

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

version 1.10

(Submission #: HPD-SJMJ-4F45A, version 1)

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM, State of Arkansas
Date: 2021.12.09 10:04:46 -0600
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

AFIN 13-00264
Submission ID HPD-SJMJ-4F45A
Submission Reason Renewal

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 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

ARG640146

AFIN

13-00264

Permittee Legal Name

Highway 63 Water Users Association, Inc.

Facility Name

County Line Treatment Plant

Facility Address

County Line Road

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)

JAMES MCGRIFF

Invoice Address (line 2)

HWY 63 WATER USERS

Invoice Address (line 3)

6340 HWY 63

Invoice Address City

RISON

Invoice Address State

AR

Invoice Address Zip Code

71665

Outfall Information

First Outfall Number

101

First Outfall Latitude Degrees

34

First Outfall Latitude Minutes

3

First Outfall Latitude Seconds

48.793

First Outfall Longitude Degrees

-92

First Outfall Longitude Minutes

2

First Outfall Longitude Seconds

36

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

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

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)

County Line Treatment Plant

Facility Name (correction, if needed)

NONE PROVIDED

Facility Address (currently in DEQ's records)

County Line Road

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)

JAMES MCGRIFF

Invoice Address (line 1; correction, if needed)

NONE PROVIDED

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

HWY 63 WATER USERS

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

NONE PROVIDED

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

6340 HWY 63

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

NONE PROVIDED

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)

71665

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:

NONE PROVIDED

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)

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 10:04 AM
By