

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

version 1.9

(Submission #: HPB-YPT9-4T6P4, version 1)

## Details

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<b>Submitted</b>	9/23/2021 (20 days ago) by Lance Alan McAvoy
<b>AFIN</b>	17-00543
<b>Reference #</b>	ARG640061
<b>Submission ID</b>	HPB-YPT9-4T6P4
<b>Description</b>	ARG640061 - Recertification - City of Ft. Smith - Lee Creek WTP
<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**

ARG640061

#### **AFIN**

17-00543

#### **Permittee Legal Name**

City of Fort Smith

#### **Facility Name**

City of Ft. Smith - Lee Creek WTP

#### **Facility Address**

2425 Pine Hollow Road

#### **Facility City**

Van Buren

**Facility State**

AR

**Facility Zip Code**

72956

**Mailing Address**

3900 Kelley Hwy.

**Mailing Address City**

Ft. Smith

**Mailing Address State**

AR

**Mailing Address Zip Code**

72904

**Responsible Official Name & Title**

Carl Geffken, City Administrator

**Responsible Official Email**

cgeffken@FortSmithAR.gov

**Cognizant Official Name & Title**

Lance A. McAvoy, Deputy Director of Operations

**Cognizant Official Email**

NONE PROVIDED

**Primary Phone Number**

(479) 784-2201

**Contact Person**

Steve Floyd, Treatment Program Manager

**Contact Person Email**

sfloyd@fortsmithar.gov

**Contact Person Phone Number**

479-784-2331

**Invoice Address (line 1)**

Lance McAvoy

**Invoice Address (line 2)**

City of Fort Smith

**Invoice Address (line 3)**

801 Carnall Ave.

**Invoice Address City**

Fort Smith

**Invoice Address State**

AR

**Invoice Address Zip Code**

72901

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees**

35

**First Outfall Latitude Minutes**

28

**First Outfall Latitude Seconds**

59

**First Outfall Longitude Degrees**

94

**First Outfall Longitude Minutes**

23

**First Outfall Longitude Seconds**

28.6

**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?**

No

**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)**

City of Fort Smith

**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)**

City of Ft. Smith - Lee Creek WTP

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

NONE PROVIDED

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

2425 Pine Hollow Road

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

NONE PROVIDED

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

Van Buren

**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)**

72956

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

NONE PROVIDED

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

3900 Kelley Hwy.

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

NONE PROVIDED

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

Ft. Smith

**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)**

72904

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

NONE PROVIDED

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

Carl Geffken, City Administrator

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

NONE PROVIDED

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

cgeffken@FortSmithAR.gov

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

NONE PROVIDED

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

Lance A. McAvoy, Deputy Director of Operations

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

Lance A. McAvoy, Utility Director

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

NONE PROVIDED

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

LMcAvoy@FortSmithAR.gov

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

(479) 784-2201

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

NONE PROVIDED

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

Steve Floyd, Treatment Program Manager

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

Rahul Thukral, Deputy Director of Operation

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

sfloyd@fortsmithar.gov

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

rahul.thukral@fortsmithar.gov

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

479-784-2331

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

479-494-3908

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

Lance McAvoy

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

NONE PROVIDED

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

City of Fort Smith

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

NONE PROVIDED

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

801 Carnall Ave.

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

NONE PROVIDED

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

Fort Smith

**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)**

72901

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

NONE PROVIDED

**Other Comments/Notes**

NONE PROVIDED

## **Outfall Corrections**

### **Instructions**

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Please provide a description of why the outfall information has changed, such as "clerical error", "Outfall XXX relocated", "Outfall XXX eliminated", etc.

Substantial changes may require additional documentation; DEQ will contact you if any additional information is needed.

## Description of Outfall Changes

None

### First Outfall

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Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30° 10' 30" N, 90° 10' 10" W)

#### First Outfall Number (currently in DEQ's records)

101

#### First Outfall Number (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Degrees ° (currently in DEQ's records)

35

#### First Outfall Latitude Degrees ° (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Minutes ' (currently in DEQ's records)

28

#### First Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

#### First Outfall Latitude Seconds " (currently in DEQ's records)

59

#### First Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

#### First Outfall Longitude Degrees ° (currently in DEQ's records)

94

#### First Outfall Longitude Degrees ° (correction, if needed)

NONE PROVIDED

#### First Outfall Longitude Minutes ' (currently in DEQ's records)

23

#### First Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

#### First Outfall Longitude Seconds " (currently in DEQ's records)

28.6

#### First Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

### Second Outfall (if applicable)

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The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30° 10' 30" N, 90° 10' 10" W)

#### Second Outfall Number (currently in DEQ's records)

NONE PROVIDED

#### Second Outfall Number (correction, if needed)

NONE PROVIDED

#### Second Outfall Latitude Degrees ° (currently in DEQ's records)

NONE PROVIDED

#### Second Outfall Latitude Degrees ° (correction, if needed)

NONE PROVIDED

**Second Outfall Latitude Minutes ' (currently in DEQ's records)**

NONE PROVIDED

**Second Outfall Latitude Minutes ' (correction, if needed)**

NONE PROVIDED

**Second Outfall Latitude Seconds " (currently in DEQ's records)**

NONE PROVIDED

**Second Outfall Latitude Seconds " (correction, if needed)**

NONE PROVIDED

**Second Outfall Longitude Degrees  $\diamond$  (currently in DEQ's records)**

NONE PROVIDED

**Second Outfall Longitude Degrees  $\diamond$  (correction, if needed)**

NONE PROVIDED

**Second Outfall Longitude Minutes ' (currently in DEQ's records)**

NONE PROVIDED

**Second Outfall Longitude Minutes ' (correction, if needed)**

NONE PROVIDED

**Second Outfall Longitude Seconds " (currently in DEQ's records)**

NONE PROVIDED

**Second Outfall Longitude Seconds " (correction, if needed)**

NONE PROVIDED

**Third Outfall (if applicable)**

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The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30 $\diamond$  10' 30" N, 90 $\diamond$  10' 10" W)

**Third Outfall Number (currently in DEQ's records)**

NONE PROVIDED

**Third Outfall Number (correction, if needed)**

NONE PROVIDED

**Third Outfall Latitude Degrees  $\diamond$  (currently in DEQ's records)**

NONE PROVIDED

**Third Outfall Latitude Degrees  $\diamond$  (correction, if needed)**

NONE PROVIDED

**Third Outfall Latitude Minutes ' (currently in DEQ's records)**

NONE PROVIDED

**Third Outfall Latitude Minutes ' (correction, if needed)**

NONE PROVIDED

**Third Outfall Latitude Seconds " (currently in DEQ's records)**

NONE PROVIDED

**Third Outfall Latitude Seconds " (correction, if needed)**

NONE PROVIDED

**Third Outfall Longitude Degrees  $\diamond$  (currently in DEQ's records)**

NONE PROVIDED

**Third Outfall Longitude Degrees  $\diamond$  (correction, if needed)**

NONE PROVIDED



**Third Outfall Longitude Minutes ' (currently in DEQ's records)**  
NONE PROVIDED

**Third Outfall Longitude Minutes ' (correction, if needed)**  
NONE PROVIDED

**Third Outfall Longitude Seconds " (currently in DEQ's records)**  
NONE PROVIDED

**Third Outfall Longitude Seconds " (correction, if needed)**  
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**

**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 changes

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

**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**

**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>
9/30/2021 2:10 PM	ARG640061_ePortal Certification_20210930.pdf	Submission	Kealey Burrow