

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

version 1.3

(Submission #: HP9-GVZP-945HG, version 1)

## Details

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<b>Submitted</b>	6/21/2021 (114 days ago) by David R Liles
<b>AFIN</b>	12-00512
<b>Reference #</b>	ARG640177
<b>Submission ID</b>	HP9-GVZP-945HG
<b>Description</b>	Recertification ARG640177 - Lonoke White Public Water Authority
<b>Submission Reason</b>	Renewal
<b>Submission Assigned Staff</b>	Faizan Khan
<b>Status</b>	In Review

## Form Input

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### Permit Information

#### Facility/Contact Information

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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 "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**

ARG640177

**AFIN**

12-00512

**Permittee Legal Name**

Lonoke White Public Water Authority of the State of Arkansas

**Did the Permittee Legal Name change?**

No

**Facility Name**

Lonoke White-Water Treatment Plant

**Facility Address**

230 Pearce Rd

**Facility City**

Quitman

**Facility State**

AR

**Facility Zip Code**

72131

**Mailing Address**

P.O. Box 247

**Mailing Address City**

Quitman

**Mailing Address State**

AR

**Mailing Address Zip Code**

72131

**Responsible Official Name & Title**

Terrell House

**Responsible Official Email**

thouse@cebridge.net

**Cognizant Official Name & Title**

David R. Liles

**Cognizant Official Email**

dliles@lwpwa.com

**Primary Phone Number**

(501) 743-8028

**Contact Person**

David R. Liles

**Contact Person Email**

dliles@lwpwa.com

**Contact Person Phone Number**

501-743-8028

**Invoice Address (line 1)**

DAVID LILES

**Invoice Address (line 2)**

LONOKE WHITE PUBLIC WATER AUTH

**Invoice Address (line 3)**

PO BOX 247

**Invoice Address City**

QUITMAN

**Invoice Address State**

AR

**Invoice Address Zip Code**

72131

**Outfall Information**

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**First Outfall Number**

101

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

35

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

27

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

29

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

-92

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

7

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

54

**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**

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**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?**

No

**Monitoring Frequency Reductions**

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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

**Conditional Monitoring Requirements Corrections**

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**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.

**Does the facility use groundwater as a water source? (select "No changes" if no correction is required for this item)**

No

**Any additional information or elaboration regarding this correction**

Source water is withdrawn from Greers Ferry Lake

**Are aluminum-based coagulants used in the treatment process? (select "No changes" if no correction is required for this item)**

No changes

**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)**

Yes

**Any additional information or elaboration regarding this correction**

We use Chlorinated water for backwash, our backwash pond retention time is greater than 24 hours.

## **Disclosure Statement**

### **Declaration of No Changes**

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

## **Attachments**

<b>Date</b>	<b>Attachment Name</b>	<b>Context</b>	<b>User</b>
10/14/2021 11:02 AM	ARG640177_Technical Review_20211014.docx	Submission	Faizan Khan
10/14/2021 10:56 AM	ARG640177_Operator License Confirmation_20211014.pdf	Submission	Faizan Khan
9/21/2021 4:48 PM	ARG640177_Stream Path_20210830.pdf	Submission	Faizan Khan
9/21/2021 4:48 PM	ARG640177_Google Earth_20210827.pdf	Submission	Faizan Khan
9/21/2021 4:48 PM	ARG640177_Invoice Summary_20210827.pdf	Submission	Faizan Khan
9/9/2021 11:43 AM	ARG640177_ePortal Certification_20210909.PDF	Submission	Kealey Burrow