

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

version 1.10

(Submission #: HPD-9VSH-VFMT8, version 1)

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Date: 2021.11.17 09:39:31 -0600
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

AFIN 30-00354
Submission ID HPD-9VSH-VFMT8
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

ARG640159

AFIN

30-00354

Permittee Legal Name

James Kimzey Regional Water

Facility Name

Jones Mill WTP Backwash Ponds

Facility Address

242 Reynolds Road

Facility City

Jones Mill

Facility State

AR

Facility Zip Code

72105

Mailing Address

P.O. Box 722

Mailing Address City

Malvern

Mailing Address State

AR

Mailing Address Zip Code

72104

Responsible Official Name & Title

Charles Ford, Manager

Responsible Official Email

cjford@windstream.net

Cognizant Official Name & Title

Charles Ford, Manager

Cognizant Official Email

NONE PROVIDED

Primary Phone Number

(501) 337-0037

Contact Person

Charles Ford, Manager

Contact Person Email

cjford@windstream.net

Contact Person Phone Number

501-337-0037

Invoice Address (line 1)

KEITH DANIELL

Invoice Address (line 2)

JONES MILL WATER TREATMENT PLN

Invoice Address (line 3)

PO BOX 722

Invoice Address City

MALVERN

Invoice Address State

AR

Invoice Address Zip Code

72104

Outfall Information

First Outfall Number

101

First Outfall Latitude Degrees

34

First Outfall Latitude Minutes

26

First Outfall Latitude Seconds

05

First Outfall Longitude Degrees

-92

First Outfall Longitude Minutes

52

First Outfall Longitude Seconds

57

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

No

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?

No

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)

James Kimzey Regional Water

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)

Jones Mill WTP Backwash Ponds

Facility Name (correction, if needed)

NONE PROVIDED

Facility Address (currently in DEQ's records)

242 Reynolds Road

Facility Address (correction, if needed)

NONE PROVIDED

Facility City (currently in DEQ's records)

Jones Mill

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)

72105

Facility Zip Code (correction, if needed)

NONE PROVIDED

Mailing Address (currently in DEQ's records)

P.O. Box 722

Mailing Address (correction, if needed)

NONE PROVIDED

Mailing Address City (currently in DEQ's records)

Malvern

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)

72104

Mailing Address Zip Code (correction, if needed)

NONE PROVIDED

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

Charles Ford, Manager

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

NONE PROVIDED

Responsible Official Email (currently in DEQ's records)

cjford@windstream.net

Responsible Official Email (correction, if needed)

NONE PROVIDED

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

Charles Ford, Manager

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)

(501) 337-0037

Primary Phone Number (correction, if needed)

NONE PROVIDED

Contact Person (currently in DEQ's records)

Charles Ford, Manager

Contact Person (correction, if needed)

NONE PROVIDED

Contact Person Email (currently in DEQ's records)

cjford@windstream.net

Contact Person Email (correction, if needed)

NONE PROVIDED

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

501-337-0037

Contact Person Phone Number (correction, if needed)

NONE PROVIDED

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

KEITH DANIELL

Invoice Address (line 1; correction, if needed)

Charles Ford

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

JONES MILL WATER TREATMENT PLN

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

NONE PROVIDED

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

PO BOX 722

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

NONE PROVIDED

Invoice Address City (currently in DEQ's records)

MALVERN

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)

72104

Invoice Address Zip Code (correction, if needed)

NONE PROVIDED

Other Comments/Notes

NONE PROVIDED

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.