

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

version 1.10

(Submission #: HPD-KA90-NV9KC, version 1)

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Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

AFIN 34-00410
Submission ID HPD-KA90-NV9KC
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

ARG640172

AFIN

34-00410

Permittee Legal Name

Independence-Jackson Water Association

Facility Name

Jackson County Treatment Facility

Facility Address

170 Jackson Co. Rd.

Facility City

Bradford

Facility State

AR

Facility Zip Code

72020

Mailing Address

1847 Jackson Co. Rd. 2

Mailing Address City

Bradford

Mailing Address State

AR

Mailing Address Zip Code

72020

Responsible Official Name & Title

Jimmy McDaniel Jr

Responsible Official Email

jmcdanieljr@yahoo.com

Cognizant Official Name & Title

Thomas R Sanford

Cognizant Official Email

NONE PROVIDED

Primary Phone Number

(501) 201-0655

Contact Person

Thomas Sanford

Contact Person Email

thomasijwater@yahoo.com

Contact Person Phone Number

501-201-0655

Invoice Address (line 1)

TOM SANFORD

Invoice Address (line 2)

JACKSON COUNTY TREATMENT FAC.

Invoice Address (line 3)

1847 JACKSON 2

Invoice Address City

BRADFORD

Invoice Address State

AR

Invoice Address Zip Code

72020

Outfall Information

First Outfall Number

101

First Outfall Latitude Degrees

35

First Outfall Latitude Minutes

29

First Outfall Latitude Seconds

11.25

First Outfall Longitude Degrees

-91

First Outfall Longitude Minutes

22

First Outfall Longitude Seconds

43.94

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?

No

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?

No

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)

Independence-Jackson Water Association

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)

Jackson County Treatment Facility

Facility Name (correction, if needed)

NONE PROVIDED

Facility Address (currently in DEQ's records)

170 Jackson Co. Rd.

Facility Address (correction, if needed)

170 Jackson Co. Rd 350

Facility City (currently in DEQ's records)

Bradford

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)

72020

Facility Zip Code (correction, if needed)

NONE PROVIDED

Mailing Address (currently in DEQ's records)

1847 Jackson Co. Rd. 2

Mailing Address (correction, if needed)

NONE PROVIDED

Mailing Address City (currently in DEQ's records)

Bradford

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)

72020

Mailing Address Zip Code (correction, if needed)

NONE PROVIDED

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

Jimmy McDaniel Jr

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

Stan Haigwood, President

Responsible Official Email (currently in DEQ's records)

jmcdanieljr@yahoo.com

Responsible Official Email (correction, if needed)

stanhaigwood@yahoo.com

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

Thomas R Sanford

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)

thomasijwater@yahoo.com

Primary Phone Number (currently in DEQ's records)

(501) 201-0655

Primary Phone Number (correction, if needed)

NONE PROVIDED

Contact Person (currently in DEQ's records)

Thomas Sanford

Contact Person (correction, if needed)

NONE PROVIDED

Contact Person Email (currently in DEQ's records)

thomasijwater@yahoo.com

Contact Person Email (correction, if needed)

NONE PROVIDED

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

501-201-0655

Contact Person Phone Number (correction, if needed)

NONE PROVIDED

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

TOM SANFORD

Invoice Address (line 1; correction, if needed)

NONE PROVIDED

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

JACKSON COUNTY TREATMENT FAC.

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

NONE PROVIDED

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

1847 JACKSON 2

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

NONE PROVIDED

Invoice Address City (currently in DEQ's records)

BRADFORD

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)

72020

Invoice Address Zip Code (correction, if needed)

NONE PROVIDED

Other Comments/Notes

NONE PROVIDED

Outfall Corrections**Instructions**

Please provide a description of why the outfall information has changed, such as "clerical error", "Outfall XXX relocated", "Outfall XXX eliminated", etc.

Substantial changes may require additional documentation; DEQ will contact you if any additional information is needed.

Description of Outfall Changes

clerical error

First Outfall

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30° 10' 30" N, 90° 10' 10" W)

First Outfall Number (currently in DEQ's records)

101

First Outfall Number (correction, if needed)

NONE PROVIDED

First Outfall Latitude Degrees ° (currently in DEQ's records)

35

First Outfall Latitude Degrees ° (correction, if needed)

NONE PROVIDED

First Outfall Latitude Minutes ' (currently in DEQ's records)

29

First Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

First Outfall Latitude Seconds " (currently in DEQ's records)

11.25

First Outfall Latitude Seconds " (correction, if needed)

10.87

First Outfall Longitude Degrees ° (currently in DEQ's records)

-91

First Outfall Longitude Degrees ° (correction, if needed)

91

First Outfall Longitude Minutes ' (currently in DEQ's records)

22

First Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

First Outfall Longitude Seconds " (currently in DEQ's records)

43.94

First Outfall Longitude Seconds " (correction, if needed)

45.42

Second Outfall (if applicable)

The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30° 10' 30" N, 90° 10' 10" W)

Second Outfall Number (currently in DEQ's records)

NONE PROVIDED

Second Outfall Number (correction, if needed)

NONE PROVIDED

Second Outfall Latitude Degrees ° (currently in DEQ's records)

NONE PROVIDED

Second Outfall Latitude Degrees ° (correction, if needed)

NONE PROVIDED

Second Outfall Latitude Minutes ' (currently in DEQ's records)

NONE PROVIDED

Second Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

Second Outfall Latitude Seconds " (currently in DEQ's records)

NONE PROVIDED

Second Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

Second Outfall Longitude Degrees ° (currently in DEQ's records)

NONE PROVIDED

Second Outfall Longitude Degrees ° (correction, if needed)

NONE PROVIDED

Second Outfall Longitude Minutes ' (currently in DEQ's records)

NONE PROVIDED

Second Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

Second Outfall Longitude Seconds " (currently in DEQ's records)

NONE PROVIDED

Second Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

Third Outfall (if applicable)

The following outfall will be listed only if applicable.

Please note: coordinates format used is Degrees, Minutes, Seconds (e.g. 30° 10' 30" N, 90° 10' 10" W)

Third Outfall Number (currently in DEQ's records)

NONE PROVIDED

Third Outfall Number (correction, if needed)

NONE PROVIDED

Third Outfall Latitude Degrees ° (currently in DEQ's records)

NONE PROVIDED

Third Outfall Latitude Degrees ⬅ (correction, if needed)

NONE PROVIDED

Third Outfall Latitude Minutes ' (currently in DEQ's records)

NONE PROVIDED

Third Outfall Latitude Minutes ' (correction, if needed)

NONE PROVIDED

Third Outfall Latitude Seconds " (currently in DEQ's records)

NONE PROVIDED

Third Outfall Latitude Seconds " (correction, if needed)

NONE PROVIDED

Third Outfall Longitude Degrees ⬅ (currently in DEQ's records)

NONE PROVIDED

Third Outfall Longitude Degrees ⬅ (correction, if needed)

NONE PROVIDED

Third Outfall Longitude Minutes ' (currently in DEQ's records)

NONE PROVIDED

Third Outfall Longitude Minutes ' (correction, if needed)

NONE PROVIDED

Third Outfall Longitude Seconds " (currently in DEQ's records)

NONE PROVIDED

Third Outfall Longitude Seconds " (correction, if needed)

NONE PROVIDED

Conditional Monitoring Requirements Corrections

Instructions

Include any necessary corrections regarding the facility's raw water source, usage of aluminum-based coagulants in the treatment process, and usage of chlorination with less than 24 hours of treatment pond(s) retention time. You can provide further information in the given fields if corrections are being made.

Groundwater Usage

DEQ's current records: groundwater used as a water source?

Yes

Does the facility use groundwater as a water source? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)

No changes

Aluminum-Based Coagulants Usage

DEQ's current records: aluminum-based coagulants used in the treatment process?

No

Are aluminum-based coagulants used in the treatment process? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)

No changes

Chlorination Usage and Pond Retention Time

DEQ's current records: chlorinated water used for filter backwash, AND the treatment pond(s) retention time is less than 24 hours?

No

Is chlorinated water used for filter backwash, and is the treatment pond(s) retention time less than 24 hours? (select "No changes" if no correction is required for this item, or update if the current records are incorrect)

Yes

Any additional information or elaboration regarding this correction

Chlorinated water is used for filter backwash, and ponds have a retention time greater than 24 hours.

Disclosure Statement

Declaration of No Changes

I will attach a new Disclosure Statement.

Disclosure Statement

ADEQ Disclosure.pdf - 11/29/2021 11:28 AM

Comment

NONE PROVIDED