



March 23, 2020

Arkansas Department of Environmental Quality,
Office of Water Quality
Attn: Mr. Zachery Carroll, P.E.
5301 North Shore Drive
North Little Rock, AR 72118

Sardis Water Association PWA, New ICO Water Treatment Plant #4

Dear Zachery Carroll:

We are submitting drawings and specifications regarding the Sardis Water Association PWA, New ICO Water Treatment Plant #4 in anticipation of the approval of the ADEQ discharge and construction permit application process.

Plans and specifications are attached to this submittal letter.

Please contact me with any questions or comments regarding this submittal.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cameron Cermin".

Cameron Cermin, E.I.
Graduate Civil Engineer
(501) 801-3462

Halff Associates, Inc.

Attached: Plan Set
 Specifications

**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): Sardis Water Association Public Water Authority Operator Type:
Permittee Mailing Address: 23820 North Sardis Road ☐ State ☐ Partnership
Permittee City: Mabelvale ☐ Federal ☒ Corporation*
Permittee State: Arkansas Zip: 72103 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 501-602-5393 *State of Incorporation: Arkansas
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: rmoren@sardiswater.net identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Roger Moren City: Mabelvale
Invoice Mailing Company: Sardis Water Association State: Arkansas Zip: 72103
Invoice Mailing Address: 23820 North Sardis Road Telephone: 501-602-5393

III. FACILITY INFORMATION

Facility Name: ICO WTP-4 Facility Contact Person: Roger Moren
Facility Address: 725 Grant 53 Contact Title: General Manager
Facility County: Grant Telephone Number: 501-602-5393
Facility City, State & Zip: Sheridan, AR 72150 Contact E-mail: rmoren@sardiswater.net
Facility SIC Code: 4941 Facility NAICS Code: 221310 Type of Business: Water Treatment
Facility Latitude: 34 Deg 26 Min 44.6 Sec N Facility Longitude: 92 Deg 21 Min 26.8 Sec W
Accuracy: 50 Method: PLSS Datum: unknown Scale: N/A Description: Treatment Point
Section: 24 Township: 3 S Range: 13 W

IV. DISCHARGE INFORMATION

Outfall Type: 101 Flow: 0.116 MGD (Million Gallons per Day)
Stream Segment: 2C Hydrologic Basin Code: 08040203
Outfall Latitude: 34 Deg 26 Min 40.7 Sec N Outfall Longitude: 92 Deg 21 Min 41.3 Sec W
Accuracy: 50 Method: PLSS Datum: unknown Scale: N/A Description: Release Point
Type of Treatment: Iron Removal
Receiving Stream: Ouachita River
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 ☐

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PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

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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): APPLIED FOR
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Treatment System Operator Name: _____ License Number: 010919
License Class: 1 Basic ☐ Advanced ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐
Additional Location Information: _____
Additional Comments: _____
Consultant Contact Name: Mike Marlar, P.E.
Consultant Email Address: mMarlar@Halff.com
Consultant Address: 5318 John F. Kennedy Blvd. City: North Little Rock
State: Arkansas Zip: 72116
Consultant Phone Number: (501) 753-1987 Consultant Fax Number: (501) 753-1993

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

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

RM (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."

RM (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: Roger Moren

Title: General Manager

Responsible Official Signature: Roger Moren

Date: March 23, 2020

Responsible Official Email: rmoren@sadiswater.net

Cognizant Official Printed Name: Roger Moren

Title: General Manager

Cognizant Official Signature: Roger Moren

Date: March 23, 2020

Cognizant Official Email: rmoren@sadiswater.net Telephone: _____

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?

☒ ☐

Submittal of Required Permit Fee?

☒ ☐

Check Number: _____

Submittal of Site Map?

☒ ☐

Submittal of Disclosure Statement?

☒ ☐

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ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.**
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.**
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.**

If Not Submitting by ePortal, Mail Original to:

**ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
5301 Northshore Drive
North Little Rock, AR 72118-5317**

1. APPLICANT: (Full Name)

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

3. CITY, STATE, AND ZIPCODE:

4a. Applicant Type:

Individual Corporate or Other Entity

4b. Reason for Submission:

Permit License Certification Operational Authority

New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

Air Water Hazardous Waste Regulated Storage Tank Mining Solid Waste Used Tire Program

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

- 1. Administrative enforcement actions resulting in the imposition of sanctions;**
- 2. Permit or license revocations or denials issued by any state or federal authority;**
- 3. Actions that have resulted in a finding or a settlement of a violation; and**
- 4. Pending actions.**

(Attach additional pages, if necessary.)

*** Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.**

8. List all officers of the Applicant. (add additional pages, if necessary.)

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ **TITLE:** _____

STREET: _____

CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, Roger Moren, 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 who manage the system, or those 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 fines and imprisonment for knowing violation.

APPLICANT

SIGNATURE: Roger Moren

TITLE: General Manager

DATE: March 23, 2020