

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

version 1.3

(Submission #: HP9-MT07-379EC, version 1)

## Details

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<b>Submitted</b>	6/23/2021 (61 days ago) by Mishey Brown
<b>AFIN</b>	27-00066
<b>Reference #</b>	ARG640121
<b>Submission ID</b>	HP9-MT07-379EC
<b>Description</b>	Recertification ARG640121- South Sheridan/Little Creek Water Works
<b>Submission Reason</b>	Renewal
<b>Submission Assigned Staff</b>	Faizan Khan
<b>Status</b>	Submitted

## Form Input

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### Permit 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 and 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

ARG640121

#### AFIN

27-00066

#### Permittee Legal Name

South Sheridan/Little Creek Water Works

#### Did the Permittee Legal Name change?

No

#### Facility Name

South Sheridan - Little Creek Water Association

#### Facility Address

189 Clara Lane

**Facility City**

Sheridan

**Facility State**

AR

**Facility Zip Code**

72150

**Mailing Address**

1664 Hwy. 167 South

**Mailing Address City**

Sheridan

**Mailing Address State**

AR

**Mailing Address Zip Code**

72150

**Responsible Official Name & Title**

Rusty Hawkins

**Responsible Official Email**

sswater@windstream.net

**Cognizant Official Name & Title**

Levon Brown

**Cognizant Official Email**

sswater@windstream.net

**Primary Phone Number**

(870) 942-5616

**Contact Person**

Mishey Brown

**Contact Person Email**

sswater@windstream.net

**Contact Person Phone Number**

870-942-5616

**Invoice Address (line 1)**

Mishey Brown

**Invoice Address (line 2)**

SOUTH SHERIDAN-LITTLE CREEK

**Invoice Address (line 3)**

1664 HWY 167 SOUTH

**Invoice Address City**

SHERIDAN

**Invoice Address State**

AR

**Invoice Address Zip Code**

72150

**Outfall Information**

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**First Outfall Number**

101

**First Outfall Latitude Degrees (in Degrees, Minutes, Seconds format)**

34

**First Outfall Latitude Minutes (in Degrees, Minutes, Seconds format)**

16

**First Outfall Latitude Seconds (in Degrees, Minutes, Seconds format)**

55

**First Outfall Longitude Degrees (in Degrees, Minutes, Seconds format)**

-92

**First Outfall Longitude Minutes (in Degrees, Minutes, Seconds format)**

23

**First Outfall Longitude Seconds (in Degrees, Minutes, Seconds format)**

58

**Second Outfall Number (if applicable)**

NONE PROVIDED

**Second Outfall Latitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Latitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Latitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Second Outfall Longitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Number (if applicable)**

NONE PROVIDED

**Third Outfall Latitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Latitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Latitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Degrees (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Minutes (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**Third Outfall Longitude Seconds (if applicable, in Degrees, Minutes, Seconds format)**

NONE PROVIDED

**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**

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**

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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?**

No

**Disclosure Statement**

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**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.

**Attachments**

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Date	Attachment Name	Context	User
7/1/2021 11:14 AM	ePortal Certification.PDF	Submission	Kealey Burrow