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

version 1.8

**(Submission #: HPA-BHTT-9KFRT, version 1)**

## Details

| | |
|---|---|
| **Submitted** | 7/20/2021 (35 days ago) by Keith A Johnson |
| **AFIN** | 69-00011 |
| **Reference #** | ARG640093 |
| **Submission ID** | HPA-BHTT-9KFRT |
| **Description** | Recertification ARG640093 - Mountain View Water |
| **Submission Reason** | Renewal |
| **Submission Assigned Staff** | Faizan Khan |
| **Status** | Submitted |

## 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**
ARG640093

**AFIN**
69-00011

**Permittee Legal Name**
City of Mountain View

**Facility Name**
Mountain View Water

**Facility Address**
571 Ruddle Road

**Facility City**
Mountain View

**Facility State**
AR

**Facility Zip Code**
72560

**Mailing Address**
P.O. Box 360

**Mailing Address City**
Mountain View

**Mailing Address State**
AR

**Mailing Address Zip Code**
72560

**Responsible Official Name & Title**
Roger Gardner, Mayor

**Responsible Official Email**
mayor@cityofmtnview.com

**Cognizant Official Name & Title**
Che M. Posada, Operator in Charge of Treatment

**Cognizant Official Email**
NONE PROVIDED

**Primary Phone Number**
(870) 269-3804

**Contact Person**
Galen Hall

**Contact Person Email**
mvwater@mvtel.net

**Contact Person Phone Number**
870-213-7200

**Invoice Address (line 1)**
ACCOUNTS PAYABLE

**Invoice Address (line 2)**
MT VIEW WATER & SEWER

**Invoice Address (line 3)**
DRAWER 360

**Invoice Address City**
MOUNTAIN VIEW

**Invoice Address State**
AR

**Invoice Address Zip Code**
725600000

**Outfall Information**

---

**First Outfall Number**
101

**First Outfall Latitude Degrees**
35

**First Outfall Latitude Minutes**
54

**First Outfall Latitude Seconds**
54.98

**First Outfall Longitude Degrees**
92

**First Outfall Longitude Minutes**
06

**First Outfall Longitude Seconds**
13.29

**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?**
Yes

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

## 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 Mountain View

**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)**
Mountain View Water

**Facility Name (correction, if needed)**
NONE PROVIDED

**Facility Address (currently in DEQ's records)**
571 Ruddle Road

**Facility Address (correction, if needed)**
NONE PROVIDED

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

**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)**
72560

**Facility Zip Code (correction, if needed)**
NONE PROVIDED

**Mailing Address (currently in DEQ's records)**
P.O. Box 360

**Mailing Address (correction, if needed)**
NONE PROVIDED

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

**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)**
72560

**Mailing Address Zip Code (correction, if needed)**
NONE PROVIDED

**Responsible Official Name & Title (currently in DEQ's records)**
Roger Gardner, Mayor

**Responsible Official Name & Title (correction, if needed; for example: John Doe, President)**
NONE PROVIDED

**Responsible Official Email (currently in DEQ's records)**
mayor@cityofmtnview.com

**Responsible Official Email (correction, if needed)**
NONE PROVIDED

**Cognizant Official Name & Title (currently in DEQ's records)**
Che M. Posada, Operator in Charge of Treatment

**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)**
NONE PROVIDED

**Primary Phone Number (currently in DEQ's records)**
(870) 269-3804

**Primary Phone Number (correction, if needed)**
NONE PROVIDED

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

**Contact Person (correction, if needed)**
Che' Posada

**Contact Person Email (currently in DEQ's records)**
mvwater@mvtel.net

**Contact Person Email (correction, if needed)**
NONE PROVIDED

**Contact Person Phone Number (currently in DEQ's records)**
870-213-7200

**Contact Person Phone Number (correction, if needed)**
870-213-7264

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

**Invoice Address (line 1; correction, if needed)**
NONE PROVIDED

**Invoice Address (line 2, if applicable; currently in DEQ's records)**
MT VIEW WATER & SEWER

**Invoice Address (line 2, if applicable; correction, if needed)**
NONE PROVIDED

**Invoice Address (line 3, if applicable; currently in DEQ's records)**
DRAWER 360

**Invoice Address (line 3, if applicable; correction, if needed)**
NONE PROVIDED

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

**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)**
725600000

**Invoice Address Zip Code (correction, if needed)**
NONE PROVIDED

**Other Comments/Notes**
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:**
Aluminum
Total Suspended Solids (TSS)

**ALUMINUM: Would you like to request continuation of the current reduced monitoring frequency requirements for this parameter?**
Yes

**ALUMINUM**
Please note the permittee must meet the requirements of Part 3.4.1 to qualify for this continuation. DEQ will review the permittee's most recent two (2) years of reported data for Aluminum to determine compliance with the permit limit.

**TOTAL SUSPENDED SOLIDS (TSS): Would you like to request continuation of the current reduced monitoring frequency requirements for this parameter?**
Yes

**TOTAL SUSPENDED SOLIDS (TSS)**
Please note the permittee must meet the requirements of Part 3.4.2 (for Outfall Type 101, i.e. a discharge flow of less than or equal to 0.5 MGD) or Part 3.4.3 (for Outfall Types 102 or 103, i.e. a discharge flow greater than 0.5 MGD) to qualify for this continuation. DEQ will review the permittee's most recent two (2) years of reported data for TSS to determine compliance with the permit limit.

---

**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 |
|---|---|---|---|
| 8/2/2021 1:50 PM | ARG640093_Eportal Certification_20210802.PDF | Submission | Amanda Blackmon |

# Internal Data

| Label | Value |
|---|---|
| Type of treatment | |