



ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.13

(Submission #: HPR-3JS1-6J1XA, version 3)

Details

Reference # ARG550732
Submission ID HPR-3JS1-6J1XA
Submission Reason New

Form Input

Type of Permit Application

CORRECTION REQUEST (CORRECTED)

Missing hardcopy certification

The Hard Copy Certification Form needs to be signed by the Responsible Official (see attached). The Notice of Intent will not be routed until DEQ receives the wet signature on the Hard Copy Certification form by mail. The Hard Copy Certification Form can be found under the Download/Export Button.

Created on 2/2/2023 8:40 AM by **Thanh Vu**

1 COMMENT

William Michael Drake (percprollc@gmail.com) (7/13/2023 8:10 AM)
requesting Signature again from homeowner

Permit Type

ARG550000 - Individual Treatment System for Domestic Waste

Is this permit for an individual homeowner?

Yes

Initial Fee (in dollars)

0

Total Fee due with Application (in dollars)

0

ARG550000: Specific Information

Exclusions

Please note that the following discharges are excluded from coverage under the ARG550000 general permit:

1. Systems with multiple discharges,
2. Facilities requiring financial assurance in accordance with Arkansas Code Annotated 8-4-203(b), and

3. Discharges that include non-domestic waste

I certify that to the best of my knowledge, this facility is not subject to the exclusions listed above.

Yes

Other Exclusions

In addition to the above exclusion, waterbody-specific exclusions and/or other exclusions may be applicable.

See the permit for details:

<https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG550000.pdf>

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility:

<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

Site Map

Please attach a site map that shows the following:

1. Entrance/driveway of the facility/residence,
2. Location of the treatment system, and
3. Location of the outfall

Site Map

[GravitySahilHameerani-Model.pdf - 01/31/2023 08:21 AM](#)

Comment

NONE PROVIDED

Please attach approval from the Arkansas Department of Health (typically the EHP-19 form)

[koc_20230117102245.pdf - 01/31/2023 08:22 AM](#)

Comment

Installed on 1/19/2023

Permittee Information

AFIN (Enter if available)

NONE PROVIDED

Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or Inc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match:

[Arkansas Secretary of State](#)

Permittee (Legal Name)

Sahil Hameerani

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

Mr.

First Name Middle Name Last Name

Sahil NONE PROVIDED Hameerani

Title

NONE PROVIDED

Phone Type Number Extension

Mobile 501-483-7090

Email

rosasm605@gmail.com

Address

6222 KNIGHTS OF COLUMBUS RD
N LITTLE ROCK, AR 72118

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

Yes

Is there an active consultant for this facility?

No

Facility/Site Information

Facility/Site Name

6222 Knights of Columbus

Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

Facility/ Site Information

Facility/Site Contact

Prefix

Mr.

First Name Middle Name Last Name

Sahil NONE PROVIDED Hameerani

Title

Home Owner

Phone Type Number Extension

Mobile 501-483-7090

Email

rosasm605@gmail.com

Facility/Site Address

6222 KNIGHTS OF COLUMBUS RD
N LITTLE ROCK, AR 72118

Facility County (if the facility/site is in multiple counties, choose "other" and explain)

Pulaski

Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing

34.81004426930222,-92.3077533165329

Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
Solid Waste Landfill	4953	562212
Construction Sand and Gravel	1442	212321
Crushed and Broken Limestone	1422	212321
Crushed and Broken Stone, Not Elsewhere Classified	1429	212319
Water Supply	4941	221310
Carwashes	7542	811192

For other SIC and NAICS codes, you can search the following website:

<https://www.naics.com/search/>

Primary SIC Code

4952

Primary NAICS Code

221320

Other applicable SIC codes and/or NAICS codes

NONE PROVIDED

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

Permit Name	Permit Number	Held By

Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

Operator Name	License Number	Municipal License Class	Industrial License Class
Robert Goff	007865	II	N/A

Discharge/Outfall Information

Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

[Aquaview](#)

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36°12'34.56", 92°12'34.56") that you need to convert?

No

Outfall Information

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check
001	34.809690	-92.307960	640	Domestic household wastewater	Unnamed tributary thence into White oak bayou, thence into Arkansas river	Fujiclean CE7 ATU	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

CORRECTION REQUEST (APPROVED)
Name of receiving stream correction

It should be "unnamed tributary, thence into White Oak Bayou, thence into Arkansas River".
Created on 2/2/2023 8:14 AM by **Thanh Vu**

1 COMMENT
William Michael Drake (percprollc@gmail.com) (7/13/2023 8:09 AM)
Completed

Responsible and Cognizant Official Information

Cognizant Official (duly authorized representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

Cognizant Official Designation

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Cognizant Official

Prefix

NONE PROVIDED

First Name Middle Name Last Name

Robert NONE PROVIDED Goff

Title

Class 2 Wastewater Operator

Phone Type Number Extension

Mobile 501-472-1624

Email

robertgoff@gmail.com

Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:
 - a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;
- 3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:
 - a. The chief executive officer of the agency; or
 - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

Responsible Official Information

Prefix

Mr.

First Name Middle Name Last Name

Sahil NONE PROVIDED Hameerani

Title

Home Owner

Phone Type Number Extension

Mobile 501-483-7090

Email

rosasm605@gmail.com

Revisions

Revision	Revision Date	Revision By
Revision 1	1/31/2023 8:20 AM	William Michael Drake
Revision 2	2/2/2023 8:33 AM	William Michael Drake
Revision 3	7/13/2023 8:08 AM	William Michael Drake