

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
NOTICE OF INTENT  
WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS  
NPDES GENERAL PERMIT ARG640000

Application Type: New  Renewal  Permit # ARG640079  
AFIN# 64-00027

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): City of Waldron Operator Type:  
Permittee Mailing Address: P.O. Box ~~1028~~ 310  State  Partnership  
Permittee City: Waldron  Federal  Corporation\*  
Permittee State: AR Zip: 72958  Sole Proprietorship/Private  
Permittee Telephone Number: 479-637-3181 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: 479-637-5020 The legal name of the Permittee must be  
Permittee E-mail Address: brandon.n@cebridge.net identical to the name listed with the  
Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: Sherry Johnston City: Waldron  
Invoice Mailing Company: City of Waldron State: AR Zip: 72958  
Invoice Mailing Address: P.O. Box 310 Telephone: 479-637-3181

**III. FACILITY INFORMATION**

Facility Name: Waldron Water Treatment Plant Facility Contact Person: Brandon Nelson  
Facility Address: 40 Water Street Contact Title: Director of Public Works  
Facility County: Scott Telephone Number: 479-637-3181  
Facility City, State & Zip: Waldron, AR, 72958 Contact E-mail: brandon.n@cebridge.net  
Facility SIC Code: 4941 Facility NAICS Code: N/A Type of Business: State Municipality  
Facility Latitude: 34 Deg 55 Min 22Sec Facility Longitude: -94 Deg 05 Min 32Sec  
Accuracy: A1 Method: A Datum: 2 Scale: 3 Description: 01099  
Section: 17 Township: 3N Range: 29W

**IV. DISCHARGE INFORMATION**

Outfall Type: 101 Flow: 0.120 MGD (Million Gallons per Day)  
Stream Segment: 3I Hydrologic Basin Code: 11110105  
Outfall Latitude: 34Deg 55 Min 22Sec Outfall Longitude: -94Deg 05 Min 32Sec  
Accuracy: A1 Method: A Datum: 2 Scale: 3 Description: 01099  
Type of Treatment: Sedimentation  
Receiving Stream: Mud Creek → Square Rock Creek → POTEAU RIVER  
Water Source: Surface water  Groundwater   
Are aluminum based coagulants used? Yes  No   
Is chlorinated water used for filter backwash? Yes  No   
Do the ponds have a retention time > 24 hours? Yes  No

WATER DIVISION  
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
www.adeq.state.ar.us

Outfall Type: N/A Flow: MGD (Million Gallons per Day)  
 Stream Segment: \_\_\_\_\_ Hydrologic Basin Code: \_\_\_\_\_  
 Outfall Latitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec Outfall Longitude: \_\_\_\_\_ Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Type of Treatment: \_\_\_\_\_  
 Receiving Stream: \_\_\_\_\_  
 Water Source: Surface water  Groundwater   
 Are aluminum based coagulants used? Yes  No   
 Is chlorinated water used for filter backwash? Yes  No   
 Do the ponds have a retention time > 24 hours? Yes  No

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
 NPDES General Permit Number (If Applicable): ARG640079  
 State Construction Permit Number(If Applicable): \_\_\_\_\_  
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

**VI. OTHER INFORMATION:**

Treatment System Operator Name: Brandon Nelson License Number: 07927T3  
 License Class: Basic  Advanced  1  2  3  4   
 Additional Location Information: N/A  
 Additional Comments: N/A  
 Consultant Contact Name: Barret Knutson  
 Consultant Email Address: bknutson@mce.us.com  
 Consultant Address: 1810 N College Ave City: Fayetteville  
 State: AR Zip: 72703  
 Consultant Phone Number: 479-443-2377 Consultant Fax Number: 479-4439241

**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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

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**VII. CERTIFICATION OF OPERATOR**

BN (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

BN (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

BN (Initial) "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Official Printed Name: Neil Cherry Title: Mayor  
Responsible Official Signature: Neil Cherry Date: 1/18/2017  
Responsible Official Email: waldronmayor@suddenlinkmail.com

Cognizant Official Printed Name: Brandon Nelson Title: Director of Public Works  
Cognizant Official Signature: Brandon Nelson Date: 1/18/2017  
Cognizant Official Email: brandon.n@cebridge.net Telephone: 479-637-3181

**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?  Yes  No

Submittal of Required Permit Fee?  Yes  No

Submittal of Site Map?  Yes  No

Check Number: 2379

~~Submittal of Disclosure Statement?~~  Yes  No N/A

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**REQUEST FOR CHANGE OF AUTHORIZATION  
(CERTIFICATION AND SIGNATORY REQUIREMENTS)**

NPDES Permit Number: ARG640079 Facility Name: Waldron Water Treatment Plant

- Type of Change:  New Cognizant Official (or duly authorized representative) (sections 1 and 2)  
 (check one)  New Responsible Official (complete section 2 only)  
 Both (sections 1 and 2)  
 Additional Cognizant Official (or duly authorized representative) (sections 1 and 2)

1. **NEW COGNIZANT OFFICIAL** (or duly authorized representative) (See 122.22(b); the individual, authorized by the ranking official in writing, as **having responsibility for the overall operation** of the regulated facility or activity responsibility, or having overall responsibility for environmental matters for the company.)

The ranking official hereby designates the following **individual** as the cognizant official, (duly authorized representative), for signing the permit required reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Brandon Nelson  
 Signature of the Cognizant Official (Duly Authorized Representative)  
Brandon D. Nelson  
 Name (First Name, MI, Last Name) Typed or Printed  
P.O. 310 Waldron, AR 72958  
 Mailing Address City, State, and Zip  
City Supt. (479) 637-3181 479-637-5020  
 Title A/C Phone Fax  
 Email Address: brandon.n@cedbridge.net

By signature below, the responsible official certifies that the above named **individual** is qualified to act as the duly authorized representative under the provisions of 40 CFR 122.22(b).

2. **RESPONSIBLE OFFICIAL** (Note: The responsible official is the person authorized to sign the permit application itself 40 CFR 122.22(a). For a Corporation: it is the responsible corporate officer. Partnership or Sole Proprietorship: the general partner or proprietor. Municipality, State, Federal or other Public Agency: the principal executive officer ranking elected official.)

Neil Cherry 1-19-2017  
 Signature of the Responsible Official Date  
 Neil Cherry  
 Name (First Name, MI, Last Name) Typed or Printed  
P.O. Box 310 Waldron, AR,  
 Mailing Address City, State, and Zip  
Mayor (479) 637-3181 479-637-5020  
 Title A/C Phone Fax  
 Email Address: waldronmayor@suddenlinkmail.com

**Certification:** I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Will the Responsible Official also be the person signing submittals?  Yes  No