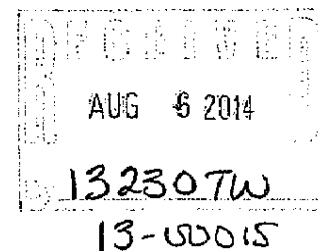


Expires 2/28/15
Due 10/15/14
30

A10J8V

NPDES PERMIT APPLICATION FORM 1

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
5301 Northshore Drive
North Little Rock, AR 72118-5317
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. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

(City of Kingsland) - Mayor Charles Crain
 Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private ☒ State ☐ Federal ☐ Partnership ☐ Corporation ☐ Other ☐

State of Incorporation: Arkansas

3. Facility Name: City of Kingsland

4. Is the legal applicant identified in number 1 above, the owner of the facility? ☒ Yes ☐ No

5. NPDES Permit Number (If Applicable): AR00 43672

6. NPDES General Permit Number (If Applicable): ARG

7. NPDES General Storm Water Permit Number (If Applicable): _____

8. 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 which are not listed above:

Permit Name

Permit Number

Held by

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

off of AVERY, turn on Short Street, Cross Bridge Lagoon straight ahead, dead end of Short Street

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

Street: End of Short Street

City: Kingsland County: Cleveland State: Ar. Zip: 71652

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

Name: City of Kingsland Title: _____
Street: 210 Larch St. P.O. Box _____
City: Kingsland State: AR Zip: 71652
E-mail address*: KingslandWater@tds.net Fax: 870-348-5500

* Is emailing all documents (permit, letters, DMRs, invoices, etc.) acceptable to the applicant? ☐ Yes ☐ No

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

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

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

4952 SIC Facility Activity under this SIC or NAICS:
221320 NAICS Municipal Wastewater Treatment Plant

14. Design Flow: .06 MGD Highest Monthly Average of the last two years Flow: .03 MGD15. Is Outfall equipped with a diffuser? ☐ Yes ☒ No

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

Name: Charles Cain Title: Mayor
Address: P.O. Box 67 Phone Number: 870-348-5500
E-mail Address: KingslandWater@tds.net
City: Kingsland State: AR Zip: 71652

17. Cognizant Official (Duly Authorized Representative of responsible official as describe on the last page of this application):

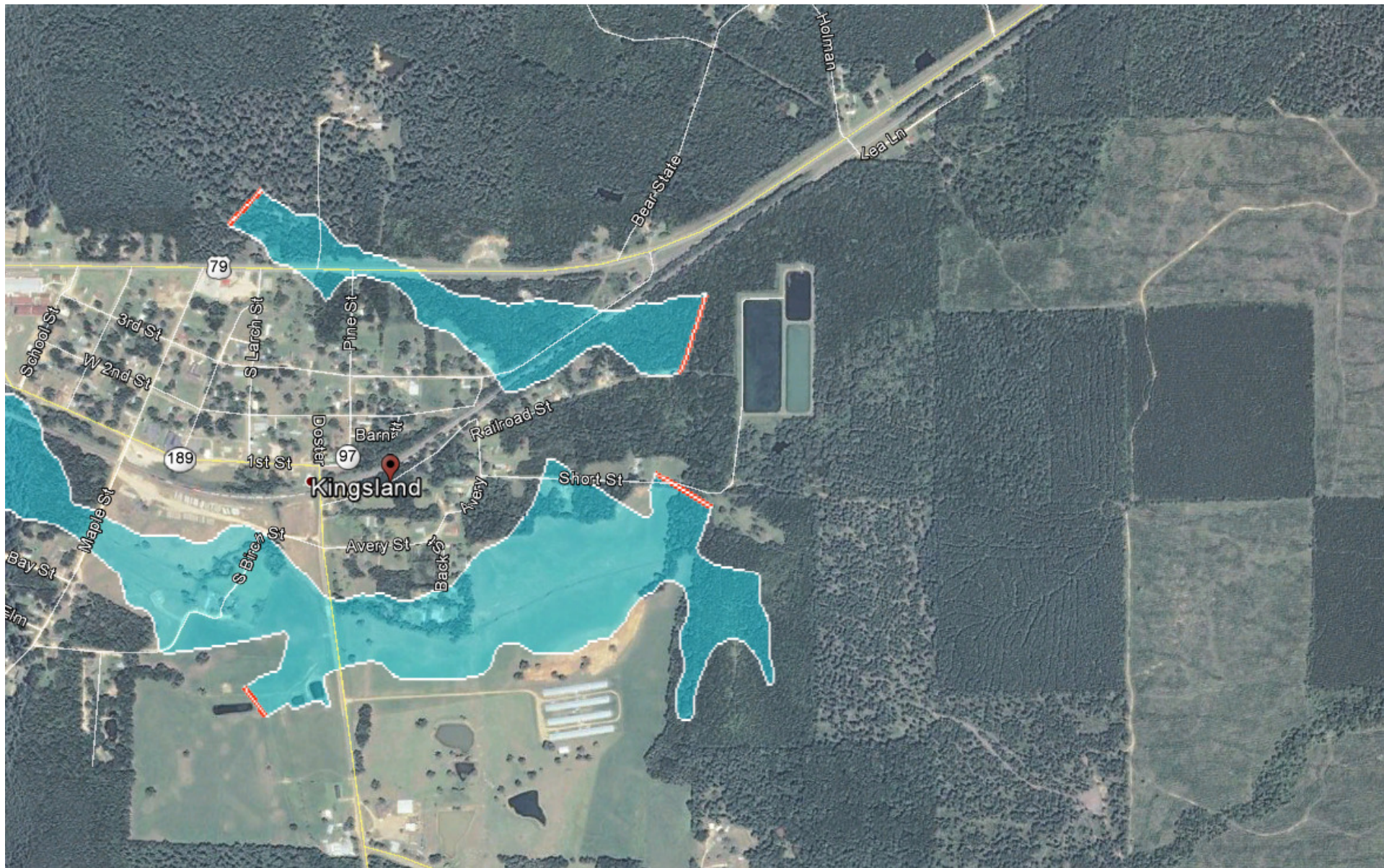
Name: Joe W. Cook Title: Water & W.W. Mgr.
Address: P.O. Box 235 Phone Number: (870) 313-2182
E-mail Address: KingslandWater@tds.net
City: Kingsland State: AR Zip: 71652

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

Contact Name: Dan
Company Name: McClelland & Consulting, Eng. Inc.
Address: P.O. Box 34087 Phone Number: 501-489-5202
E-mail Address: _____
City: Little Rock State: AR Zip: 72203

19. Wastewater Operator Information

Wastewater Operator Name: Joe W. Cook License number: 009487
Class of municipal wastewater operator: I ☒ II ☐ III ☐ IV ☐
Class of industrial wastewater operator: Basic ☐ Advanced ☐



SECTION B: FACILITY AND OUTFALL INFORMATION

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

Lat: 33 ° 51 ' 40 " Long: 92 ° 17 ' 05 " County: Clev. Nearest Town: Rison

2. **Outfall** Location (The location of the end of the pipe Discharge point.):

Outfall No. 001:

Latitude: 33 ° 51 ' 40 " Longitude: 92 ° 17 ' 05 "

Where is the collection point? Where discharge goes in Panther Creek

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

Panther Creek then to Saline River - Seg 2C of
Ozachita River Basin.

Outfall No. 001:

Latitude: 33 ° 51 ' 42 " Longitude: 92 ° 17 ' 05 "

Where is the collection point? End of Short Street

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

Panther Creek then to Saline River - Seg 2C of
Ozachita River Basin.

3. **Monitoring** Location (If the monitoring is conducted at a location different than the above **Outfall** 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):

Cell Lagoons, with post aeration and
disinfection by Chlorine if needed.

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:

End of Short Street

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 facility? _____

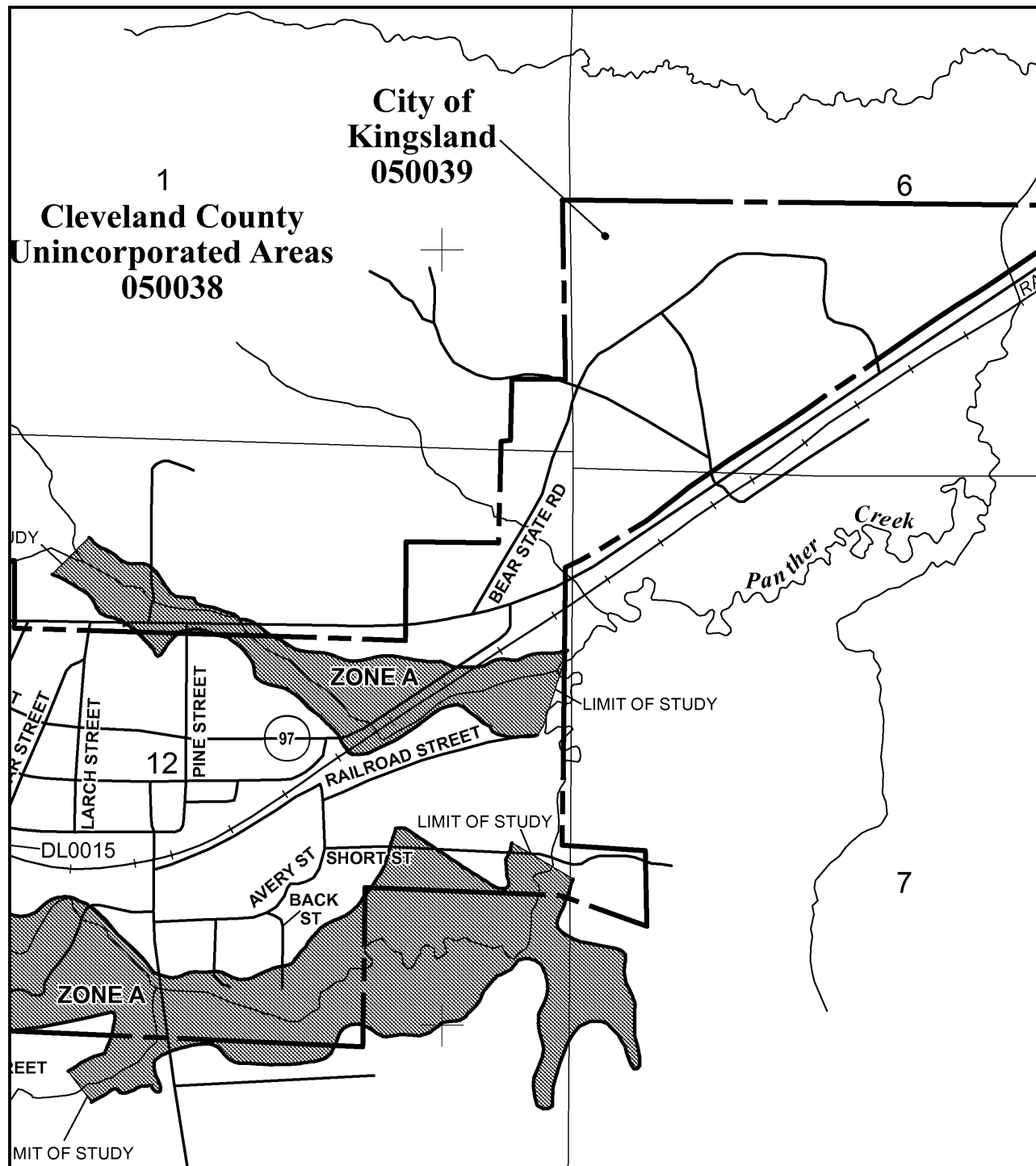
7. Population for Municipal and Domestic Sewer Systems: 405

8. Backup Power Generation for Treatment Plants

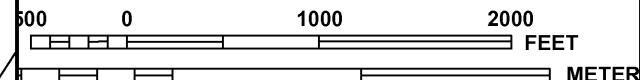
Are there any permanent backup generators? Yes ☐ No ☒

If Yes, How many? _____ Total Horsepower (hp)? _____

If No, Please explain? not at moment. Waiting to get one
when Money is Available.



MAP SCALE 1" = 1000'



NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0285C

FIRM

FLOOD INSURANCE RATE MAP

**CLEVELAND COUNTY,
ARKANSAS
AND INCORPORATED AREAS**

PANEL 285 OF 475

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
CLEVELAND COUNTY	050038	0285	C
KINGSLAND, CITY OF	050039	0285	C

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
05025C0285C**

**EFFECTIVE DATE
FEBRUARY 2, 2012**

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Kingsland Water AR0043672

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☐ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal _____ %
 Design SS removal _____ %
 Design P removal _____ %
 Design N removal _____ %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine if needed

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No
 IF NEEDED

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	S.U.			
pH (Maximum)	8.4	S.U.			
Flow Rate	0.06	MGD	0.05	MGD	(3)-1/month
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	2410	mg/L	18.26	mg/L	3	5210 B
FECAL COLIFORM		100	#/100ml	43.3	#/100ml	3	922 D
TOTAL SUSPENDED SOLIDS (TSS)		43	mg/L	36.3	mg/L	3	2540 D

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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. _____

☐ **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 End of Shaul St. How old is the lagoon? 23

Surface area of lagoon: 8.48 Acre Depth: _____ ft Does lagoon have a liner? ☒ Yes ☐ No

☐ **Incineration:** Location of incinerator _____

☐ **Remains in Treatment Lagoon(s):**

How old is the lagoon(s)? _____ Has sludge depth been measured? ☐ Yes ☒ No

If Yes, Date measured? _____ Sludge Depth? _____ ft If No, When will it be measured? in 2009

Has sludge ever been removed? Yes ☐ No ☒ If Yes, When was it removed? _____

☐ **Other** (Provide complete description): _____

Don't have record if Sludge Depth has
ever been measured. Going to Get measured
this Summer.

SECTION D - WATER SUPPLY

Water Sources (check as many as are applicable):

☐ **Private Well** - Distance from Discharge point: ☐ Within 5 miles ☐ Within 50 miles

☒ **Municipal Water Utility** (Specify City): Kingsland

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

☐ **Surface Water**- Name of Surface Water Source: _____

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

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

☐ **Other** (Specify): _____

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

SECTION I: SIGNATORY REQUIREMENTS

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:

Signature of Cognizant Official: Joe W. Cook Date: 8-1-14
Printed name of Cognizant Official: JOE W. COOK
Official title of Cognizant Official: Water + W.W. MGR Telephone Number: 870-313-2182

Responsible Official

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.

CC (Initial) "I certify that the cognizant official designated above is qualified 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.

 (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of State in Arkansas. Please provide the full name of the corporation if different than that listed in Section A above."

"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: Charles Crain Date: 08-01-2014
Printed name of Responsible Official: CHARLES CRAIN
Official title of Responsible Official: Mayor Telephone Number: 870-348-5500

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Kingsland Water AR0043672

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name

Kingsland Water

Mailing Address

Kingsland Water
P.O. Box 235 Kingsland, AR 71652

Contact person

Joe W Cook Lic # 009

Title

Water & Waste Water Mgr.

Telephone number

office (870) 348-5500 cell: 870-313-2182

Facility Address

Kingsland Water

(not P.O. Box)

210 Carch St. Kingsland, AR 71652

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

owner

operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

facility

applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES

AR0043672

PSD

UIC

Other

AFIN 13-00015

RCRA

Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Kingsland Water

Population Served

405

Type of Collection System

Lagoons

3-Cell

w/ Chlorine

Disinfection

Separate

Ownership

City of Kingsland

Municipal

Total population served

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- .06
- mgd

- b. Annual average daily flow rate

Two Years Ago

Last Year

This Year

one Month0.00822-months .08

mgd

- c. Maximum daily flow rate

0.1830.30.3

mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer

%

☐ Combined storm and sanitary sewer

%

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent

1

- ii. Discharges of untreated or partially treated effluent

0

- iii. Combined sewer overflow points

0

- iv. Constructed emergency overflows (prior to the headworks)

0

- v. Other

0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes☒ No

If yes, provide the following for each surface impoundment:

Location:

Annual average daily volume discharged to surface impoundment(s)

mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes☒ No

If yes, provide the following for each land application site:

Location:

Number of acres:

Annual average daily volume applied to site:

Mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes☒ No

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Kingsland Water AR0043672

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

____ Yes

____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method

____ continuous or

____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

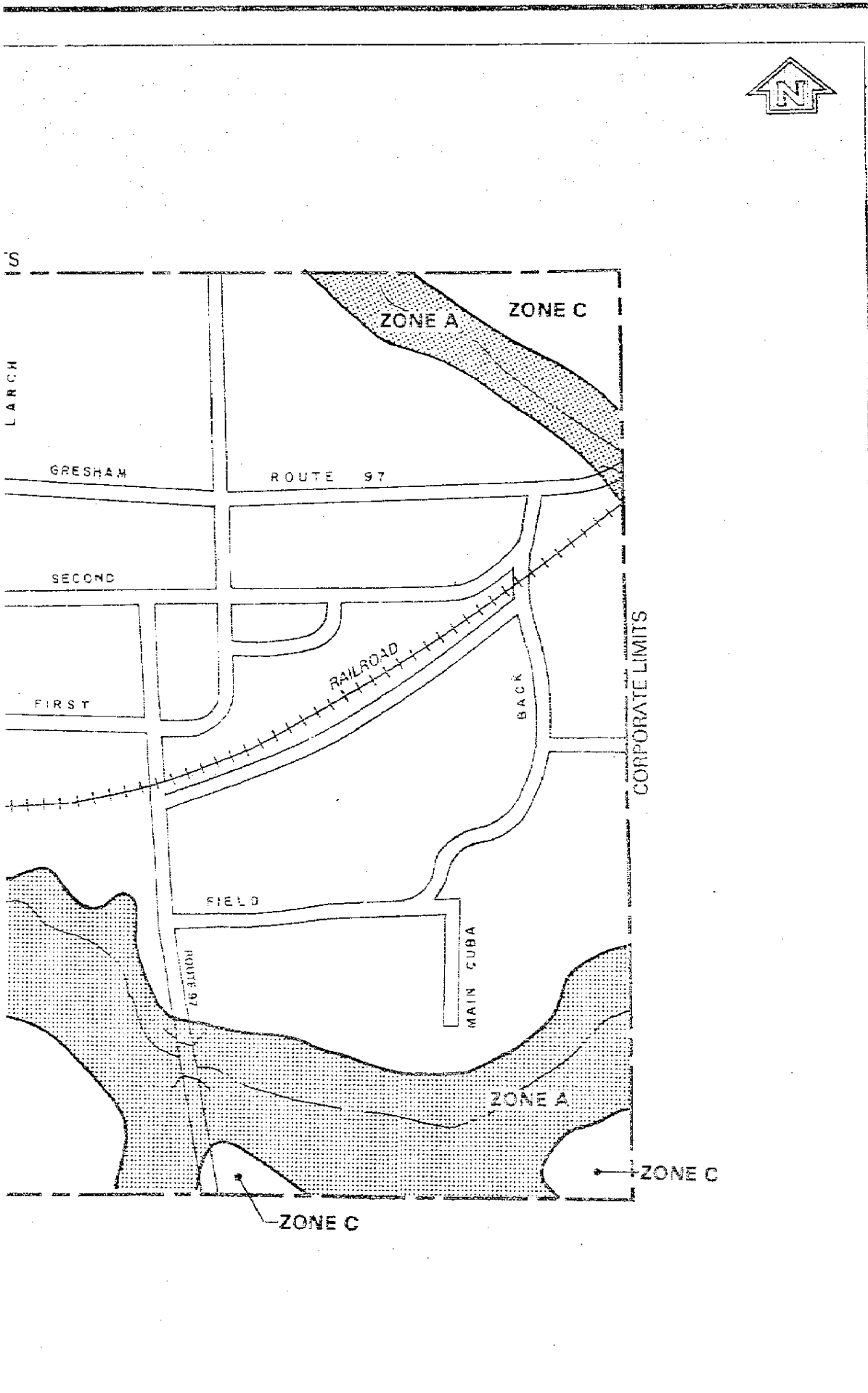
- a. Outfall number 001
- b. Location Kingsland 71652
(City or town, if applicable) (Zip Code)
Cleveland AR
(County) (State)
33° 51' 40" 92° 17' 05"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 0.02 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
_____ Yes _____ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: Varies
- Average duration of each discharge: Varies
- Average flow per discharge: .02 mgd
- Months in which discharge occurs: as needed
- g. Is outfall equipped with a diffuser? _____ Yes ☒ No

A.10. Description of Receiving Waters.

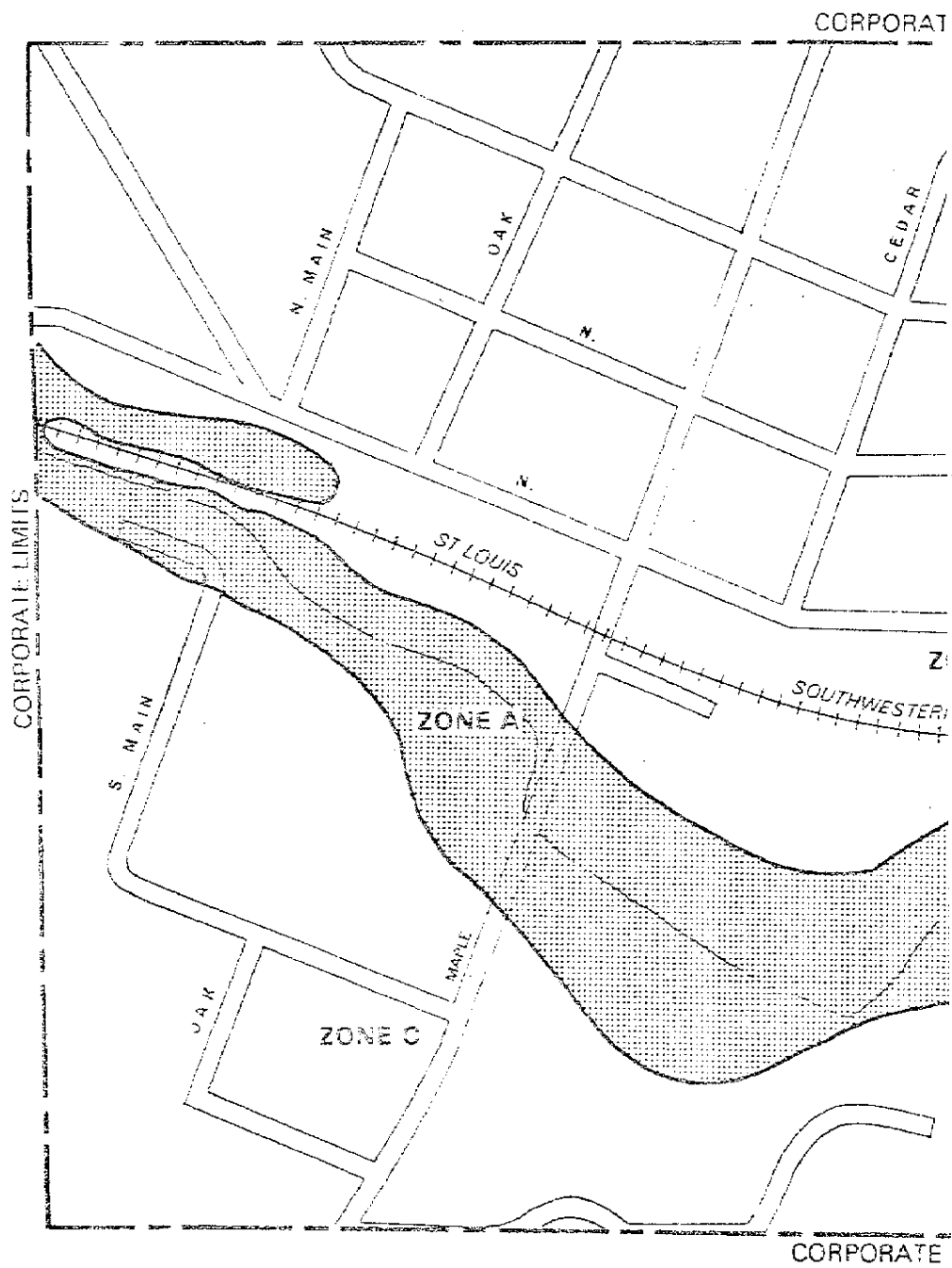
- a. Name of receiving water Panther Creek, then to Saline River, then to Quachita River
- b. Name of watershed (if known) _____
- United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Quachita River Basin
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Segment 2C
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

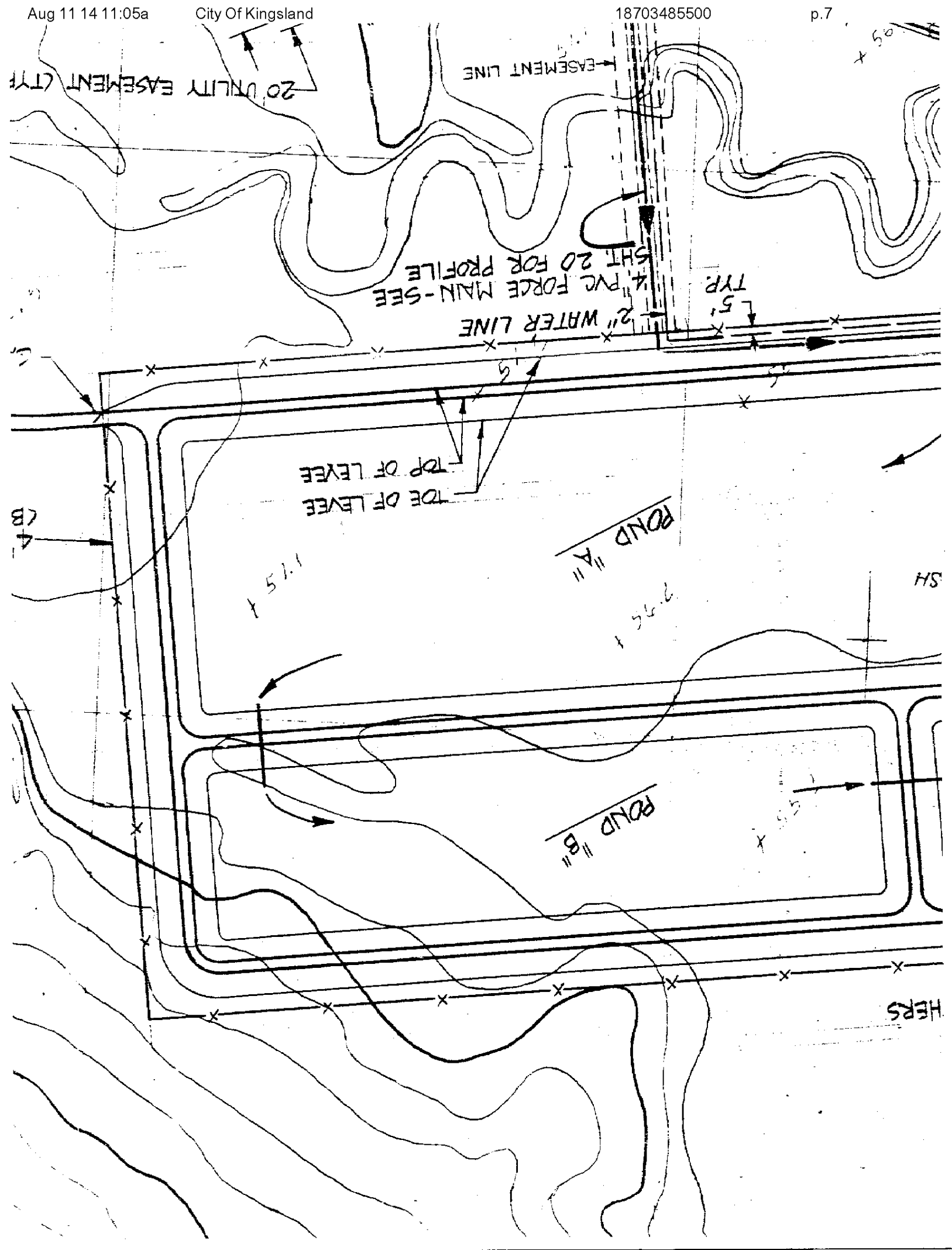
FACILITY NAME AND PERMIT NUMBER: <u>Kingsland Water and Waste Water Area 43672</u>		Form Approved 1/14/99 OMB Number 2040-0056
BASIC APPLICATION INFORMATION		
PART C. CERTIFICATION		
All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.		
Indicate which parts of Form 2A you have completed and are submitting:		
☒ Basic Application Information packet	Supplemental Application Information packet:	
	☐ Part D (Expanded Effluent Testing Data)	
	☐ Part E (Toxicity Testing: Biomonitoring Data)	
	☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)	
	☐ Part G (Combined Sewer Systems)	
ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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 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.		
Name and official title	<u>Mayer Charles Casin</u>	★
Signature	<u>[Signature]</u>	★
Telephone number	<u>870-348-5500</u>	★
Date signed	<u>8-11-2014</u>	★
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.		

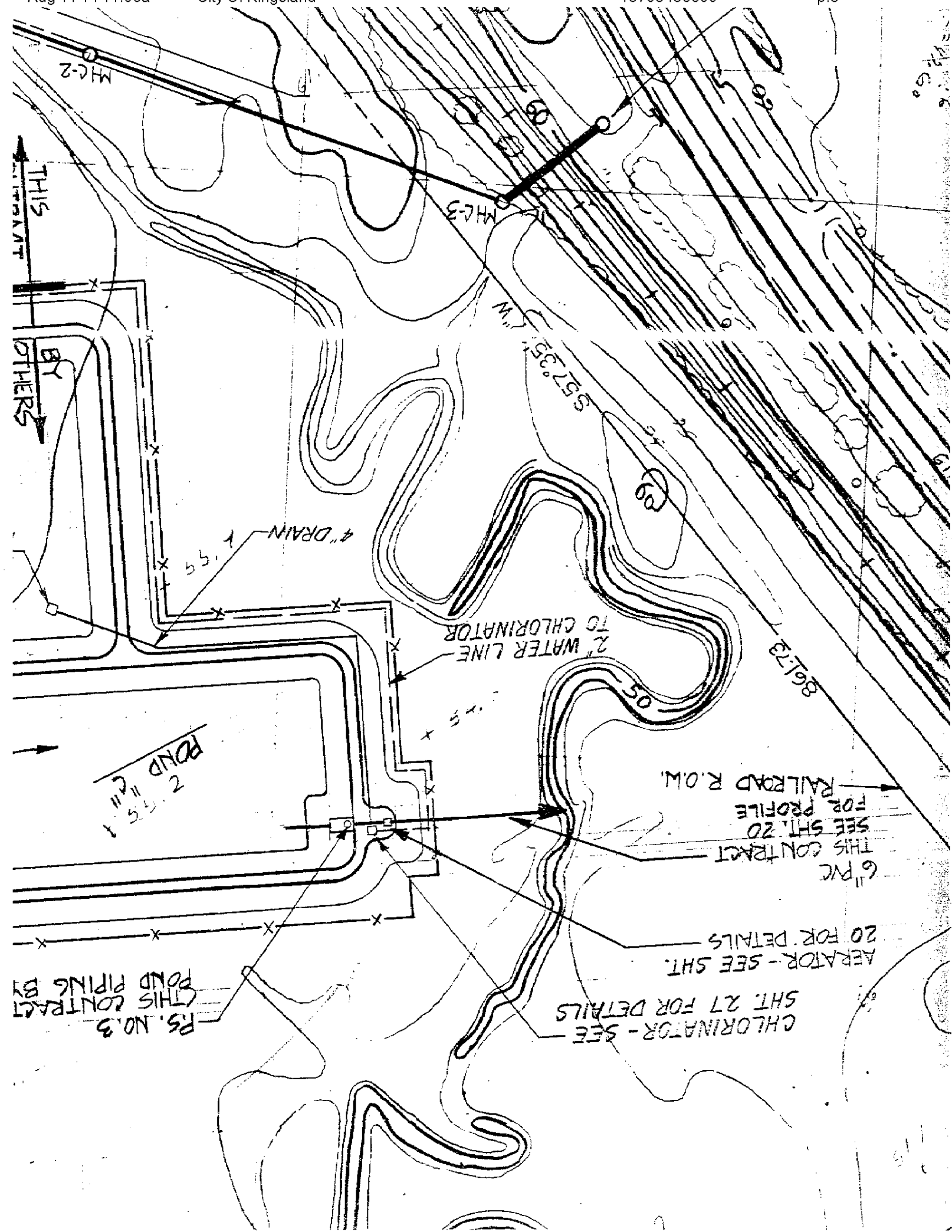
SEND COMPLETED FORMS TO:



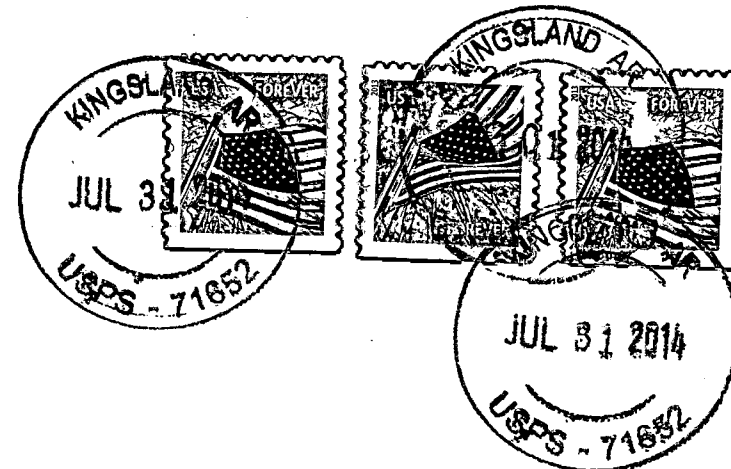
FEDERAL EMERGENCY MANAGEMENT AGENCY	CITY OF KINGSLAND, AR (CLEVELAND CO.)
APPROXIMATE SCALE 400 800 1200 FEET	EFFECTIVE DATE 10/12/82
FLOOD HAZARD BOUNDARY MAP H - 01 FLOOD INSURANCE RATE MAP I - 01	H&I-01







Kingsland Water
PO Box 235
Kingsland AR 71652



AR Dept of Environmental Quality
Water Division
5301 Northshore Drive
North Little Rock, AR 72118

