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

version 1.0

(Submission #: HP9-6PGF-86AGV, version 1)

Details

Submission Alias ARG640094 Recertification Notice of Intent for Water Treatment Facilities with a Wastewater

Discharge

Submitted 6/14/2021 (70 days ago) by ALMA CLARK

Reference # ARG640094

Submission ID HP9-6PGF-86AGV

Description Recertification ARG640094 - Mountain Home Water Treatment

Submission Reason Renewal

Submission Assigned

Staff

Faizan Khan

Status Submitted

Form Input

Permittee Information

Facility/Contact Information

Permit Tracking Number

ARG640094

AFIN

03-00039

Permittee Legal Name

City of Mountain Home

Facility Name

Mountain Home Water Treatment Plant

Facility Address

994 Water Plant Road

Facility City

Mountain Home

Facility State

AR

Facility Zip Code

72653

Mailing Address

725 N. College St.

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Mailing Address City

Mountain Home

Mailing Address State

AR

Mailing Address Zip Code

72653

Responsible Official Name & Title

Hillrey Adams

Responsible Official Email

mayor@cityofmountainhome.com

Cognizant Official Name & Title

Michael Vincent

Cognizant Official Email

mhwtp@cityofmountainhome.com

Primary Phone Number

(870) 492-5628

Contact Person

Michael Vincent

Contact Person Email

mhwtp@cityofmountainhome.com

Contact Person Phone Number

870-492-5628

Invoice Address (line1)

ALMA CLARK

Invoice Address (line 2)

CITY OF MOUNTAIN HOME

Invoice Address (line 3)

725 NORTH COLLEGE STREET

Invoice Address City

MOUNTAIN HOME

Invoice Address State

AR

Invoice Address Zip

726530000

Is the above facility/contact information correct?

Yes

Outfall Information

First Outfall Number

101

First Outfall Latitude Degrees

36

First Outfall Latitude Minutes

23

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First Outfall Latitude Seconds

43

First Outfall Longitude Degrees

92

First Outfall Longitude Minutes

19

First Outfall Longitude Seconds

43

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.

Facility uses groundwater as a water source

No

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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 Yes

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.

Does the facility have reduced monitoring frequency requirements for Aluminum, Iron, Manganese, TRC, or TSS? No

Disclosure Statement

Declaration of No Changes

This facility is owned by a municipality or county, or is a public water authority.

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