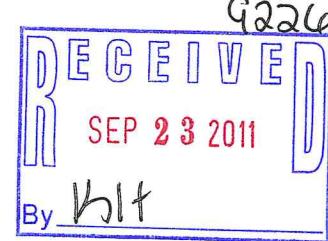


TX  
Expires 7/31/12  
Due 3/31/12  
WD

AIF7B

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](http://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. Operator (Legal) Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity):

Leslie Dover

Note: The legal name of the operator 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: ADC EAST ARKANSAS Regional Unit

4. Is the operator identified in number 1 above, the owner of the facility?  Yes  No

5. NPDES Permit Number (If Applicable): AR00

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

Ark Dept. of Corrections

AR0045578

EAST ARK Regional Unit

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:  Hwy 131 1/2 mile

Turn on County Road 601 - Turn Right on the first Road to the Right

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

Street: County Road 601

City: Brickey's

County: Lee

State: AR

Zip: 72320

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

Name: East AR Regional Unit Title: \_\_\_\_\_  
Street: 326 Lee 601 P.O. Box \_\_\_\_\_  
City: Brickey's State: AR Zip: 72320  
E-mail address\*: leslie.Dover@ARKANSAS.gov Fax: 870-295-5778

\* 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

**SIC**      Facility Activity under this SIC or NAICS:

## NAICS

Facility Activity under this SIC or NAICS:

14. Design Flow: \_\_\_\_\_ MGD      Highest Monthly Average of the last two years Flow: \_\_\_\_\_ MGD

15. Is Outfall equipped with a diffuser?  Yes  No

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

Name: Leslie W. Dover Title: Maintenance Supervisor  
Address: 326 Lee 601 Brickey's, AR Phone Number: 810-295-4700/377  
E-mail Address: Leslie.Dover@ARKANSAS.gov  
City: Brickey's State: AR Zip: 72320

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

Name: James L STARKS Title: ASST. DIRECTOR  
Address: 7800 Correction Circle Phone Number: 870-267-6625  
E-mail Address: Leon.STARKS@ARKANSAS.GOV  
City: Pine Bluff State: AR Zip: 71602

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

Contact Name: McClelland Consulting Engineers  
Company Name: McClelland Consulting Engineers  
Address: P.O. Box 34087 Phone Number: 72203  
E-mail Address: littlerock@juno.com  
City: LITTLE ROCK State: AR Zip: 72203

#### 19. Wastewater Operator Information

Wastewater Operator Name: Leslie Dover License number: 07799 D 2  
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: 34 ° 50 ' 31 " Long: 90 ° 36 ' 02 " County: Lee Nearest  
Town: Brockey's

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

Outfall No. 001:

Latitude: 34 ° 50 ' 13 " Longitude: 90 ° 36 ' 46 "

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):

St. Francis River near the confluence of Alligator Bayou in  
Segment SA of the St. Francis River Basin.

Outfall No. \_\_\_\_\_:

Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "

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. 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):

It is a clarifier drying beds with six drying beds

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:

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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](http://www.fema.gov).

If "No", what measures are (or will be) used to protect the facility? \_\_\_\_\_

7. Population for Municipal and Domestic Sewer Systems: \_\_\_\_\_

8. Backup Power Generation for Treatment Plants

Are there any permanent backup generators? Yes  No

If Yes, How many? \_\_\_\_\_ Total Horespower (hp)? \_\_\_\_\_

If No, Please explain? \_\_\_\_\_

## 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. **A80045578**

**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 area of lagoon: \_\_\_\_\_ 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? \_\_\_\_\_

Has sludge ever been removed? Yes  No  If Yes, When was it removed? \_\_\_\_\_

**Other** (Provide complete description): \_\_\_\_\_

## 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): \_\_\_\_\_

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 E: FINANCIAL ASSURANCE AND DISCLOSURE STATEMENT

1. Act 409 of the 2009 Regular Session of the Arkansas Legislature (Act 409) provides for financial assurance requirements for permitting non-municipal domestic sewage treatment systems. Arkansas Code 8-4-203 (b)(1)(A)(i) – “The department shall not issue, modify, or renew a National Pollutant Discharge Elimination System permit or state permit for a non-municipal domestic sewage treatment works without the permit applicant first demonstrating to the department its financial ability to cover the estimated costs of operating and maintaining the non-municipal domestic sewage treatment works for a minimum period of five (5) years.”

The applicant must provide a detailed estimate of the operation and maintenance (O&M) costs for the facility for a five year period. Once the O&M estimate is approved, the applicant must provide financial assurance in order to show 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 by using the following as outlined in Arkansas Code 8-4-203(b)(2):

- A. Obtaining insurance that specifically covers operation and maintenance costs
- B. Obtaining a letter of credit;
- C. Obtaining a surety/performance bond;
- D. Obtaining a trust fund or an escrow account; or
- E. Using a combination of insurance, letter of credit, surety bond, trust fund, or escrow account.

2. Disclosure Statement:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for any type of permit 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 application. The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement. The form may be obtained from the ADEQ web site at:

[http://www.adeq.state.ar.us/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/disclosure_stmt.pdf)

## SECTION F – INDUSTRIAL ACTIVITY

1. Does an effluent guideline limitation promulgated by EPA ([Link to a Listing of the 40 CFR Effluent Limit Guidelines](#)) 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):

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5. Production: (projected for new facilities)

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

\* These units could be off-lbs, lbs quenched, lbs cleaned/etched/rinsed, lbs poured, lbs extruded, etc.

## 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)

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 \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (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. [Note: 1) New facilities should provide estimates for each discharge and 2) Facilities should denote whether the flow was measured or estimated.]

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 \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (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 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:

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 system.

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

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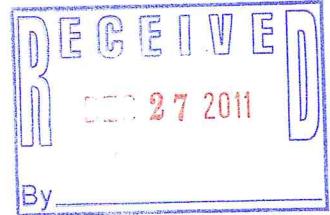
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2. One set of construction plans and specifications, approved (Signed and stamped) by a **Professional Engineer (PE)** registered in **Arkansas**, must be submitted as follows:

- 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

### 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:

A handwritten signature in black ink that appears to read "Leslie Dover".

Date: 12-9-11

Printed name of Cognizant Official:

Leslie Dover

Official title of Cognizant Official:

Director of Maintenance

Telephone Number: 870-295-4700  
Ex 377

### 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.

 (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:

A handwritten signature in black ink that appears to read "James L. Starks".

Date: 12-6-11

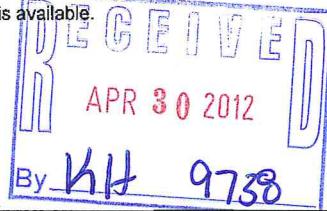
Printed name of Responsible Official:

James L. Starks

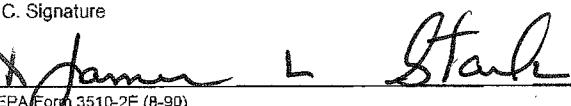
Official title of Responsible Official:

Ass't. Director

Telephone Number: 870-267-1625

Please print or type in the unshaded areas only.			EPA ID Number (copy from Item 1 of Form 1) AR0050156 AR0045578			Form Approved, OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <b>2E</b> NPDES	<b>EPA Facilities Which Do Not Discharge Process Wastewater</b>								
<b>I. RECEIVING WATERS</b>									
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	St. Francis River near the confluence of Alligator Bayou		
001	35.00	6.00	13.00	92.00	5.00	46.00			
<b>II. DISCHARGE DATE</b> (If a new discharger, the date you expect to begin discharging)									
<b>III. TYPE OF WASTE</b>									
A. Check the box(es) indicating the general type(s) of wastes discharged.									
<input checked="" type="checkbox"/> Sanitary Wastes		<input type="checkbox"/> Restaurant or Cafeteria Wastes		<input type="checkbox"/> Noncontact Cooling Water		<input type="checkbox"/> Other Nonprocess <input type="checkbox"/> Wastewater (Identify)			
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available. None									
									
<b>IV. EFFLUENT CHARACTERISTICS</b>									
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)		(4) (or)		Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration					
Biochemical Oxygen Demand (BOD)	19.7 lb/d	23.9 lb/d	7.4 mg/l	10.3 mg/l	36.00				
Total Suspended Solids (TSS)	14.7 lb/d	25.6 lb/d	7.0 mg/l	11.4 mg/l	36.00				
Fecal Coliform (if believed present or if sanitary waste is discharged)		56#/100ml		20#/100ml	36.00				
Total Residual Chlorine (if chlorine is used)									
Oil and Grease	10.3 lb/d	10.3 lb/d	4.1 mg/l	4.1 mg/l	36.00				
*Chemical oxygen demand (COD)									
*Total organic carbon (TOC)									
Ammonia (as N)									
Discharge Flow	Value .247 Mgal/d		.140 Mgal/d						
pH (give range)	Value 8.7		7.3		36.00				
Temperature (Winter)	20.00 °C		18.90 °C		36.00				
Temperature (Summer)	31.00 °C		26.80 °C		36.00				

\*If noncontact cooling water is discharged

<b>V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?</b> If yes, briefly describe the frequency of flow and duration.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>VI. TREATMENT SYSTEM</b> (Describe briefly any treatment system(s) used or to be used)  The Wastewater plant is an activated sludge plant that consists of a screening system, grit chamber, activated sludge oxidation ditch, two parallel clarifiers, and chlorine Disinfection		
<b>VII. OTHER INFORMATION (Optional)</b> 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.		
<b>VIII. CERTIFICATION</b> <i>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>		
A. Name & Official Title  Leon Starks, Deputy Director Arkansas Department of Corrections	B. Phone No. (area code & no.)  (870) 267-6625	
C. Signature  	D. Date Signed  	



A 11/6/11

Construction/Maintenance  
7800 Correction Circle  
Pine Bluff, Arkansas 71603  
Phone: (870) 267-6625  
Fax: (870) 267-6617

## Arkansas Department of Correction

Kim Fuller, Water Division

ADEQ

5301 Northshore Drive

North Little Rock, Arkansas 72118

Enclosed please find Application Form 2E for East Arkansas Regional Unit – Arkansas  
Department of Correction – Brickeys, Arkansas. - ~~AR0050156~~

If you have any questions or need more information please contact me at 870-267-6626.

  
Kathy Tankersley

Administrative Assistant I

Construction/Maintenance

7800 Correction Circle

Pine Bluff, Arkansas 71603

