



**Miller-Newell
Engineers, Inc.**

Albert H. Miller, P.E. (1932-2001)

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February 3, 2015

Arkansas Department of Environmental Quality
Water Division - Permits Branch
5301 Northshore Drive
North Little Rock, AR 72118-5317

Re: City of McCrory Water Treatment Facility
M-N #13-014

Gentlemen:

The City of McCrory is proposing to construct a new water treatment facility. I am attaching one set of plans, one set of specifications, Notice of Intent (NOI) for NPDES General Permit ARG640000, and a check in the amount of \$400.00 for the permit fee.

Please review the information and contact me if you have any questions.

Sincerely yours,

Wayne Menley, P.E.

WM/km
Enclosures

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
WASTEWATER DISCHARGE FROM WATER TREATMENT PLANTS
NPDES GENERAL PERMIT ARG640000

Application Type: New Renewal Permit # ARG64 _____
AFIN# _____

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): City of McCrory Operator Type:
Permittee Mailing Address: PO Box 897 State Partnership
Permittee City: McCrory Federal Corporation*
Permittee State: AR Zip: 72101 Sole Proprietorship/Private
Permittee Telephone Number: 870-731-2041 *State of Incorporation: _____
Permittee Fax Number: 870-731-2371 The legal name of the Permittee must be
Permittee E-mail Address: doylewfowler001@hotmail.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Doyle Fowler City: McCrory
Invoice Mailing Company: City of McCrory State: AR Zip: 72101
Invoice Mailing Address: PO Box 897 Telephone: 870-731-2041

III. FACILITY INFORMATION

Facility Name: McCrory Water Treatment Facility Facility Contact Person: Homer Reeves
Facility Address: Adkinson Street Contact Title: Manager
Facility County: Woodruff Telephone Number: 870-731-2041
Facility City, State & Zip: McCrory, AR 72101 Contact E-mail: _____

Facility SIC Code: _____ Facility NAICS Code: _____ Type of Business: Municipal
Facility Latitude: 35Deg15 Min 30.79Sec Facility Longitude: 90Deg11 Min 24.87Sec

Accuracy: unknown Method: Satellite Datum: own Scale: wn Description: Point
Section: 3 Township: 7-N Range: 2-W

IV. DISCHARGE INFORMATION

Outfall Type: 101 Flow: 0.03 MGD (Million Gallons per Day)
Stream Segment: 4B Hydrologic Basin Code: 8020302
Outfall Latitude: 35Deg15 Min 30.85Sec Outfall Longitude: 91Deg11 Min 22.89Sec

Accuracy: unknown Method: Satellite Datum: wn Scale: wn Description: Point
Interpolation: _____ unkn unkno Discharge

Type of Treatment: Lagoon
Receiving Stream: Tributary to Possum Creek
Water Source: Surface water Groundwater

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

Are aluminum based coagulants used? Yes No
Is chlorinated water used for filter backwash? Yes No
Do the ponds have a retention time > 24 hours? Yes No

Outfall Type: _____ Flow: MGD (Million Gallons per Day)
Stream Segment: _____ Hydrologic Basin Code: _____
Outfall Latitude: _____ Deg Min Sec Outfall Longitude: _____ Deg Min Sec
Accuracy: _____ Method: _____ Datum: _____ Scale: _____ Description: _____
Type of Treatment: _____
Receiving Stream: _____
Water Source: Surface water Groundwater
Are aluminum based coagulants used? Yes No
Is chlorinated water used for filter backwash? Yes No
Do the ponds have a retention time > 24 hours? Yes No

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number(If Applicable): _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Treatment System Operator Name: Homer Reeves License Number: 008349
License Class: Basic Advanced 1 2X 3 4
Additional Location Information: _____
Additional Comments: _____
Consultant Contact Name: Wayne Menley P.E.
Consultant Email Address: wmenleyengr@aol.com
Consultant Address: PO Box 705 City: Newport
State: AR Zip: 72112
Consultant Phone Number: 870-523-6531 Consultant Fax Number: 870-523-6533

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

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VII. CERTIFICATION OF OPERATOR

SWF (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

SWF (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

SWF (Initial) "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Responsible Official Printed Name: Doyle Fowler Title: Mayor
Responsible Official Signature: *Doyle Fowler* Date: 01/27/2015
Responsible Official Email: Doylewflower001@hotmail.com

Cognizant Official Printed Name: Homer Reeves Title: Manager
Cognizant Official Signature: *Homer Reeves* Date: 01/27/2015
Cognizant Official Email: _____ Telephone: 870-731-2041

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No * If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI? X
Submittal of Required Permit Fee? X Check Number: _____
Submittal of Site Map? X
Submittal of Disclosure Statement? X