AG 11/30/08
Expire 11/30/08
Due Date 9/30/08

5758

RECEIVED
JUN 2 2008
MR

NPDES PERMIT APPLICATION
FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
POST OFFICE BOX 8913
LITTLE ROCK, AR 72219
www.adeq.state.ar.us/water

PURPOSE OF THIS APPLICATION

- ☐ INITIAL PERMIT APPLICATION FOR NEW FACILITY
- ☐ INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
- ☐ MODIFICATION OF EXISTING PERMIT
- ☒ REISSUANCE (RENEWAL) OF EXISTING PERMIT
- ☐ MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
- ☐ CONSTRUCTION PERMIT

SECTION A- GENERAL INFORMATION

1. Facility Name: Cherokee Village Sewer, Inc.
2. Legal Applicant Name (If the applicant is different from the above): N/A
3. Operator name: Steve A. Rose License number: 001149 class of wastewater operator: I II « III IV
4. Is the operator identified in number 3 above, the owner of the facility? ☐ Yes ☒ No
5. NPDES Permit Number (If Applicable): AR0034282
6. NPDES General Permit Number (If Applicable): ARG N/A
7. NPDES General Storm Water Permit Number (If Applicable): N/A
8. Does your facility hold any other permits which are not listed above? ☐ Yes ☒ No
9. Permit Numbers and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation:

Permit Name	Permit Number	Held by
Cherokee Village Sewer, Inc. - NPDES	AR0034282	Applicant

10. Driving directions to the facility with respect to known landmarks: across Nokonda Road from Spring River Beach Club indoor pool.

11. Give a driving direction to the wastewater treatment plant:

West of Nokonda Road and north of County Road 175

12. Facility Physical Location: (Attach a map with location marked; street, route no. or other specific identifier)

Street: #53 Griffen Road

City: Cherokee Village County: Sharp State: AR Zip: 72525

13. Facility Mailing Address for permit, DMR, and Invoice (Street or Post Office Box):

Name: Evan Daggett Title: President

Street: #53 Griffen Road P.O. Box 720

City: Cherokee Village State: AR Zip: 72525

E-mail address: N/A Fax: N/A

14. Neighboring States Within 20 Miles of the permitted facility (Check all that apply):

Oklahoma ☐ Missouri ☒ Tennessee ☐ Louisiana ☐ Texas ☐ Mississippi ☐

15. Type of ownership: Public ☐ Private ☐ State ☐ Federal ☐ Other ☐

16. Indicate applicable Standard Industrial Classification (SIC) Codes and NAICS codes for primary processes

6552 SIC Facility Activity under this SIC or NAICS: Subdividers and Developers, NEC/ Land Subdivis.

23721 NAICS

17. Design Flow: 0.016 Highest Monthly Average of the last two years Flow: 0.1028 MGD

18. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

19. Responsible Official (as described on the last page of this application):

Name: Evan Daggett Title: President

Address: P.O. Box 720 Phone Number: 870-257-2173

E-mail Address: N/A

City: Cherokee Village State: AR Zip: 72523

20. Designated Facility Contact (as describe on the last page of this application):

Name:	Evan Daggett	Title:	President
Address:	P.O. Box 720	Phone Number:	870-257-2173
E-mail Address:	N/A		
City:	Cherokee Village	State: AR	Zip: 72525

21. Name, address and telephone number of consulting engineer firm (If none, so state):

Contact Name:	N/A				
Company Name:					
Address:		Phone Number:			
E-mail Address:					
City:		State:		Zip:	

SECTION B: FACILITY AND OUTFALL INFORMATION

1. Facility Location (All information must be based on **front door (Gate)** of the facility):

Lat: 36 ° 18 ' 41 " Long: 91 ° 30 ' 36 " Section: 9 Township: 5W

Range: 19N County: Sharp Nearest Town: Cherokee Village USGS Hydrologic Unit Code: 11010012

What map scale is used? 1:63360 What Method is used? A Indicate Technical Accuracy 2

What map datum is used? 2 Where is the collection point? Entrance road to WWTP

2. Outfall monitoring Location:

Outfall No. 001:

Latitude: 36 ° 18 ' 35 " Longitude: 91 ° 30 ' 38 "

USGS Hydrologic Unit Code: 11010012 What map scale is used? 1:63360 What Method is used? A

Indicate Technical Accuracy 2 What map datum is used? 2 Where is the collection point? Outfall

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

South Fork of Spring River

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

USGS Hydrologic Unit Code: _____ What map scale is used? _____ What Method is used? _____

Indicate Technical Accuracy _____ What map datum is used? _____ Where is the collection point? _____

Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):

3. Outfall Location (If the location of end of the pipe (Discharge point) is different from the above monitoring location

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ "

Outfall No. _____:

Lat: _____ ° _____ ' _____ " Long: _____ ° _____ ' _____ " _____

4. Type of Treatment system (Included all components of treatment system and Attach the process flow diagram):

3.25 acre stabilization pond followed by two (2) 8,000 square food sand filters, followed by disinfection by gas chlorination.

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☒	Yes	Type _____	_____	☐	No	☐ N/A
	Sampling Equipment	☐	Yes	Type _____	_____	☒	No	☐ N/A
Planned:	Flow Metering	☐	Yes	Type _____	_____	☒	No	☒ N/A
	Sampling Equipment	☐	Yes	Type _____	_____	☒	No	☒ N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below

N/A

6. Is the proposed or existing facility located above the 100-year flood level? ☐ Yes ☒ No

NOTE: FEMA Map must be included with this application. Maps can be ordered at www.fema.gov.

If "No", what measures are (or will be) used to protect the facilities? None at this time. This is an existing plant with no major modifications planned. Please see attached FEMA Map.

7. Population 826

SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION

1. Sludge Disposal Method (Check as many as are applicable):

☐ **Landfill**

Landfill Site Name _____ ADEQ Solid Waste Permit No. _____

☐ **Land Application** ADEQ State Permit No. _____

Method of sludge treatment _____

What is the estimated amount of sludge generated at the treatment facility?

Dry Ton/Acre per year _____ Gallon/Acres per year _____

List all the land application sites with the following information:

Field Number	New/Old	Range	Township	Section	Total Acres	Available Acres	Crop Cover	Loading Rate

☐ **Septic tank** Arkansas Department of Health Permit No.: _____

☐ **Distribution and Marketing**

Facility receiving sludge:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Rail: ☐ Pipe: ☐ Other: _____

☐ **Subsurface Disposal** (Lagooning)

Location of lagoon _____ How old is the lagoon? _____

Surface are of lagoon: _____ Acre Depth: _____ Ft Does lagoon have a liner? ☐ Yes ☐ No

☐ **Incineration**

Location of incinerator _____

☒ **Other** (Provide complete description) sludge is impounded in stabilization pond

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☒ **Private Well** - Distance from Discharge point: ☒ Within 5 miles ☒ Within 50 miles See attachment.

☒ **Municipal Water Utility** (Specify City): See attachment.

Distance from Discharge point: ☒ Within 5 miles ☒ Within 50 miles

☒ **Surface Water-** Name of Surface Water Source: See attachment.

Distance from Discharge point: ☒ Within 5 miles ☒ Within 50 miles

☐ **Other** (Specify): ____

Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

SECTION E: FINANCIAL ASSURANCE AND DISCLOSURE FORM

1. Act 336 of 1995 provides for financial assurance requirements for permitting common sewage systems. Arkansas Code 8-5-703 (a)(1)-The Department of Pollution Control and Ecology shall not permit or register any common sewage system serving two(2) or more occupied lots, residences, businesses, or other discernible occupied init without the applicant first demonstrating to the department its financial ability to cover the costs of operating and maintaining the system for a period of five (5) years.

Please provide **financial assurance** in order to shows that the facility is able to cover the costs of operating and maintaining the treatment system for the next five years.

The minimal financial assurance may be demonstrated to the department (Arkansas Code 8-5-703(a)(2)):

A. By obtaining insurance;
B. By passing a financial test;
C. By obtaining a letter of credit;
D. By obtaining a surety bond;
E. By obtaining a trust fund or escrow account;
F. Through the use of a combination of insurance, financial test, letter of credit, surety bond, trust fund, or escrow account.

2. Applicant has previously submitted, or has on file with this Department, a complete Disclosure Form as required by Act 454 of 1991:

If YES, date submitted: November, 1992 Division: Water

If NO, Submit a Disclosure Form. The form may be obtained from ADEQ web site at:

http://www.adeq.state.ar.us/water/branch_permits/pdfs_forms/disclosure_stmt.pdf

SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guidelines limitation promulgated by EPA (http://www.epa.gov/epacfr40/chapt-I.info/chi-toc.htm) under Section 304 of the Clean Water Act (CWA) apply to your facility?

   YES ☐ (Answer questions 2 and 3) NO ☒

2. What Part of 40 CFR? _____

3. What Subpart (s) ? _____ _____

4. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

   Treatment of domestic wastewater sources. There is no manufacturing related wastewater treated.

5. Production: (projected for new facilities)

Product(s) Manufactured	Last 12 Months lbs/day		Highest Production Year of Last 5 Years lbs/day	
(Brand name)	Highest Month	Days of Operation	Monthly Average	Days of Operation

SECTION G - WASTEWATER DISCHARGE INFORMATION

Facilities that checked "Yes" in question 1 of Section F are considered Categorical Industrial Users and should skip to question 2.

1. **For Non-Categorical Users Only**: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
1	Stabilization pond, sand filters, gas chlorination	40,200 GPD	88,000 GPD	continuous

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

Answer questions 2, 3, and 4 only if you are subject to Categorical Standards.

2. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution (e.g., Cooling Water)	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

Number of batch discharges: _____ per day Average discharge per batch: (GPD)

Time of batch discharges _____ (days of week) at _____ (hours of day)

Flow rate: _____ gallons/minute Percent of total discharge: _____

3. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	☐	Yes	☐	No	☐ N/A
	Sampling Equipment	☐	Yes	☐	No	☐ N/A
Planned:	Flow Metering	☐	Yes	☐	No	☐ N/A
	Sampling Equipment	☐	Yes	☐	No	☐ N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

4. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics?

☐ Yes ☐ No (If no, skip Question 5)

5. Briefly describe these changes and their effects on the wastewater volume and characteristics

SECTION H -TECHNICAL INFORMATION

Technical information to support this application shall be furnished in appropriate detail to understand the project. Information in this Part is required for obtaining a **construction permit** or for **modification** of the treatment/disposal system.

1. Describe the process for wastewater treatment. Include the types control equipment to be installed along with their methods of operation and control efficiency.

   N/A

2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer** (PE) registered in **Arkansas**, must be submitted as follows:

   a. The plans must show flow rates in addition to pertinent dimensions so that detention times, overflow rates, and loadings per acre, etc. can be calculated.
   b. Specifications and complete design calculations.
   c. All treated wastewater discharges should have a flow measuring device such as a weir or Parshall flume installed. Where there is a significant difference between the flow rates of the raw and treated wastewater, a flow measuring device should be provided both before and after treatment.

3. If this application includes a construction permit disturbing five or more acres, a storm water construction permit must be obtained by submitting a notice of intent (NOI) to ADEQ.

SECTION I: SIGNATORY REQUIREMENTS

The information contained in this form must be certified by a ***responsible official*** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president
Partnership, a general partner
Sole proprietorship: the proprietor
Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official.

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 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 fine and imprisonment for knowing violations. I further certify under penalty of law that all analyses reported as less than detectable in this application or attachments thereto were performed using the EPA approved test method having the lowest detection limit for the substance tested.

Signature of responsible official: _____ Date: 5-16-08

Printed name of responsible official: C.E. Daggett

Official title of responsible official: President Telephone Number 870-257-2173

By signature in Section I above, the applicant certifies that the named individual is qualified as print below to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). (NOTE: If no duly authorized representative is designated in this section, the Department considers the applicant to be the responsible official for the facility and only reports, etc., signed by the applicant will be accepted by the Department).

Cognizant Official (Duly Authorized Representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is duly authorized representative only if:

(1) the authorization is made in writing by the applicant (or person authorized by the applicant);
(2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

The applicant hereby designates the following person as a cognizant official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

_____
NAME (first, last)

_____
TITLE TELEPHONE

Attachment 1

Drinking Water Sources Within Five (5) and Fifty (50) Miles
of Cherokee Village WWTP

Drinking Water Systems Within a Five (5) Mile Radius of Cherokee Village Sewer

System Name	System Identifier
HARDY WATERWORKS	WELL 1 1993 DOWNTOWN
HARDY WATERWORKS	WELL 2 1993 STANDPIPE
CHEROKEE VILLAGE WATER ASSOC	
HIGHLAND WATER ASSOCIATION	ROARING SPRINGS
HIGHLAND WATER ASSOCIATION	WELL 1
	WELL 3
RAZORBACK RESTAURANT	
	WELL BEHIND RESTAURANT
J & P FLASH MARKET #105	
SHADE TREE PARK	WELL 75 FEET EAST END OF BUILDING

Drinking Water Systems Within a Fifty (50) Mile Radius of Cherokee Village Sewer

Source

WELL 3 JACKSON 1997
WELL 2
WELL 1
WELL #1 MAIN STREET
WELL #2 GARDEN ST
WELL #4 DEEP HWY 56
WELL #5 RED LANE
WELL #1 NORTH
WELL #2 SOUTH
WELL 1
WELL 1 1993 DOWNTOWN
WELL 2 1993 STANDPIPE
WELL #2 HWY 63 1996
REA WELL
NURSING WELL (Ball Park Well)
WELL 2
WELL 1
WELL 1
WELL 2
WELL 3
STARK SPRING
WHITE RIVER
WELL 7
WELL 8
WELL #1 SHOPPING CENTER
WELL #3 CHURCH ST
WELL 1
WELL #2
WELL 2 Stella
WELL 1
WELL 2
WELL 1
WELL #2
WELL #3
WELL #1
WELL #1 HWY 115 1997
WELL #1
WELL #2
WELL #3
WELL 1
WELL #1
WELL 1 – WTP
WELL 2 – WEST
WELL 1
WELL 1
WELL 2
BLACK RIVER
WELL #2

Source

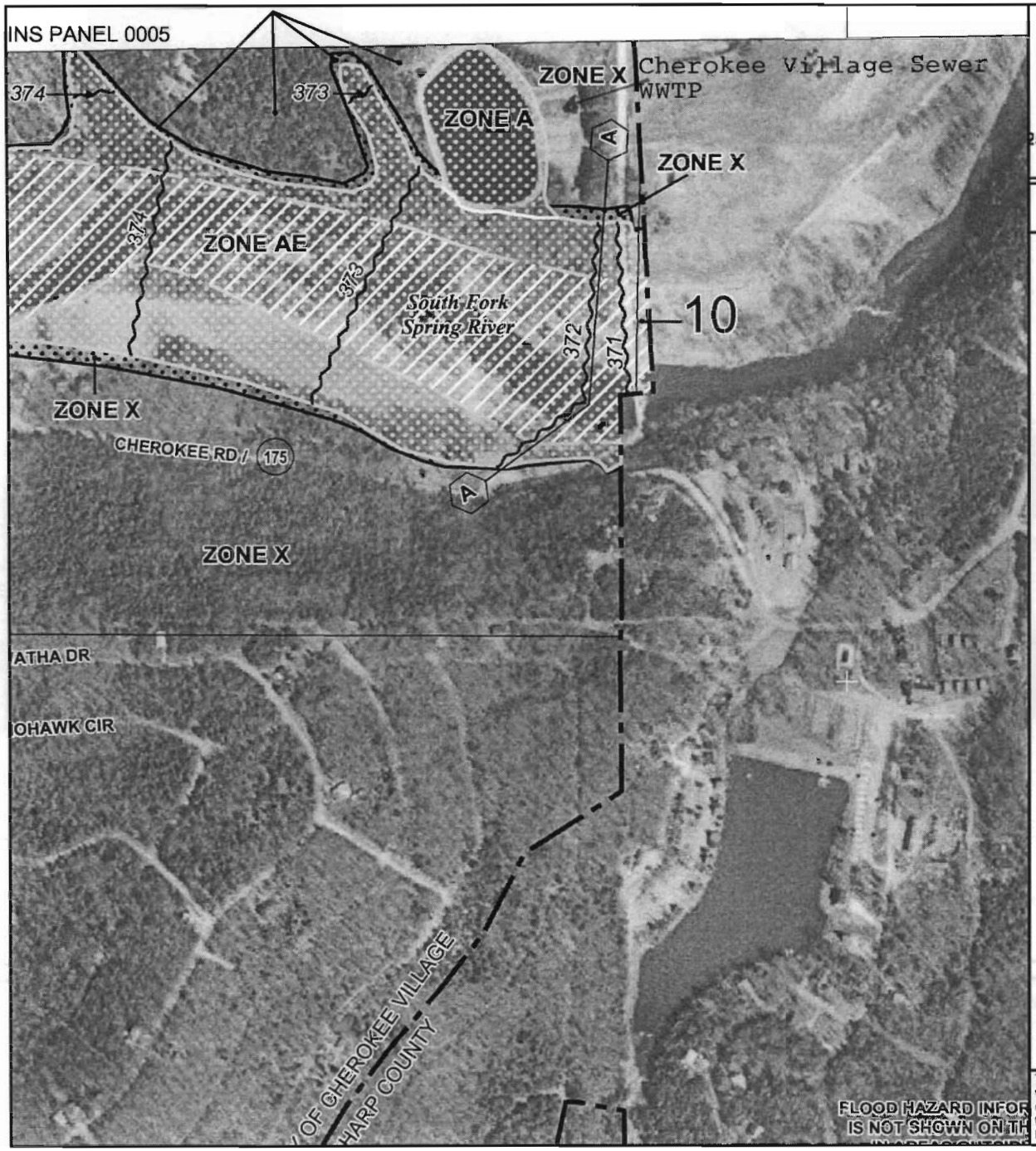
WELL 1
ROARING SPRINGS
EVENING SHADE SPRING
WELL 1
WELL 2
WELL #2
WELL 1
WELL 3
WELL 4
WELL 5 AIRPORT
WHITE RIVER
WELL 1
WELL 1
WELL 3
WELL 2
WELL 1
WELL 1
WELL #2 CR 223
WELL 1 1985
WELL #1 1988
WELL #2 1992
WELL #3 1996
WELL #1
WELL #1
WELL #2
WELL #3
WELL #1 HWY 62
WELL 1
WELL #1 EAST
WELL 1
MARCELLA SPRING
WELL #2 WEST
WELL #1 / Main House
WELL #2 / Dairy Barn
WELL #3 / Cottage
WELL #4 / School
WELL BEHIND STORE
BAYOU RESORT WELL
WELL SOUTH OF RIVER
WELL NORTH OF RIVER
WELL NEXT TO STORE
WELL BEHIND RESTAURANT
WELL NEXT TO STORE
WELL 75 FEET EAST END OF BUILDING
WELL IN CENTER OF CAMP
WELL NEAR WATER TOWER
WELL NEXT TO SWIMMING POOL
WELL NEAR RAILROAD TRACKS
WELL NEXT TO TRAILER
WELL NEAR PARK ENTRANCE

Source

WELL 40 FEET NORTH OF BUILDING
WELL DOWN ROAD FROM CAMPING AREA 1
WELL ON SIDE OF RESTAURANT
WELL BEHIND STORE
WELL BEHIND RESTAURANT
WELL#1
WELL#2
RUSSELL'S RV PARK WELL
WELL #6 COMMERCE ST
CLUB RD WELL
WELL #3 Shiloh Road
WELL #1
WELL 3
WELL #1
WELL #2
WELL 2
Well #2
WELL 9
WELL #6
Well #4 Attica
WELL #2
WELL 4
WHITE RIVER
WELL 1
Well #2
WELL NEAR RAILROAD TRACKS
WELL 5 / IMBODEN
WELL 1
WELL 1

Attachment 2

FEMA Map



MAP SCALE 1" = 500'

250 0 500 1000 FEET

METERS

NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0010A

FIRM

FLOOD INSURANCE RATE MAP

CITY OF

CHEROKEE VILLAGE, ARKANSAS

SHARP AND

FULTON COUNTIES

PANEL 10 OF 14

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CHEROKEE VILLAGE, CITY OF	050603	0010	A

Notice to User: The **Map Number** shown below should be used when placing map orders; the **Community Number** shown above should be used on insurance applications for the subject community.

MAP NUMBER
0506030010A

EFFECTIVE DATE
APRIL 16 , 2004

Federal Emergency Management Agency

Attachment 3

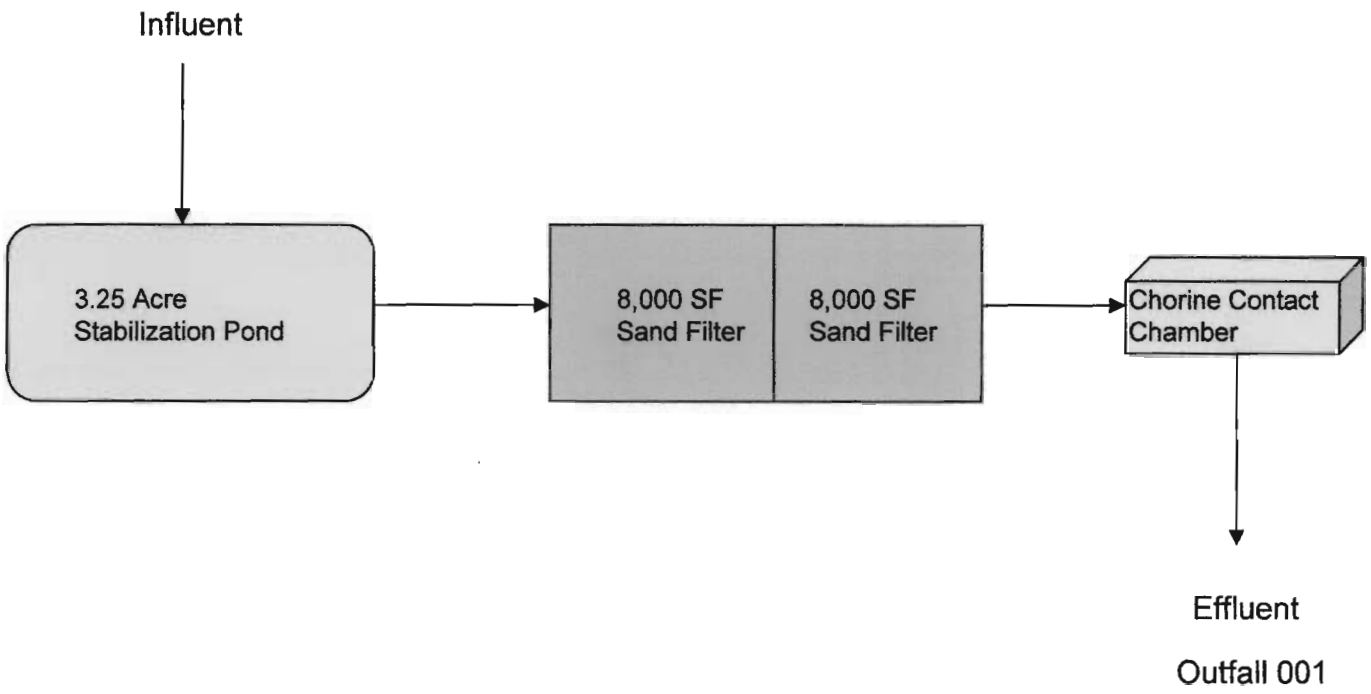
Site Topographic Map

350 ft Scale: 1: 12,000 Detail: 14-1 Datum: WGS84

Attachment 4

Process Flow Diagram

Process Flow Diagram
Cherokee Village Sewer
NPDES AR0034282



Please type or print in the unshaded areas only

EPA ID Number *(Copy from Item 1 of Form 1)*

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form **2E** NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Water

For this outfall, list the latitude and longitude, and name of the receiving water(s)

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	*36*	*18*	*35*	*91*	*30*	*38*	***South Fork of Spring River***

II. Discharge Date *(If a new discharger, the date you expect to begin discharging)*

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

☒ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. Effluent Characteristics

A. **Existing Sources** - Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. **New Dischargers** - Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(including units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) (or) (4) Number of Measurements Taken *(last year)*	Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	***11.23 lbs/day***	***19.8 mg/l***	***3.06 lbs/day***	***7.22 mg/l***	***4***	***N/A***
Total Suspended Solids (TSS)	***0.93 lbs/day***	***3.6 mg/l***	***0.346 lbs/day***	***1.9 mg/l***	***4***	***N/A***
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	***N/A***	***10col/100ml***	***N/A***	***10col/100ml***	***4***	***N/A***
Total Residual Chlorine *(if chlorine is used)*	***~~An analysis~~ for TRC will***		***be submitted***	***with next scheduled***	***DMR***	***N/A***
Oil and Grease	***0.17 lbs/day***	***0.3 mg/l***	***0.56 lbs/day***	***0.2 mg/l***	***4***	***N/A***
*Chemical oxygen demand (COD)	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
*Total organic carbon (TOC)	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***
Ammonia *(as N)*	***0.09 lbs/day***	***0.158 mg/l***	***0.026 lbs/day***	***0.097 mg/l***	***4***	***N/A***
Discharge Flow	Value ***0.088 MGD***		***0.0402 MGD***		***12***	***N/A***
pH *(give range)*	Value ***6.48 s.u. (minimum)***		***6.76 (maximum)***		***12***	***N/A***
Temperature *(Winter)*	***N/A*** °C		***N/A*** °C		***N/A***	***N/A***
Temperature *(Summer)*	***N/A*** °C		***N/A*** °C		***N/A***	***N/A***

*If noncontact cooling water is discharged

V. Expect for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☒ No
If yes, briefly describe the frequency of flow and duration.

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

Wastewater treatment system includes a 3.25 acre stabilization pond with two (2) 8,000 square foot sand filters. Disinfection by gas chlorination utilizing contact chamber. Sand filters are dosed manually.

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional Sheets, if necessary.

N/A

VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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 fine and imprisonment for knowing violations.

A. Name of Official Title	B. Phone No. *(area code & no.)*
Charles E. Daggett, President	**(870) 257-2173**
C. Signature	D. Date Signed
Charles E Daggett	5-16-08