

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

version 1.10

(Submission #: HPD-V613-5VT87, version 1)

Digitally signed by:  
nform  
DPEPORTALIIS.ADPCEDM, State of Arkansas  
Date: 2021.12.09 10:29:17 -0600  
Reason: Copy Of Record  
Location: North Little Rock, Arkansas



## Details

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**AFIN** 13-00202  
**Submission ID** HPD-V613-5VT87  
**Submission Reason** Renewal

## Form Input

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### Review Existing Permittee Information

#### Facility/Contact Information

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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 to **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**

ARG640117

#### **AFIN**

13-00202

#### **Permittee Legal Name**

Highway 63 Water Users Association, Inc.

#### **Facility Name**

Woodlawn Treatment Plant

#### **Facility Address**

6340 Hwy. 63

#### **Facility City**

Rison

#### **Facility State**

AR

#### **Facility Zip Code**

71665

**Mailing Address**

6340 Hwy. 63

**Mailing Address City**

Rison

**Mailing Address State**

AR

**Mailing Address Zip Code**

71665

**Responsible Official Name & Title**

Mike Stewart

**Responsible Official Email**

NONE PROVIDED

**Cognizant Official Name & Title**

James McGriff

**Cognizant Official Email**

NONE PROVIDED

**Primary Phone Number**

(870) 357-2283

**Contact Person**

James McGriff

**Contact Person Email**

NONE PROVIDED

**Contact Person Phone Number**

870-357-2283

**Invoice Address (line 1)**

NONE PROVIDED

**Invoice Address (line 2)**

HWY 63 WATERS USERS-CLEVELAND

**Invoice Address (line 3)**

6340 HWY 15

**Invoice Address City**

RISON

**Invoice Address State**

AR

**Invoice Address Zip Code**

716650000

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees**

33

**First Outfall Latitude Minutes**

58

**First Outfall Latitude Seconds**

20

**First Outfall Longitude Degrees**

-92

**First Outfall Longitude Minutes**

2

**First Outfall Longitude Seconds**

38

**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**

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**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**

Yes

**Facility uses aluminum-based coagulants in the treatment process**

No

**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**

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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?**

Yes

**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)**

Highway 63 Water Users Association, Inc.

**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)**

Woodlawn Treatment Plant

**Facility Name (correction, if needed)**

NONE PROVIDED

**Facility Address (currently in DEQ's records)**

6340 Hwy. 63

**Facility Address (correction, if needed)**

NONE PROVIDED

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

Rison

**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)**

71665

**Facility Zip Code (correction, if needed)**

NONE PROVIDED

**Mailing Address (currently in DEQ's records)**

6340 Hwy. 63

**Mailing Address (correction, if needed)**

NONE PROVIDED

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

Rison

**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)**

71665

**Mailing Address Zip Code (correction, if needed)**

NONE PROVIDED

**Responsible Official Name & Title (currently in DEQ's records)**

Mike Stewart

**Responsible Official Name & Title (correction, if needed; for example: John Doe, President)**

NONE PROVIDED

**Responsible Official Email (currently in DEQ's records)**

NONE PROVIDED

**Responsible Official Email (correction, if needed)**

NONE PROVIDED

**Cognizant Official Name & Title (currently in DEQ's records)**

James McGriff

**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) 357-2283

**Primary Phone Number (correction, if needed)**

NONE PROVIDED

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

James McGriff

**Contact Person (correction, if needed)**

NONE PROVIDED

**Contact Person Email (currently in DEQ's records)**

NONE PROVIDED

**Contact Person Email (correction, if needed)**

NONE PROVIDED

**Contact Person Phone Number (currently in DEQ's records)**

870-357-2283

**Contact Person Phone Number (correction, if needed)**

NONE PROVIDED

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

NONE PROVIDED

**Invoice Address (line 1; correction, if needed)**

NONE PROVIDED

**Invoice Address (line 2, if applicable; currently in DEQ's records)**

HWY 63 WATERS USERS-CLEVELAND

**Invoice Address (line 2, if applicable; correction, if needed)**

NONE PROVIDED

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

6340 HWY 15

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

6340 HWY 63

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

RISON

**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)**

716650000

**Invoice Address Zip Code (correction, if needed)**

NONE PROVIDED

**Other Comments/Notes**

NONE PROVIDED

**Monitoring Frequency Reductions**

**Instructions**

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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:**

NONE PROVIDED

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**Please select any new monitoring frequency reductions you would like to apply for at this time:**

NONE PROVIDED

**Does the facility have multiple outfalls with different monitoring frequency reductions (or requested reductions)?**

No

**Disclosure Statement**

**Declaration of No Changes**

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with DEQ.

# Agreements and Signature(s)

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## **SUBMISSION AGREEMENTS**

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

***"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 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."***

***I certify that I have read and will comply with all the requirements of the applicable general permit (Water Treatment Facilities General Permit ARG640000).***

**Signed** JAMES V MCGRUFF on 12/09/2021 at 10:28 AM  
**By**