

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

version 1.9

(Submission #: HPB-YQ3T-E2QMV, version 1)

Details

Submitted	9/23/2021 (7 days ago) by Lance Alan McAvoy
AFIN	17-00542
Reference #	ARG640065
Submission ID	HPB-YQ3T-E2QMV
Description	Recertification ARG640065- City of Ft. Smith - Lake Fort Smith WTP
Submission Reason	Renewal
Submission Assigned Staff	Barry Manasco
Status	In Review

Form Input

Review Existing Permittee 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 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

ARG640065

AFIN

17-00542

Permittee Legal Name

City of Fort Smith

Facility Name

Lake Fort Smith WTP

Facility Address

12500 Warloop Road

Facility City

Mountainburg

Facility State

AR

Facility Zip Code

72946

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, Utility Director

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)

JEFF W. DINGMAN

Invoice Address (line 2)

CITY OF FORT SMITH

Invoice Address (line 3)

3900 KELLEY HWY

Invoice Address City

FORT SMITH

Invoice Address State

AR

Invoice Address Zip Code

72904

Outfall Information

First Outfall Number

102

First Outfall Latitude Degrees

35

First Outfall Latitude Minutes

39

First Outfall Latitude Seconds

22

First Outfall Longitude Degrees

94

First Outfall Longitude Minutes

09

First Outfall Longitude Seconds

09

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

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?

Yes

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

Facility/Contact info Corrections

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)

Lake Fort Smith WTP

Facility Name (correction, if needed)

NONE PROVIDED

Facility Address (currently in DEQ's records)

12500 Warloop Road

Facility Address (correction, if needed)

NONE PROVIDED

Facility City (currently in DEQ's records)

Mountainburg

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)

72946

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, Utility Director

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)

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

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)

JEFF W. DINGMAN

Invoice Address (line 1; correction, if needed)

Lance A. McAvoy

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)

3900 KELLEY HWY

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

801 Carnall Ave., Suite 500

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)

72904

Invoice Address Zip Code (correction, if needed)

72901

Other Comments/Notes

NONE PROVIDED

Outfall Corrections

Instructions

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

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)

102

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)

39

First Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

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

22

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)

09

First Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

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

09

First Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

Second Outfall (if applicable)

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 ° (currently in DEQ's records)

NONE PROVIDED

Second Outfall Longitude Degrees ° (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)

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)

Third Outfall Number (currently in DEQ's records)

NONE PROVIDED

Third Outfall Number (correction, if needed)

NONE PROVIDED

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

NONE PROVIDED

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

NONE PROVIDED

Third Outfall Longitude Degrees ° (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

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
9/29/2021 4:29 PM	ARG640065 City of Fort Smith Compliance Check.docx	Submission	Thomas Harrington
9/27/2021 3:54 PM	ARG640065 City of Fort Smith - Lake Fort Smith WTP Form Checklist.docx	Submission	Barry Manasco
9/27/2021 3:53 PM	ARG640065 City of Fort Smith - Lake Fort Smith WTP Proof of Payment Grid.pdf	Submission	Barry Manasco