

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

Application Type: New Renewal Permit # ARG640099
AFIN# 29-00113

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): CITY OF OZAN ARKANSAS Operator Type:
 Permittee Mailing Address: PO Box 94 State Partnership
 Permittee City: OZAN Federal Corporation*
 Permittee State: AR Zip: 71855 Sole Proprietorship/Private
 Permittee Telephone Number: 870 983 2996 *State of Incorporation: _____
 Permittee Fax Number: _____ The legal name of the Permittee must be
 Permittee E-mail Address: MSTALLSWORTH@OPLX.NET identical to the name listed with the
 Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: MONICA STALLSWORTH City: OZAN
 Invoice Mailing Company: CITY OF OZAN State: AR Zip: 71855
 Invoice Mailing Address: PO Box Telephone: 870 983 2996

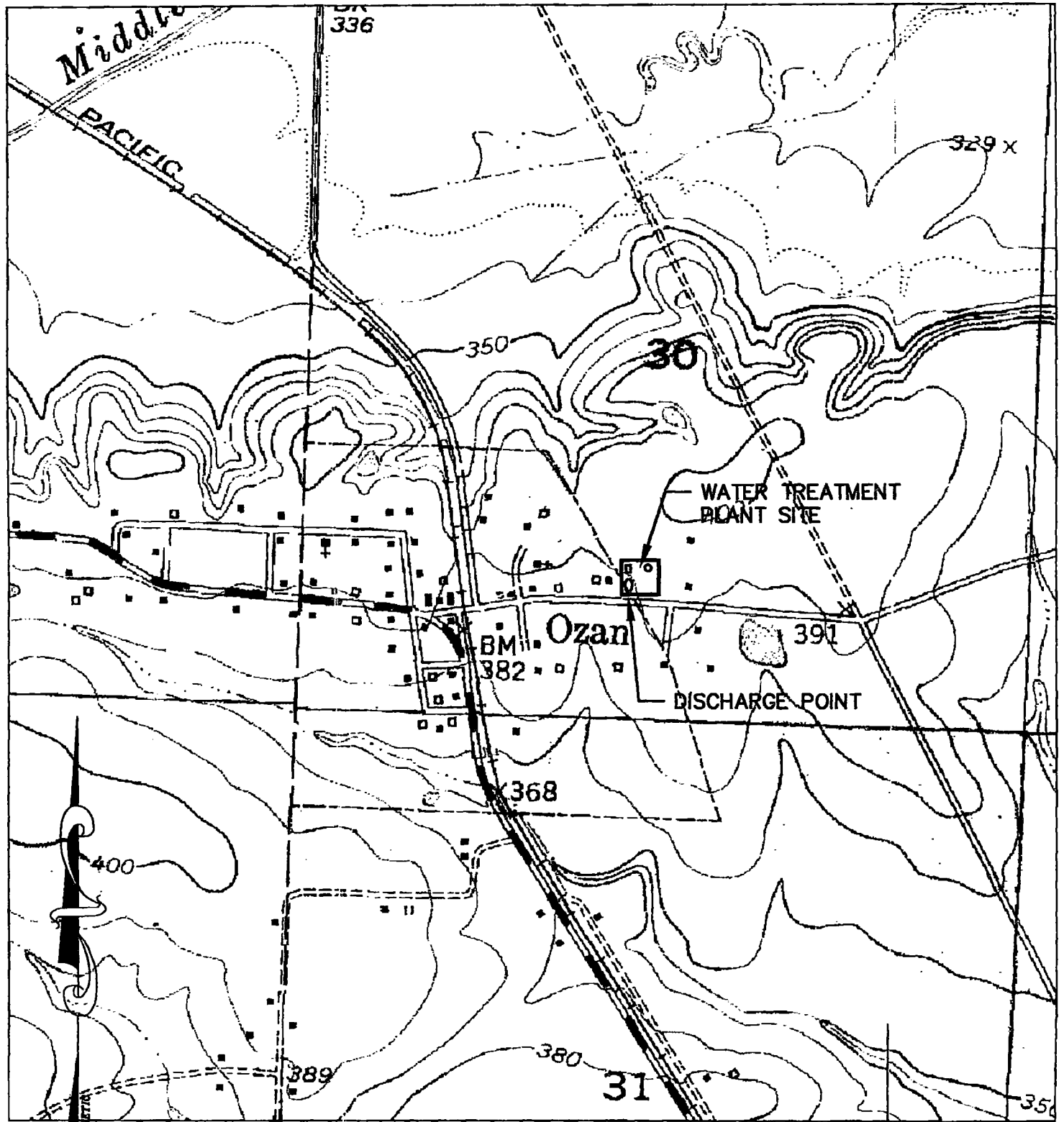
III. FACILITY INFORMATION

Facility Name: ~~CITY OF OZAN ARKANSAS~~ CITY OF OZAN ARKANSAS Facility Contact Person: ZECHARIAH MELSON
 Facility Address: PO Box 94 Contact Title: MAYOR
 Facility County: HEMPSTEAD Telephone Number: 870-331-9094
 Facility City, State & Zip: OZAN AR 71855 Contact E-mail: ZMELSON64@GMAIL
 Facility SIC Code: 1692 Facility NAICS Code: _____ Type of Business: WATER TREATMENT PLANT
 Facility Latitude: 33 Deg 50 Min 56 Sec Facility Longitude: 93 Deg 42 Min 52 Sec
 Accuracy: D Method: A Datum: 1 Scale: 3 Description: 01099
 Section: 30 Township: 10S Range: 25W

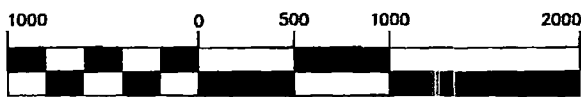
IV. DISCHARGE INFORMATION

Outfall Type: 101 0.5 MGD Flow: _____ MGD (Million Gallons per Day)
 Stream Segment: LITTLE MISSOURI Hydrologic Basin Code: 08040103
 Outfall Latitude: 33 Deg 50 Min 54 Sec Outfall Longitude: 93 Deg 42 Min 53 Sec
 Accuracy: D Method: A Datum: 1 Scale: 3 Description: 01099
 Type of Treatment: OXIDATION / BACK WASH POND
 Receiving Stream: SOUTH FORK OZAN CREEK
 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 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
 www.adeq.state.ar.us



GRAPHIC SCALE



(IN FEET)
1 inch = 1000 ft.

**SPEARS
ENGINEERING
COMPANY**
3716 JEFFERSON AVENUE
TEXARKANA, ARKANSAS 71854
PHONE (870) 774-3204

**CITY OF OZAN, AR
WATER TREATMENT PLANT
LOCATION MAP**

DWN BY: CGS	DSN BY: CGS
SCALE: 1" = 1000'	
DATE: JANUARY 2007	
JOB NUMBER	SHEET
21-1	1

Outfall Type: 102 Flow: MGD (Million Gallons per Day)
 Stream Segment: NA Hydrologic Basin Code: NA
 Outfall Latitude: NA Deg NA Min NA Sec Outfall Longitude: NA Deg NA Min NA Sec
 Accuracy: NA Method: NA Datum: NA Scale: NA Description: NA
 Type of Treatment: NA
 Receiving Stream: NA
 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): ARG
 State Construction Permit Number (If Applicable): _____
 NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Treatment System Operator Name: ROBERT CHISM License Number: 0382674 03826D4
 License Class: Basic Advanced 1 2 3 4
 Additional Location Information: _____
 Additional Comments: _____
 Consultant Contact Name: Robert Chism
 Consultant Email Address: rcsystemoperations@yahoo.com
 Consultant Address: 809 W Johnson St City: NASHVILLE
 State: AR Zip: 71852
 Consultant Phone Number: 870 451 3358 Consultant Fax Number: _____

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:

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 www.adeq.state.ar.us

VII. CERTIFICATION OF OPERATOR

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

____ (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."

____ (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: Zachariah Melson Title: Mayor
Responsible Official Signature: [Signature] Date: 2/3/17
Responsible Official Email: zmelson64@gmail.com

Cognizant Official Printed Name: David Stattersmith Title: Alderman
Cognizant Official Signature: [Signature] Date: 2/3/17
Cognizant Official Email: _____ Telephone: _____

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?
- Submittal of Required Permit Fee? Check Number: 4009
- Submittal of Site Map?
- Submittal of Disclosure Statement?

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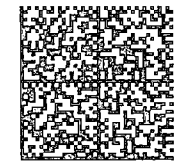
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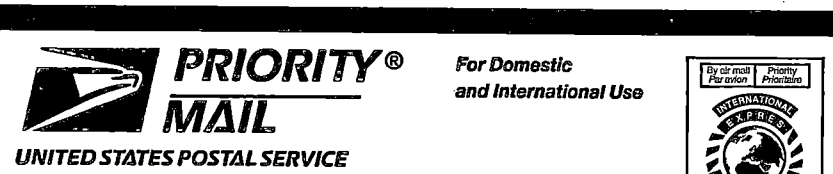
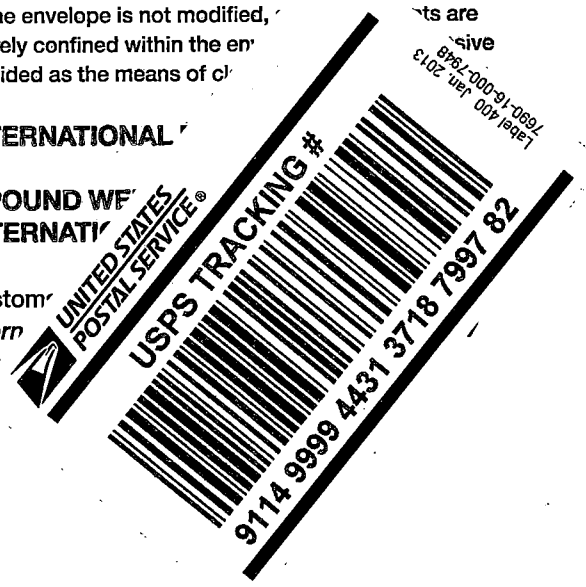
Any amount of mailable material enclosed, as long as the envelope is not modified, entirely confined within the envelope provided as the means of closure.

From/Expéditeur:

INTERNATIONAL

4-POUND WEIGHT INTERNATIONAL

Customs Form or Form 3800



From OZAN WATER
PO Box 94
OZAN Ar 71855

TO ADEQ
Water Division
5301 Northshore Dr
N Little Rock Ar
72118

Label 228, January 2008



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EP14F

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