

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): Smackover Paving Co., Inc. Operator Type:  
Permittee Mailing Address: 1869 Pershing Hwy  State  Partnership  
Permittee City: Smackover  Federal  Corporation\*  
Permittee State: Ar. Zip: 71762 X  Sole Proprietorship/Private  
Permittee Telephone Number: 870-310-9562 \*State of Incorporation: AR  
Permittee Fax Number: NONE The legal name of the Permittee must be  
Permittee E-mail Address: smackoverpaving@gmail.com identical to the name listed with the  
Arkansas Secretary of State.

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

Invoice Contact Person: Charles Foot City: Smackover  
Invoice Mailing Company: Smackover Paving Co., Inc. State: AR Zip: 71762  
Invoice Mailing Address: P.O. Box 8 Telephone: 870-725-2604

III. FACILITY INFORMATION

Facility Name: Smackover Paving ATU Facility Contact Person: \_\_\_\_\_  
Facility Address: 1869 Pershing Hwy Telephone Number: 870-310-9562  
Facility County: Union Facility City, State & Zip: Smackover, Ar. 71762  
Facility Latitude: 33 Deg 21 Min 2.16 Sec Facility Longitude: -92 Deg 43 Min 30.2394Sec  
Datum  
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 720 gpd (Gallons per Day)  
Stream Segment: 2D Hydrologic Basin Code: 8040201  
Outfall Latitude: 33 Deg 21 Min 2.16 Sec Outfall Longitude: -92 Deg 43 Min 30.2394Sec  
Datum  
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge  
Type of Treatment: NORWECO Singulair Green CL2 disinfection  
Receiving Stream: Ouachita River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00N/A  
NPDES General Permit Number (If Applicable): ARG550000  
State Construction Permit Number: N/A  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/A

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: Sheldon Hadley  
Operator License Number: 007836 License Class: II  
Consultant Contact Name: N/A  
Consultant Email Address: N/A  
Consultant Address: N/A City: State: Zip:  
Consultant Phone Number: N/A 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](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

**VII. CERTIFICATION OF OPERATOR**

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

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."

CF (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: Charles Foot Title: President

Responsible Official Signature: Charles Foot Date: 5/9/23

Responsible Official Email: smackoverpaving@gmail.com

Cognizant Official Printed Name: Philip Childers Title: V. President

Cognizant Official Signature: Philip Childers Telephone: 870-225-2604

Cognizant Official Email: philpchilders65@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?

Submittal of Required Permit Fee?   Check Number: \_\_\_\_\_

Submittal of AHD Form EHP-19?

Submittal of Site Map?

Submittal of Disclosure Statement?   Private Home Owner

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**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number  
**25714981**

**Individual Onsite Wastewater System Permit Application**

Permit Type  New Installation  
 Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input 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 checked="" 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  
SMACKOVER PAVING COMPANY

2. Phone Number  
870-310-9562

3. Mailing Address  
1869 PERSHING HWY, SMACKOVER, AR.71762

4. County  
UNION

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map)  
1869 PERSHING HWY, SMACKOVER, AR. 71762

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
APPROX. 493.5'x574.5'x376'x353'x200'x184'x406'

11. Total Area (Acres)  
6.84 ACRES

12. # Bedrooms # People  
6 EMPLOYEES

13. Daily Flow (GPD)  
90

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PRT OF THE NW1/4, NE1/4 OF SEC. 12, T-16-S, R-16-W.

15. Water Supply (Specify supplier, if Public Water)  
SMACKOVER WATER UTILITY

16. GPS Coordinates  
LAT: 33.35236 / LONG: -92.70902

17. Loading Rates	(gpd/ft <sup>2</sup> )	18. System Specifications					
Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	N/A	b. Size of Dose Tank	300 MIN	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft <sup>2</sup>	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		NORWECO SINGULIR GREEN/CL2		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	NORWECO SINGULAIR GREEN/CL2		N/A 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 SEE ATTACHED EHP19-OPT-A 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 *Sheldon Hadley* Title \_\_\_\_\_  
DESIGNATED REP Soil Certified  Yes  No  
SHELDON HADLEY 10-10-22 870-703-7165  
Print Name Date Phone Number

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.  
*David Gibson* 331 2-14-23  
Environmental Specialist Signature EHS Number Date



# Arkansas Department of Health

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

**Governor Sarah Huckabee Sanders**

**Renee Mallory, RN, BSN, Interim Secretary of Health**

**Jennifer Dillaha, MD, Director**

February 14, 2023

Smackover Paving Company  
1869 Pershing Highway  
Smackover, AR 71762  
Permit # 25714981

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 company on the permit on 6.84 acres near 1869 Pershing Hwy. Smackover, Arkansas in Union 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.

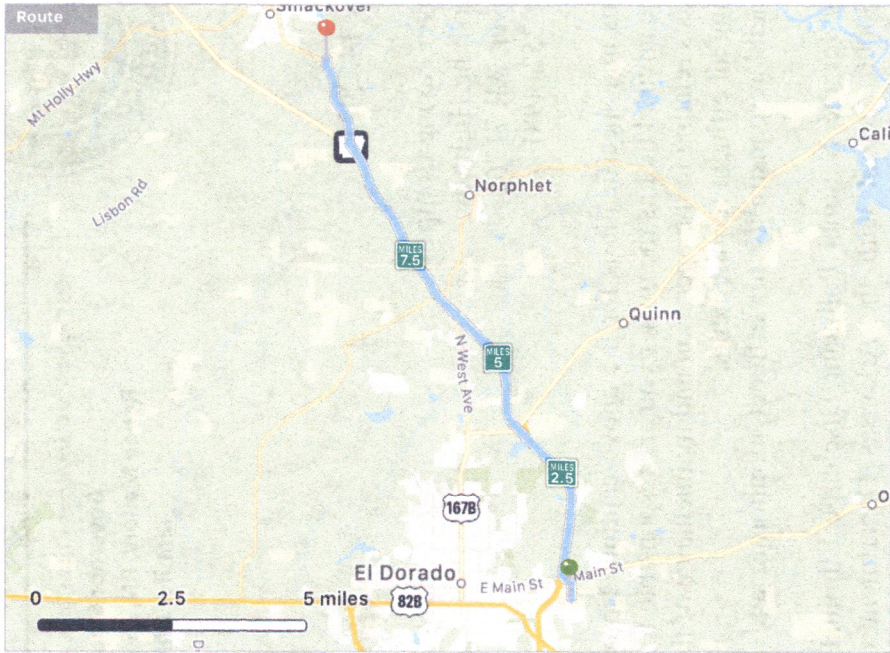
If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely

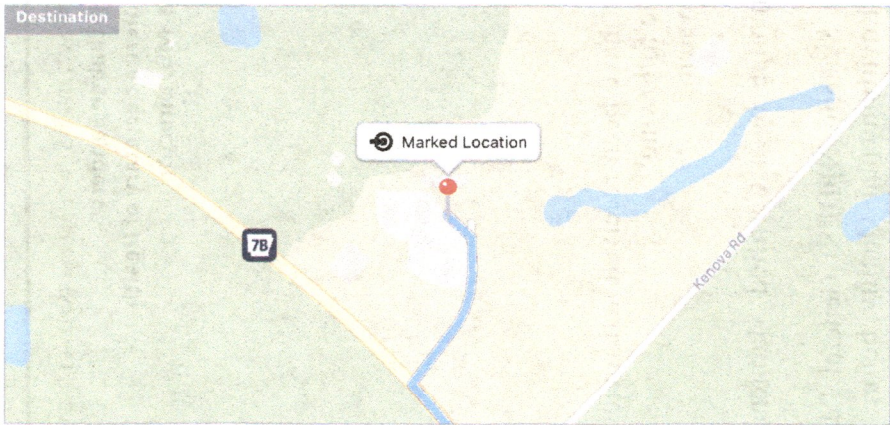
David Wilson, EHS  
Southwest Region Onsite Specialist  
Arkansas Department of Health  
870-260-6851

**Marked Location**

12 miles, 14 min




**Destination**




**301 American Rd to Marked Location**


12 miles, 14 min

-  **Start**  
301 American Rd


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-  **0.3 miles**  
Turn left onto E Main St


---

-  **800 feet**  
Turn right to merge onto US-167 North toward Fordyce, Camden


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-  **2.8 miles**  
Continue onto AR-7 N


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-  **6.6 miles**  
Turn right onto Pershing Hwy


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-  **1.5 miles**  
Turn right

---

-  **600 feet**  
Turn left

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-  **100 feet**  
Arrive at the destination

SP1

Building

Building

Parking Area

Smackover Paving  
Office 6 Employees

Bench Mark GE@SO 5'0"

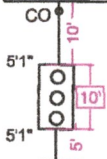
SOGE 5'0"

- Scale 1"=30'
- BM - Bench Mark
- CO - Clean Out
- GE - Ground Elevation
- LL - Lateral Line
- PE - Pipe Elevation
- SO - Stub Out
- SP - Soil Pit
- ST - Septic Tank



Install ATU no deeper than necessary to accommodate SO. Calculated with 10.5" from top of pipe to bottom of gasketed riser at outlet.

Norweco Singulair ATU  
Chlorine Disinfection  
600 gpd ATU



See Attached Pump Specs

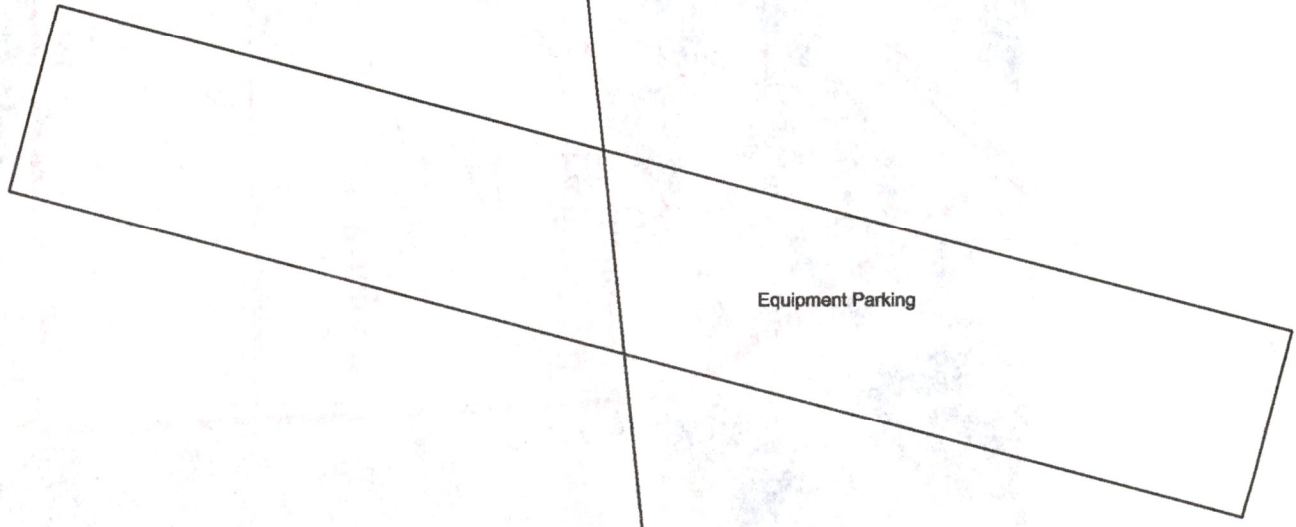
Pump 5'2"

Entire property consists of parking, bulking areas access and equipment travel

<1% Slope

2" PVC

6.84 Acres



Equipment Parking

Property Line

Property Line

Irregular Topos  
Contour route of discharge

Discharge 4'9"

180' to Property Line

150' to Property Line

Oil Well

150'

Flow >200' to Property line.





12812



**CRAWFORD PLUMBING**

1501 ROBERT E LEE ST. (870) 862-0340  
ELDORADO, AR 71730



**Smackover State Bank**

P.O. Box 107 • Smackover, AR 71762

81-654/829

4/24/2023

PAY TO THE  
ORDER OF

ADEQ-AR-WATER DIV

\$ **\*\*200.00**

Two Hundred and 00/100\*\*\*\*\* DOLLARS

ADEQ-AR-WATER DIV  
5301 NORTHSHORE DR.  
N. LITTLE ROCK, AR 72118



*Renee Crawford*  
AUTHORIZED SIGNATURE

MEMO

SMACKOVER PAVING

⑈012812⑈ ⑆082906546⑆ ⑈10⑈947⑈9⑈

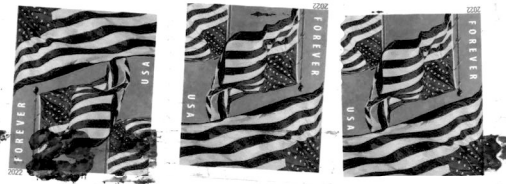
Security features. Details on back.



Hadley Environmental LLC  
1814 E. 28th Street  
Hope, AR 71801

MAY 20 23

MAY 20



ADEQ - Water Division  
5301 Northshore Dr.  
North Little Rock, Ar. 72118

