Arkansas Department of Environmental Quality
NPDES PERMIT APPLICATION
FORM 1

INSTRUCTIONS:

1. This form should be typed or printed in ink. If insufficient space is available to address any item, please continue on an attached sheet of paper.

2. Please complete the following section(s). If a section is not required, please check the Not Applicable (N/A) box at the top of the section.

<table>
<thead>
<tr>
<th>Sections</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTW</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Industrial User</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Construction Permit Only</td>
<td>X</td>
<td>X</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>Modification</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>*</td>
<td>*</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>All Other Applicants</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

* As necessary

3. If you need help on SIC or NAICS go to www.osha.gov/oshstats/sicser.html.

4. If you have any questions about this form you may call NPDES Section at 501-682-0623 or go to www.adep.state.ar.us/water. You may also contact:

Department                        | Information in Regard to | Telephone #
Arkansas Department of Health      | Water Supply              | 501-661-2623

5. The following EPA Forms in addition to Form 1 is required for processing your application:

**Form 2A** - Municipal Dischargers
**Form 2B** - Concentrated Animal Feeding Operations
**Form 2C** - Existing Manufacturing, Commercial, Mining, and Silvicultural Operations
**Form 2D** - New Sources and New Dischargers Application for Permit to Discharge Process Wastewater
**Form 2E** - Facilities Which Do Not Discharge Process Wastewater (i.e. Domestic, Non contact cooling water)
**Form 2F** - Application for Permit to Discharge Storm Water Discharges Associated With Industrial Activity

6. Where to Submit

Return the completed form by mail to:

Arkansas Department of Environmental Quality
Permits Branch, Office of Water Quality

Revised March 2018
5301 Northshore Drive
North Little Rock, AR 72118

Or by email to:

Water.Permit.Application@adeq.state.ar.us
NPDES PERMIT APPLICATION  
FORM 1  

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF WATER QUALITY  
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 (The permit will be issued under this name. This is the entity that controls and is responsible for operations and compliance.):  

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: ____________________________  

3. Facility Name: ______  

4. Is the legal applicant 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:  

<table>
<thead>
<tr>
<th>Permit Name</th>
<th>Permit Number</th>
<th>Held by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

__________________________________________________________________________  

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

Street: ___________________________________________________________________  
City: ___________________________ County: ___________________ State: ___________ Zip: ___________
11. Facility Mailing Address for permit, DMR, and invoice (Street or Post Office Box):

Name: ____________________________  Title: ____________________________
Street: ____________________________  P.O. Box ____________________________
City: ____________________________  State: ____________________________  Zip: ____________
E-mail address*: ____________________________  Fax: ____________________________

* 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 (See Item #3 of the instructions for assistance in determining the correct SIC and NAICS Codes):

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


15. Is the outfall equipped with a diffuser?  Yes  No

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

Name: ____________________________  Title: ____________________________
Address: ____________________________  Phone Number: ____________________________
E-mail Address: ____________________________
City: ____________________________  State: ____________________________  Zip: ____________________________

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

Name: ____________________________  Title: ____________________________
Address: ____________________________  Phone Number: ____________________________
E-mail Address: ____________________________
City: ____________________________  State: ____________________________  Zip: ____________________________

18. Name, address and telephone number of active consulting engineer firm (If none, so state):
   Contact Name: ____________________________
   Company Name: ____________________________
   Address: ____________________________  Phone Number: ____________________________
   E-mail Address: ____________________________
   City: ____________________________  State: ____________________________  Zip: ____________________________

19. Wastewater Operator Information

Wastewater Operator Name: ____________________________  License number: ____________________________
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 the front door (gate) location of the facility):
   
   Lat: _______ ° _______ ‘ _______ “  Long: _______ ° _______ ‘ _______ “  County: _______  Nearest  
   Town: _______

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

   Outfall No. _____:
   
   Latitude: _______ ° _______ ‘ _______ “  Longitude: _______ ° _______ ‘ _______ “
   Description of outfall location: _______________________________________________________________________
   Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek; thence into Arkansas River):
   ______________________________________________________________________________________________

   Outfall No. _____:
   
   Latitude: _______ ° _______ ‘ _______ “  Longitude: _______ ° _______ ‘ _______ “
   Description of outfall location: _______________________________________________________________________
   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 (Include all components of the treatment system and attach the process flow diagram):

   ______________________________________________________________________________________________

   ______________________________________________________________________________________________
5. **FLOW AND SAMPLE MEASUREMENT**

How are effluent samples collected?

How is flow measured, i.e., v-notch weir, totalizing meter, Parshall flume, etc.?

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 Horsepower (hp)?**

   If no, please explain. Include a description of how the WWTP will be restarted and actions taken to ensure compliance with permit limits once power is restored.
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 (Lagoon for which the sole purpose is storing sludge):

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 which are downstream of the outfall location, i.e., those which could be affected by the discharge from this facility (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: TRUST FUND REQUIREMENTS AND DISCLOSURE STATEMENT

1. Ark. Code Ann. § 8-4-203(b)(1)(A) forbids the Arkansas Department of Environmental Quality from issuing, modifying, renewing, or transferring a permit for a nonmunicipal domestic sewage treatment works without the applicant first fulfilling the trust fund requirements set forth in that section. Ark. Code Ann. § 8-4-203(b)(1)(B) defines “nonmunicipal domestic sewage treatment works” as a device or system operated by an entity other than a city, town, or county that treats, in whole or in part, waste or wastewater from humans or household operations and must continually operate to protect human health and the environment despite a permittee’s failure to maintain or operate the device or system. NDSTW’s can include, but are not limited to:
   - Sewer Improvement Districts;
   - Subdivisions,
   - Mobile Home Parks,
   - Property Owner’ Associates,
   - RV parks, and
   - Apartments

Exclusions Excluded from this application’s Section E.1. requirements for trust fund contribution fees are:
   - State or federal facilities,
   - Schools,
   - Universities and colleges,
   - Entities that continuously operate due to a connection with a city, town, or county, and
   - Commercial or industrial entity that treats domestic sewage from its operations and does not accept domestic sewage from other entities or residences.

The trust fund form may be obtained from the ADEQ web site at:


2. Disclosure Statement:

Ark. Code Ann. 8-1-106 requires that 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 unless exempt for doing so under Ark. Code Ann. §8-1-106(b)(2). The filing of a Disclosure Statement is mandatory. No application can be considered administratively complete without a completed Disclosure Statement unless that facility is exempt. Publicly traded companies may submit the most recent 10k and 10Q filings to the Securities and Exchange Commission in lieu of the Disclosure Statement. The form may be obtained from the ADEQ web site at:

https://www.adeq.state.ar.us/ADEQ_Disclosure_Statement.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):

   __________________________________________

   __________________________________________

   __________________________________________

5. Production: (projected for new facilities)

<table>
<thead>
<tr>
<th>Product(s) Manufactured</th>
<th>Last 12 Months</th>
<th>Highest Production Year of Last 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>lbs/day*</td>
<td>lbs/day*</td>
</tr>
<tr>
<td>(Brand name)</td>
<td>Highest Month</td>
<td>Days of Operation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monthly Average</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Days of Operation</td>
</tr>
</tbody>
</table>

* 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.]

<table>
<thead>
<tr>
<th>No.</th>
<th>Process Description</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

   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, 4, and 5 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.]

<table>
<thead>
<tr>
<th>No.</th>
<th>Regulated Process</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Unregulated Process</th>
<th>Average Flow (GPD)</th>
<th>Maximum Flow (GPD)</th>
<th>Type of Discharge (batch, continuous, none)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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?

<table>
<thead>
<tr>
<th>Current: Flow Metering</th>
<th>Yes</th>
<th>Type: ____________</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling Equipment</td>
<td>Yes</td>
<td>Type: ____________</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Planned: Flow Metering</td>
<td>Yes</td>
<td>Type: ____________</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Sampling Equipment</td>
<td>Yes</td>
<td>Type: ____________</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

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 a 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: __________________________ Date: __________________________
Printed name of Cognizant Official: __________________________
Official title of Cognizant Official: __________________________ Telephone Number: __________________________

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: __________________________ Date: __________________________
Printed name of Responsible Official: __________________________
Official title of Responsible Official: __________________________ Telephone Number: __________________________