

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

version 1.13

(Submission #: HPR-H52D-W45Z6, version 1)

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM, State of Arkansas
Date: 2023.02.17 14:55:01 -0600
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

AFIN 75-00313
Submission ID HPR-H52D-W45Z6
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

ARG640149

AFIN

75-00313

Permittee Legal Name

City of Dardanelle

Facility Name

Dardanelle WTP

Facility Address

721 South Front Street

Facility City

Dardanelle

Facility State

AR

Facility Zip Code

72834

Mailing Address

P.O. Box 359

Mailing Address City

Dardanelle

Mailing Address State

AR

Mailing Address Zip Code

72834

Responsible Official Name & Title

Honorable Jimmy L. Witt

Responsible Official Email

jwitt.mayor@dardanelle.com

Cognizant Official Name & Title

Carl E. Cross, Water/Wastewater Supervisor

Cognizant Official Email

NONE PROVIDED

Primary Phone Number

(479) 229-4500

Contact Person

Tracy Fulton

Contact Person Email

trace_fulton@yahoo.com

Contact Person Phone Number

(479) 229-4500

Invoice Address (line 1)

CITY OF DARDANELLE WTP

Invoice Address (line 2)

CITY HALL

Invoice Address (line 3)

PO BOX 360

Invoice Address City

DARDANELLE

Invoice Address State

AR

Invoice Address Zip Code

72834

Outfall Information

First Outfall Number

101

First Outfall Latitude Degrees

35

First Outfall Latitude Minutes

12

First Outfall Latitude Seconds

41.95

First Outfall Longitude Degrees

93

First Outfall Longitude Minutes

08

First Outfall Longitude Seconds

53.21

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

Yes

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)

City of Dardanelle

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)

Dardanelle WTP

Facility Name (correction, if needed)

NONE PROVIDED

Facility Address (currently in DEQ's records)

721 South Front Street

Facility Address (correction, if needed)

NONE PROVIDED

Facility City (currently in DEQ's records)

Dardanelle

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)

72834

Facility Zip Code (correction, if needed)

NONE PROVIDED

Mailing Address (currently in DEQ's records)

P.O. Box 359

Mailing Address (correction, if needed)

NONE PROVIDED

Mailing Address City (currently in DEQ's records)

Dardanelle

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)

72834

Mailing Address Zip Code (correction, if needed)

NONE PROVIDED

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

Honorable Jimmy L. Witt

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

NONE PROVIDED

Responsible Official Email (currently in DEQ's records)

jwitt.mayor@dardanelle.com

Responsible Official Email (correction, if needed)

NONE PROVIDED

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

Carl E. Cross, Water/Wastewater Supervisor

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)

(479) 229-4500

Primary Phone Number (correction, if needed)

NONE PROVIDED

Contact Person (currently in DEQ's records)

Tracy Fulton

Contact Person (correction, if needed)

NONE PROVIDED

Contact Person Email (currently in DEQ's records)

trace_fulton@yahoo.com

Contact Person Email (correction, if needed)

NONE PROVIDED

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

(479) 229-4500

Contact Person Phone Number (correction, if needed)

NONE PROVIDED

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

CITY OF DARDANELLE WTP

Invoice Address (line 1; correction, if needed)

NONE PROVIDED

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

CITY HALL

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

NONE PROVIDED

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

PO BOX 360

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

NONE PROVIDED

Invoice Address City (currently in DEQ's records)

DARDANELLE

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)

72834

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

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