

From: [Kristie Hudson](#)
To: [Water Permit Application](#)
Cc: ["Brent McDiarmid"](#)
Subject: Emailing: SEPTIC TANK PERMIT GALILEE BAPTIST.pdf, DISCLOSURE STATEMENT GALILEE BAPTIST.pdf, ARG550000 GALILEE BAPTIST CHURCH.pdf
Date: Monday, November 19, 2018 11:04:59 AM

Let me know if you need anything else so, we can install this system .
Please invoice us the fee required .

Thank You,
Kristie Hudson
Administrative Assistant

512 West Hillsboro
El Dorado AR 71730
Phone 870-862-5901
Fax 870-862-8587

Your message is ready to be sent with the following file or link attachments:

SEPTIC TANK PERMIT GALILEE BAPTIST.pdf
DISCLOSURE STATEMENT GALILEE BAPTIST.pdf
ARG550000 GALILEE BAPTIST CHURCH.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

Application Type: New ☒ Renewal ☐ (Permit # ARG55 0000)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Galilee Baptist Church Operator Type:
Permittee Mailing Address: 117 Galilee Road ☐ State ☐ Partnership
Permittee City: El Dorado ☐ Federal ☐ Corporation*
Permittee State: Arkansas Zip: 71730 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 870-862-8842 *State of Incorporation: N/A
Permittee Fax Number: N/A The legal name of the Permittee must be
* Permittee E-mail Address: bmedicamid@glensmechanical.com identical to the name listed with the
Arkansas Secretary of State.

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: David Morrison City: El Dorado
Invoice Mailing Company: 117 Galilee Road State: AK Zip: 71730
Invoice Mailing Address: 117 Galilee Road Telephone: 870-862-8842

III. FACILITY INFORMATION

Facility Name: Galilee Baptist Church Facility Contact Person: David Morrison
Facility Address: 117 Galilee Road Telephone Number: 870-862-8842
Facility County: Union Facility City, State & Zip: El Dorado, AR 71730
* Facility Latitude: 33 Deg 10 Min 18.12 Sec * Facility Longitude: 92 Deg 41 Min 2.76 Sec.
Accuracy: Unknown Method: Unknown Datum: Unknown Scale: Unknown Description: mm south west addition

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 250 gpd (Gallons per Day)
Stream Segment: 2E Hydrologic Basin Code: 8040202
* Outfall Latitude: 33 Deg 10 Min 18.4794 * Outfall Longitude: 92 Deg 41 Min 4.56 Sec
Accuracy: Unknown Method: Unknown Datum: Unknown Scale: Unknown Description: outfall
Type of Treatment: Nyadic M-GA ~~XXXXXX~~ Aerobic Treatment Unit & chlorination
Receiving Stream: Unnamed surface

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: 22299922
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

VI. OTHER INFORMATION:

Operator Name: Ross Crittenden
Operator License Number: 010613 License Class: Z
Consultant Contact Name: N/A
Consultant Email Address: N/A
Consultant Address: N/A City: N/A State: NA Zip: NA
Consultant Phone Number: N/A Consultant Fax Number: NA

Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

- X N/A (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
X N/A (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."
X N/A (Initial) "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 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."

Responsible Official Printed Name: David Morrison Title: Board Member
Responsible Official Signature: [Signature] Date: 10-23-18
Responsible Official Email: _____
Cognizant Official Printed Name: John Pickering Title: Board Member
Cognizant Official Signature: [Signature] Telephone: 870-862-0709
Cognizant Official Email: _____

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: <u>22299922</u>
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us



Individual Treatment System for Domestic Waste (Non-Industrial)

Find notices of facilities that have submitted a recent NOI for coverage or renewal

Permit: ARG550000

Expires: June 30, 2019

Annual Fee: \$200 (*not applicable to individual homeowners*)

General Permit Information	Required Documents	As Needed Documents
Permit ARG550000 Fact Sheet Response to Comments List of Acceptable Systems	<ul style="list-style-type: none"> Notice of Intent (NOI): PDF Word Disclosure Statement: <i>Homeowners are exempt from filling out a disclosure statement under ARG550000</i> PDF 	<p><i>Submit only as needed:</i></p> <ul style="list-style-type: none"> Change of Signatory Authorization: PDF Notice of Termination (NOT): PDF Word Individual Treatment System Evaluation Form: PDF

INSTRUCTIONS FOR DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, 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 applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, et. seq.;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000; Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, et. seq.);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22; Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and Asbestos Certification Renewals, as defined in Regulation 21.**

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)

Galilee Baptist Church

2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)

117 Galilee Rd

3. CITY, STATE, AND ZIP CODE:

EL Dorado, AR 71730

4a. Applicant Type:

☐ Individual ☒ Corporate or Other Entity

4b. Reason for Submission:

☒ Permit ☐ License ☐ Certification ☐ Operational Authority

☒ New Application ☐ Modification ☐ Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Programs:

☐ Air ☒ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste ☐ Used Tire Program

5. Declaration of No Changes:

The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

Existing Sewer System Has Failed - ADH has
Designed an M-6A Aerobic system with
Surface Discharge - permit # 22299922 -
We are a small church with less
than 250 gpd and our peak is Sunday.

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant *
in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

None

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (add additional pages, if necessary.)

NAME: David Morrison TITLE: Board Member
 STREET: 117 Galilee Road
 CITY, STATE, ZIP: El Dorado, AR 71732

* NAME: John Pickering TITLE: Board member
 STREET: 117 Galilee Rd
 CITY, STATE, ZIP: El Dorado, AR 71730

NAME: N/A TITLE: N/A
 STREET: N/A
 CITY, STATE, ZIP: N/A

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: David Morrison TITLE: Board Member
 STREET: 117 Galilee Road
 CITY, STATE, ZIP: El Dorado AR 71730

* NAME: John Pickering TITLE: Board member
 STREET: 117 Galilee Rd
 CITY, STATE, ZIP: El Dorado AR 71730

NAME: N/A TITLE: N/A
 STREET: N/A
 CITY, STATE, ZIP: N/A

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: David Morrison TITLE: Board Member
 STREET: 117 Galilee Road
 CITY, STATE, ZIP: El Dorado AR 71730

* NAME: John Pickering TITLE: Board member
 STREET: 117 Galilee Rd
 CITY, STATE, ZIP: El Dorado, AR 71730

NAME: N/A TITLE: N/A
 STREET: N/A
 CITY, STATE, ZIP: N/A

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: David Morrison TITLE: Board Member
 STREET: 117 Galilee Rd
 CITY, STATE, ZIP: El Dorado AR 71730

* NAME: John Pickering TITLE: Board Member
 STREET: 117 Galilee Rd
 CITY, STATE, ZIP: El Dorado, AR 71730

NAME: N/A TITLE: N/A
 STREET: N/A
 CITY, STATE, ZIP: N/A

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: N/A

CITY, STATE, ZIP: N/A

Organizational Relationship:

N/A

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: N/A

CITY, STATE, ZIP: N/A

Organizational Relationship:

N/A

16. List any person who is not now in compliance or has a history of noncompliance with the environmental law or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: N/A TITLE: N/A

STREET: N/A

CITY, STATE, ZIP: N/A

NAME: N/A TITLE: NA

STREET: NA

CITY, STATE, ZIP: NA

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

N/A

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

*

I, David Morrison, 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 fines and imprisonment for knowing violation.

APPLICANT
SIGNATURE:

David Morrison

TITLE:

Plumber

DATE:

11-1-18

Date: 7/20/2018



Arkansas
Department of Health
Keeping Your Hometown Healthy

SEPTIC TANK PERMIT

Customer Name: DONNELL TAYLOR

Customer No: 0029000175

Transaction Date: 7/20/2018

Transaction No: 22299922

Created By: lldixon

Amount Received: \$30.00

Payment Method: Cash

Paid By: Galilee Baptist Church

Owner's Name: Galilee Baptist Church

Site Location: 117 Galilee Rd
El Dorado, AR 71730

Subdivision: N/A

Lot Number: N/A

Designated Rep:

Sanitarian: Kraft, John

Thank you for your payment

Union County Health Unit - El Dorado
301 American Rd

El Dorado AR 71730



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Dr. Nate Smith, Director and State Health Officer

Robbie Crocker, SWR Environmental Program Specialist

870 285 3154, office

870 403 1329, cell

August 20, 2018

Galilee Baptist church
117 Galilee Road
El Dorado, AR 71730
Union County

The plans and specifications for the above captioned project have been received and reviewed. Please be advised that as the owner you are responsible for the following:

1. All costs relating to the operation and maintenance of the system.
2. Meeting all effluent requirements.
3. Financial responsibility for effluent monitoring and sampling by a Certified Maintenance Person.
4. Filing for the National Pollutant Discharge Elimination System (NPDES) General Permit (ARG550000) permit with the Arkansas Department of Environmental Quality before any construction begins.
5. Any changes from the specified design will require a new maintenance contract and a resubmission of the permit.
6. This approval is for an on-site retention scheme for all effluent generated from the specified residence on the permit on 2.4 acres on 117 Galilee Road in Union County. Any off-site discharge or further subdivision of the property may void this approval. Additional measures to insure on-site retention of all sewage effluent generated may be required at a later date should the discharge leave the property.

This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the discharge of sewage effluent.

If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely


Robbie Crocker

SWR Environmental Health Program Specialist



ONSITE WASTEWATER PROGRAM WAIVER REQUEST

Part 1: To be completed by the Environmental Specialist Requesting the waiver (Please Print or Type)		
Name of Permit Applicant Galilee Baptist Church		Permit Receipt Number 22299922
Address of Property 117 Galilee Road	City El Dorado	County Union
Environmental Specialist Requesting the Waiver Robbie Crocker	Regional Environmental Leader David McKinnon	
Justification (Must reference applicable Section of Act 402 or Onsite Wastewater Rules and Regulations) System does not meet setbacks for alternate systems as stated in section 10.5.7 of Rules and Regulations Pertaining to Onsite Wastewater Systems. This is a repair		
<i>Attach a copy of the permit application, plat drawing and vicinity map.</i>		

Part 2: To be completed by the Environmental Section Staff Member reviewing the waiver request		
Disposition	Waiver Granted <input checked="" type="checkbox"/>	Waiver Not Granted <input type="checkbox"/>
Justification		
Director, Onsite Wastewater Section		
Date 8-18-18		



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

22299922

Non-Individual Onsite Wastewater System Permit Application

Permit Type



New Installation



Alteration / Repair

DR Environmental I.D. #

00021936032

Part 1 Treatment Type (check one)

Disposal Method (check one)

- ☐ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)

- ☒ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

- ☐ STD = Standard Absorption Field
☒ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other

- ☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name

Galilee Baptist Church

2. Phone Number

870-862-8842

3. Mailing Address

117 Galilee Rd, Eldorado, AR. 71730

4. County

UNION

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.)

117 Galilee Rd, Eldorado, AR. 71730

6. Subdivision Name

NA

7. Approval Date

NA

8. Date Recorded

4-18

9. Lot Number

NA

10. Lot Dimensions

See Legal

11. Total Area (Acres)

2.4

12. # Bedrooms / #

People/GPD 35 to 50

13. Daily Flow (GPD)

up to 250 per Service

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)

Sec 7, T18S, R15W

Existing

15. Water Supply (Specify supplier if Public Water.)

Eldorado

16. GPS Coordinates

N33° 10' 18" W 092° 41' 0"

17. Loading Rates

gpd / ft²

18. System Size

NAYADIC

Primary Site

Failed

a. Size of Septic Tank

M-6A

gal

f. Trench Depth

NA

inches

Secondary Site

Failed

b. Size of Dose Tank

1000

gal

g. Trench Spacing

NA

feet

Percolation Test

(min/in)

c. Absorption Area

NA

ft²

h. Trench Media

NA

i. Trench Width

Primary Site Ave

d. Number of Field Lines

NA

NA in.

Secondary Site

e. Length of Field Lines

NA

ft

in.

TO THE OWNER

The authorization for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) must revalidate a permit more than one (1) year old prior to the start of any construction.

19. Utilization Verification

I hereby attest that item 12, the number of bedrooms, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non-individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature

Donnell Taylor

Date

7-17-18

20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

Donnell Taylor
Designated Representative Signature

171
ID Number

Soil Certified ☒ Yes ☐ No

Donnell Taylor
Print Name

7-18-18
Date

870-836-7444
Phone Number

21. Authorization of Health Authority

The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

[Signature]
Environmental Specialist Signature

700
ID Number

8/20/18
Date



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

22. Soil Determination (Primary Area)							
Indicate the depth to items a-f, if observed in the soil, designate in inches.							
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)
6" ≥	NA	NA	6"	NA	NA	LOW	Failed
23. Soil Determination (Secondary Area)							
Indicate the depth to items a-f, if observed in the soil (designate inches).							
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)
6" ≥	NA	NA	6"	NA	NA	LOW	Failed
24. Soil Profile Information							
Primary Site (SWT)		Matrix		Redoximorphic Features		Soil Texture	
Brief	inches						
Mod.	inches						
Long	6" inches	2.5YR 4/8		2.5YR 5/2 30% ≥		Sil - C-40% ≥	
Secondary Site (SWT)				Redoximorphic Features		Soil Texture	
Brief	inches						
Mod.	inches						
Long	6" inches	2.5YR 4/8		2.5YR 5/2 30% ≥		Sil C-40% ≥	
25. Soil Series (Do not use Soil Series to determine Seasonal Water Tables)							
26. Percolation Test (min/in)							
Primary Site Rate for Hole 1 LOW		Primary Site Rate for Hole 2 LOW		Primary Site Rate for Hole 3		Primary Site Average Percolation Rate (1-3)	
Comments						Secondary Site Percolation Rate	

Part 2 Installation Inspection

Septic tank manufacturer		Other information	
Septic tank material		Trench media and width	
Dose tank manufacturer		Depth of interceptor drain	
Dose tank material		Depth of settled fill	
Pump Information			
Name of Installer			
Installation Inspected by (check one or see below) <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter)			License Number
Signature			ID Number
System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.			Date
Installer Signature			Date

Part 3 Permit for Operation

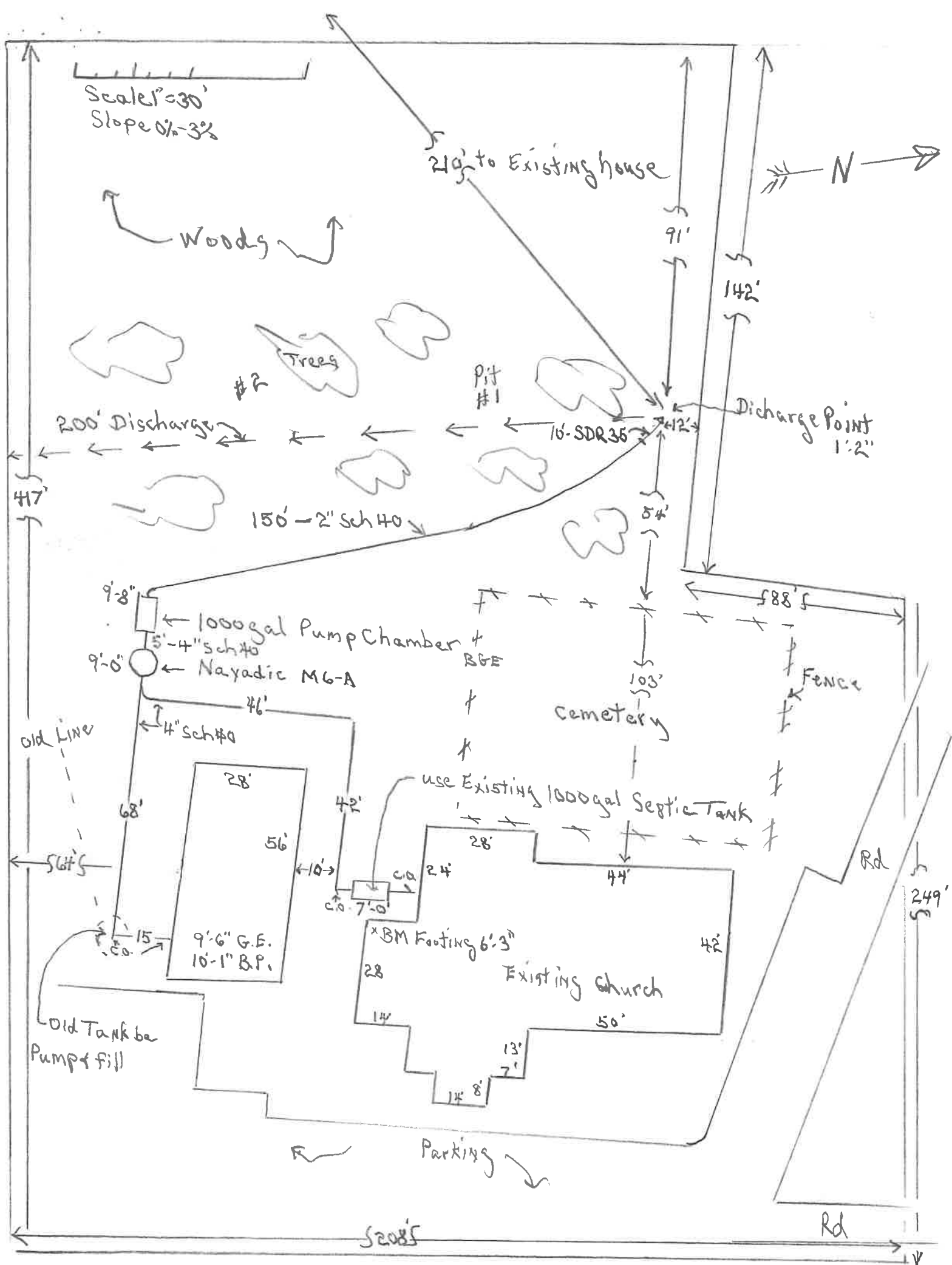
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.

Environmental Health Specialist _____
Signature ID Number Date

Comments _____
Signature ID Number Date

Site Revalidation conducted by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)
(check one)

Signature ID Number Date





Arkansas Department of Health

4815 West Markham, Slot 46
Little Rock, Arkansas 72205-3867

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, *ABGs), and Drip Dispersal Systems. *Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.
2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.
4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.
5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.
6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.
7. Subsurface systems with flows ≥ 3000 gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).
8. That, on the sale of the property, the owner of the property must disclose to the prospective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.

SIGNED: _____

(Property Owner)

SIGNED: _____

(Health Department)

DATE: _____

DATE: _____



www.glennmechanical.com

Waste Treatment Systems
Service / Monitoring Agreement

In consideration of prepayment of the Service Agreement cost indicated below, Glenn Mechanical Inc. will in the next 2 year period, make 4 inspection calls on the sewer system located at the following address:

Galilee Baptist Church

(Name)

117 Galilee Rd

(Street)

870-862-8842

(Phone)

El Dorado

(City)

AR

(State)

71730

(Zip)

Union

(County)

Inspections and written reports are required by the Arkansas Department of Health which includes:

- Assessments of discharge route for surface discharge systems.
- An effluent quality inspection consisting of a visual check for color and examination for odors.
- Check for any mechanical and electrical components that are out of order.
- Sample and test for chlorine residual. Any test found less than 0.1 PPM will have to be tested at an approved lab. (This cost is not a part of this agreement)
- Sample and test Ph value
- If any improper operation is observed, the user shall be notified in writing of the conditions and the estimated cost for the correction.
- Copies of the Inspection reports to be filled with the State and County Health officials, Home Owner and Glenn Mechanical file.

The cost of this Service Contract will be \$ 000.00 and is to be effective from Date of install to 2 years



Signature of Glenn Mechanical Representative

Brent McDiarmid – President

Printed Name

06-06-17

Date



Signature of Owner

7-17-18

Date

Glenn Mechanical - Current Certified Maintenance Persons

Brent McDiarmid - James Willis - Wade Chadwick - Jake Morgan

SITE EVALUATION FORM

Applicant: Galilee Baptist Church Permit #: _____

Evaluator: Dannell Taylor Date: 7-17-18 County: UNION

Pit 1st

Depth (inches)	Matrix Color	#	Size	Redox Color	Texture	H C H M L
0-6	10YR 4/4	f c m	1 2 3		FSSiL	H M L
6-36	2.5YR 4/8	f c m	1 2 3	2.5YR 5/2 30% L	SiL C-49% =	H M L
36-48	2.5YR 5/2	f c m	1 2 3		C	H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L
		f c m	1 2 3			H M L

Abundance

0-2% = few (f)
2-20% = common (c)
>20% = many (m)

Size

<5mm = fine(1)
1-15mm = medium(2)
>15mm = coarse(3)

Depth To Seasonal Water Table

Brief Duration: NA
Moderate Duration: NA
Long Duration: 6"
Depth To Bedrock: 6"

Adjusted Moderate: NA
Adjusted Long: NA
Percent Slope: 0% - 3%

Loading Rate

Brief = NA
Adj. Mod = NA
Adj. Lg = NA
LR = Failed gpd/ft²

SITE EVALUATION FORM

Applicant: _____ Permit #: _____

Evaluator: _____ Date: _____ County: _____

Depth (inches)	Matrix Color	#	Size	Redox Color	Texture	H C
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L
		f	1			H
		c	2			M
		m	3			L

Abundance

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Depth To Seasonal Water Table

Brief Duration: _____
 Moderate Duration: _____
 Long Duration: _____
 Depth To Bedrock: _____

Adjusted Moderate: _____
 Adjusted Long: _____
 Percent Slope: _____

Loading Rate

Brief = _____
 Adj. Mod = _____
 Adj. Lg. = _____
 LR = _____ gpd/ft²

DOSING

Zoeller : 153 PUMP OR EQUIVALENT

yes SUBMERSIBLE EFFLUENT PUMP WITH DOUBLE
PIGGYBACK MERCURY FLOAT SWITCH

yes ELECTRIC BOX BUILT ON OUTSIDE OF BUILDING

yes WARNING LIGHT ON THE INSIDE OF BUILDING

100 GALLONS PER DOSING

10 MINUTES DOSING TIME

NA (OR) SECONDS DOSING TIME

22 FEET OF HEAD

20 GALLONS PER MINUTE

1000 GALLON PUMP CHAMBER

"QUALITY PUMPS SINCE 1939"

Product information presented here reflects conditions at time of publication. Consult factory regarding discrepancies or inconsistencies

ZOELLER
PUMP CO.



MAIL TO: P.O. BOX 16347 • Louisville, KY 40256-0347
SHIP TO: 3649 Cane Run Road • Louisville, KY 40211-1961
(502) 778-2731 • 1 (800) 928-PUMP • FAX (502) 774-3624

SECTION: 3.20.014

FM1919

0504

Supersedes

0403

visit our web site:
www.zoeller.com

ZOELLER ON-SITE WASTEWATER PRODUCTS

INTRODUCING ZOELLER ON-SITE "DOSE-MATE" PUMPS

COMPARE THESE FEATURES

- Durable cast iron construction.
- Model 151 comes standard with a glass-filled polypropylene base.
- Corrosion resistant powder coated epoxy finish.
- Stainless steel lifting handle
- Assembled with stainless steel bolts.
- Non-clogging engineered thermoplastic vortex impeller design.
- Model 151 - 1/3 HP passes 1/2" spherical solids.
- Model 152 - .4 HP passes 3/4" spherical solids.
- Model 153 - 1/2 HP passes 3/4" spherical solids.
- Motor - 60 Hz, 3450 RPM, oil-filled, hermetically sealed, automatic reset thermal overload protected.
- Carbon/Ceramic seals.
- Upper sleeve bearing and lower ball bearing running in bath of oil.
- 20 ft. UL Listed power cord with molded 3-wire plug.
- 1 1/2" NPT vertical discharge.
- BN and BE standard models include a 20 ft. variable level float switch.
- Operates at temperatures to 130°F (54°C) in effluent applications.
- All models include a 1 1/2" x 2" PVC adapter fitting.

Note: The sizing of effluent systems normally requires variable level float(s) controls and properly sized basins to achieve required pumping cycles or dosing timers with nonautomatic pumps.

ZOELLER
PUMP CO.

Manufacturers of



"QUALITY PUMPS SINCE 1939"

151/152/153 EFFLUENT SERIES

(For Pump Prefix Identification see News & Views 0052)

"DOSE-MATE"

FOR SEPTIC TANK - LOW PRESSURE PIPE (LPP)
AND ENHANCED FLOW STEP SYSTEMS

EFFLUENT
SUBMERSIBLE

1 1/2" NPT DISCHARGE

SSPM-1
MEMBER

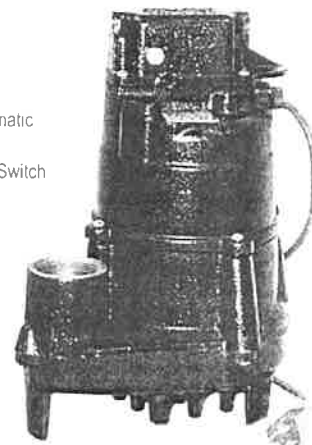
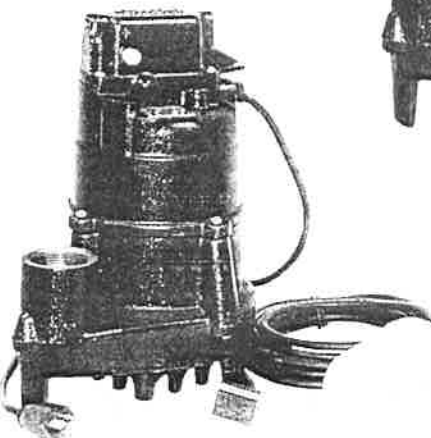


Tested to UL Standard UL771
and Certified to CSA
Standard CSA22.2 No. 193

Model N152/N153
High Head
Effluent

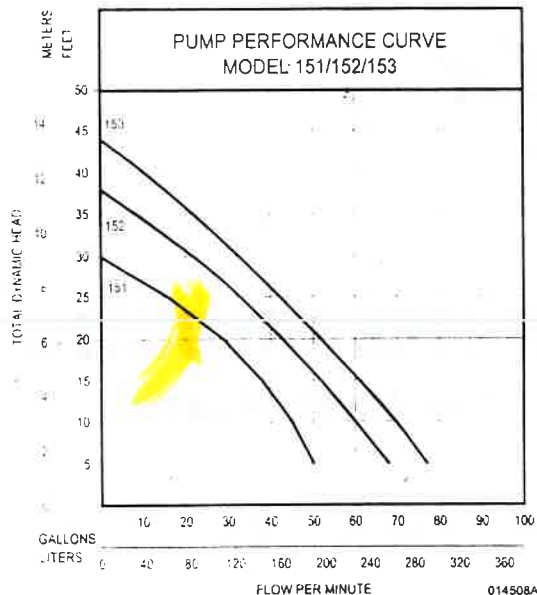
MODELS AVAILABLE

- N151/N152/N153 & E151/E152/E153 nonautomatic
- BN151/BN152/BN153 & BE151/BE152/BE153
packaged with Piggyback Variable Level Float Switch
- 1/3, .4 & 1/2 HP 1Ph 115V or 230V



POWDER
COATED
TOUGH

Model BN152/BN153
High Head
Effluent



TOTAL DYNAMIC HEAD/FLOW
PER MINUTE
EFFLUENT AND DEWATERING

MODEL		151		152		153	
Feet	Meters	Gal	Liters	Gal	Liters	Gal	Liters
5	1.5	50	189	65	261	77	291
10	3.0	45	170	61	231	70	265
15	4.6	38	144	53	201	61	231
20	6.1	29	110	44	167	52	197
25	7.6	16	61	34	129	42	159
30	9.1	--	--	23	87	33	125
35	10.7	--	--	--	--	22	85
40	12.2	--	--	--	--	11	42
Shut-off Head		30 ft (9.1m)		38 ft (11.6m)		44 ft (13.4m)	

014508b

CONSULT FACTORY FOR SPECIAL APPLICATIONS

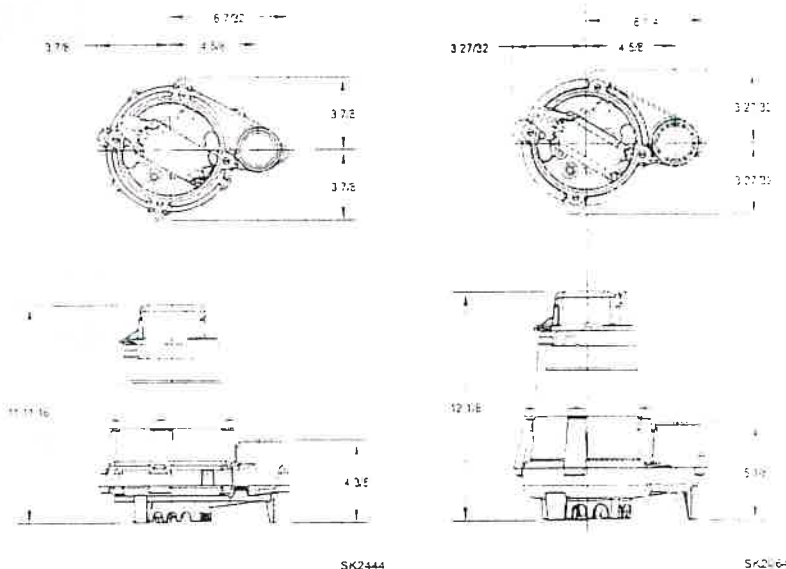
- Timed dosing panels available.
- Electrical alternators, for duplex systems, are available and supplied with an alarm.
- Variable level control switches are available for controlling single phase systems.
- Double piggyback variable level float switches are available for variable level long and short cycle controls.
- Sealed Qwik-Box available for outdoor installations. See FM1420.
- Over 130°F. (54°C.) special quotation required.

151/152/153 Series

151/152/153 MODELS				Control Selection		
Model	Volts-Ph	Mode	Amps	Simplex	Duplex	
N151	115	1	Non	6.0	1	2 or 3
BN151	115	1	Auto	6.0	Included	2 or 3
E151	230	1	Non	3.2	1	2 or 3
BE151	230	1	Auto	3.2	Included	2 or 3
N152	115	1	Non	8.5	1	2 or 3
BN152	115	1	Auto	8.5	Included	2 or 3
E152	230	1	Non	4.3	1	2 or 3
BE152	230	1	Auto	4.3	Included	2 or 3
N153	115	1	Non	10.5	1	2 or 3
BN153	115	1	Auto	10.5	Included	2 or 3
E153	230	1	Non	5.3	1	2 or 3
BE153	230	1	Auto	5.3	Included	2 or 3

CAUTION

All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electric Code (NEC) and the Occupational Safety and Health Act (OSHA).



SELECTION GUIDE

1. Single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
2. See FM0712 for correct model of Electrical Alternator E-Pak.
3. Variable level control switch 10-0225 used as a control activator, specify duplex (3) or (4) float system.

RESERVE POWERED DESIGN

For unusual conditions a reserve safety factor is engineered into the design of every Zoeller pump.



<http://www.zoeller.com>

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Manufacturers of

"QUALITY PUMPS SINCE 1895"

