of Disclosure Statement?	eck Number:				