

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

version 1.2

(Submission #: HP9-HSDC-9YRFZ, version 1)

Details

Submitted	6/17/2021 (67 days ago) by Les B Price
Reference #	ARG640164
Submission ID	HP9-HSDC-9YRFZ
Description	Recertification ARG640164- Malvern Water Treatment
Submission Reason	Renewal
Submission Assigned Staff	Faizan Khan
Status	Submitted

Form Input

Permit 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 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

ARG640164

AFIN

30-00586

Permittee Legal Name

City of Malvern

Did the Permittee Legal Name change?

No

Facility Name

City of Malvern Water Treatment Plant

Facility Address

1601 Gibson Drive

Facility City

Malvern

Facility State

AR

Facility Zip Code

72104

Mailing Address

P.O. Box 638

Mailing Address City

Malvern

Mailing Address State

AR

Mailing Address Zip Code

72104

Responsible Official Name & Title

Brenda J. Weldon, Mayor

Responsible Official Email

mayor@malvernar.gov

Cognizant Official Name & Title

Carl Wheatley

Cognizant Official Email

cwheatley@malvernar.gov

Primary Phone Number

(501) 332-3634

Contact Person

Carl Wheatley

Contact Person Email

cwheatley@malvernar.gov

Contact Person Phone Number

(501) 337-9436

Invoice Address (line 1)

CARL WHEATLEY

Invoice Address (line 2)

MALVERN WATER TREATMENT PLANT

Invoice Address (line 3)

506 OVERMAN

Invoice Address City

MALVERN

Invoice Address State

AR

Invoice Address Zip Code

72104

Outfall Information

First Outfall Number

101

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

34

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

23

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

42.72

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

-92

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

50

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

0.96

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

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?

Yes

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:

Aluminum

Total Suspended Solids (TSS)

ALUMINUM: Would you like to request continuation of the current reduced monitoring frequency requirements for this parameter?

Yes

ALUMINUM

Please note the permittee must meet the requirements of Part 3.4.1 to qualify for this continuation. DEQ will review the permittee's most recent two (2) years of reported data for Aluminum to determine compliance with the permit limit.

TOTAL SUSPENDED SOLIDS (TSS): Would you like to request continuation of the current reduced monitoring frequency requirements for this parameter?

Yes

TOTAL SUSPENDED SOLIDS (TSS)

Please note the permittee must meet the requirements of Part 3.4.2 (for Outfall Type 101, i.e. a discharge flow of less than or equal to 0.5 MGD) or Part 3.4.3 (for Outfall Types 102 or 103, i.e. a discharge flow greater than 0.5 MGD) to qualify for this continuation. DEQ will review the permittee's most recent two (2) years of reported data for TSS to determine compliance with the permit limit.

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

NONE PROVIDED

Disclosure Statement

Declaration of No Changes

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

Attachments

Date	Attachment Name	Context	User
7/1/2021 11:17 AM	ePortal Certification.PDF	Submission	Kealey Burrow