



205 Executive Court  
Little Rock, Arkansas 72205  
Telephone (501) 664-1552  
Fax (501) 664-8579  
www.cristengineers.com

Stewart W. Noland  
Leslie B. Price  
Matthew D. Dunn  
Craig A. Johnson  
Chad A. Hastings

January 22, 2020

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

Re: **City of Hot Springs**  
**NOTICE OF INTENT**  
**Wastewater Discharge From Water Treatment Plants**  
**NPDES General Permit ARG640000**

Sir or Madam:

The City of Hot Springs is planning to construct a new water treatment plant in Garland County. We are currently in the engineering design phase of this new project. New waste residual ponds will be included in the design of the plant which will need a permitted discharge.

I am enclosing a Notice of Intent for this new NPDES permit.

Thank you for your assistance in the review of this project. Please contact me at (501) 664-1552 if you have any questions or need additional information.

Sincerely,  
**CRIST ENGINEERS, INC.**

A handwritten signature in blue ink that reads "Matt Dunn".

Matthew D. Dunn, P.E.  
Vice President

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

Application Type: New ☒ Renewal ☐ Permit # ARG64 0000  
AFIN# 26-00145

**I. PERMITTEE/OPERATOR INFORMATION**

Permittee (Legal Name): City of Hot Springs Operator Type:  
Permittee Mailing Address: 780 Adams Street ☒ State ☐ Partnership  
Permittee City: Hot Springs ☐ Federal ☐ Corporation\*  
Permittee State: AR Zip: 71901 ☐ Sole Proprietorship/Private  
Permittee Telephone Number: 501-767-4888 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N.A. The legal name of the Permittee must be  
Permittee E-mail Address: chowell@cityhs.net identical to the name listed with the  
Arkansas Secretary of State.

**II. INVOICE MAILING INFORMATION**

Invoice Contact Person: Cody Howell City: Hot Springs  
Invoice Mailing Company: City of Hot Springs State: AR Zip: 71901  
Invoice Mailing Address: 780 Adams Street Telephone: 501-767-4888

**III. FACILITY INFORMATION**

Facility Name: New Water Plant Facility Contact Person: Cody Howell  
Facility Address: Randall Road Contact Title: Facilities Manager  
Facility County: Garland Telephone Number: 501-767-4888  
Facility City, State & Zip: Hot Springs, AR 71913 Contact E-mail: chowell@cityhs.net  
Facility SIC Code: N.A. Facility NAICS Code: N.A. Type of Business: Water Treatment Facility  
Facility Latitude: 34 Deg 25 Min 15 Sec Facility Longitude: 93 Deg 07 Min 50 Sec  
Accuracy: 100 Method: Int-Map Datum: NAD 83 Scale: N.A. Description: Treatment Plant  
Section: 3 Township: 4S Range: 20W

**IV. DISCHARGE INFORMATION**

Outfall Type: 101 Flow: 0.268 MGD (Million Gallons per Day)  
Stream Segment: 2C Hydrologic Basin Code: 08040101  
Outfall Latitude: 34 Deg 25 Min 34 Sec Outfall Longitude: 93 Deg 08 Min 09 Sec  
Accuracy: 100 Method: Int-Map Datum: NAD 83 Scale: N.A. Description: Discharge Point  
Type of Treatment: Two pond storage and discharge  
Receiving Stream: Unknown Stream, thence to Lake Hamilton  
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 ☐

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

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 640000  
State Construction Permit Number(If Applicable): \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

## VI. OTHER INFORMATION:

Treatment System Operator Name: Cody Howell License Number: TBD  
License Class: TBD Basic ☒ Advanced ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐  
Additional Location Information: See attached site map  
Additional Comments: Project in design phase - Construction permit application to follow.  
Consultant Contact Name: Crist Engineers, Inc - Matt Dunn  
Consultant Email Address: mdunn@cristengineers.com  
Consultant Address: 205 Executive Court City: Little Rock  
State: AR Zip: 72205  
Consultant Phone Number: 501-664-1552 Consultant Fax Number: 501-664-8579

### Disclosure Statements:

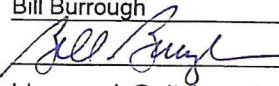
Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure 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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

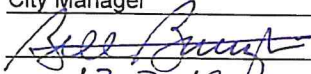
WATER DIVISION  
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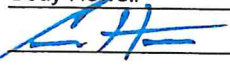
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## VII. CERTIFICATION OF OPERATOR

BB (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
BB (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."  
BB (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: Bill Burrough  
Responsible Official Signature:   
Responsible Official Email: bburrough@cityhs.net

Title: City Manager  
Date:   
12-3-19

Cognizant Official Printed Name: Cody Howell  
Cognizant Official Signature:   
Cognizant Official Email: chowell@cityhs.net

Title: Facilities Manager  
Date: 12-5-19  
Telephone: 501-767-4888

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## X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

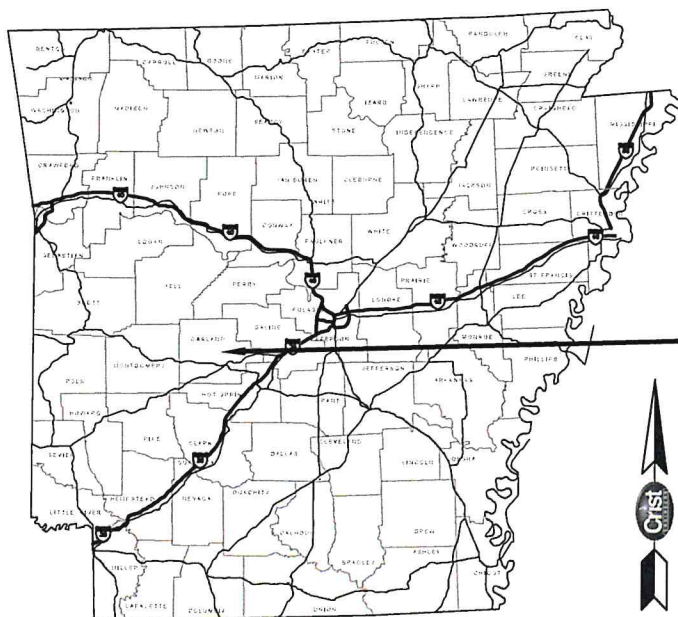
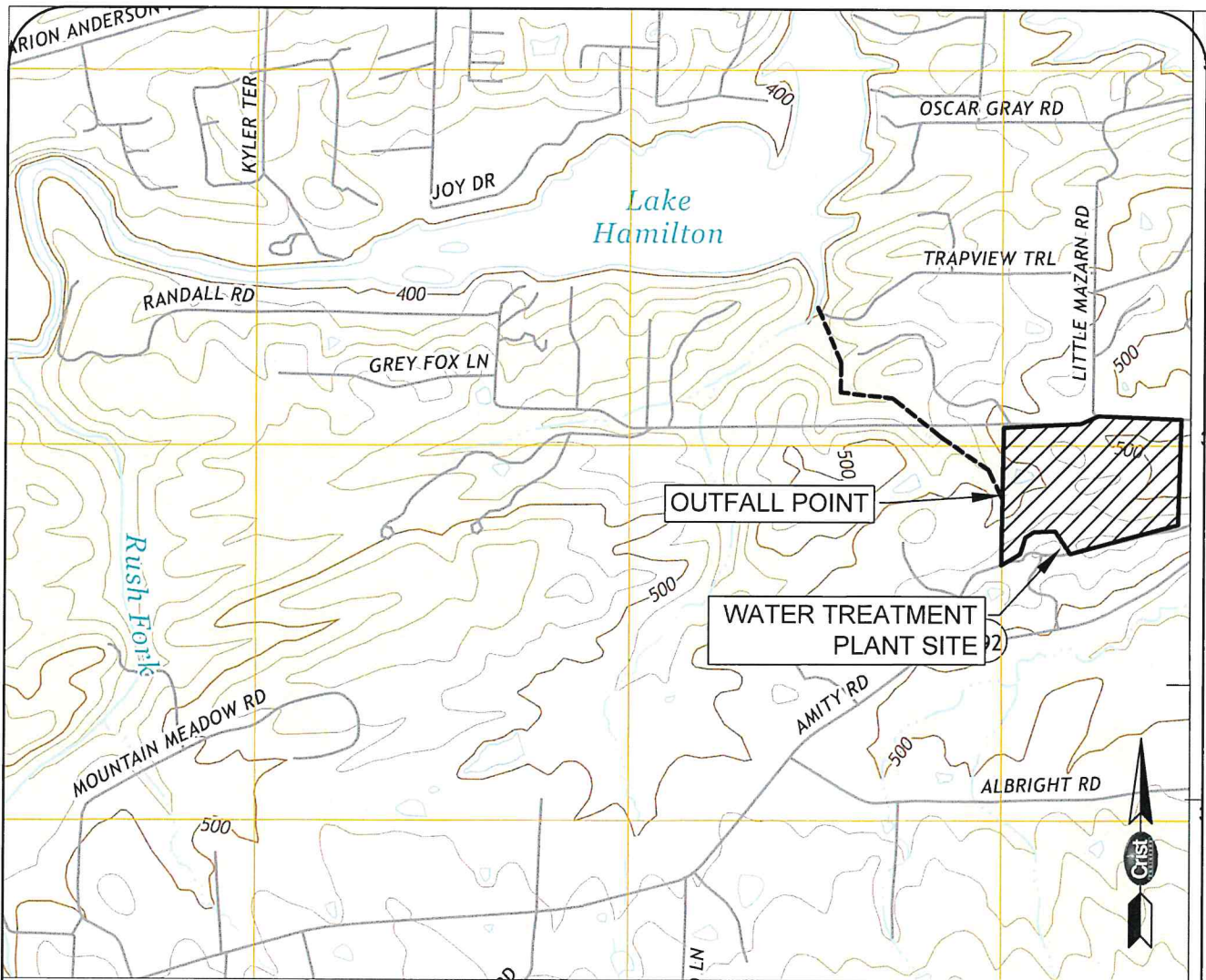
Yes No \* If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Not Required)

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Revised 11/28/2011



AREA ENLARGED  
ABOVE



**CRIST ENGINEERS, INC.**  
CONSULTING ENGINEERS

HOT SPRINGS, ARKANSAS

**WATER TREATMENT PLANT**  
SITE LOCATION  
GARLAND COUNTY  
EXHIBIT 1

DESIGNED: MDD  
DRAFTED: NDE  
CHECKED: MDD

NOVEMBER 27TH  
JOB NO.: 1925