McCLELLAND CONSULTING ENGINEERS, INC.
DESIGNED TO SERVE

7302 Kanis Road
Little Rock, AR 72204
(501) 371.0272 P | (501) 371.9932 F
mce.us.com

April 21, 2026

Alan Anderson, MPA
Water Quality Program Coordinator
Arkansas Department of Energy and Environment

RE: Construction Permit No. AR00455781C1 and AR0044016 C1

Mr. Anderson,

This letter is to address both construction permit applications for the Arkansas Department of Corrections East Arkansas Regional Unit AR0045578 and North Central Unit AR0044016. The manufacturer's technical information has been reviewed for completeness, accuracy, and applicability to the aforementioned facilities treatment schemes. Based on the review, the submitted documentation is determined to be in accordance with generally accepted engineering practices. No exceptions or deviations were identified that would adversely impact the intended performance or functionality of the referenced materials/equipment.

Please feel free to contact us if additional information or clarification is required.

Sincerely,




Haley J. Hamilton, PE
McCLELLAND CONSULTING ENGINEERS, INC.
DESIGNED TO SERVE
Project Engineer MCE-Benton
(501) 371.0272
hhamilton@mce.us.com

# DEQ Form 1 for Individual NPDES and State Construction Permit Applications (permits beginning with AR00)

version 2.39

**(Submission #: HQJ-RCGC-2QK7X, version 1)**

## Details

| | |
|---|---|
| **Originally Started By** | Haley Hamilton |
| **Submitted** | 4/7/2026 (0 days ago) by Benjamin Cobb |
| **AFIN** | 39-00018 |
| **Submission ID** | HQJ-RCGC-2QK7X |
| **Status** | Submitted |

## Form Input

### Purpose of Application

**Is this application for an NPDES Permit, State Construction Permit, or Both?**
State Construction Permit Only

**Type of Facility**
Non-municipal Domestic Facility

**Trust Fund Applicability**
This is a federal, state, or county facility

### Section A - General Information

**AFIN (Enter if available)**
39-00018

**Legal Applicant Name**
Arkansas Department of Correction ADC - East Arkansas Regional Unit

**Permittee Type**
State

**Facility Name (if different from legal applicant name)**
Arkansas Department of Correction ADC - East Arkansas Regional Unit

**Is the legal applicant identified above the owner of the facility?**
Yes

**NPDES Individual Permit Number (If Applicable)**
AR0045578

**NPDES General Non-stormwater Permit Number (If Applicable)**
NONE PROVIDED

**NPDES General Storm Water Permit Number (If Applicable)**
NONE PROVIDED

**Permit Numbers and/or names of any permits issued by DEQ 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 |
|---|---|---|
| No-Discharge Permit | 5226-WR-2 | Arkansas Department of Correction East AR Regional Unit |

**Facility Physical Location**

**Facility Contact Person**

**Prefix**
*Mr.*

**First Name** **Last Name**
James *Flannery*

**Title**
*Wastewater Coordinator*

**Phone Type** **Number** **Extension**
Business 870-267-6139

**Email**
james.flannery@doc.arkansas.gov

**Address**
PO Box 8707
Pine Bluff, AR 71611

**Give driving directions to the wastewater treatment facility with respect to known landmarks if necessary (for example if the facility has no address, or if the facility can only be accessed through certain roads)**
NONE PROVIDED

**Facility County**
Lee

**Facility Location (All information must be based on the FRONT GATE or DRIVEWAY ENTRANCE of the facility). These coordinates must be in decimal degrees, not degrees/minutes/seconds.**
34.84155390,-90.601314

**Has the facility previously submitted a location map?**
Yes

**Facility Mailing Address for permit documents (Street or Post Office Box)**

**Email**
Eddie.Powell@doc.arkansas.gov

**Address**
PO Box 8707
Pine Bluff, AR 71611

**Is the invoice address the same as the mailing address for permit documents?**
Yes

**Neighboring States within 20 miles of the permitted facility (Check all that apply)**
Mississippi

**Common SIC & NAICS Codes**

| Facility Type | SIC Code | NAICS Code |
|---|---|---|
| POTW (Publicly Owned Treatment Works) | 4952 | 221320 |
| Subdivision | 6552 | 237210 |
| Apartment Complex | 6513 | 531110 |
| Mobile Home Park | 6515 | 533190 |
| Elementary and Secondary Schools | 8211 | 611110 |
| Gas Station with Convenience Store | 5541 | 447110 |

| Facility Type | SIC Code | NAICS Code |
|---|---|---|
| RV Parks and Campgrounds | 7033 | 721211 |

**Primary SIC Code**
9223

**Primary NAICS code**
922140

**Primary Facility Activity (such as "municipal wastewater treatment plant", "campground", "manufacturing of organic chemicals", etc.)**
Prison Unit

**Other applicable SIC codes, NAICS codes, and/or facility activities**
NONE PROVIDED

**Who prepared this application?**

**Prefix**
*Mrs.*

**First Name** **Last Name**
Haley *Hamilton*

**Title**
*Project Engineer*

**Organization Name**
*McClelland Consulting Engineers, Inc.*

**Phone Type** **Number** **Extension**
Business 501-371-0272

**Email**
hhamilton@mce.us.com

**Address**
146 W South St
Benton, AR 72015-3777

For new facilities, DEQ will inform you of the operator license requirements after the application is reviewed.

If you need to look up operator license numbers you can use the following link:
https://www.adeq.state.ar.us/water/enforcement/wwl/operators.aspx

**Wastewater Operator Information**

| Operator Name | License Number | Municipal License Class | Industrial License Class |
|---|---|---|---|
| James Flannery | 011707 | III | N/A |

## Section B1: Specific Outfall Information (1 of 1)

**Outfall: 001**

**Outfall Number**
001

**Design Flow (in MGD). May write "N/A" if the outfall does not have a design flow.**
0.65

**Highest Monthly Average flow over the last 2 years (in MGD)**
0.241

**End-of-Pipe Location (this must be in decimal degrees, not degrees/minutes/seconds)**
34.836111,-90.611944

**Are monitoring samples taken at the end-of-pipe location?**
Yes

**Name of Receiving Stream**
St. Francis River

**Description of Treatment System (Include all components of the treatment system)**
Screening, grit chamber, activated sludge oxidation ditch, two parallel clarifiers, chlorine disinfection contact chamber

**How are effluent samples collected?**
Both Grab and Composite

**Narrative description of where samples are collected relative to the treatment system**
Samples are collected at the end of the treatment, and performed by state certified laboratory in accordance with the NPDES permit and EPA approved testing procedures.

**How is flow measured, and where?**
Flow is measured at the effluent end of the treatment process using a totalizing meter

**Is the outfall equipped with a diffuser?**
No

**Does this outfall discharge to a lake or reservoir?**
No

## Section B2: General Outfall Information

**Describe how influent is collected and conveyed to the treatment system**
Wastewater is collected by gravity to a Lift Station, then pumped via force main to the headworks of the WWTP.

**Attach a process flow diagram showing all components of the treatment system**
26-5707 - PROCESS FLOW DIAGRAM-Layout1.pdf - 02/19/2026 03:49 PM
**Comment**
NONE PROVIDED

**Attach the topographic map here. Don't forget to mark the discharge point on the map.**
26-5707 -TOPOGRPHIC MAP.pdf - 04/07/2026 02:46 PM
**Comment**
NONE PROVIDED

**Is the proposed or existing facility located above the 100-year flood level?**
Yes

**Has this facility previously submitted a flood map?**
Yes

**Population for Municipal and Domestic Sewer Systems (may be marked "N/A" for industrial facilities that do not treat domestic waste)**
2000

**Are there any permanent backup generators?**
Yes

**How many backup generators?**
1

**Total Horsepower (hp)**
526

## Section C: Waste Storage and Disposal Information

**Solids/Sludge Disposal Method (Check as many as are applicable)**
Land Application

**State solids are land applied in**
Arkansas

**Land Application State Permit Number**
5226-WR-2

## 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):**
None

## Section G: Modification and Construction Information

**Describe the proposed construction, or the proposed changes at the facility**
Install Peracetic Acid (PAA) chemical feed system as a supplemental disinfection to the existing UV disinfection system. ADC is also requesting to utilize the addition of a coagulation and flocculation polymer, dosed on an as needed basis, to improve solids removal.

**Checklist**
Professional Engineer registered in the State of Arkansas
Design calculations signed and stamped, attached
Plans and drawings signed and stamped, attached

**Upload plans, specifications, and design calculations**
EARU PAA Discharge Improvements.pdf - 02/20/2026 09:47 AM
7040A sds.pdf - 02/20/2026 09:47 AM
EARU wastewater jar test results and polymer SDS.pdf - 02/20/2026 09:48 AM
PAA DOSING CALC EARU.pdf - 02/20/2026 09:48 AM
Blue White-CD1-Technical-Data-Sheet.pdf - 02/20/2026 09:48 AM
Peracetic acid sds.pdf - 02/20/2026 09:48 AM
**Comment**
NONE PROVIDED

**It appears this is a construction application for sanitary or domestic wastewater. If that is correct, please attach confirmation that this project has also been submitted for ADH review.**
ADH Approval Letter.pdf - 03/25/2026 09:51 AM
**Comment**
NONE PROVIDED

**Will the construction activity disturb 5 or more acres of land?**
No

**If the area disturbed is more than one acre up to, but not including, five acres, permit coverage is required, but the facility can obtain automatic coverage under the Construction Stormwater General Permit ARR150000. See the instructions at the linked website for automatic construction stormwater coverage.**
https://www.adeq.state.ar.us/water/permits/npdes/stormwater/

## Section H: 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.

**Cognizant Official Designation**
One Cognizant Official is designated for this facility

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:

**Cognizant Official**

**Prefix**
*Mr.*

**First Name** **Last Name**
James *Flannery*

**Title**
*Wastewater Coordinator*

**Phone Type** **Number** **Extension**
Business 870-267-6139

**Email**
james.flannery@doc.arkansas.gov

**Address**
PO Box 8707
Pine Bluff, AR 71611

**Responsible Official Information**

**Prefix**
*Mr.*

**First Name** **Last Name**
Eddie *Powell*

**Title**
*Assistant Director of Maintenance and Construction*

**Phone Type** **Number** **Extension**
Business 870-730-0390

**Email**
Eddie.Powell@doc.arkansas.gov

**Address**
PO Box 8707
Pine Bluff, AR 71611

## Supplemental Information

**Supplemental Information (optional)**
NONE PROVIDED
**Comment**
NONE PROVIDED

# Attachments

| Date | Attachment Name | Context | User |
|---|---|---|---|
| 4/7/2026 2:53 PM | CertificationForm.pdf | Unknown | Benjamin Cobb |
| 4/7/2026 2:46 PM | 26-5707 -TOPOGRPHIC MAP.pdf | Attachment | Benjamin Cobb |
| 3/25/2026 9:51 AM | ADH Approval Letter.pdf | Attachment | Haley Hamilton |
| 2/20/2026 9:48 AM | Peracetic acid sds.pdf | Attachment | Haley Hamilton |
| 2/20/2026 9:48 AM | Blue White-CD1-Technical-Data-Sheet.pdf | Attachment | Haley Hamilton |
| 2/20/2026 9:48 AM | PAA DOSING CALC EARU.pdf | Attachment | Haley Hamilton |

| Date | Attachment Name | Context | User |
|---|---|---|---|
| 2/20/2026 9:48 AM | EARU wastewater jar test results and polymer SDS.pdf | Attachment | Haley Hamilton |
| 2/20/2026 9:47 AM | 7040A sds.pdf | Attachment | Haley Hamilton |
| 2/20/2026 9:47 AM | EARU PAA Discharge Improvements.pdf | Attachment | Haley Hamilton |
| 2/19/2026 3:49 PM | 26-5707 - PROCESS FLOW DIAGRAM-Layout1.pdf | Attachment | Haley Hamilton |

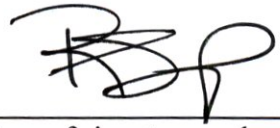
ENVIRONMENTAL QUALITY

# Certification of ePortal Submission

This form is to be used to certify electronic ePortal submissions. Please check with the appropriate section for who has the authority to sign this form. A hardcopy of this form with original signature must be sent to DEQ, 5301 Northshore Drive, North Little Rock, AR 72118. Please do **not** send a hardcopy of the ePortal submission with this form. **All fields are required**.

| | |
|---|---|
| **1. Section to which the ePortal Submission was Submitted:** | Individual NPDES Permits |
| **2. Form Name:** | DEQ Form 1 for Individual NPDES and State Construction Permit Applications (permits beginning with AR00) |
| **3. Arkansas DEQ Facility Identification Number (AFIN), if available:** | 39-00018 |
| **4. Facility Name:** | Arkansas Department of Correction ADC - East Arkansas Regional Unit - Arkansas Department of Correction ADC - East Arkansas Regional Unit |
| **5. Facility Physical Address:** | PO Box 8707<br><br>Pine Bluff, AR 71611 |
| **6. NPDES Permit Number, if available** | AR0045578 |

I certify under penalty of law that the ePortal submission with Submission ID# HQJ-RCGC-2QK7X and revision # 1 which was submitted electronically on 4/7/2026 2:48:23 PM 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.

| | |
|---|---|
| Eddie Powell | Assistant Director of Maintenance and Construction |
| typed/printed name of signatory authority | title |
|  | 4/10/26 |
| signature of signatory authority | date |