

Ron Kingston, D.R.
4641 Greene 628 Rd.
Paragould, Ar. 72450
Phone: (870) 215-2745
Fax: (870) 236-8781
Email: ronkkdisaster@yahoo.com

May 25, 2022

Mr. Zachary Carroll
ADEQ Water Division
5301 Northshore Drive
North Little Rock, AR 72118

Mr. Carroll,

I have enclosed a request for a NPDES Permit ARG550000. This will be at a mini storage and shop buildings. Health Department approval is enclosed. Disclosure will be forthcoming.

If you have any questions, please feel free to contact me.

Sincerely,

Ron Kingston

Ron Kingston
License Number-1132520

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): Blancett and Morris, LLC. Operator Type:
Permittee Mailing Address: 6011 Southwest Dr. State Partnership
Permittee City: Jonesboro Federal Corporation*
Permittee State: AR Zip: 72404 Sole Proprietorship/Private
Permittee Telephone Number: 870-919-7700 *State of Incorporation: AR
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: mark@markmorrishomes.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Mark Morris City: Jonesboro
Invoice Mailing Company: Blancett and Morris, LLC. State: AR Zip: 72404
Invoice Mailing Address: 6011 Southwest Dr. Telephone: 870-919-7700

III. FACILITY INFORMATION

Facility Name: Blancett and Morris Facility Contact Person: Mark Morris
Facility Address: 328 CR 439 Telephone Number: 870-919 7700
Facility County: Craighead Facility City, State & Zip: Jonesboro AR 72404
Facility Latitude: 35 Deg 46 Min 22 Sec Facility Longitude: 90 Deg 46 Min 34 Sec
Accuracy: 20M Method: Google Datum: NAD83 Scale: N/A Description: Treatment

IV. DISCHARGE INFORMATION

Outfall Number: 46 Flow: 560 gpd (Gallons per Day)
Stream Segment: 46 Hydrologic Basin Code: 8020205
Outfall Latitude: 35 Deg 46 Min 18 Sec Outfall Longitude: 90 Deg 46 Min 32 Sec
Accuracy: 20M Method: Google Datum: NAD83 Scale: N/A Description: Discharge
Type of Treatment: Fuji Clean CE10
Receiving Stream: Cache 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

VI. OTHER INFORMATION:

Operator Name: Earth Tech, Inc.
 Operator License Number: 007865 License Class: 2

Consultant Contact Name: Robert Goff
 Consultant Email Address: robert1goff@gmail.com
 Consultant Address: P.O. Box 373 City: Vilonia State: AR Zip: 72173
 Consultant Phone Number: 501-472-1624 Consultant Fax Number: N/A

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

NA (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

NA (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."

MA (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: Mark Morris Title: President
 Responsible Official Signature: [Signature] Date: 1/13/22
 Responsible Official Email: mark@markmorrishomes.com
 Cognizant Official Printed Name: Robert Goff Title: Operator
 Cognizant Official Signature: [Signature] Telephone: 501-472-1624
 Cognizant Official Email: robert1goff@gmail.com

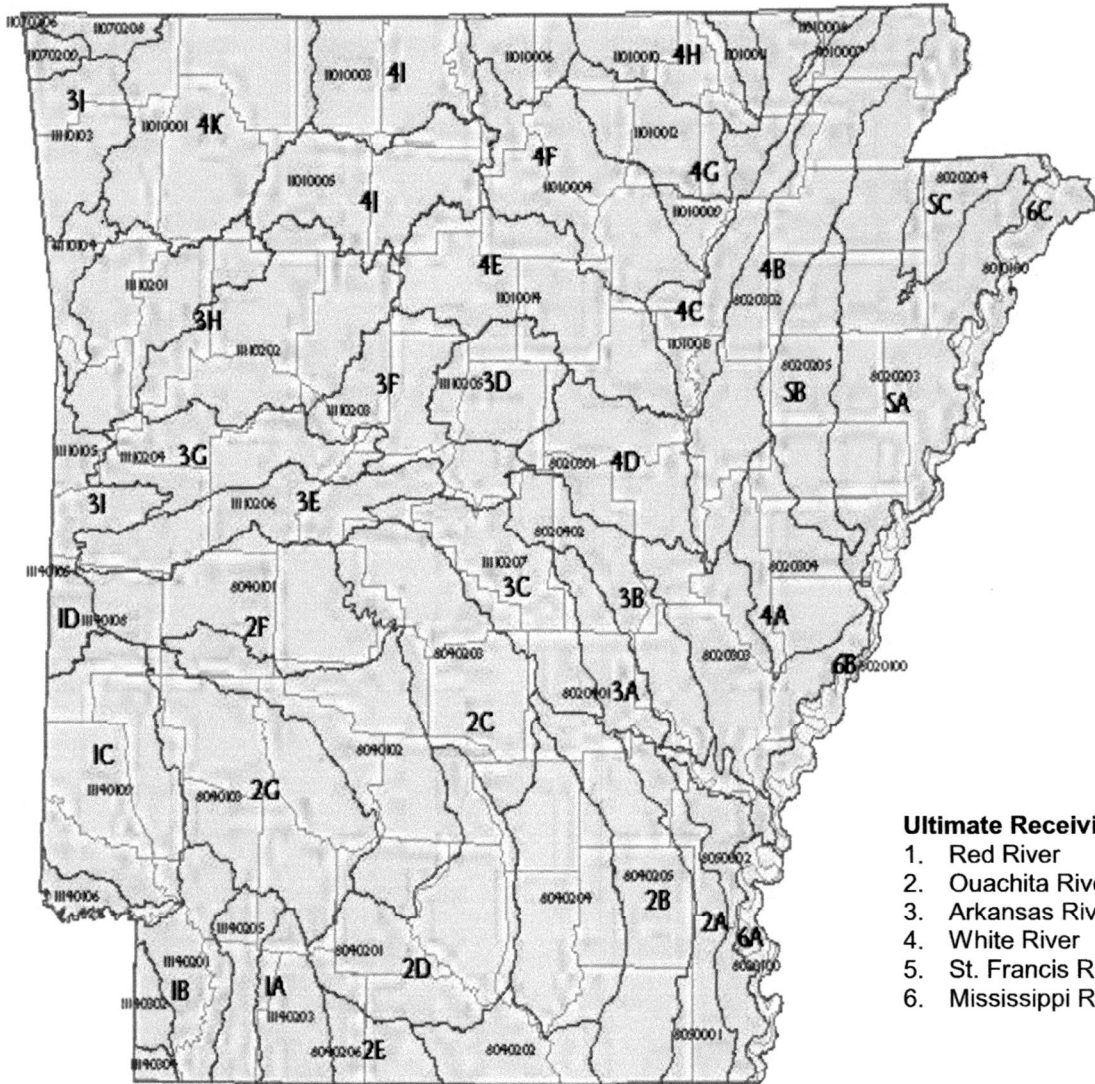
X. PERMIT REQUIREMENT VERIFICATION

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: <u>208</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 type="checkbox"/>	<input checked="" type="checkbox"/>	<u>will send it via email later</u>

ADEQ

ARKANSAS
Department of Environmental Quality



Ultimate Receiving Waters

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880

IMPORTANT NOTICE TO PROPERTY OWNER

The Arkansas Department of Health's approval of a discharging sewage system **does not** relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. Please be advised that **all** wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality

ATTN: Permits Branch

5301 North Shore Drive

North Little Rock, AR 72118

Phone Number: 501-682-0623

Web Site: www.adeq.state.ar.us



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

24949325

Non-Individual Onsite Wastewater System Permit Application

Permit Type

New Installation Alteration / Repair

DR Environmental I.D. #

1132520

Part 1 Treatment Type (check one)

Disposal Method (check one)

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

1. Owner's/Applicant's Name <i>Blancett and Morris, LLC.</i>		2. Phone Number <i>870-919-7700</i>	
3. Mailing Address <i>6011 Southwest DR, Jonesboro AR 72404</i>		4. County <i>Craighead</i>	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.) <i>328 CR 439, Jonesboro AR 72404</i>			
6. Subdivision Name <i>N/A</i>	7. Approval Date <i>N/A</i>	8. Date Recorded <i>N/A</i>	9. Lot Number <i>N/A</i>
10. Lot Dimensions <i>330'x 1320'x 660'x 660'x 330'x 1320'</i>	11. Total Area (Acres) <i>15</i>	12. # Bedrooms \ # People/GPD <i>20 People 28 People</i>	13. Daily Flow (GPD) <i>560</i>
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.) <i>N 1/2, SW 1/4, NE 1/4 Sec 9, T13N, R3E less the 5 NE ACRES</i>			
15. Water Supply (Specify supplier if Public Water.) <i>JCWC</i>		16. GPS Coordinates <i>PR 35.46°22'N 90.46.3 W</i>	

17. Loading Rates	gpd /ft ²	18. System Size	<i>FujiClean CE10</i>			
Primary Site	<i>N/A</i>	a. Size of Septic Tank	<i>1500</i>	gal	f. Trench Depth	<i>N/A</i> inches
Secondary Site	<i>N/A</i>	b. Size of Dose Tank	<i>500</i>	gal	g. Trench Spacing	<i>N/A</i> feet
Percolation Test	(min/in)	c. Absorption Area	<i>N/A</i>	ft ²	h. Trench Media	<i>N/A</i>
Primary Site Ave	<i>N/A</i>	d. Number of Field Lines	<i>N/A</i>			<i>N/A</i> in.
Secondary Site	<i>N/A</i>	e. Length of Field Lines	<i>N/A</i>	ft		<i>N/A</i> 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 *[Signature]* Date *1/13/22*

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 *[Signature]* ID Number _____ Soil Certified Yes No
 Print Name *Ron Kingston* Date *1/13/22* Phone Number *870-215-2745*

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.

Environmental Specialist Signature *[Signature]* ID Number *RS 867* Date *3-16-22*

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)
N/A	Surface	Surface	Surface	N/A	N/A	N/A	N/A
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)
N/A	Surface	Surface	Surface	N/A	N/A	N/A	N/A
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	Surface	in	Fe, Mn				
Moderate	Surface	in	10 YR 6/2				
Long	Surface	in	10 YR 6/1				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	Surface	in	Fe, Mn				
Moderate	Surface	in	10 YR 6/2				
Long	Surface	in	10 YR 6/1				
Comments: Soil pits have been filled in, entire site at this point have been disturbed							

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
Comments		
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License 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 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: _____

(Property Owner)

SIGNED: _____

(Health Department)

DATE: _____

2/18/21

DATE: _____

3/16/22

		Ground Elevation		Minimum Flow Elevation
#1	Stub out	4110		
	Tank Inlet			
	Tank Outlet		Box A	
	D-Box		Box B	
#2	Stub out	5'		
	Tank Inlet			
	Tank Outlet		Box A	
	D-Box		Box B	
#3	Stub out	515		
	Tank Inlet			
	Tank Outlet		Box A	
	D-Box		Box B	
#4	Stub out	7110		
	Tank Inlet			
	Tank Outlet		Box A	
	D-Box		Box B	
#5	Stub out	8'		
	Tank Inlet			
	Tank Outlet		Box A	
	D-Box		Box B	

	Ground Elevation		Minimum Flow Elevation
#6 Stub out	8'6"		
Tank Inlet			
Tank Outlet		Box A	
D-Box		Box B	
#7 Stub out	8'10"		
Tank Inlet	9'		
Tank Outlet	8'10"	Box A	
PIT	8'11"		
D-Box		Box B	
Fuji clean	8'11"		
Stub out			
Tank Inlet			
Tank Outlet		Box A	
D-Box		Box B	
Stub out			
Tank Inlet			
Tank Outlet		Box A	
D-Box		Box B	
Stub out			
Tank Inlet			
Tank Outlet		Box A	
D-Box		Box B	

**ARKANSAS DEPARTMENT OF HEALTH
PROJECT COST ESTIMATE WORKSHEET**

As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with appropriate fee(s)

PROJECT NAME Blancett and Morris, LLC.

PROJECT ID# (ADH Use Only)

COUNTY Craighead

PROJECT LOCATION (911 if available) 328 CK 439

CITY, STATE, ZIP Jonesboro AR 72401

OWNER/SUBMITTER NAME Ron Kingston TELEPHONE 870-215-2745

MAILING ADDRESS 4641 Greene 628 Rd.


CITY, STATE, ZIP CODE Paragould, AR, 72450

EMAIL ronkkdisaster@yahoo.com

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

1. WATER SYSTEM IMPROVEMENTS.....	\$	<u>N/A</u>
<i>For questions regarding water system improvements ENG (501) 661-2623</i>		
2. SEWER SYSTEM IMPROVEMENTS.....	\$	<u>25000⁰⁰</u>
<i>For questions regarding sewer system improvements ENG (501) 661-2623</i>		
3. PLUMBING.....	\$	<u>N/A</u>
<i>For questions regarding plumbing plans (501) 661-2650</i>		
4. SWIMMING POOL.....	\$	<u>N/A</u>
<i>For questions regarding swimming pool plans (501) 661-2171</i>		
5. FOOD ESTABLISHMENT IMPROVEMENTS.....	\$	<u>N/A</u>
<i>For questions regarding food establishment plans (501) 661-2163</i>		
6. HEALTH CARE FACILITY IMPROVEMENTS.....	\$	<u>N/A</u>
<i>For questions regarding health care facility improvements (501) 661-2201</i>		
7. OTHER.....	\$	<u>N/A</u>
TOTAL ESTIMATED COST.....	\$	<u>25000⁰⁰</u>

A. PLAN REVIEW FEE.....	\$	<u>250⁰⁰</u>
<i>1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on page 2)</i>		
B. PLAN REVIEW FEE.....	\$	<u>N/A</u>
<i>For plans utilizing onsite wastewater systems including subdivisions containing lots < 3 acres, mobile home and RV parks. (see #2 on page 2)</i>		
TOTAL FEES SUBMITTED.....	\$	<u>250⁰⁰</u>
<i>(Add A & B) Recommend (A) & (B) be separate checks made payable to ADH.</i>		

PREPARED BY:  DATE 3/1/22

PRINT NAME: Ron Kingston

EXPLANATION OF PLAN REVIEW FEES

#1) A.C.A. § 20-7-123 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department (**Line items # 1,2,3,4,5,6,7 on page 1**). The fee is 1% of the estimated cost of improvements, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.
 IF TOTAL ESTIMATED COST IS \$50,000.00 OR MORE, REVIEW FEE IS \$500.00.
 IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ _____

#2) A.C.A. § 14-236-116 establishing a fee for the review of plans for subdivisions containing lots <3 acres utilizing individual onsite wastewater systems.

SUBDIVISIONS on INDIVIDUAL ONSITE WASTEWATER SYSTEMS:

FIRST LOT @ \$100.00.....	\$	100
ADDITIONAL LOTS @ \$25.00/each.....	\$	_____
TOTAL.....	= \$	_____
(MAXIMUM FEE = \$1500.00)		

#3) A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Recreational Vehicle Parks utilizing onsite wastewater systems and is based on the number of spaces.

MOBILE HOME & RECREATIONAL VEHICLE PARKS UTILIZING ONSITE WASTEWATER SYSTEMS:

2-25 SPACES.....	\$25.00
26-50 SPACES.....	\$50.00
51-75 SPACES.....	\$75.00
76 OR MORE.....	\$100.00

PUMP CALCULATIONS

Total Daily Flow from structure 560
Daily flow divided by 4 to 6 doses, equals number of Gallons per Dose 93

If using a D-Box, divide the dose size by 10 minutes to get minimum GPM pump rate
PUMP RATE = 9.3

If using Spider Valve, hydro splitter, LPD or other pressure manifold, then figure PUMP RATE based on GPM of each orifice according to orifice size at the desired Distal pressure.

Distal pressure _____ Orifice size _____ GPM of each orifice _____
Total # of orifices _____
PUMP RATE = GPM of each orifice X Total # of orifices = _____

Pump Tank size = 500 (must keep 20-25% volume full as ballast)

Force main pipe size 1.5"

Force main length, include the distance from pump shutoff level to the discharge point 10

Friction loss factor for 100 ft. of this pipe at the desired PUMP Rate .20

Pipe length divided by 100 X Friction loss factor = FM friction loss .20 X 10 X = .02

Add 20% for Fittings, use FM friction loss X 1.2 = Total FM friction .02 X 1.2 = .02

Manifold pipe size _____ (if manifold is needed) Manifold length _____

Friction loss factor for 100 ft. of this pipe at desired PUMP RATE _____

Manifold length divided by 100 X friction loss factor = friction loss _____

Add 20% for Fittings, use friction loss X 1.2 = total Manifold friction _____

Pump shutoff Elevation 10'10

Pump Discharge elevation 8'11

Difference, = Elevation head _____

Distal pressure for pressure manifold, or Squirt Height for LPDs _____

DISTAL PRESSURE OR SQUIRT HEIGHT MUST BE ADDED TO ELEVATION

To figure Total Dynamic Head, add Force main friction + Manifold friction + Elevation + Distal Pressure or Squirt Height= TDH

FM .02 + Man. / + Elev. 1.91 + DP / = TDH 1.93

Pump Size needed = GPM 9.3 TDH 1.93

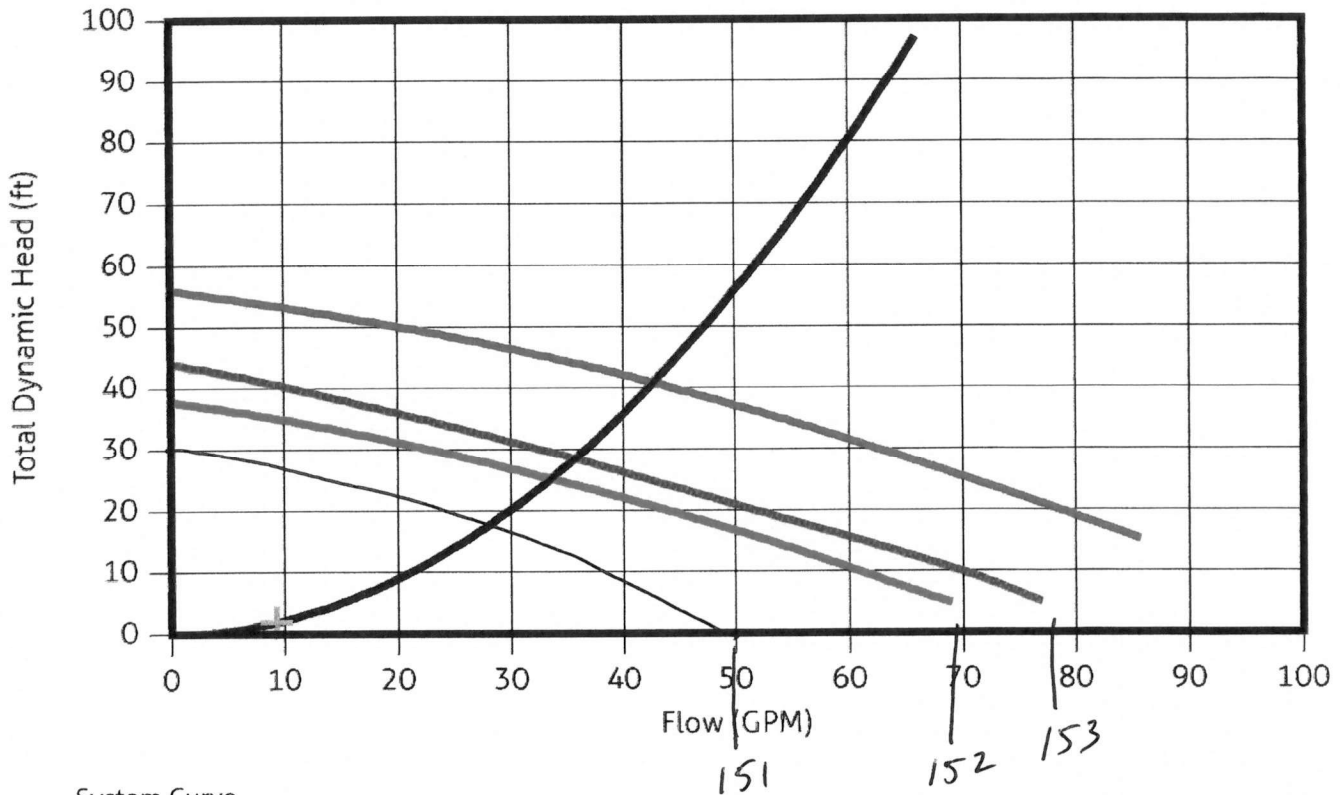
Pump Brand Zoeller

Model 151

Known Flow and TDH

Effluent

Sizing ID: NZE-SJW-VTO



System Curve

GPM	TDH
0.00	0.00
11.00	2.70
22.00	10.80
33.00	24.30
44.00	43.20
55.00	67.50
66.00	97.20

Flow (GPM)*: 9.30

TDH (ft)*: 1.93

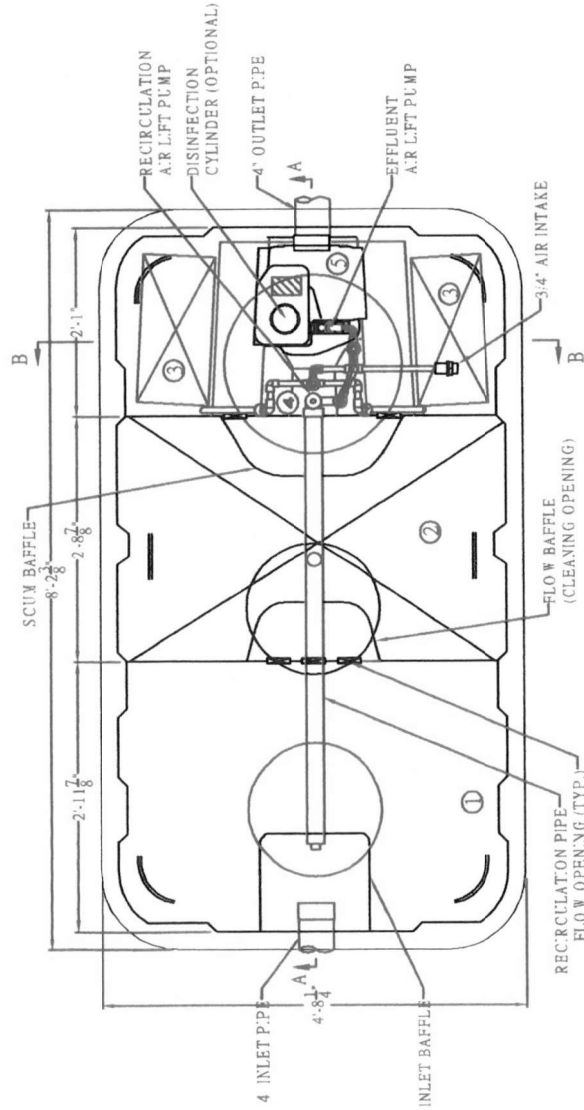
* Per user data

Curve Models

[152 \(https://www.zoellerpumps.com/en-na/products/sump-effluent-pumps/effluent/150-series\)](https://www.zoellerpumps.com/en-na/products/sump-effluent-pumps/effluent/150-series)

Equilibrium
GPM TDH

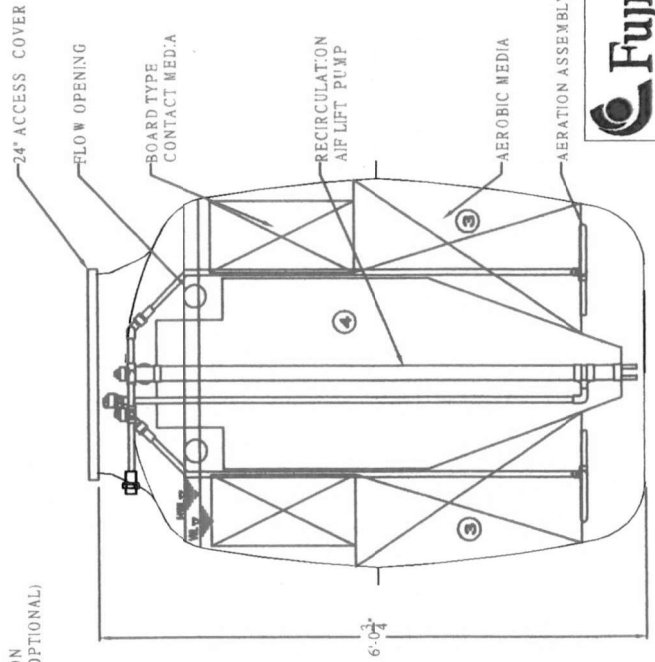
33.60 25.19



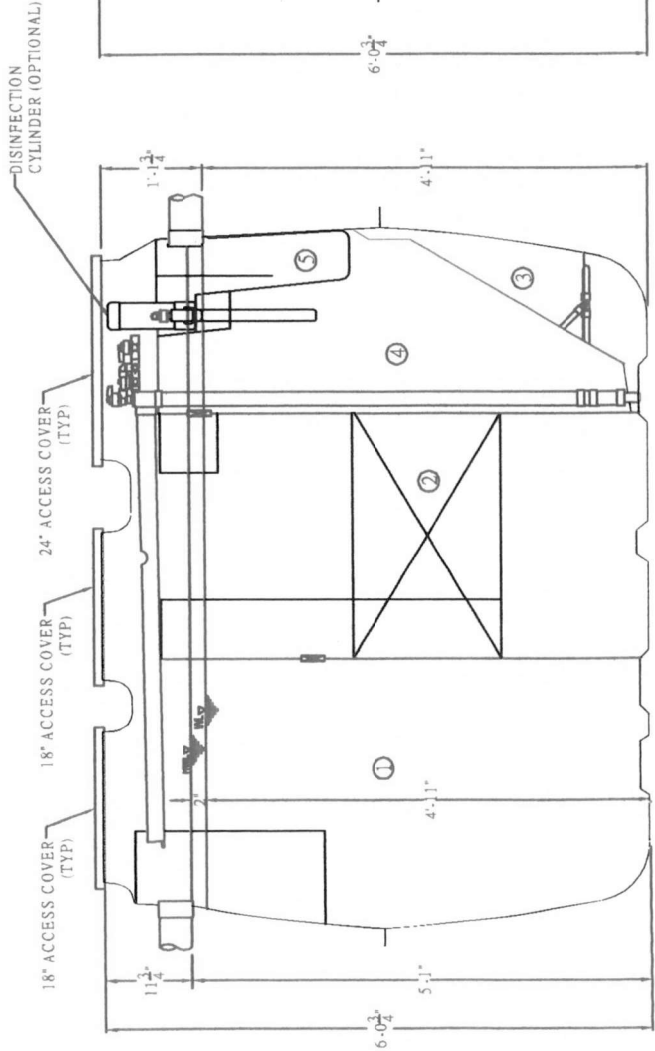
PLAN VIEW W

CHAMBER	Volume (gal)
① Sedimentation Chamber	397
② Anaerobic Filtration Chamber	396
③ Aerobic Contact Filtration Chamber	181
④ Clarification Chamber	90
⑤ Disinfection Chamber	6
Total Volume	1069

SPECIFICATIONS	
Anaerobic Media	PP / PE
Board Type Aerobic Media	PVC / PP / PE
Aerobic Media	PP / PE
Bower	3-5 cfm
Tank	FRP
Piping	PVC / PP / PE
Access Covers	Plastic / Cast Iron
Disinfectant: (Optional)	Chlorine Tablets



SECTION B-B VIEW



SECTION A-A VIEW

Free shipping on orders over \$99

72450



SupplyHouse.com



Search

SIGN IN

0
CART

SKU: 152-0002 Brand: Zoeller (8)

< [Zoeller Effluent Pumps](#)

Model N152 Dose Mate Non-Automatic High Head Effluent Pump w/ 20' Cord (0.4 HP)

\$287.25 each

ADD TO CART

Out of Stock

Add to List

Get it **Wed, Jan 19** – **Wed, Jan 26**

Free Shipping

This item ships free

Easy Returns

No restocking fee for 90 days

Need replacement parts for this unit?

[VIEW REPLACEMENT PARTS](#)



Description

Zoeller N152 Effluent Submersible Pump for Septic Tank, Low Pressure Pipe (LPP) and Enhanced Flow STEP Systems.

This submersible pump is designed for use in residential or light commercial dewatering applications and can be used to transfer groundwater or effluent. It includes a powder coated epoxy finish to prevent corrosion and is designed to provide great heat dissipation from the motor, ensuring a long service life.

Features:

- Durable cast iron construction
- Corrosion resistant powder coated epoxy finish
- Stainless steel lifting handle
- Assembled with stainless steel bolts
- Non-clogging engineered thermoplastic vortex impeller design
- Model 152 - 4/10 HP (0.56 KW), passes 3/4" (19 mm) 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

Hide Description

Manuals (1)



Specs



Questions?

Open Now: 7am-6:45pm CST 

WE WISH YOU A HAPPY NEW YEAR! WE WILL BE CLOSED DEC 31ST & JAN 3RD. CLICK FOR DETAILS.

(/CUSTOMER-SERVICE/SHIPPING-DETAILS)

(<http://www.demandforce.com/b/septicsolutions>)

8:00 AM to 4:30 PM CT
(877)-925-5132



(v)

Enter Item # or Keywords



([HTTPS://CART.SEPTICSOLUTIONS.COM/CART?CART=VIEW](https://cart.septicsolutions.com/cart?cart=view))

0 ITEM \$0

RETURNURL=/SEPTIC-PARTS/SEPTIC-TANK-ALARMS/OUTDOOR-HIGH-WATER-ALARMS/10A400_OBSERVER-400-SERIES-INDOOR/OUTDOOR-HIGH-WATER-ALARM-WITH-15-MECH
LOG IN

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(/media/2de083d9-0b80-4a0c-907a-fcb421bdfc1f/NE2d6Q/Product-Images/10A400/10A400_1.jpg)

Observer 400 Series Indoor/Outdoor High Water Alarm with 15' Mechanical Float Switch

Print (/spec-sheets/10a400)

The Observer 400 Series high water alarm is designed for monitoring liquid levels in many applications. The box is watertight for outdoor use and is UL Listed.



NEMA
4X



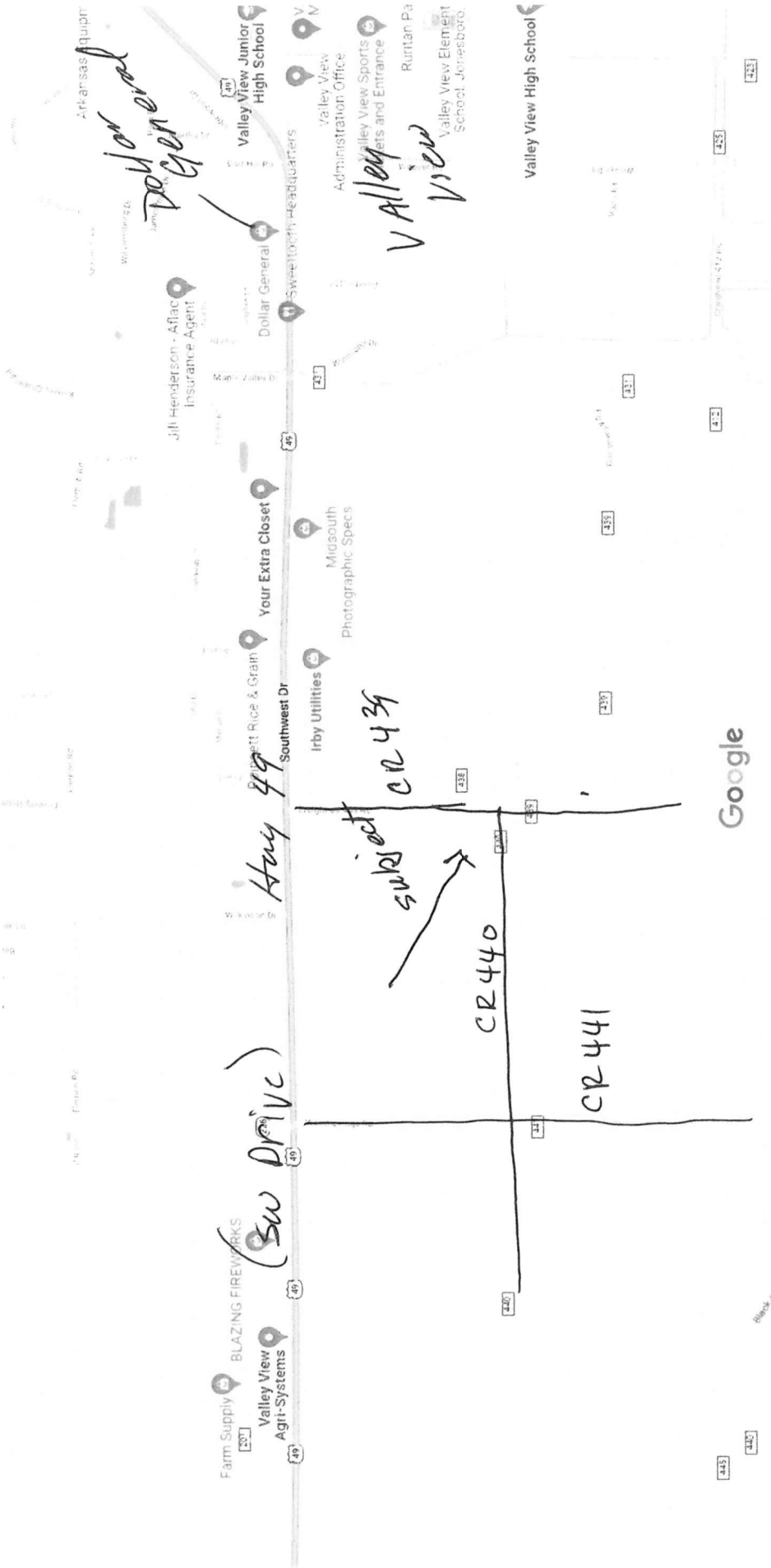
In Stock

\$159.00 MSRP: \$165.00

FREE SHIPPING!



(<https://chatserver.comm100.com/ChatWindow.aspx?siteId=217922&planId=ff010000-0000-0000-0000-008e00035342>)



Arkansas equip
Taylor Road

(Sw Drive)

Hay 49

subject CR 439

CR 440

CR 441

Valley View



500 ft

EarthTech, Inc.
PO Box 73
Vilonia, AR 72173
robertlgoff@gmail.com
(501) 472 -1624

WASTEWATER MAINTENANCE AGREEMENT

FOR: Blancett and Morris, LLC
6011 SW Drive
Jonesboro, AR 72401
(870) 919 7700 mark@markmorrishomes.com

LOCATION: 328 CR 439
Jonesboro, AR 72401

SERVICES TO BE PERFORMED:

Inspect/Service Fujiclean (CEN10) and other components quarterly
Collect Samples and deliver to lab
Submit Discharge Monitoring Reports (DMR's) twice a year as required
Add chlorine as needed

\$1,200 per year + cost of chlorine used

TERMS:

This agreement is for an NPDES ARG55 _____ permit only.
Owner acknowledges having received and read the attached "**Prohibited Items**" sheet.
This agreement may be terminated by either party with a written notice.
Owner will not modify system or cover access lids and valve boxes with soil.
All parts of the system must be accessible for service.
Owner assumes responsibility of preventing fire ants from damaging electrical components.
Owner is responsible for keeping site weeded/mowed.
Repairs or parts not under warranty are not included in this agreement.
No repairs will be made or parts replaced without approval.
This agreement does not include pumping/solids removal.
User acknowledges that using a garbage disposal may cause more frequent service/tank pumping which could lead to service calls.
Only domestic wastewater and toilet paper will be flushed or put down a drain. (see attachment)
Service Calls will be billed at \$100/hr. with a 2 hour minimum.
Lab fees are not a part of this agreement. You will be billed separately by the lab for analysis.



Robert L. Goff, President
Earthtech, Inc.
Date: 2/17/22

DocuSigned by:

42015FC4F4B7402...
(signature)

Mark Morris

Date: 2/18/2022

Contact for Service Call:

Ethan (501) 269-7531 Caleb (501) 339-5552

Prohibited Items

The following items will harm the organisms in your FujiClean wastewater system and should not be flushed or put down a drain:

- Excessive Bleach (dilute as instructed on the container)
- Fabric Softeners
- Paint and Paint Thinners
- Motor Oil
- Antifreeze
- Antibiotics
- Chemical De-clogging agents (Drano)
- Septic Tank Additives (like RidX)
- Water Softener Backwash
- Cleaning Solutions containing Quaternary Ammonium
- Sanitary Napkins
- Feminine Products
- Baby/Hand Wipes
- Cigarette Butts
- Dental Floss
- Condoms
- Kitty Litter
- Paper Towels
- Cooking Grease
- Coffee Grounds
- Fruit and Vegetable Peelings
- Condensate from HVAC system
- Floor Drains should not drain to the wastewater system

Garbage Disposals inject heavy and inconsistent organic loads to the system, which can interfere with normal processing.

Well Disinfection: If the home is on a well and chlorine is used for disinfection, flush the disinfectant through outside hydrants to prevent killing organisms in the FujiClean.

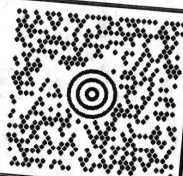
KINGSTON, RON
870-240-0569
C/O POSTNET AR113
1711 PARAGOULD PLAZA
PARAGOULD AR 72450

1 LBS

1 OF 1

DWT: 10,7,1

SHIP TO:
ATTN ZACHARY CARROLL
8702400569
ADEQ WATER DIVISION
5301 NORTSHORE DR
NORTH LITTLE ROCK AR 72118



AR 722 9-21



UPS GROUND

TRACKING #: 1Z 58F 734 03 9709 5934



BILLING: P/P

Reference No. 1: 5295481



XOL 22.04.20
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NV45 22.0A 05/2022

