

**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): <u>Adrian Ceja</u>	Operator Type:
Permittee Mailing Address: <u>6803 Hwy 7 Bismark, Ar. 71929</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Bismark</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71929</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>501-458-1201</u>	*State of Incorporation: _____
Permittee Fax Number: <u>N/A</u>	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee E-mail Address: <u>Adrian501mpride12@yahoo.com</u>	

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

Invoice Contact Person: <u>N/A</u>	City: <u>N/A</u>
Invoice Mailing Company: <u>N/A</u>	State: <u>N/A</u> Zip: <u>N/A</u>
Invoice Mailing Address: <u>N/A</u>	Telephone: <u>N/A</u>

III. FACILITY INFORMATION

Facility Name: <u>Adrian Ceja ATU</u>	Facility Contact Person: <u>Adrian Ceja</u>
Facility Address: <u>6803 Hwy 7</u>	Telephone Number: <u>501-458-1201</u>
Facility County: <u>Hot Spring</u>	Facility City, State & Zip: <u>Bismark, Ar. 71929</u>
Facility Latitude: <u>34 Deg 19 Min 2.5647 Sec</u>	Facility Longitude: <u>-93 Deg 10 Min 17.2194 Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>

IV. DISCHARGE INFORMATION

Outfall Number: <u>1</u>	Flow: <u>450 gpd (Gallons per Day)</u>
Stream Segment: <u>2?</u>	Hydrologic Basin Code: <u>8040102</u>
Outfall Latitude: <u>34 Deg 19 Min 2.5647 Sec</u>	Outfall Longitude: <u>-93 Deg 10 Min 17.2194 Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>
Type of Treatment: <u>NORWECO Singulair Green CL2 disinfection</u>	
Receiving Stream: <u>Ouachita River</u>	

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): <u>AR00 N/A</u>	
NPDES General Permit Number (If Applicable): <u>ARG550000</u>	
State Construction Permit Number: <u>N/A</u>	
NPDES General Construction Stormwater Permit Number (If Applicable): <u>ARR15 N/A</u>	

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: N/A State: N/A Zip: N/A
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.

VII. CERTIFICATION OF OPERATOR

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

AC (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 AC (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: X Adrian Ceja Title: Home owner
Responsible Official Signature: X Adrian Ceja Date: 04/07/23
Responsible Official Email: X adrian.501m@pride120@yahoo.com
Cognizant Official Printed Name: N/A Title: N/A
Cognizant Official Signature: N/A Telephone: N/A
Cognizant Official Email: N/A

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: <u>Private Homeowner</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 Statement of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Private Homeowner

WATER DIVISION
5301 NORTHSORE 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 Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

April 20, 2023

Adrian Ceja
6803 Hwy 7
Bismarck, AR 71929
Permit # 25863053

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 all effluent generated from the specified residence on the permit on 0.74 acres near 6803 Hwy 7 Bismarck, Arkansas in Hot Spring County. Any off-site discharge or further subdivision of the property may void this approval. All other permits from other state agency must be obtain or the permit may be void.

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



Arkansas Department of Health
Environmental Health Protection

Receipt Number
25863053

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
ADRIAN CEJA

2. Phone Number
501-458-1201

3. Mailing Address
6803 HWY 7, BISMARK, AR, 71929

4. County
HOT SPRING

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
6803 HWY 7, BISMARK, AR, 71929

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
APPROX 168.3'x161.4'x39.5'x19.2'x87.6'

11. Total Area (Acres)
0.74 acres

12. # Bedrooms # People
4

13. Daily Flow (GPD)
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
PRT OF THE NE1/4, NW1/4 OF SEC. 8, T-5-S, R-20-W.

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

16. GPS Coordinates
LAT: 34.31746 / LONG: -93.172039

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

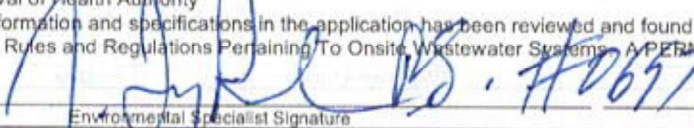
I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, 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 _____ Title _____
 SHELDON HADLEY _____ 4-7-23 _____ 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.


 Environmental Specialist Signature _____ EHS Number _____ Date 4-20-2023

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	5"	9"	14"	8"	11"	MOD	NO LOAD		
23. Soil Criteria (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)		
N/A	N/A	N/A	N/A	N/A	N/A	N/A	REPAIR		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	5"	in	DISSIMILAR COLORS ON PED SURFACE.						
Moderate	9"	in	CHROMA 2 ON <50% OF PED SURFACE.						
Long	14"	in	CHROMA 2 ON >50% OF PED SURFACE.						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	N/A	in	REPAIR						
Moderate	N/A	in	REPAIR						
Long	N/A	in	REPAIR						
Comments DESIGNED ATU AS PER ADH PROPOSAL. CURRENTLY WAITING ON ARDOT TO GIVE PERMISSION TO DISCHARGE TO HWY 7 ROAD DITCH AND ENTER STORM WATER DRAIN.									

Part 2 Installation Inspection

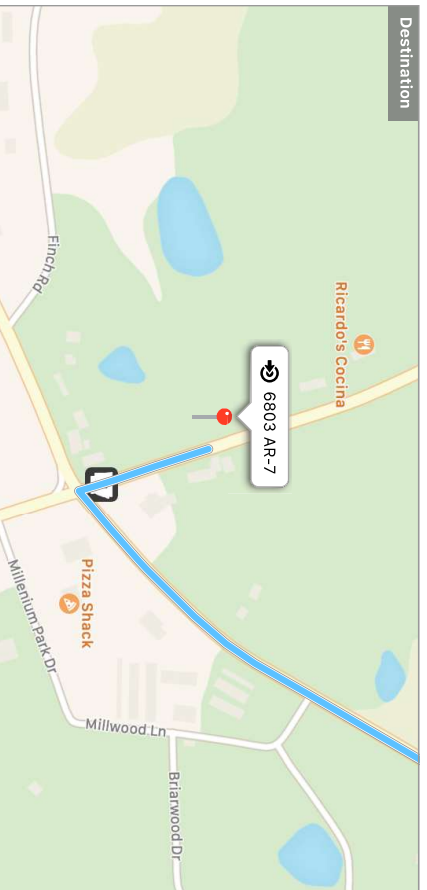
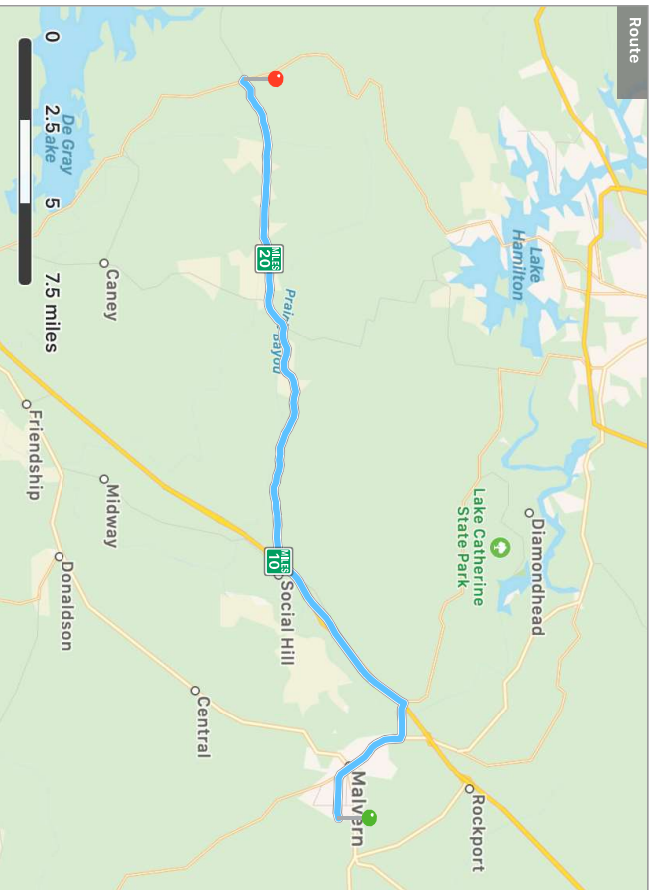
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer	License Number	
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input 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

Route 6803 AR-7

26 miles, 34 min



Route 2204 E Sullenberger Ave to 6803 AR-7

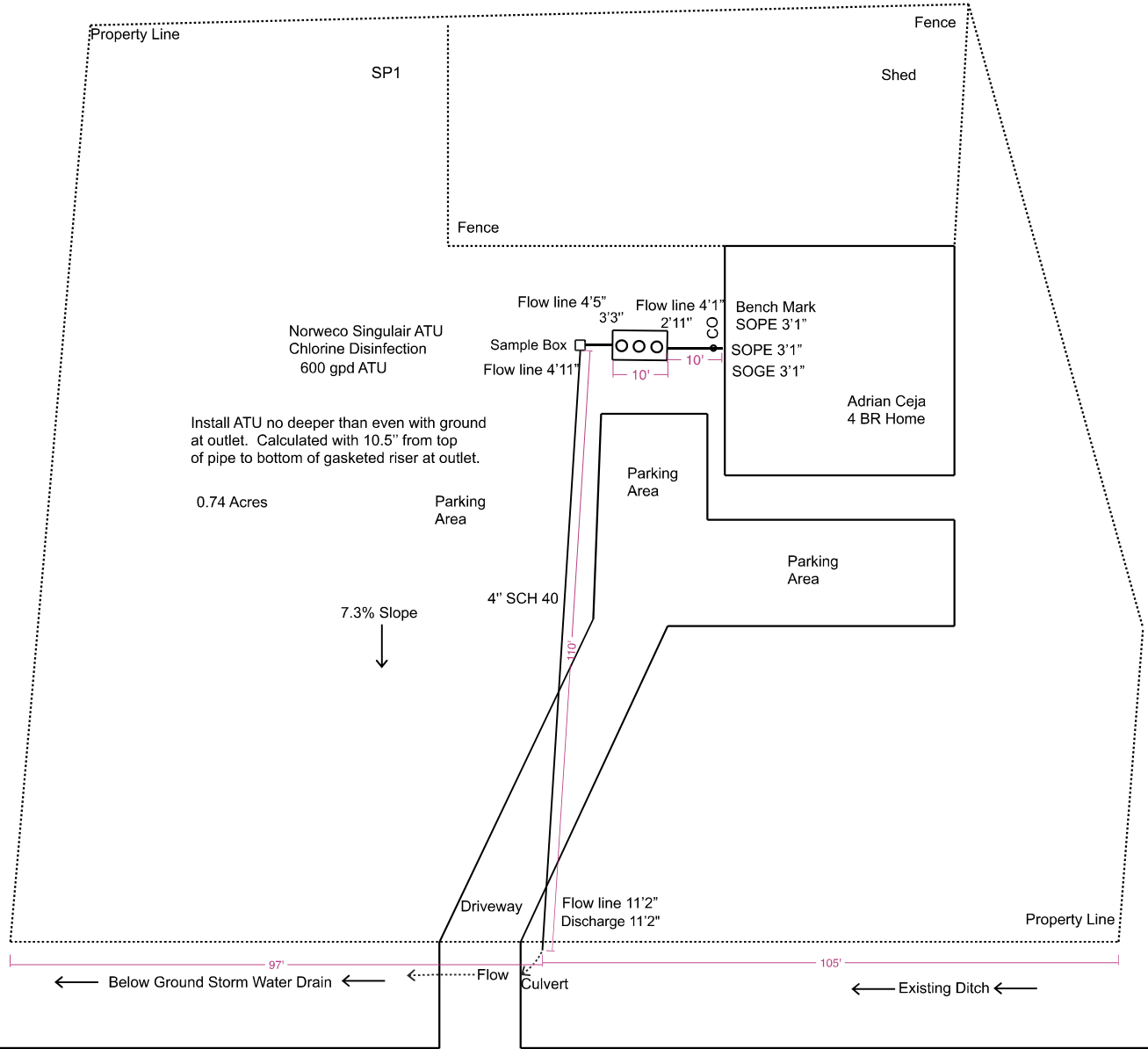
26 miles, 34 min

- Start
2204 E Sullenberger Ave
- 250 feet
Turn right onto E Sullenberger Ave
- 1.3 miles
Turn right onto S Main St
- 0.4 miles
Continue onto S Main St
- 1.9 miles
Turn left onto Tanner St
- 1.1 miles
Turn left to merge onto I-30 West
- 4.69 miles
Take exit 91 onto AR-84
- 0.2 miles
Turn left onto AR-84 toward Jct AR 7
- 15 miles
Turn right onto AR-7
- 450 feet
The destination is on your left

↑
Neighboring Home

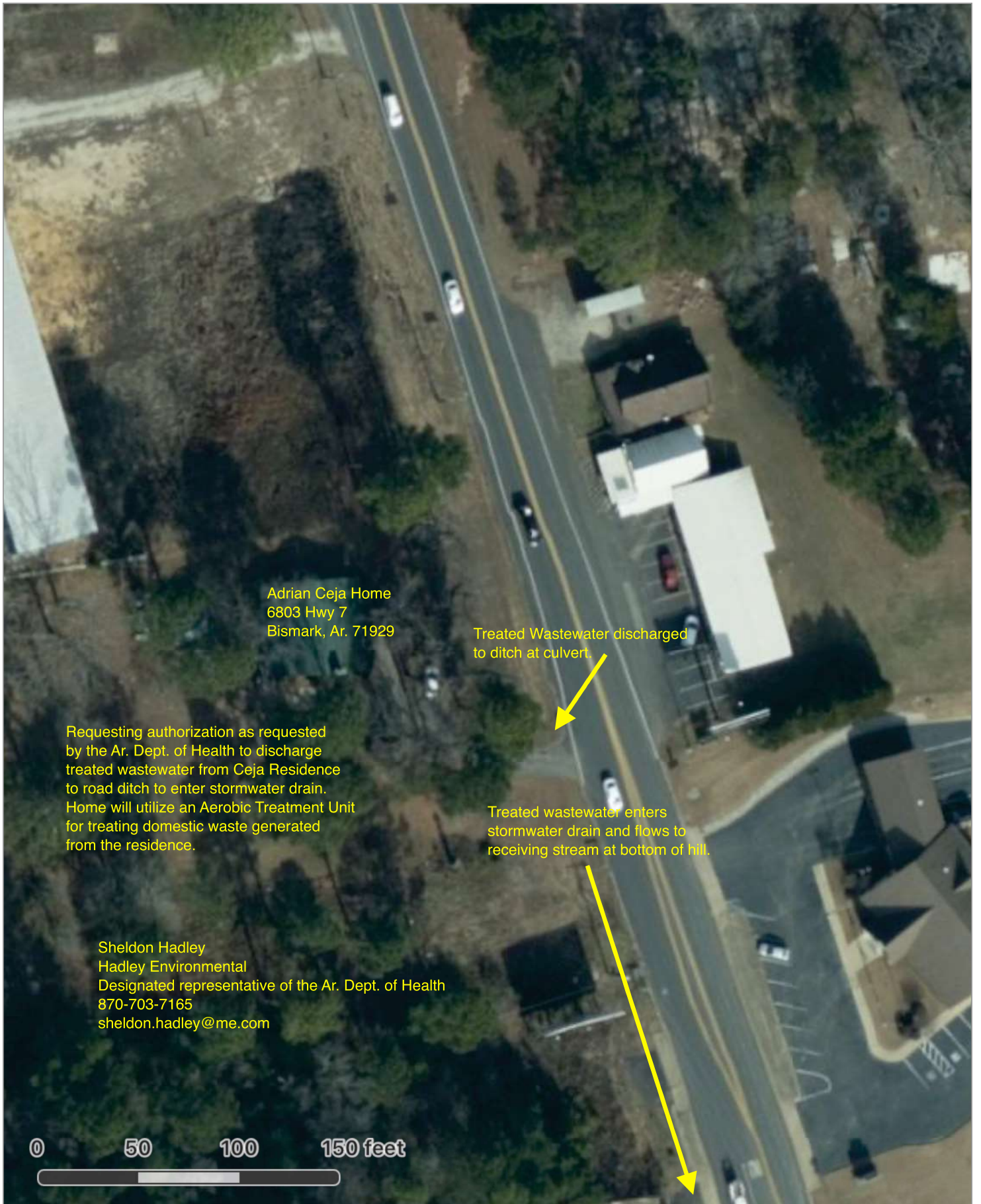
Scale 1"=30'
BM - Bench Mark
CO - Clean Out
GE - Ground Elevation
LL - Lateral Line
PE - Pipe Elevation
SO - Stub Out
SP - Soil Pit
ST - Septic Tank

North →



Hwy 7

Neighboring Business



Adrian Ceja Home
6803 Hwy 7
Bismarck, Ar. 71929

Requesting authorization as requested by the Ar. Dept. of Health to discharge treated wastewater from Ceja Residence to road ditch to enter stormwater drain. Home will utilize an Aerobic Treatment Unit for treating domestic waste generated from the residence.

Treated Wastewater discharged to ditch at culvert.

Treated wastewater enters stormwater drain and flows to receiving stream at bottom of hill.

Sheldon Hadley
Hadley Environmental
Designated representative of the Ar. Dept. of Health
870-703-7165
sheldon.hadley@me.com

0 50 100 150 feet



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