

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

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Kasey Walker Operator Type:
Permittee Mailing Address: 114 Plantation Dr State Partnership
Permittee City: DeQueen Federal Corporation*
Permittee State: AR Zip: 71832 X Sole Proprietorship/Private
Permittee Telephone Number: 870-584-9166 *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: Kaseydwalker@yahoo.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: N/A City: _____
Invoice Mailing Company: _____ State: _____ Zip: _____
Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: Individual residence Facility Contact Person: Kasey Walker
Facility Address: 103 Old Senior Rd Telephone Number: 870-584-9166
Facility County: Sevier Facility City, State & Zip: DeQueen, AR, 71832
Facility Latitude: 33 Deg 58 Min 50Sec Facility Longitude: 94 Deg 19 Min 60Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 370 gpd (Gallons per Day)
Stream Segment: 1C Hydrologic Basin Code: 1140100
Outfall Latitude: 33 Deg 58 Min 50Sec Outfall Longitude: 94Deg 19 Min 60 Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____
Type of Treatment: Clearstream 500
Receiving Stream: Red River

V. FACILITY PERMIT INFORMATION

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

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

VI. OTHER INFORMATION:

Operator Name: Donald Crittenden
Operator License Number: 004930 License Class: IV




Consultant Contact Name: Donald Crittendon
Consultant Email Address: _____
Consultant Address: Shirley ln City: Texarkana State: TX Zip: 75501
Consultant Phone Number: 903-277-6813 Consultant Fax Number: _____

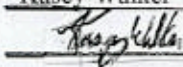
Has this treatment system been approved by AHD? Yes X No

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

 (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
 (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."
 (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: Kasey Walker Title: Owner
Responsible Official Signature:  Date: _____
Responsible Official Email: Kaseydwalker@yahoo.com
Cognizant Official Printed Name: Eric Jenkins Title: Designated Representative
Cognizant Official Signature:  Telephone: 870-356-8133
Cognizant Official Email: Edjenkins69@gmail.com

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Check Number: _____
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 type="checkbox"/>	<input checked="" type="checkbox"/>	

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



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

July 2, 2021

Kasey Walker
103 Old Senior Rd.
DeQueen, AR. 71832
Permit# 24412302

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 3.79 acres near 103 Old Senior Rd. near DeQueen, Arkansas in Sevier County. Any off-site discharge or further subdivision of the property may void this approval. Additional measures to ensure 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

Kelly Riley
SWR Environmental Onsite Program Specialist
870 285 3154 (Office)



Arkansas Department of Health
Environmental Health Protection

Receipt Number
244 123 02

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 1 0 2 6 8 1 7

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input checked="" type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input type="checkbox"/>

Part 1 Application Treatment Type (check one) **Disposal Method (check one)**

STD = Standard Septic Tank ATU = Aerobic Treatment Plant STD = Standard Absorption Field LPD = Low Pressure Distribution
 ISF = Intermittent Sand Filter RSF = Re-circulating Sand Filter SUR = Surface Discharge HLD = Holding Tank
 PMF = Proprietary Media Filter RGF = Re-circulating Gravel Filter CPF = Capping Fill SRL = Serial Distribution
 OTH = Other (Describe) HLD = Holding Tank OTH = Other DRP = Drip Irrigation

1. Owner's/Applicant's Name: Kasey Walker
2. Phone Number: 870-584-9166

3. Mailing Address: 114 Plantation Dr, DeQueen, AR 71832
4. County: Sevier

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 103 Old Senior Rd, DeQueen, AR 71832. 2nd lot on left from Hwy 41 S

6. Subdivision Name: Plantation Lakes
7. Approval Date: N/A
8. Date Recorded: N/A
9. Lot Number: 6

10. Lot Dimensions: approximately 550'x600'x620'
11. Total Area (Acres): 3.79
12. # Bedrooms # People: 3
13. Daily Flow (GPD): 370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Pt of the NE1/4 NE1/4 of Sec 19, T9S-R31W

15. Water Supply (Specify supplier, if Public Water): Sevier County
16. GPS Coordinates: 33 58'50"N 94 19'60"W

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	N/A	a. Size of Septic Tank	500	gal	f. Trench Depth	N/A	inches
Secondary Area	N/A	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	ATU	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		surface discharge		in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft			in

TO THE OWNER
The permit 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 approval of this permit, or if the information within this permit is inaccurate or has been found to be misrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system 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. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent 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 (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

Owner/Applicant Signature _____ Date _____

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.

Designated Representative Signature:
Eric Jenkins
Print Name
05/24/2021
Date
870-356-8133
Phone Number
Designated Rep: _____ Title: _____
Soil Certified: Yes No

21. Approval of Health Authority
The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature
975 268
EHS Number
6-29-21
Date

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

22. Soil Criteria (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)
48	8	12	N/A	11	N/A	M	unsuitable
23. Soil Criteria (Secondary 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)
48	8	12	16	—	—	M	unsuitable
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area				List Redoximorphic Features and/or Clay Content Restrictions			
Brief	8	in	Ch 3 mottles				
Moderate	12	in	Ch 2 mottles				
Long	N/A	in					
Secondary Area				List Redoximorphic Features and/or Clay Content Restrictions			
Brief	8	in	Ch 3 mottles				
Moderate	12	in	Ch 2 mottles				
Long	16	in	>50% Ch 2 mottles				
Comments - ATU with surface discharge							

Part 2 Installation Inspection

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

* Optional System Utilization Verification Form



Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7601026817

Homeowner

Builder/Developer

Fee Schedule for Structures	✓
Structures 1500 sq ft or less \$ 30.00	<input checked="" type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft \$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft \$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft \$150.00	<input type="checkbox"/>
Alteration and Repair \$ 30.00	<input type="checkbox"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 103 Old Senior Dr. DeQueen, AR. 71832
(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 bedrooms (___ number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

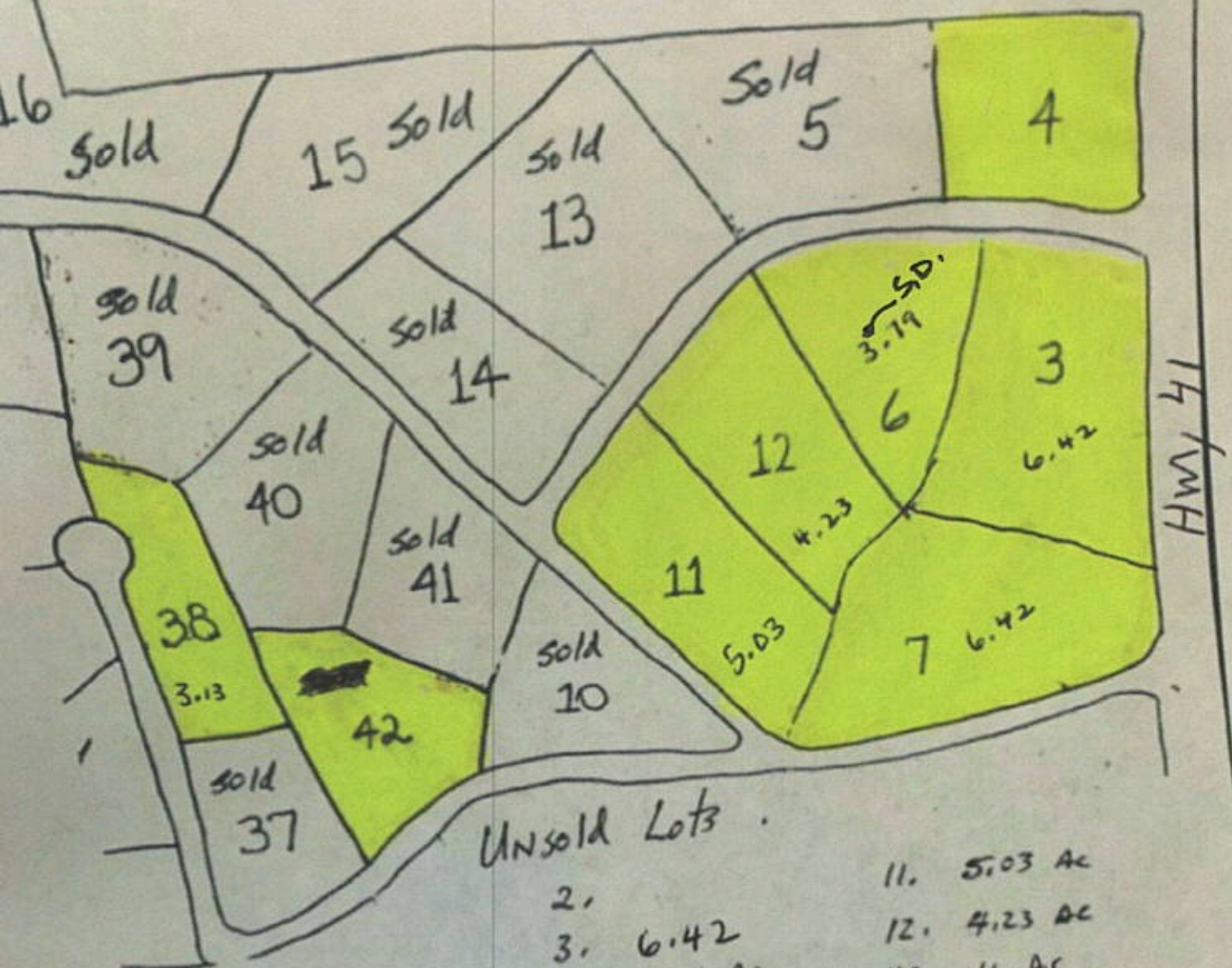
As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature Kenny Walker

Date 5-24-21

This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.

Plantation Lakes Subdivision



Unsold Lots .

- | | | | |
|----|---------|-----|---------|
| 2. | | 11. | 5.03 AC |
| 3. | 6.42 | 12. | 4.23 AC |
| 4. | 3.10 AC | 42. | 4 AC |
| 6. | 3.79 AC | 38 | 3.13 AC |
| 7. | 6.42 | | |



Parceled



Search for an address or pla...



KASEY WALKER



Site Evaluation Form

Applicant: Walker lot 6 Permit Application #: _____

Evaluator: _____ Date: _____

PIT # OR LOCATION: 1

DEPTH (INCHES)	MATRIX	Color		
		MOTTLE	TEXTURE	STRUCTURE
0-2	Fill			
2-7	10YR 4/4			
7-15	7.5YR 5/6	Ch3 @ 8"		
15-46	5YR 5/6	Ch2 @ 12"		

DEPTH TO SEASONAL WATER TABLE

BRIEF DURATION: 8
 MODERATE DURATION: 12
 LONG DURATION: _____
 DEPTH TO BEDROCK: _____

ADJUSTED MSWT: 11 .03
 ADJUSTED LSWT: _____

PIT # OR LOCATION: 2

DEPTH (INCHES)	MATRIX	Color		
		MOTTLE	TEXTURE	STRUCTURE
0-6	10YR 4/4			
6-40	5YR 5/8	Ch3 @ 10"		
		Ch2 @		
		>50% Ch2		

DEPTH TO SEASONAL WATER TABLE

BRIEF DURATION: 8
 MODERATE DURATION: 12
 LONG DURATION: 16
 DEPTH TO BEDROCK: _____

ADJUSTED MSWT: 17 *No lead*
 ADJUSTED LSWT: 27

Additional notes: P73 = ch2 @ 5"



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 perspective 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: _____
Kay Hutter
(Property Owner)

SIGNED: _____
(Health Department)

DATE: _____ DATE: _____

Fischer Construction
PO BOX 558
212 Redwater Blvd E
Redwater, TX 75573
903-280-4974

Charlesfischer1@aol.com
Maintenance Contract

Property Owner: Kasey Walker
Name: Kasey Walker
Address: 103 Old Senior Rd
City, State and Zip: DeQueen, AR 71832
Contract number:

Date: June 6, 2021

Installed by: Charles Fischer
Contract Start Date: _____
Contract End Date: _____

- I. An Inspection/Service Call every 6 months which includes inspection, adjustment and servicing of the mechanical and electrical component parts as necessary to ensure proper function.
- II. An effluent quality inspection consisting of a visual check for color, turbidity, scum overflow and an examination for odors.
- III. If required, a sample shall be pulled from the aeration tank every 6 months to determine if there is an excess of solids in the treatment plant. If the test results determine a need for solids removal. The owner will bear all cost and responsibility for doing so.
- IV. If any improper operation is observed which cannot be corrected at the time, the user shall be notified immediately of the condition and the estimated date of correction along with any additional cost.
- V. If required, a chlorine residual test will be taken each visit. (BOD and TSS annually on commercial only.) If a grab test is required, the owner will be responsible for the cost of the grab test.

The owner is responsible for keeping chlorine (calcium Hypochlorite property labeled for wastewater disinfection) in the chlorinator as well as the cost of the chlorine. Additional service, as ordered including replacement components, laboratory test work, and pumping of the unit or pre-tank will be done upon written or verbal authority from the owner and at an additional charge. (I can supply & install chlorine tablets or liquid bleach upon each inspection at the owner's expense if requested. Cost is \$2.00 a tablet and liquid bleach cost varies).

Charles Fischer, who has been certified by the state, will be responsible for fulfilling the requirements of the maintenance contract, as well as responding to any complaints and/or addressing any concerns by the owner of the system. Concerns and/or complaints will addresses and we will visit the site within 48 hours of the initial contact. **All calls for unscheduled client request will be subject to a \$95.00 service call charge for Monday thru Friday, \$125.00 for weekend and holidays. Payment is due at time of service.** All equipment, parts, labor and supplies for repairs will be at the owner's expense.

Upon expiration of this service policy, Charles Fischer will offer a continuing service policy to meet your needs.

THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM THE UNIT WHEN NECESSARY

Accepted by _____

Date _____

Accepted by Charles Fischer
Charles Fischer

Date _____



CLEARSTREAM®

WASTEWATER SYSTEMS, INC.

OWNERS MANUAL

4" SUBMERSIBLE PUMP

Series P20 – Two Wire, ½ HP, 115 Volt, 60Hz

Series P30 – Two Wire, 1 HP, 230 Volt, 60Hz

Installation * Operation

LIMITED WARRANTY

Clearstream warrants to the original consumer of the products listed below, that they will be free from defects in material and workmanship for the Warranty Period from the date of installation as noted.

Product	Warranty Period
4" Submersible Pump	2 Year

Our warranty will not apply to any product that has been subject to negligence, misapplication, improper installation or maintenance

Buyers only remedy and Clearstreams only duty is to repair or replace defective products (at Clearstream's choice). Buyer agrees to pay all labor and shipping associated with this warranty and to request warranty service through the installing dealer as soon as a problem is discovered. If warranty service is requested after the Warranty Period has ended, it will not be honored.

CLEARSTREAM SHALL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR CONTINGENT DAMAGES WHATSOEVER.

THE FOREGOING WARRANTIES ARE EXCLUSIVE AND IN LIEU OF ALL OTHER EXPRESS WARRANTIES. IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, SHALL NOT EXTEND BEYOND THE WARRANTY PERIOD PROVIDED HERIN.

Certain states do not permit the exclusion of incidental or consequential damages or the placing of limitations on the duration of an implied warranty, therefore, the limitations or exclusions herein may not apply. This warranty sets forth specific legal rights and obligations, however, additional rights may exist, which may vary from state to state.

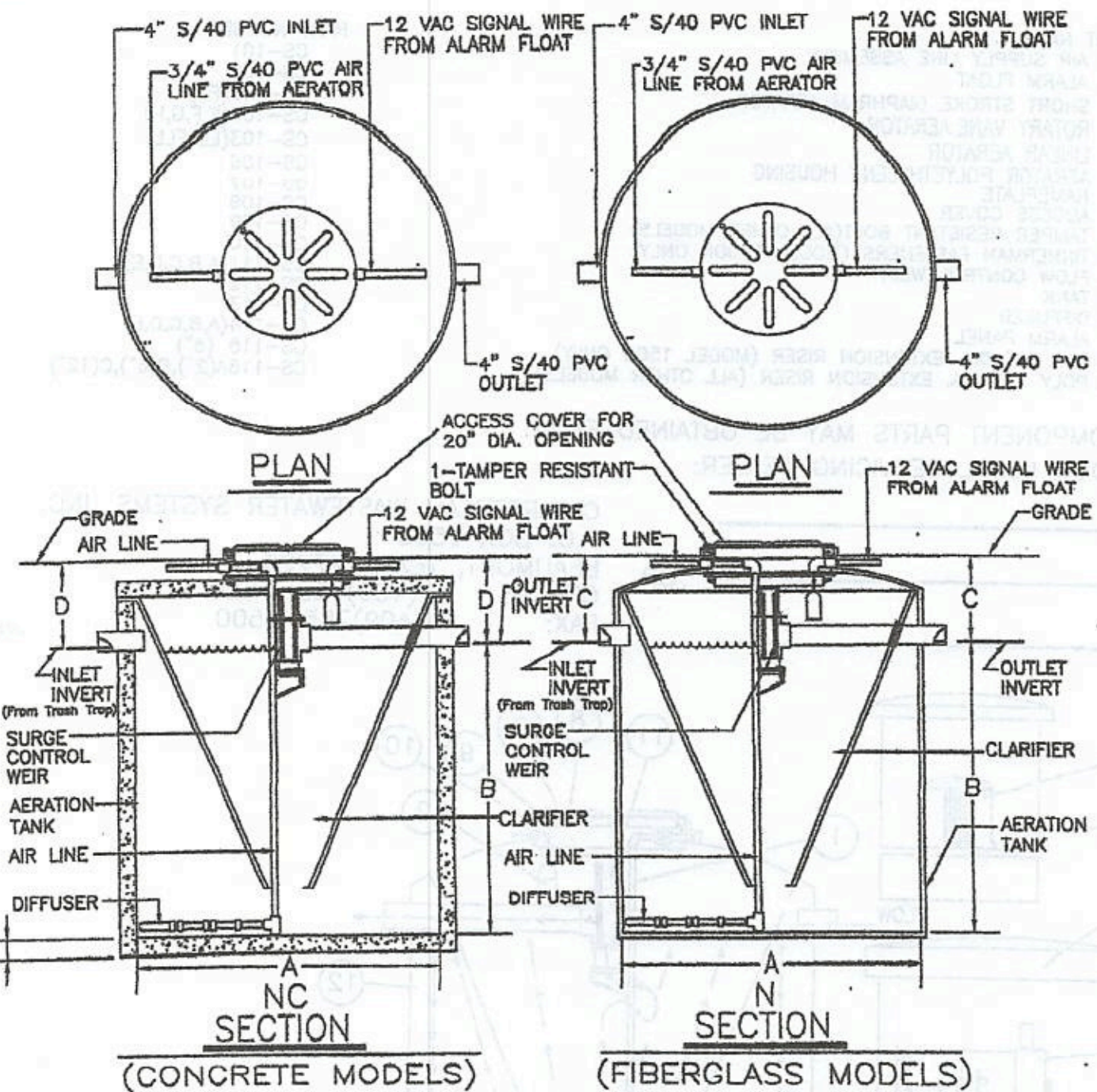
Supersedes all previous publications.

Clearstream, P.O. Box 7568, Beaumont, TX 77726

CLEARSTREAM

P.O. Box 7568, Beaumont, TX 77726

DESIGN DRAWINGS



MODEL	A	B	C	D	E
500NS/NCS	5'-6"	4'-7"	1'-5½"	1'-5¾"	3"
500N/NC	5'-3"	5'-3"	1'-7½"	1'-5¾"	3"
600N/NC	6'-4"	4'-7"	1'-5½"	1'-5¾"	3"
750N/NC	6'-4"	5'-5"	1'-7½"	1'-5¾"	3"
800N	6'-4"	5'-7"	1'-5½"	1'-5¾"	3"
1000N	6'-4"	7'-3"	1'-5½"	1'-5¾"	3"
1500N	8'-0"	6'-10"	2'-0"	1'-7½"	4"

U.S. Patent Numbers
5,221,470
5,770,081
5,785,854

ALL MODELS NOT AVAILABLE
AT ALL LOCATIONS

DIMENSION E FOR CONCRETE
MODELS ONLY



Sources: Esri, HERE, Garmin, Intermap, increment P. Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), swisstopo, © OpenStreetMap contributors, and the GIS User Community. Copyright © 2013 National Geographic Society, Inc. Edited Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, © OpenStreetMap contributors, and the GIS User Community



Location

Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, © OpenStreetMap contributors, and the GIS User Community



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