

**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>Jonathon Andree</u> Permittee Mailing Address: <u>12655 Mars Hill Road</u> Permittee City: <u>Bauxite</u> Permittee State: <u>Arkansas</u> Zip: <u>72011</u> Permittee Telephone Number: <u>407-791-1422</u> Permittee Fax Number: <u>NA</u> Permittee E-mail Address: <u>wjandr@peoplepc.com</u>	Operator Type: <input type="checkbox"/> State <input type="checkbox"/> Partnership <input type="checkbox"/> Federal <input type="checkbox"/> Corporation* <input checked="" type="checkbox"/> Sole Proprietorship/Private *State of Incorporation: _____ The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
--	--

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

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

III. FACILITY INFORMATION

Facility Name: <u>Andree Residence</u>	Facility Contact Person: <u>Jonathon Andree</u>
Facility Address: <u>12655 Mars Hill Road</u>	Telephone Number: <u>407-791-1422</u>
Facility County: <u>Pulaski</u>	Facility City, State & Zip: <u>Bauxite, Ar 72011</u>
Facility Latitude: <u>34 Deg 29 Min 11.07 Sec</u>	Facility Longitude: <u>92 Deg 27 Min 19.83 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: <u>001</u>	Flow: <u>370</u> gpd (Gallons per Day)
Stream Segment: <u>3C</u>	Hydrologic Basin Code: <u>111 102 07</u>
Outfall Latitude: <u>34 Deg 29 Min 10.95 Sec</u>	Outfall Longitude: <u>92 Deg 27 Min 16.03 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____
Type of Treatment: <u>Norweco Singulair Green 960 with UV Disinfection</u>	
Receiving Stream: <u>Arkansas River</u>	

V. FACILITY PERMIT INFORMATION

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

VI. OTHER INFORMATION:

Operator Name: David Meints
Operator License Number: 009055 License Class: III

Consultant Contact Name: David Meints
Consultant Email Address: david@meincowastewater.com
Consultant Address: PO Box 1001 City: Bryant State: AR Zip: 72089
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-821-4048

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.adeg.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."

J (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."

J (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: JONATHAN G. ADAMS Title: Owner

Responsible Official Signature: [Signature] Date: 5-12-2023

Responsible Official Email: WTADAMS@PEOPLEPC.COM

Cognizant Official Printed Name: David Meints Title: Class III Operator

Cognizant Official Signature: [Signature] Telephone: 501-804-0837

Cognizant Official Email: david@meincowastewater.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

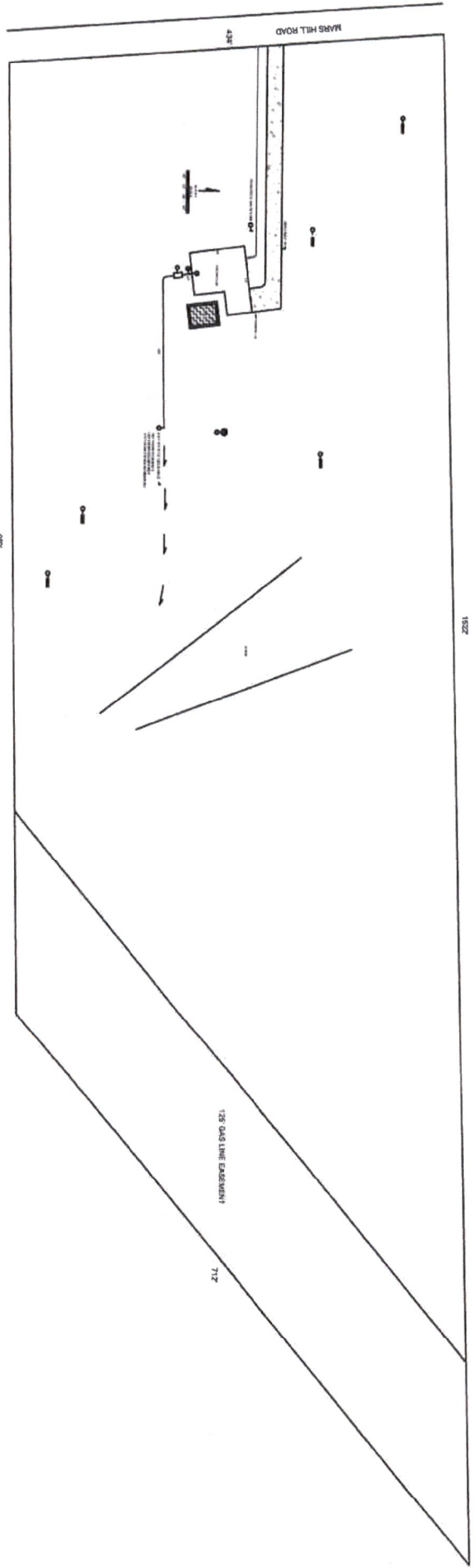
Yes No * If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI?

Submittal of Required Permit Fee? Check Number: _____

Submittal of AHD Form EHP-19?

Submittal of Site Map?





References are found in the Arkansas State Board of Health Rules and Regulations Pertaining to Onsite Wastewater Systems Effective 08/01/2019.

Zone A : LEGEND TO AutoCAD DRAWING

- A Sewer stub out location. Maximum depth of flow line from existing grade is 24". Show this drawing to your plumber (*Reference 11.8*).
- B 2-way clean out location. Sewer popper required. Install clean out and sewer popper at or above grade (*Reference 8.13*). Fall to inlet of septic tank can be no less than 1/8" per foot, and no more than 1/4" per foot (*Reference 4.1*).
- C Trash tank location. Risers to grade over inlet and outlet, minimum 18" diameter (*Reference 10.7.8*). Effluent filter required - Orenco Filter FTS0436-28 (*Reference 10.7.6*). Bed and backfill septic tank with 3/4" or smaller gravel (*Reference 10.4*). Trash tank must meet or exceed manufacturer requirements, 5000 psi, aged 28 days minimum (*Reference 10.7.3 – 10.7.5.1*).
- D Aerobic Treatment Unit location. Disinfection required. Refer to included spec sheet for precise model.
- E Dose Tank. If applicable.
- F Point of Discharge (POD). POD meets all setbacks required. (*Reference 9.8*)
- G Soil pit location. Not used due to shallow seasonal water tables or contour issues.
- H Proposed water line. Water line must be installed 10' from any part of wastewater system (*Reference 6.2.8*).
- I Benchmark location.

PIPE SPECIFICATIONS

Building stub out to trash tank inlet: 4" Schedule 40 Pipe
Trash Tank to Aerobic Treatment Unit: 4" Schedule 40 Pipe
Aerobic Treatment Unit to Point of Discharge: 4" Schedule SDR-35 Pipe

TANK SPECIFICATION

Manufacturer: Whitten Concrete 500 Gallon Trash Tank

TREATMENT UNIT SPECIFICATION

Norweco Singulair Green 960

EFFLUENT STRENGTH

Biochemical oxygen demand < 300 mg/L
Total suspended solids < 300 mg/L
Fats, oil, and grease < 25 mg/L

(*Reference 8.41 and Appendix B, Footnotes*)

Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.



GROUND AND INSTALLED ELEVATIONS (feet & inches)

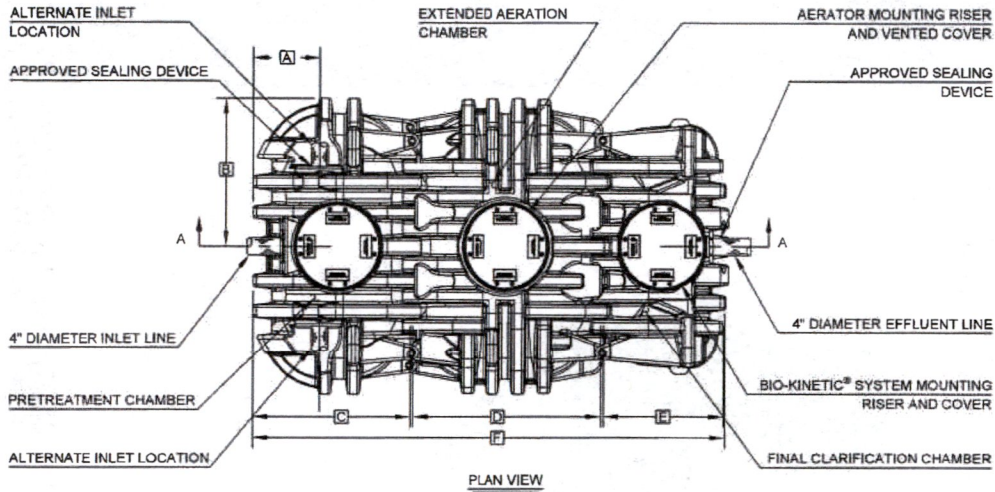
Component	Ground	Flow Line	Fall
Stub Out	03-03"	05-03"	24"
Trash Tank Inlet	03-03"	05-07"	31"
Trash Tank Outlet	03-04"	05-10"	3"
ATU Inlet	04-00"	05-11"	1"
ATU Outlet	04-00"	06-03"	4"
Point of Discharge	09-00"	09-00"	33"
Benchmark	08-04"	Base of Tree (See Drawing)	

NOTES

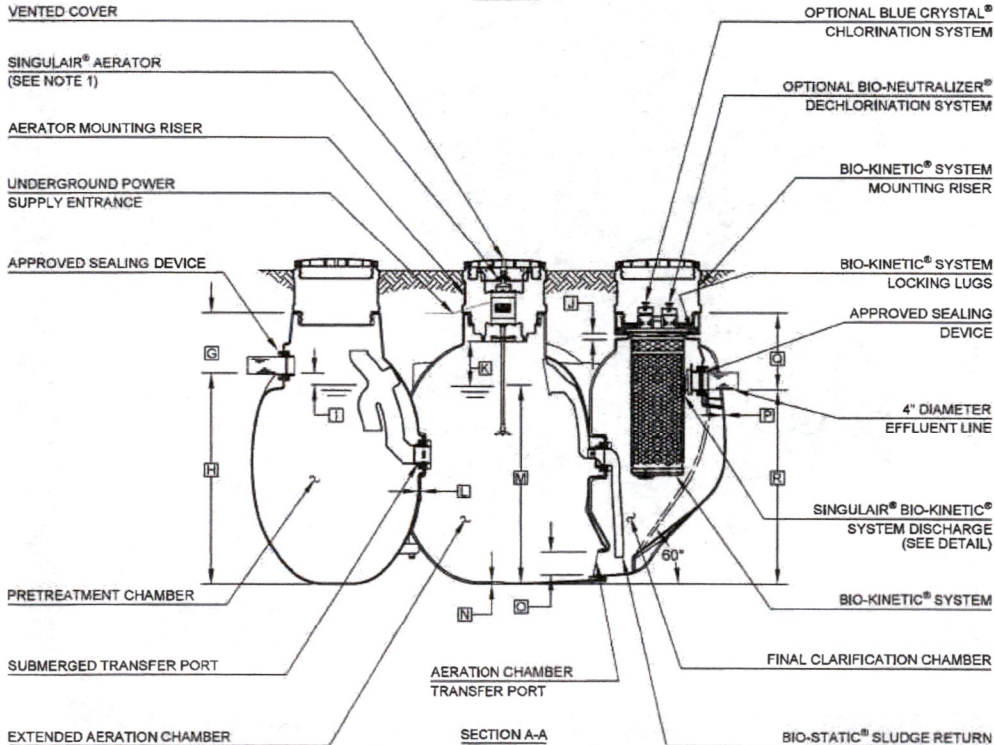
NPDES permit required on all surface discharging wastewater systems. *(Reference 9.6 and 11.1)*

Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. *(Reference 12)*

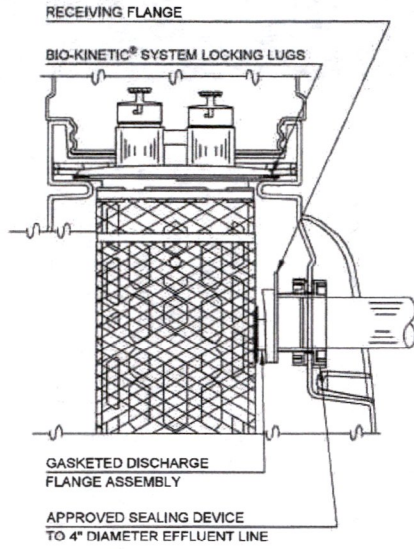
Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.



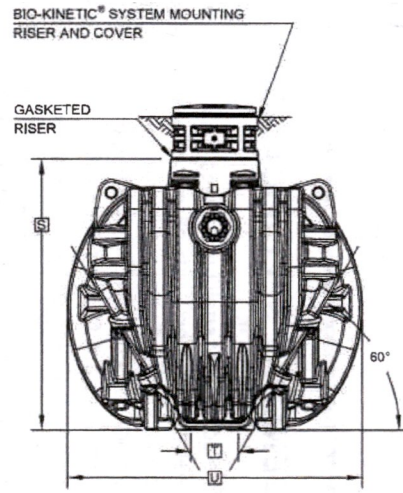
PLAN VIEW



SECTION A-A



BIO-KINETIC SYSTEM DISCHARGE DETAIL



OUTLET END VIEW

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
 RATED CAPACITY: 600 GALLONS PER DAY

GENERAL NOTES:

- ① SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
- ② FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS 16 INCHES BELOW THE RISER MOUNTING SURFACE.
- ③ ON DEEPER INSTALLATIONS, RISERS MUST BE USED TO EXTEND AERATOR MOUNTING RISER AND BIO-KINETIC® SYSTEM MOUNTING RISER TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- ④ REMOVABLE COVERS ON RISERS ARE EACH SECURED TO PREVENT UNAUTHORIZED ACCESS.
- ⑤ CONTACT THE LOCAL, LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____
 NAME: _____

CONTRACTOR'S CERTIFICATION:
 I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____
 NAME: _____

CRITICAL DIMENSIONS

A	1'- 5 1/2"	N	0'- 0 3/8"
B	3'- 3"	O	0'- 6"
C	3'- 5 1/4"	P	0'- 0 3/8"
D	4'- 2 1/4"	Q	1'- 8"
E	2'- 8 3/4"	R	4'- 3 1/2"
F	10'- 6 1/2"	S	5'- 11 1/2"
G	1'- 4"	T	1'- 4"
H	4'- 7 1/2"	U	6'- 6"
I	0'- 3"	V	
J	0'- 1 1/2"	W	
K	1'- 0"	X	
L	0'- 0 3/4"	Y	
M	4'- 4"	Z	

U.S. AND FOREIGN PATENTS PENDING	norweco	04-10-2018	G
	SINGLAIR® GREEN 900 - 500GPD SYSTEM		BDS JMM 08-04-2010 NTS
© MMXVII			PC-5-7123



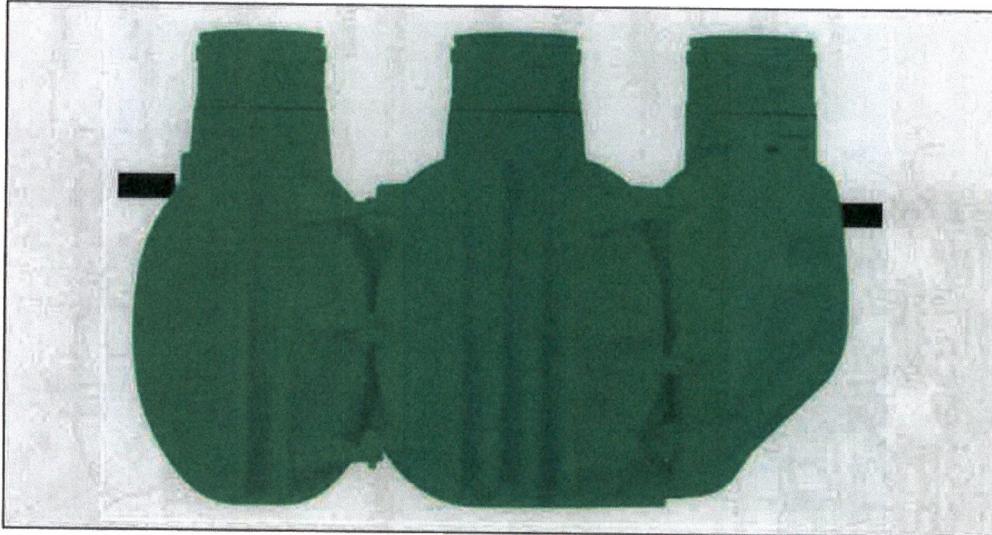
SINGULAIR GREEN® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM

MODELS 960 AND TNT WITH SERVICE PRO® CONTROL CENTER

SPECIFICATIONS

GENERAL SPECIFICATIONS

The contractor shall furnish and install one complete Singulair Green Bio-Kinetic wastewater treatment system with all necessary parts and equipment as described in the following specifications. Treatment of the domestic wastewater shall be accomplished by the extended aeration process with non-mechanical flow equalization, pretreatment of the influent and filtration of the final effluent. The treatment system shall provide primary, secondary and tertiary treatment of the wastewater flow, and if required, chlorination and dechlorination of the effluent prior to discharge. All treatment processes shall be contained within a single tank which shall be manufactured using high density polyethylene resin. The wastewater treatment system shall be a Singulair Green as manufactured by Norweco, Inc., Norwalk, Ohio, USA. Systems not including integral pretreatment or non-mechanical flow equalization shall not be considered for this application.



The wastewater treatment system shall include high density polyethylene tankage providing separate pretreatment, aeration and final clarification chambers. The tankage shall be furnished with a Schedule 40 PVC inlet hub, removable sealed pretreatment cover, submerged transfer ports, aerator mounting riser with removable vented cover, molded outlet coupling, Bio-Kinetic system mounting riser with removable sealed cover and Schedule 40 PVC outlet hub. Principal items of electro-mechanical equipment supplied with the Singulair Green wastewater treatment system shall be a UL Listed 1725 RPM mechanical aerator, UL Listed Service Pro electrical control center, Bio-Static sludge return and a Bio-Kinetic tertiary treatment device for flow equalization and final filtration of system effluent.

SPECIFICATIONS

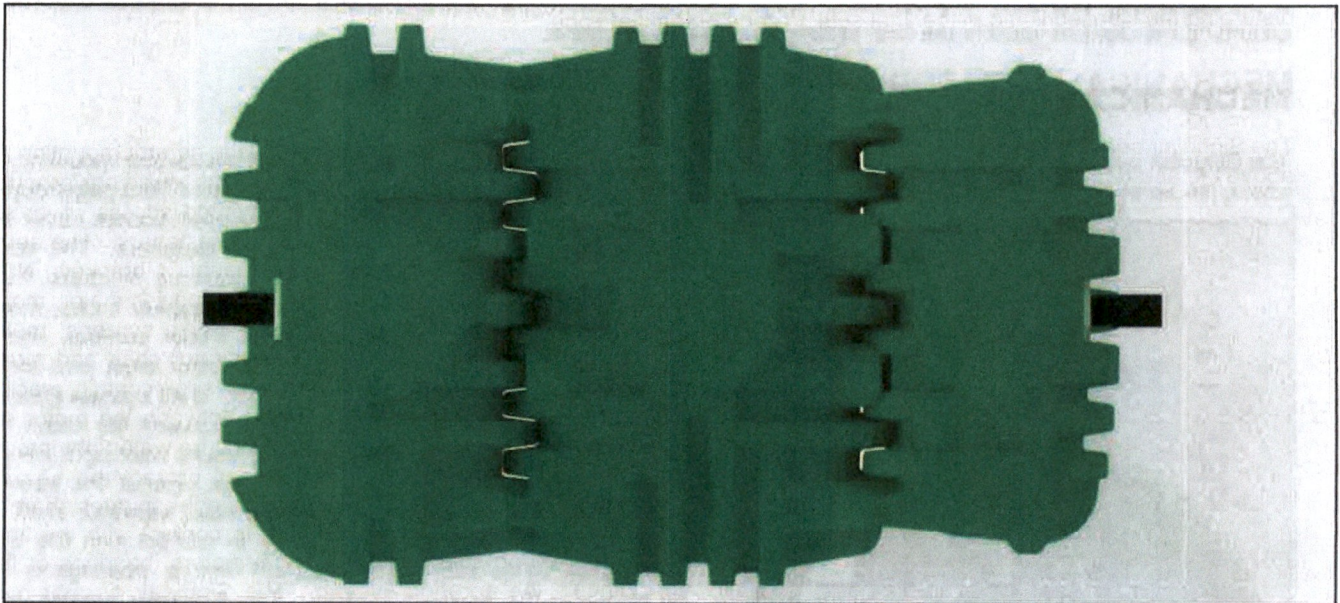
SINGULAIR GREEN®

OPERATING CONDITIONS

The Singulair Green system shall be certified to treat up to 600 GPD (gallons per day) of domestic wastewater. Total holding capacity of the system shall provide a minimum of 48 hour retention of the daily flow. The pretreatment chamber shall provide at least 18 hour retention, the extended aeration chamber shall provide at least 24 hour retention and the clarification chamber shall provide at least 6 hour retention. The non-mechanical flow equalization device shall increase each individual chamber and total system retention time in direct proportion to loading. Design of the system shall include a compartmented tank and a non-mechanical flow equalization device to insure successful treatment performance without upset even when the significant runoff period is six hours. Hydraulic design considerations of the system and flow equalization device shall be such that intermittent peak flow factors as high as four shall not upset hydraulic reliability within the system. Capability of the system to perform as outlined shall be certified by an independent testing laboratory and approved for use by the local governing regulatory agency.

PRETREATMENT CHAMBER

The pretreatment chamber shall be an integral part of the wastewater treatment system. All domestic wastewater shall be preconditioned and flow equalized while passing through the pretreatment chamber prior to being introduced to the extended aeration chamber. The outlet of the pretreatment chamber shall be equipped with a discharge tee that extends vertically into the liquid so that only the preconditioned equalized flow from the center area of the chamber is displaced to the extended aeration chamber. The discharge tee and transfer port shall be of adequate size to handle a peak flow factor of four without restricting the outlet and disturbing hydraulic displacement to the extended aeration chamber. A removable inspection cover shall be incorporated into the top of the pretreatment chamber to allow tank and transfer tee inspection.



AERATION CHAMBER

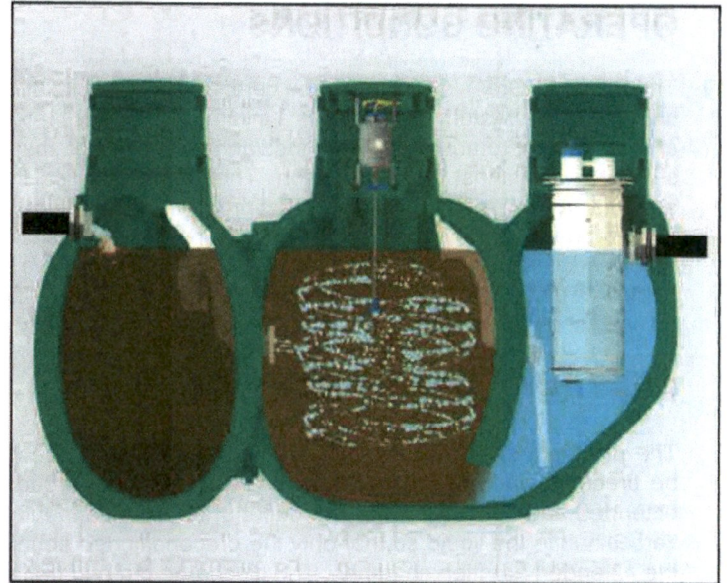
The extended aeration chamber shall provide in excess of 24 hour retention of the equalized daily flow. The chamber shall be of sufficient size to provide a minimum of 80 cubic feet of tank capacity per pound of applied BOD. The aeration chamber shall be an integral part of the system flow path and configured to insure effective mixing of microorganisms, wastewater and fresh air. No area of the chamber shall be isolated from process mixing, thereby eliminating dead or quiescent areas of the treatment chamber which are detrimental to the treatment process. Influent into the aeration chamber shall be preconditioned, equalized flow from the pretreatment chamber and settled solids via the Bio-Static sludge return.

FINAL CLARIFICATION CHAMBER

The final clarification chamber shall consist of 5 functionally independent zones operating together to provide satisfactory settling and clarification of the equalized flow. An inlet zone shall be provided and shall dissipate transfer turbulence at the flow inlet of the clarification chamber. Its performance shall also eliminate turbulence in other zones of the clarifier. Liquid shall be hydraulically displaced from the inlet zone to the sludge return zone. Hydraulic currents shall sweep settled sludge from the hopped walls and return these solids via the inlet zone to the aeration chamber. As solids are removed, liquid is displaced to the hopper zone of the clarifier. In this zone, settling by gravity takes place. Three of the four sidewalls are slanted to form a hopper which directs all settled material back to the sludge return zone. Clarified liquid from the hopper zone shall be displaced into the final settling zone to provide additional clarification of the liquid. The liquid is displaced to the outlet zone for final filtration and discharge from the system. Non-mechanical equalization of the flow, through all 5 zones, shall provide optimal settling and clarification.

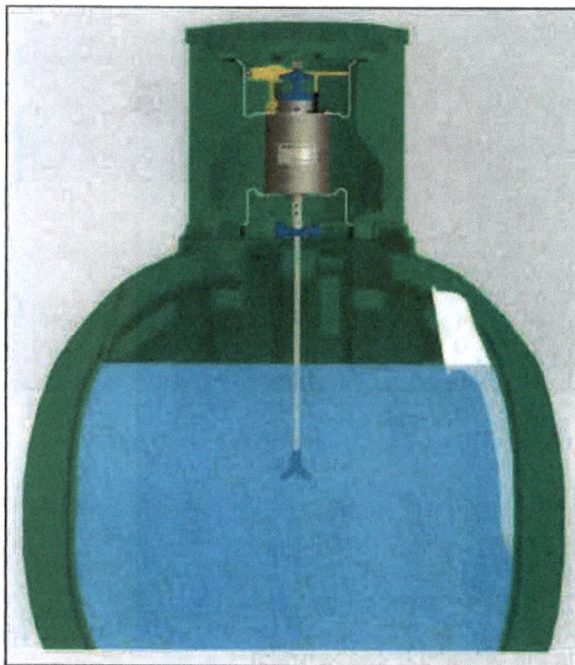
BIO-STATIC® SLUDGE RETURN

A Bio-Static sludge return shall be mounted into the opening in the aeration/clarification chamber wall to provide positive return of settled solids. Aeration chamber hydraulic currents shall enter the sludge return and be directed through the Bio-Static device into the second zone of the clarification chamber. The Bio-Static sludge return shall accomplish resuspension and return of settled solids without disturbing the clarified liquid in the final settling zone and outlet zone.



MECHANICAL AERATOR

The Singlair aerator shall be installed in a rotationally molded, heavy duty, high density polyethylene aerator mounting riser above the aeration chamber. Fresh air shall be supplied through an injection molded, heavy duty, glass-filled polypropylene

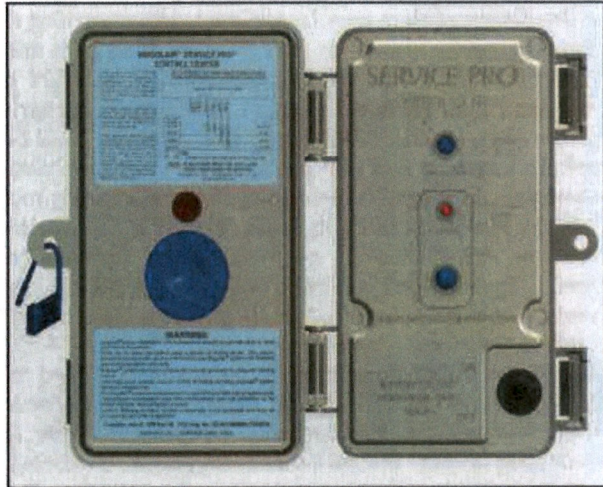


access cover above the aerator. The vented access cover shall be secured to the mounting riser with four fasteners. The aerator shall be UL Listed and include plated mounting brackets, NEMA 6 rated electrical connector, fractional horsepower motor, molded plastic lifting handle, molded plastic air intake screens, molded plastic foam restrictor, stainless steel aspirator shaft and molded glass-filled nylon aspirator tip. The motor shall contain precision manufactured o-ring type seals installed between the motor shell and the machined aluminum endbells to insure watertight integrity. Molded Viton elastomer shaft seals shall protect the bearings from contamination. Only the stainless steel aspirator shaft and glass-filled nylon aspirator tip shall be in contact with the liquid. There shall be no submerged electrical motors, bearings or fixed air piping in the aeration system. The Singlair aerator motor shall not exceed the motor nameplate rating when installed and operated as recommended. The fractional horsepower aerator motor shall be equipped with a foam restrictor to protect the motor against high water and foam. The motor shall be 4 pole, 1725 RPM, 115 volt, 60 hertz, single phase, ball bearing constructed with a 1.0 service factor. It shall draw 4.0 amps when operating at the rated nameplate voltage. Aerators without UL listing have not demonstrated compliance with international electrical standards for safety and reliability and shall not be considered for this application.

BIO-KINETIC®

SERVICE PRO® CONTROL CENTER

The Service Pro electrical control center shall control all aspects of treatment plant operation using a microprocessor based platform. The prewired control center shall contain nonvolatile memory to prevent the loss of programming in the event of a power failure. For protection of wiring and components, the electrical controls shall be mounted in an injection molded, lockable, corrosion proof, NEMA rated enclosure designed specifically for outdoor use. The enclosure shall be equipped with a tamper evident seal to discourage unauthorized access. The Service Pro control center shall be a UL Listed assembly and shall include a time clock, alarm light, audible alarm, reset button and power switch. The control center shall monitor all treatment system operating conditions including aerator over current, aerator under current and open motor circuit. In the event the control center detects one of these conditions, power to the aerator shall be interrupted, a diagnostic sequence shall begin and the visual alarm shall activate. After a programmed recovery interval, an automatic restart attempt shall be initiated. If normal aerator operation does not resume during 24 programmed recovery and restart cycles, the audible alarm shall activate.



TIME CLOCK

The aerator run cycle shall be controlled by an adjustable, prewired time clock. The minimum setting shall not permit the aerator to be "off" for more than 30 minutes per hour. It shall be adjustable in 5 minute increments and designed such that any adjustment results in additional run time up to "continuous" operation (60 minutes per hour). The Service Pro TNT controls shall include a non-adjustable time clock. Use of a time clock can seriously affect system performance and operating cost. Systems that have not been performance certified at the minimum time clock setting by an independent testing laboratory shall not be considered for this application.

SERVICE PRO® ADVANCED CONTROLS (Optional)

Advanced system control options shall be available for all Singlair Green Bio-Kinetic wastewater treatment systems. Service Pro control center options include the Service Pro control center with Monitoring, Compliance and Diagnostic (MCD) technology and the Service Pro control center with Total Nitrogen Treatment (TNT) technology.

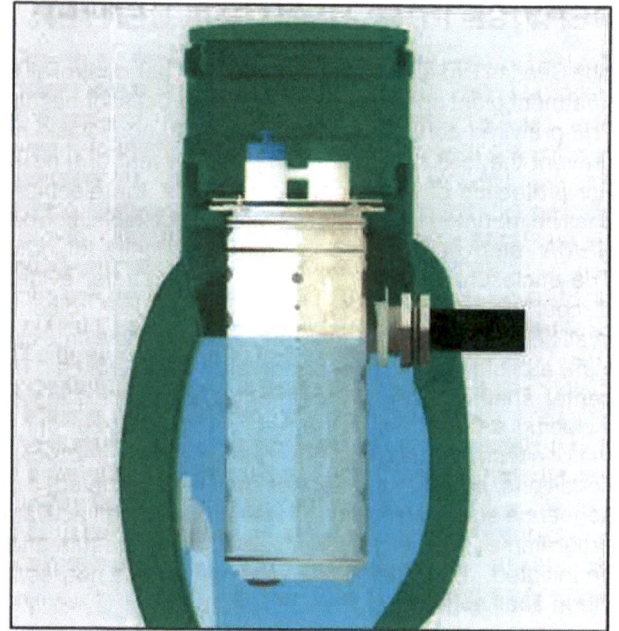
The Service Pro control center with MCD technology shall be a UL Listed assembly and shall include a time clock, integral telemetry system, main alarm light, power light, phone light, aerator alarm light, three auxiliary alarm lights, reset button and power switch. The control center shall monitor all treatment system operating conditions including aerator over current, aerator under current and open motor circuit. In the event the control center detects one of these conditions, power to the aerator shall be interrupted, a diagnostic sequence shall begin and the visual alarm shall activate. After a programmed recovery interval, an automatic restart attempt shall be initiated. If normal aerator operation does not resume during 24 programmed recovery and restart cycles, the audible alarm shall activate and the telemetry system shall report the specific condition to the Service Pro monitoring center. In the event that any of the auxiliary inputs detect abnormal operation of the treatment system auxiliary equipment, the audible and visual alarms shall immediately activate and the telemetry system shall report the alarm condition to the monitoring center.

The Service Pro TNT control center shall provide the same Monitoring, Compliance and Diagnostic functions as the Service Pro control center with MCD technology. However, the Service Pro TNT control center shall include a non-adjustable time clock. The non-adjustable time clock shall create a 60 minute aeration cycle followed by a 60 minute anoxic cycle during which the aerator shall be off. This aeration cycle shall insure Total Nitrogen Treatment of the wastewater.

SPECIFICATIONS

BIO-KINETIC® SYSTEM

A Bio-Kinetic system shall be installed in the mounting riser above the clarification chamber. The Bio-Kinetic system shall provide non-mechanical flow equalization through all plant processes including pretreatment, aeration, clarification, tertiary filtration, chlorination and dechlorination. The assembly shall be supplied with locking lugs and removable moisture/vapor shield and shall consist of a design flow and peak flow micronically molded filter, baffled perimeter settling zone, flow distribution deck, lifting handles, level indicator, adjustment lugs, optional chlorination feed tube, unbaffled perimeter settling zone, solids contact zone, vertical inlet zone, compartmented settling zone consisting of 42 baffled chamber plates, effluent stilling well, final discharge zone, adjustable outlet weir, optional dechlorination feed tube, outlet zone and gasketed discharge flange. All components shall be manufactured from inert synthetic materials or rubber, assembled in circular fashion and connected to a plastic outlet coupling. The outlet coupling shall accept a 4" diameter, Schedule 40 PVC pipe. The Bio-Kinetic system shall be installed with the inverts of the design flow equalization ports located at the normal liquid level of the clarifier. If intermittent flow rates exceed the capacity of the design flow ports, flow shall be held upstream until the intermittent flow dissipates. If the intermittent flow continues to increase, the liquid level may reach a pair of sustained flow equalization ports. With four ports in use, flow through the system increases while continuing to provide flow equalization to all upstream and downstream processes. Peak flow equalization ports are supplied but should not be required. Optional Blue Crystal and Bio-Max tablet feed tubes shall be positioned such that the flow-activated chemical cannot contact the liquid upstream of the feed tubes.



FLOW EQUALIZATION

The wastewater treatment system shall include a demand use, non-mechanical, flow equalization device. The device shall control normal residential flow rates and reduce typical residential flow surges. The flow equalization rate shall be dependent upon the specific loading pattern and the duration of flow surges. At the 600 GPD (gallons per day) NSF Standard 40 design loading schedule, minimum performance of the device shall equalize daily flow an average of 50%.

SERVICE PRO® MONITORING CENTER

The Service Pro monitoring center shall include a 128 bit encrypted password protected website for interface with the monitoring center database. Access to the secure website shall be obtained through a unique user name and password that provides tiered access to data from monitored treatment systems. Access level tiers shall include dealers, service providers, regulatory agencies and individual system owners. Dealers and service providers shall be able to create accounts, maintain service records and grant regulatory agencies access to the information. Individual system owners shall be able to view information regarding their own systems, as well as download instructional information. Integrity of stored data shall be maintained through the use of multiple servers operating in geographically isolated locations.



BLUE CRYSTAL® CHLORINATION SYSTEM (Optional)

The Singulair Green system shall be furnished complete with a tablet feed tube and a six month supply of Blue Crystal disinfecting tablets. Blue Crystal tablets shall be specifically formulated for consistent chlorine dosage and effluent disinfection to the sustained, variable and intermittent flows that are typical of domestic wastewater treatment systems. The tablets shall be manufactured from pure calcium hypochlorite and contain a minimum of 70% available chlorine. Each tablet shall be 2⁵/₈" diameter, compressed to a 1" thickness, weigh approximately 5 ounces and be white in color with blue crystals for easy identification. The tablets shall dissolve in direct proportion to the flow rate, releasing controlled amounts of chlorine.

BIO-MAX® DECHLORINATION SYSTEM (Optional)

The Singulair Green system shall be furnished complete with a tablet feed tube and a six month supply of Bio-Max dechlorination tablets. The dechlorination tablets shall contain 92% sodium sulfite as the active ingredient and shall be specially formulated to chemically neutralize both free and combined chlorine. Each tablet shall be 2⁵/₈" diameter, compressed to a 1³/₁₆" thickness, weigh approximately 5 ounces and be green in color for easy identification. The tablets shall dissolve slowly, releasing controlled amounts of chemical for the instantaneous removal of residual chlorine from the system effluent.

WARRANTY AND EXCHANGE PROGRAM

The manufacturer shall provide a three year limited warranty for each Singulair aerator, control center, Bio-Kinetic system and any other electro-mechanical components purchased from the manufacturer. The comprehensive aerator exchange program offers a lifetime of equipment protection. The dealer shall provide warranty and exchange information to the regulatory agency, contractor and customer as required.



EQUIPMENT MANUFACTURER

The equipment specified herein shall be the product of a manufacturer having a minimum of seven years experience in the construction of prefabricated wastewater treatment equipment and systems. Bids shall be prepared on the basis of the equipment and material specified herein for purposes of determining the low bid. This is not done, however, to eliminate other products or equipment of equal quality and efficiency. If equipment is to be substituted, approval of such substitution must be made prior to execution of any order. It is assumed that substitution will result in a reduction of cost to the contractor and that if accepted, these savings will be passed along by a reduction in the base bid.

PROGRESS THROUGH SERVICE SINCE 1906

norweco®

*Engineering the future of water
and wastewater treatment*

220 REPUBLIC STREET
NORWALK, OHIO, USA 44857-1156
TELEPHONE (419) 668-4471
FAX (419) 663-5440
www.norweco.com

DISTRIBUTED LOCALLY BY:

Norweco®, Norweco.com®, Singulair®, Modulair®, Travalair®, Singulair Green®, Ribbit Rivet®, Hydro-Kinetic®, Hydro-Kinetic Bio-Film Reactor®, Evenair®, Lift-Rail®, Microsonic®, Bio-Dynamic®, Bio-Sanitizer®, Bio-Neutralizer®, Bio-Max®, Bio-Kinetic®, Bio-Static®, Bio-Gem®, Bio-Perc®, Blue Crystal®, Phos-4-Fade®, Enviro-C®, ClearCheck®, ChemCheck®, Tri-Max®, Hydra-Max®, Service Pro®, MCD®, TNT®, WASP®, Grease Buster® and "BUSTER" logo® are registered trademarks of Norwalk Wastewater Equipment Company, Inc.

©MMXVIII NORWECO, INC

MODEL AT 1500

UV DISINFECTION SYSTEM

INSTALLATION AND OPERATION MANUAL

The Model AT 1500 UV disinfection system is listed with Underwriters Laboratories (UL) under Standard 979 as a residential treatment device. The installer should provide a power disconnect switch mounted to the exterior of the facility being served to de-energize power to the unit during maintenance. Electrical work must be performed in accordance with the latest edition of the National Electrical Code, as well as all applicable local codes. The Model AT 1500 UV disinfection system conforms to the applicable provisions of the Code of Federal Regulations (CFR) requirements including Title 21, Chapter 1, Subchapter J, Radiological Health. **CAUTION: DO NOT LOOK DIRECTLY AT THE UV LAMP OR EXPOSE SKIN DURING OPERATION. PERMANENT EYE DAMAGE AND SKIN BURNS WILL OCCUR FROM UV RADIATION EXPOSURE. UV BLOCKING SAFETY GLASSES MUST BE WORN DURING INSTALLATION, SERVICE OR ANY TIME THE LAMP MAY BE ILLUMINATED. UV BLOCKING SAFETY GLASSES ARE AVAILABLE FROM NORWECO.**

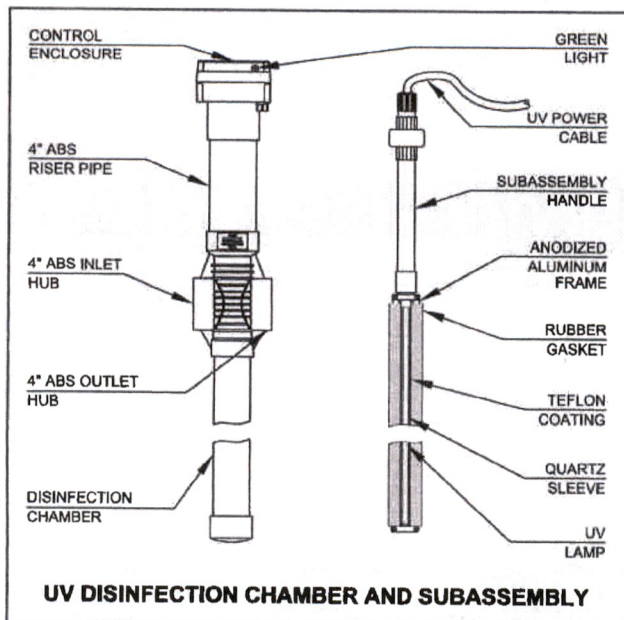
COMPONENTS

The Model AT 1500 UV disinfection system consists of the following components:

- | | |
|---|---|
| 1) Control enclosure | 5) Power cable with female twist lock connector |
| 2) 4" ABS riser pipe | 6) UV subassembly with quartz sleeve and Teflon coating |
| 3) Disinfection chamber with turbulence inducer | 7) Subassembly handle |
| 4) UV lamp (bulb) with male connector | |

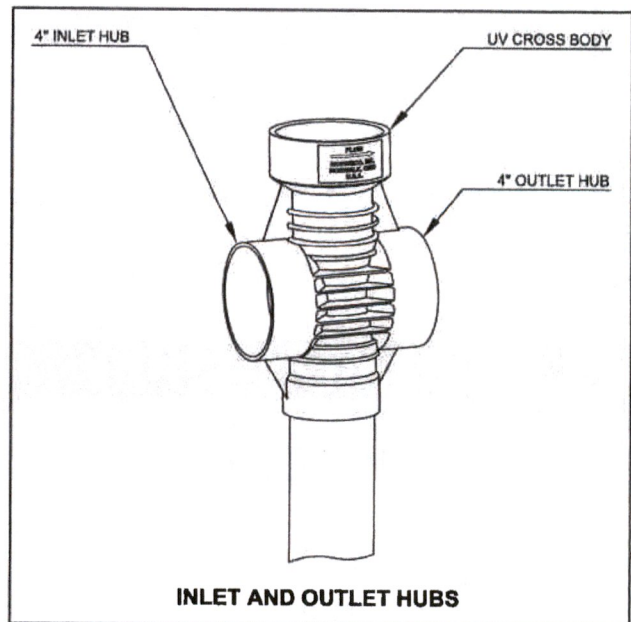
The components should be supplied by the installer:

- | | |
|------------------------|-------------------------------|
| 1) Disconnect switch | 6) Isopropyl alcohol |
| 2) Solvent cement | 7) #14/2 AWG cable |
| 3) Hacksaw | 8) Conduit and fittings |
| 4) Glycerin (optional) | 9) Flat head screwdriver |
| 5) Clean, soft cloth | 10) Phillips head screwdriver |



INSTALLATION INSTRUCTIONS

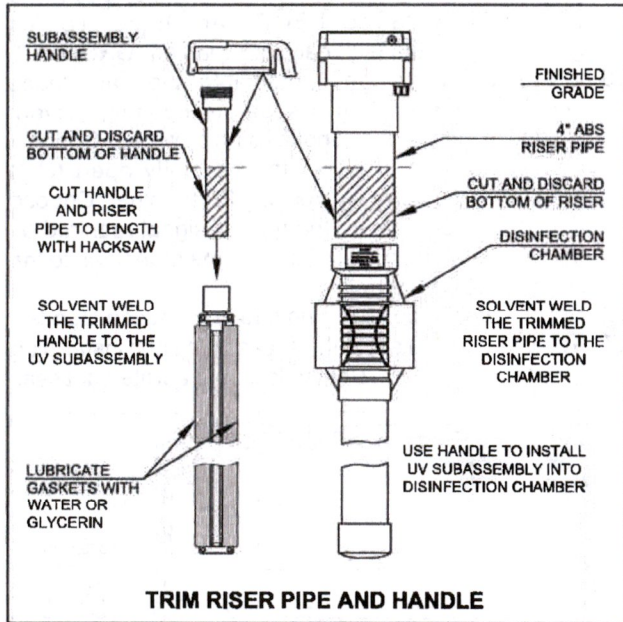
1. The excavation for the upstream wastewater treatment system should include an additional 3 feet of length to allow for installation of the Model AT 1500.
2. Carefully unpack the Model AT 1500 system. Remove and properly discard all packaging materials from the system components. The UV lamp should remain in the protective shipping sleeve until it is installed.
3. Flow direction indicator arrows are molded into the disinfection chamber. When installing the disinfection chamber, be sure to orient the chamber correctly with the flow arrows pointing towards the effluent plumbing.



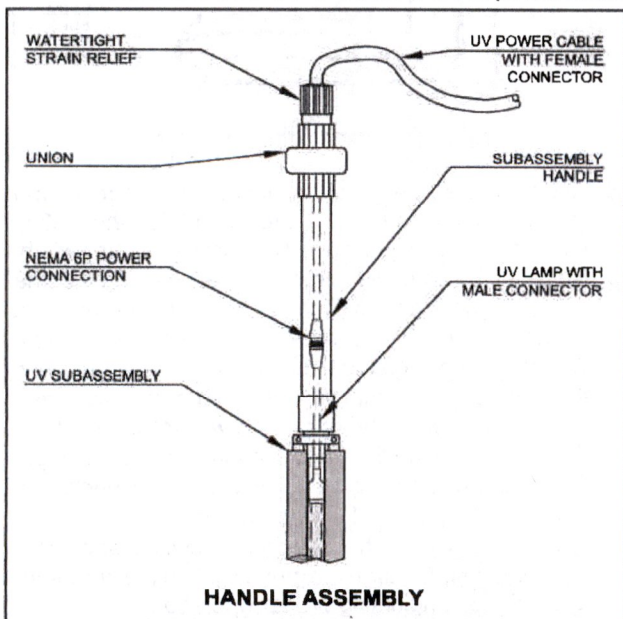
4. Solvent weld the effluent line of the upstream treatment system to the 4" inlet hub of the Model AT 1500. Next, solvent weld the 4" outlet hub to the final effluent line. Cover the open top of the disinfection chamber and backfill up to the bottom of the plumbing.

AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)

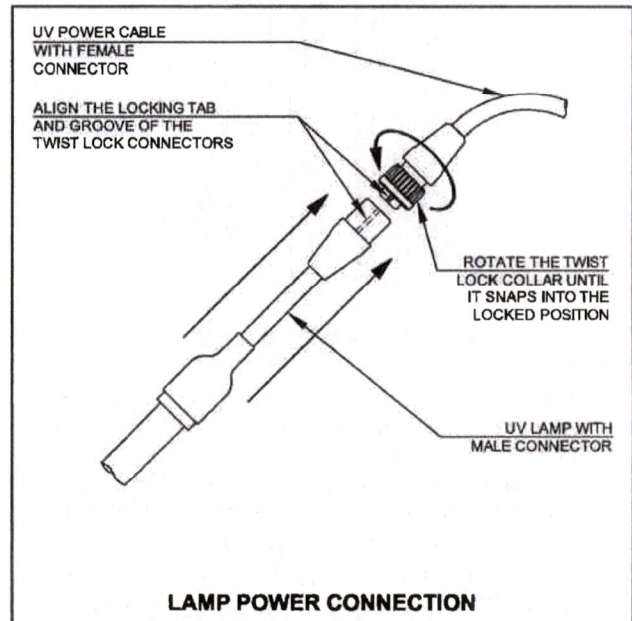
5. The control enclosure should be completely above grade in the finished installation. The riser pipe and subassembly handle are purposely manufactured longer than necessary and must be trimmed. Fit the riser pipe into the top of the disinfection chamber and mark a trim line on the bottom. Mark the subassembly handle on the bottom to trim the same amount.



6. Disassemble the union on subassembly handle and set aside the top portion with UV power cable.
 7. Use a hacksaw to cut along the trim line on both the riser pipe and handle to make them the proper length.
 8. Solvent weld the riser pipe to the disinfection chamber and solvent weld the handle to the UV subassembly.
 9. The Model AT 1500 is shipped with the UV power cable connected to the control enclosure. If this power cable



has become disconnected, it must be reconnected at this time. To do so, remove the gasketed cover from the control enclosure. Connect the lead labeled "ONE" on the UV power cable to the terminal block marked "1". Connect the lead labeled "TWO" to the terminal block marked "2". Connect the lead labeled "THREE" to the terminal block marked "3". Connect the yellow/green lead to the terminal marked "Y/G".



10. Remove the threaded access plug from the riser pipe.
 11. Match the alignment tab on the male connector from the UV lamp to the alignment groove in the female twist lock connector on the UV power cable. Push the two connectors together until the male connector is fully seated in the female connector. Rotate the twist lock collar until it snaps into the locked position.
 12. Insert the UV lamp and power cable into the handle assembly until the base of the lamp is seated in the bottom of the quartz sleeve. Rotate the power cable if the lamp becomes misaligned.
 13. Lower the union onto the handle assembly, making sure to pull any slack cable through the strain relief connector. Assemble and tighten the union and strain relief to insure a watertight seal.
 14. Use water or glycerin to lubricate the rubber gaskets located on both sides of the UV subassembly.
 15. Do not touch the Teflon coating or allow excess glycerin to contact it. Use a clean, soft cloth and isopropyl alcohol to thoroughly clean the coating.
 16. Fill the disinfection chamber with clean water.

MANUFACTURED BY

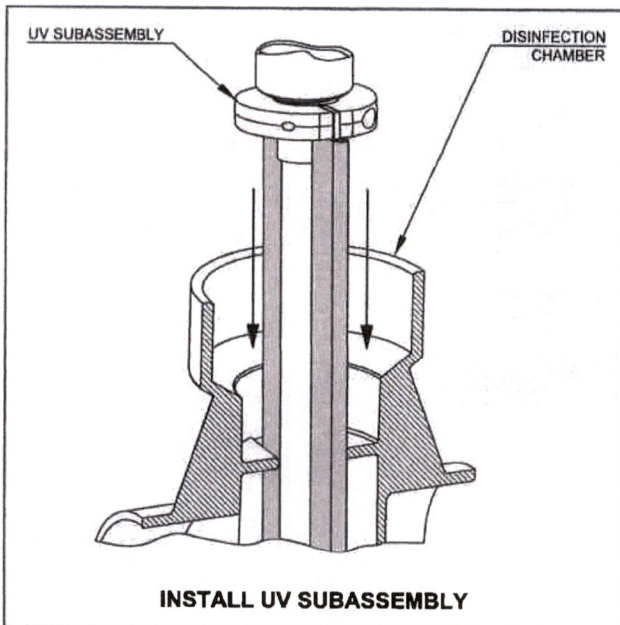
norweco

Engineering the future of water and wastewater treatment

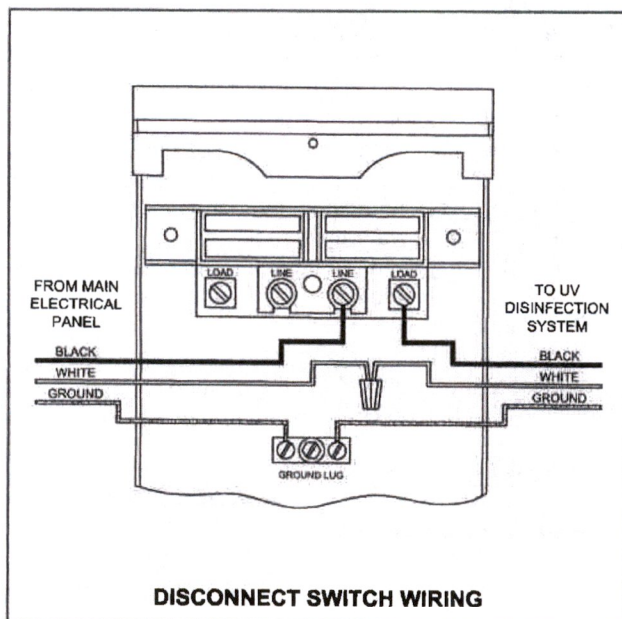
**NORWECO, INC.
 NORWALK, OHIO
 U.S.A. 44857**

www.norweco.com

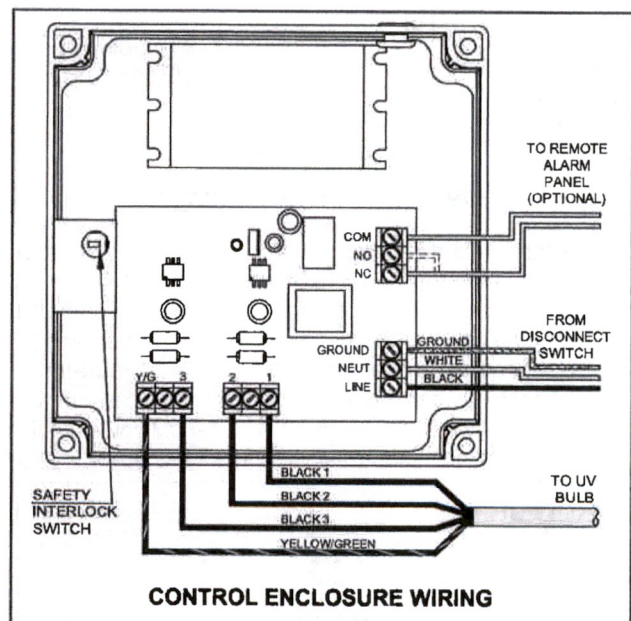
AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)



17. Align the rubber gaskets with the rectangular opening and lower the UV subassembly into the disinfection chamber.
18. Tuck the excess power cable into the riser pipe.
19. Use a dedicated 115 volt AC single phase 15 amp circuit in the main electrical panel for the AT 1500. **NOTE:** Make sure the breaker is off before proceeding.
20. Use a disconnect switch to de-energize power during service. Mount directly to the facility being served.
21. Install a #14/2 AWG cable from the dedicated breaker in the main electrical panel to the disconnect switch.
22. In the disconnect switch enclosure, connect the hot (black) lead from the main electrical panel to the "LINE" terminal. Connect the black lead from the UV system to the "LOAD" terminal. Wire nut both white leads together. Connect ground leads to the ground lug.



23. Remove the control enclosure cover and black electrical insulator. Install a #14/2 AWG cable from the disconnect switch to the control enclosure. Insure the connection to the UV system is made in conduit, solvent welded to the conduit fitting provided. A watertight connection is critical for proper operation and safety.
24. Attach the incoming hot (black) lead to the terminal block marked "LINE". Attach the common (white) lead to the terminal block marked "NEUT". Attach the incoming ground lead to the terminal block marked "GROUND".
25. If a remote alarm panel is required, the alarm leads should be installed in a separate conduit, solvent welded to the second conduit fitting provided. Connect one alarm lead to either the normally open (NO) terminal or the normally closed (NC) terminal. Choose the correct terminal for the type of signal required by the remote alarm panel. Connect the other lead to the common (COM) terminal.
26. Solvent weld a conduit plug into any unused fittings.
27. Apply thread sealant to the access plug and install plug in the riser opening. Tighten to insure a watertight seal.



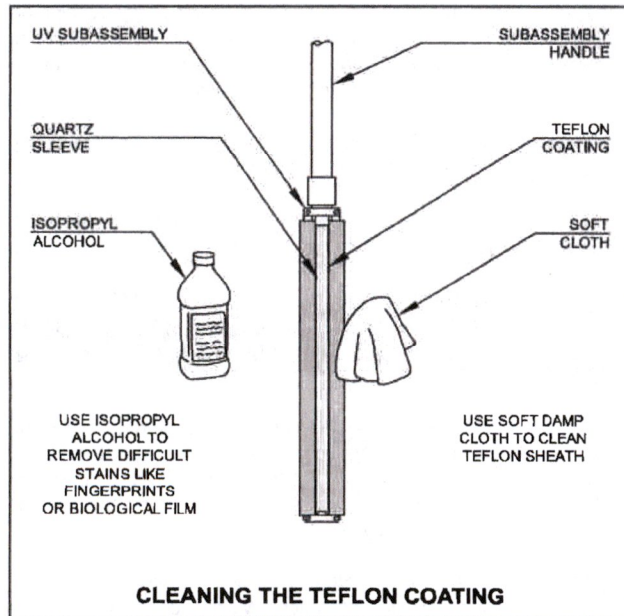
28. Reinstall the electrical insulator and four thumb screws. Make sure that the cutout for the safety interlock switch is positioned correctly over the switch.
29. Reinstall the control enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the four screws on the cover to insure a watertight seal. **NOTE:** If the switch is not aligned with the post, the UV lamp will not operate and the green light on the side of the enclosure will not illuminate.
30. Backfill around the disinfection chamber and riser pipe. Finished grade should be below the control enclosure to prevent the entry of surface water.
31. Turn on power at the disconnect switch and main service panel. Confirm the green light on the enclosure is illuminated indicating proper operation.

AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)

MAINTENANCE AND SERVICE

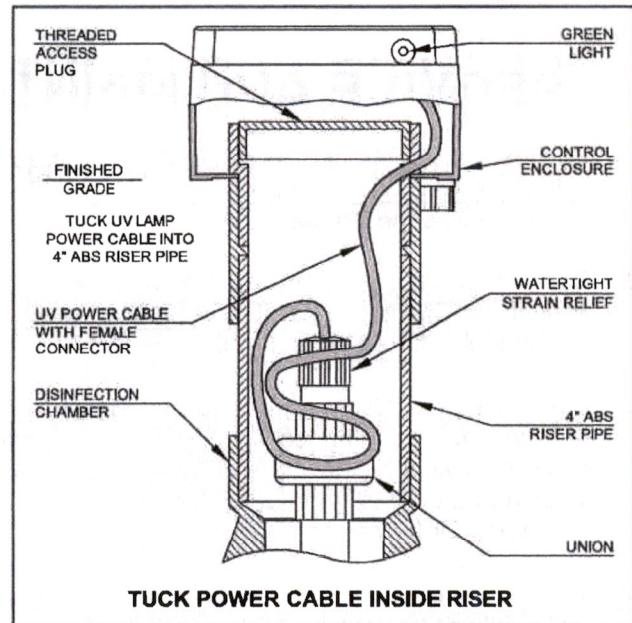
UV protective eyewear must be worn during service or any time the lamp may be illuminated. It is recommended that the subassembly be removed and serviced every six months to insure proper disinfection. To inspect and clean the Teflon coating:

1. Turn off power to the UV system at the disconnect switch and/or main service panel. Confirm that the green light on the side of the enclosure is off.
2. Remove the control enclosure cover and access plug.
3. Carefully remove the UV subassembly from the disinfection chamber
4. Inspect the quartz sleeve and Teflon coating for signs of damage or an accumulation of biological film. If the quartz sleeve has been damaged, the UV subassembly must be replaced. If biological film is present on the surface of the Teflon coating, the coating must be cleaned to insure proper disinfection.
5. Use a soft damp cloth to carefully and thoroughly clean the Teflon coating.
6. Use isopropyl alcohol on a soft cloth to carefully remove difficult stains like fingerprints or biological film.
7. Remove all accumulated solids from the disinfection chamber using a vacuum or service pump.



It is recommended that the UV lamp be replaced every two years to insure proper disinfection of the treatment system effluent. The green light on the side of the control enclosure will no longer illuminate when the lamp needs replaced. To replace the lamp:

1. Repeat steps 1, 2 and 3 above.
2. Disassemble the union on the subassembly handle and remove the UV lamp using the power cable.
3. Disconnect the UV lamp from the UV power cord by rotating the twist lock collar ¼ turn.



4. Connect new lamp and carefully lower into the UV subassembly. Make sure the lamp is fully seated in the quartz sleeve.
5. Reassemble union and tighten strain relief.
6. Lower the subassembly into the disinfection chamber.
7. Reinstall the threaded access plug into the riser.
8. Reinstall the enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the four screws to insure a watertight seal.
9. Turn on power at the disconnect switch or main service panel. Verify that the green light on the side of the control enclosure is illuminated.

NOTE: UV lamps contain mercury which is harmful to the environment. Recycle old UV lamps at an authorized center.

ALARM CIRCUIT

The Model AT 1500 system is equipped with a current sensing circuit to monitor the UV lamp performance. If the UV lamp output drops below an acceptable level for proper disinfection, the alarm circuit will turn off the green light on the enclosure. When connected to the Service Pro control center, the service provider can be immediately notified that maintenance to the UV system is required. For more information regarding connection of the Model AT 1500 UV disinfection system alarm to a Service Pro control center, please refer to the Service Pro Control Center with MCD Technology Installation and Operation Instructions.

MANUFACTURED BY

norweco
Engineering the future of water and wastewater treatment

NORWECO, INC.
NORWALK, OHIO
U.S.A. 44857
www.norweco.com

SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Jonathan Andree and Robyn Keele, ("Client"), referred to individually as a "Party" and collectively as the "Parties."
2. **Service Location.** This is a Contract for septic system service and maintenance services provided by Meinco for Client located at Mars Hill Road, Bauxite, AR 72011, hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco One Hundred Thirty Dollars (\$ 130.00) for septic system service and maintenance specifically work performed every Three Months (Quarterly) and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
 - A) This paragraph is inapplicable.
 - B) Client agrees that Meinco will use a third party laboratory, Environmental Services, Inc., for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$ 150.00 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
 - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
 - B) I. This paragraph is inapplicable.
 II. Necessary sampling and submission of paperwork every month(s) or as required to comply with the Arkansas Department of Health Onsite Maintenance Program.
 - C) Necessary paperwork every 6 month(s) as required to comply with the Arkansas Department of Health and/or the Arkansas Department of Environmental Quality.
 - D) I. This paragraph is inapplicable.
 II. Sampling of discharge every 6 month(s) in coordination with a 3rd party laboratory for required laboratory tests.
7. **Contract Duration.** This contract shall be for a period of 24 month(s) from the date this Contract is executed by the parties on page 2
8. **Flow Requirements.** This contract shall be null and void if septic system flow exceeds 370 gallons per day.
9. **Modification to System.** If the septic system is modified, abused, mis-used, or altered, then Meinco's responsibility to service or maintain the septic system is terminated. Meinco may remedy such conditions by replacing parts or correcting defects. If Meinco makes such changes to the septic system, then it may charge to client the costs of repairs, modifications, parts, and labor. Meinco may, at its discretion, seek payment in advance of making any repairs or modifications to the septic system. In such event, Meinco shall not be responsible for any damage or adverse effects for its delay in making repairs or modifications to the septic system.
10. **Access to System.** Client agrees to provide Meinco access to the septic system as well as its parts and components.
11. **Termination by Client.** Client may terminate this contract by providing thirty (30) days written notice to Meinco.
12. **Termination by Meinco.** Notwithstanding, and in addition to, any other provision or term in this Contract, **MEINCO MAY TERMINATE THIS CONTRACT AT ANY TIME AND WITHOUT PREVIOUS NOTICE TO CLIENT.**
13. **Solid Removal.** Solid removal is not a covered service and shall incur an additional fee. If Meinco removes solids from the septic system, then it may charge to client the costs of solid removal. In any event, Meinco shall not be responsible for any damage or adverse effects for any delay in removing solids.
14. **Indemnity.** To the fullest extent permitted by law, Client shall indemnify, hold harmless, and defend Meinco and any agent or employees of Meinco from and against all injuries, claims, damages, losses, and expenses, including, but not limited to, attorneys' fees, arising directly or indirectly out of the obligations herein undertaken or resulting out of operations related to the Service Work or Service Site conducted by Meinco, Meinco's agents, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such injury, claim damage, losses, or expenses is caused in part by a party indemnified. Such obligation shall not negate, abridge, or otherwise reduce the rights or obligations of indemnity which would otherwise exist to a party or person described in this paragraph.

15. **Assignment.** Client agrees that even though this is a contract for services, Meinco may assign this Contract to any third party without written notice to Client.
16. **Bilateral Contract.** Meinco and client specifically agree that Client is seeking Meinco's promise to perform and not its performance.
17. **Claims Against Meinco.** Client shall give Meinco written notice of all claims within five (5) days of Client's knowledge of facts giving rise to the event for which claim is made. Otherwise, such claims shall be deemed waived by Client. All unresolved claims, disputes, and other matters in question between Meinco and Client shall be resolved in the manner provided for in this Agreement.
18. **Rights Upon Breach.** If Client breaches this Agreement with Meinco, Meinco may stop all work, including all Service Work. Additionally, Client will be liable to Meinco for consequential, incidental, and reliance damages as well as attorneys' fees and court costs. Such liability upon Client shall extend to petitions for and orders of contempt as well as any attempts by Meinco to collect upon any debt or damages owed to it by Client, including those entered by court of law or other dispute resolution proceeding.
19. **Direct Discussion.** If a dispute arises out of or relates to this Agreement, the Parties shall endeavor to settle the dispute through direct discussion before advancing to any dispute resolution proceeding.
20. **Joint Drafting.** The Parties expressly agree that this Agreement was jointly drafted and that this Agreement shall be construed neither against nor in favor of either Party. Instead, this Agreement shall be construed in a neutral manner.
21. **Choice of Law.** The Parties expressly agree that any dispute or claim filed or heard in any jurisdiction concerning or relating to this Agreement or worked performed as a result of this Agreement shall be governed by the laws of the State of Arkansas.
22. **Forum Selection and Choice of Venue.** The Parties expressly agree that any dispute or claim arising from, filed, or heard concerning or relating to this Agreement or work performed as a result of this Agreement shall be heard in Saline County, Arkansas, and no other forum. If this clause is penetrated and the hearing

concerning the dispute removed to the United States federal court system, then the Parties expressly agree that the dispute shall be heard in the United States District Court for the Eastern District of Arkansas, Western Division, at the Richard Sheppard Arnold United States Courthouse in Little Rock, Arkansas.

23. **Waiver of Agreement Terms.** Meinco, at its sole discretion and leisure, may waive any term in this Agreement. Such waiver shall not, under any conditions or circumstances, constitute a modification of this Agreement. Additionally, such waiver shall not, under any conditions or circumstances, constitute a course of performance, course of dealings, or trade usage between Meinco and Client. Any waiver by Meinco shall be limited to a single incident or event. No waiver of any term of this Agreement is valid unless it is in writing, signed by Meinco, and attached to this Agreement as an addendum. It is the responsibility and duty of Client to draft any written waiver and to present it to Meinco for Meinco's approval and signature.
24. **Force Majeure.** Neither Party shall be in breach of its obligations under this Agreement (other than payment obligations) or incur any liability to the other Party for any losses or damages of any nature whatsoever incurred or suffered if and to the extent that the other party it is prevented from carrying out its obligations by, or such losses or damages are caused by, a *force majeure* event. For purposes of this paragraph, the failure of the state of Arkansas or the United States of America to act according to current practices, procedure, or law at the time of the making of this Contract shall be considered a *force majeure* event. Such event by the government shall be in addition to any current or commonly accepted definition of *force majeure* event.
25. **Merger and Integration.** Meinco and Client agree that this Agreement represents a full, final, and complete memorial of their Agreement for the Service Work and that this Agreement does not rely upon any term or promise not otherwise specified within the four corners of this Agreement.
26. **No Oral Modification.** Meinco and Client agree that this Agreement shall not be subject to oral modification. The Parties agree that any modification made or agreed to by the Parties shall be in writing, signed by both Parties, and attached to this Agreement as an Addendum.

By signing this Agreement below, I indicate that I have read this Agreement and its terms, consisting of two (2) pages, excluding any Addendum or Addenda, and that these express terms are both acceptable and agreeable to me. I further declare that these terms do not represent an undue hardship, are not illusory, and are not unconscionable as I have expressly bargained for these terms in consideration of entering into this Contract for the value specified in paragraph three (3).

Darla Meind

Meinco Septic Systems, Inc.

12/04/2016

Date

James L. Aron

Client

11-18-2021

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:

11-19-2021

DATE:

- A** Saline County Health Department, 1612 Edison Ave, Benton, AR 72015
- B** Mars Hill Rd, Bauxite, AR 72011

10 min , 6.7 miles
Light traffic (Leave at 3:26 PM)
Via AR-35, Bauxite Cutoff Rd
· Local roads

Site is 400 feet past Mars Hill Missionary Baptist Church going south on east side of road.

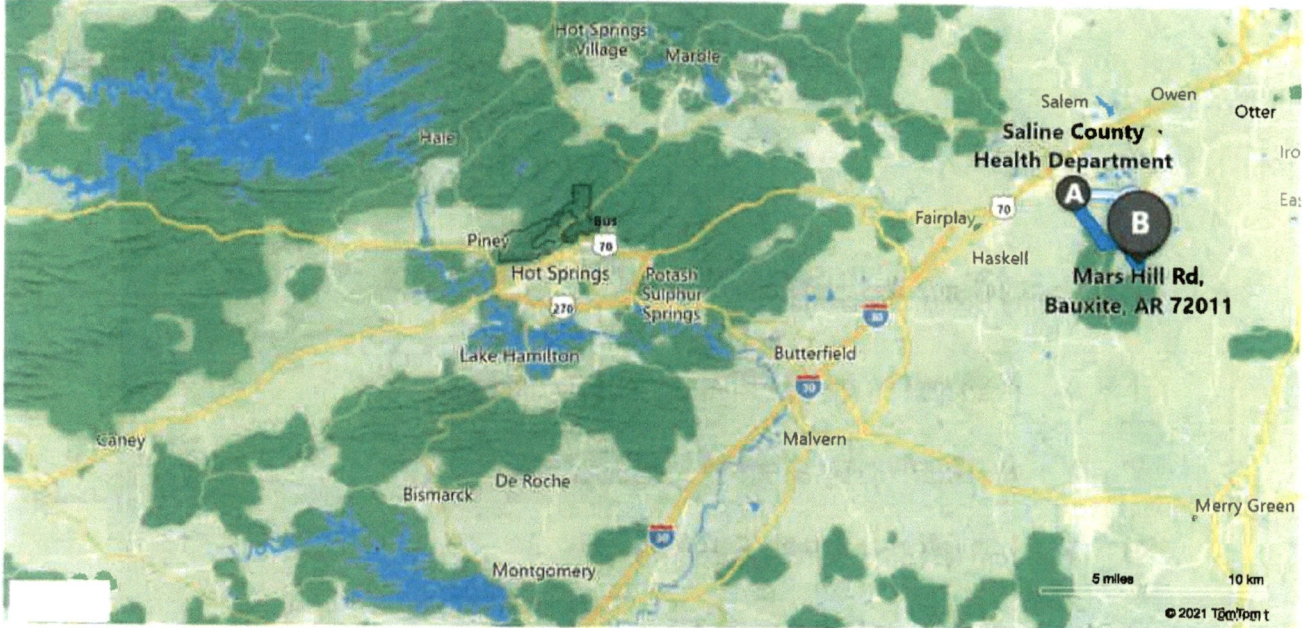
A Saline County Health Department

↑	1.	Head east on AR-35 / Highway 35 S toward Benton Pkwy	184 ft
↘	2.	Turn right to stay on AR-35 / Highway 35 S	3.4 mi
↶	3.	Turn left onto Bauxite Cutoff Rd	1.5 mi
↘	4.	Turn right onto N Detonti Rd	1.1 mi
↑	5.	Keep straight to get onto Mars Hill Cutoff Rd	0.5 mi
↶	6.	Turn left onto Mars Hill Rd	0.1 mi
Arrive at Mars Hill Rd			
	7.	The last intersection before your destination is Mars Hill Cutoff Rd If you reach Sagebrush Circle, you've gone too far	

B Mars Hill Rd, Bauxite, AR 72011



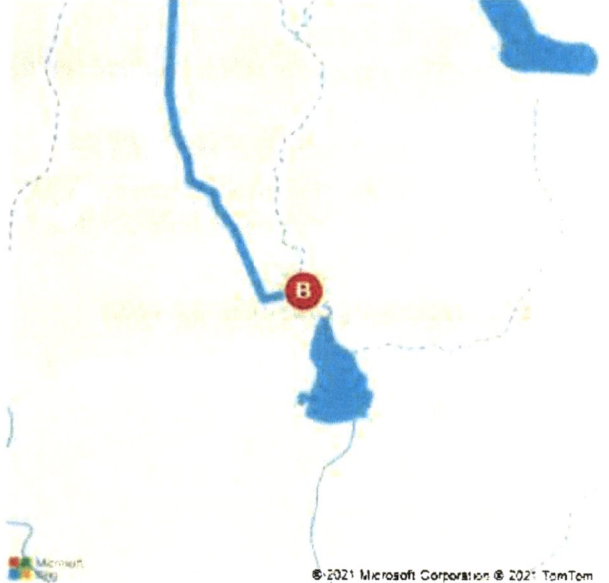
Directions Traffic Local My Places More



A Saline County Health Department, 1612 E...



B Mars Hill Rd, Bauxite, AR 72011



These directions are subject to the Microsoft® Service Agreement and are for informational purposes only. No guarantee is made regarding their completeness or accuracy. Construction projects, traffic, or other events may cause actual conditions to differ from these results. Map and traffic data © 2021 TomTom.

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): Waco Mfg., Inc. Operator Type:
Permittee Mailing Address: 3700 Crutcher Street State Partnership
Permittee City: North Little Rock Federal Corporation*
Permittee State: AR Zip: 72118 Sole Proprietorship/Private
Permittee Telephone Number: 501-753-2866 *State of Incorporation: Ar
Permittee Fax Number: NA The legal name of the Permittee must be
Permittee E-mail Address: NA identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Tom Cox City: North Little Rock
Invoice Mailing Company: Waco Mfg State: AR Zip: 72118
Invoice Mailing Address: 11850 Arch Street Telephone: 501-753-2866

III. FACILITY INFORMATION

Facility Name: Edge Boats by Waco Mfg Facility Contact Person: Tom Cox
Facility Address: 11850 Arch Street Pike Telephone Number: 501-753-2866
Facility County: Pulaski Facility City, State & Zip: Little Rock, AR 72206
Facility Latitude: 34 Deg 38 Min 33.57 Sec Facility Longitude: 92 Deg 18 Min 28.81 Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 1000 gpd (Gallons per Day)
Stream Segment: 3C Hydrologic Basin Code: 111 102 07
Outfall Latitude: 34 Deg 38 min 35.7 Sec Outfall Longitude: 92 Deg 18 min 42.34 Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____
Type of Treatment: Bio Microbics Fast Unit 1.0 with UV and post Aeration (2)
Receiving Stream: Arkansas 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

Submittal of Disclosure
Statement?

VI. OTHER INFORMATION:

Operator Name: David Meints
Operator License Number: 009055 License Class: III

Consultant Contact Name: David Meints
Consultant Email Address: david@meincowastewater.com
Consultant Address: P.O. Box 1001 City: Bryant State: AR Zip: 72089
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-821-4048

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.adeg.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

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

T.C. (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."

T.C. (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: Thomas F. Cox Title: Owner

Responsible Official Signature: [Signature] Date: 4-12-23

Responsible Official Email: info@q10hapan7eans.com

Cognizant Official Printed Name: David Meints Title: Class III Operator

Cognizant Official Signature: [Signature] Telephone: 501-804-0837

Cognizant Official Email: david@meincowastewater.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?

DISCLOSURE STATEMENT

109206 WACO MFG

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

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name) Waco Manufacturing
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 3700 Crutcher Street
3. CITY, STATE, AND ZIPCODE: North Little Rock, Ar 72218

4a. Applicant Type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission: <input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste

5. Declaration of No Changes: The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____
--

6. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

7. List and explain all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant * in the last ten (10) years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

NONE

* Firms or other legal entities shall also include this information for all persons and legal entities identified in sections 8-16 of this Disclosure Statement.

8. List all officers of the Applicant. (Add additional pages, if necessary.)

NAME: THOMAS F. COX TITLE: PRESIDENT/OWNER
STREET: 12 JOHNSON RANCH ROAD
CITY, STATE, ZIP: LITTLE ROCK, AR 72223

NAME: ELIZABETH R. COX TITLE: SECRETARY/TREASURER
STREET: 12 JOHNSON RANCH ROAD
CITY, STATE, ZIP: LITTLE ROCK, AR 72223

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

11. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: B.J. AGUIAR TITLE: GENERAL MANAGER
STREET: 7501 VESTA DRIVE
CITY, STATE, ZIP: LITTLE ROCK, AR 72210

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

12. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity.

NAME: 1st SECURITY BANK TITLE: _____

STREET: 2504 McCain Blvd, Suite 110

CITY, STATE, ZIP: NORTH LITTLE ROCK, AR 72116

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

13. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: N/A

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

16. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: NONE TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

17. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

NONE

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

COMPLETE THIS SECTION ONLY IF SUBMITTING OTHER THAN BY EPORTAL:

I, THOMAS F. COX, 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 who manage the system, or those 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 fines and imprisonment for knowing violation.

APPLICANT
SIGNATURE:



TITLE:

president

DATE:

4-21-23



Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	WACO MFG., INC.
Fictitious Names	
Filing #	100053757
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 576 of 1965
Status	Good Standing
Principal Address	
Reg. Agent	THOMAS COX
Agent Address	3700 CRUTCHER ST. NORTH LITTLE ROCK, AR 72118
Date Filed	12/21/1962
Officers	SEE FILE, Incorporator/Organizer MARK A. BENNETT CPA, Tax Preparer THOMAS F. COX , President
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

[Purchase a Certificate of Good Standing for this Entity](#)

[Pay Franchise Tax for this corporation](#)



Arkansas Department of Health
Environmental Health Protection

Plan Review Number
24922036

Non-Individual Onsite Wastewater System Permit Application

Permit Type New Installation Alteration / Repair

DR Environmental I.D. #

7	6	0	1	0	5	5	4	7		
---	---	---	---	---	---	---	---	---	--	--

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 = Inermittent 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
Waco Manufacturing c/o TFC Enterprises, LLC owner Tom Cox

2. Phone Number
501-753-2866

3. Mailing Address
3700 Crutcher Street, North Little Rock, AR 72118

4. County
Pulaski

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map.)
11850 Ach Street, Little Rock, AR 72206

6. Subdivision Name
n/a

7. Approval Date
n/a

8. Date Recorded
n/a

9. Lot Number
n/a

10. Lot Dimensions
See Drawing

11. Total Area (Acres)
27

12. # Bedrooms # People
Commercial (50 employees)

13. Daily Flow (GPD)
1000

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)
Section 5, Township 1 South, Range 12 West, Pulaski County

15. Water Supply (Specify supplier if Public Water.)
Central Arkansas Water

16. GPS Coordinates
SO 34.64304, -92.31107, POD 34.64321, -92.31128

17. Loading Rates	gpd /ft ²	18. System Size					
Primary Site	n/a	a. Size of Septic Tank	1000	gal	f. Trench Depth	n/a	inches
Secondary Site	n/a	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		i. Trench Width
Primary Site Ave	n/a	d. Number of Field Lines	n/a		n/a		n/a in.
Secondary Site	n/a	e. Length of Field Lines	n/a	ft	n/a		n/a 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 2-4-22

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.

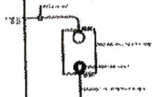
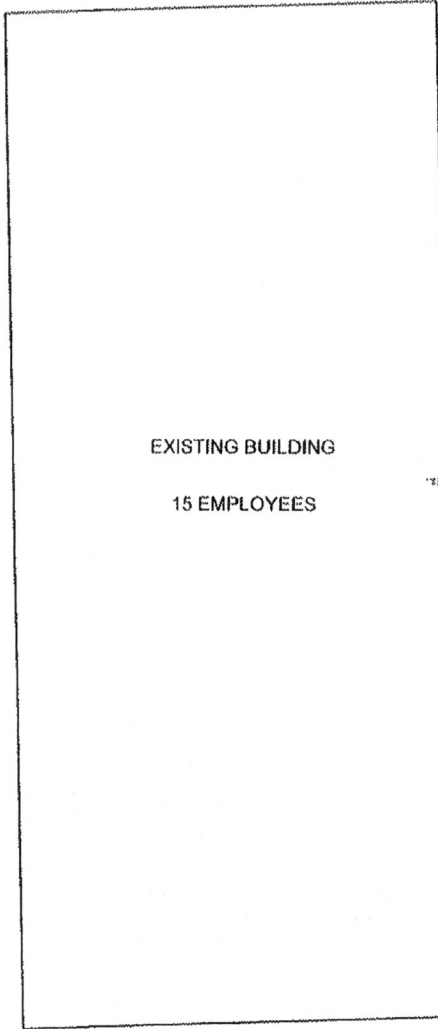
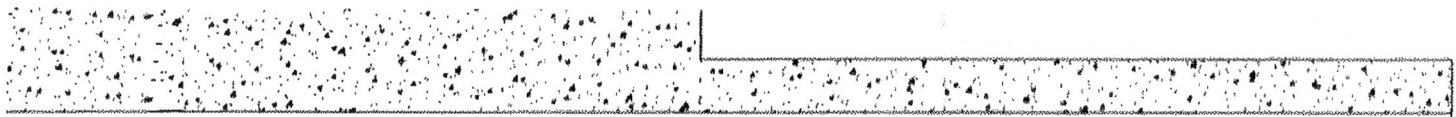
Designated Representative Signature [Signature] ID Number 0198 Soil Certified Yes No

David A. Meints Print Name Date 02/04/2022 Phone Number 501-821-3837 / 804-0837

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 809 Date 2-16-22

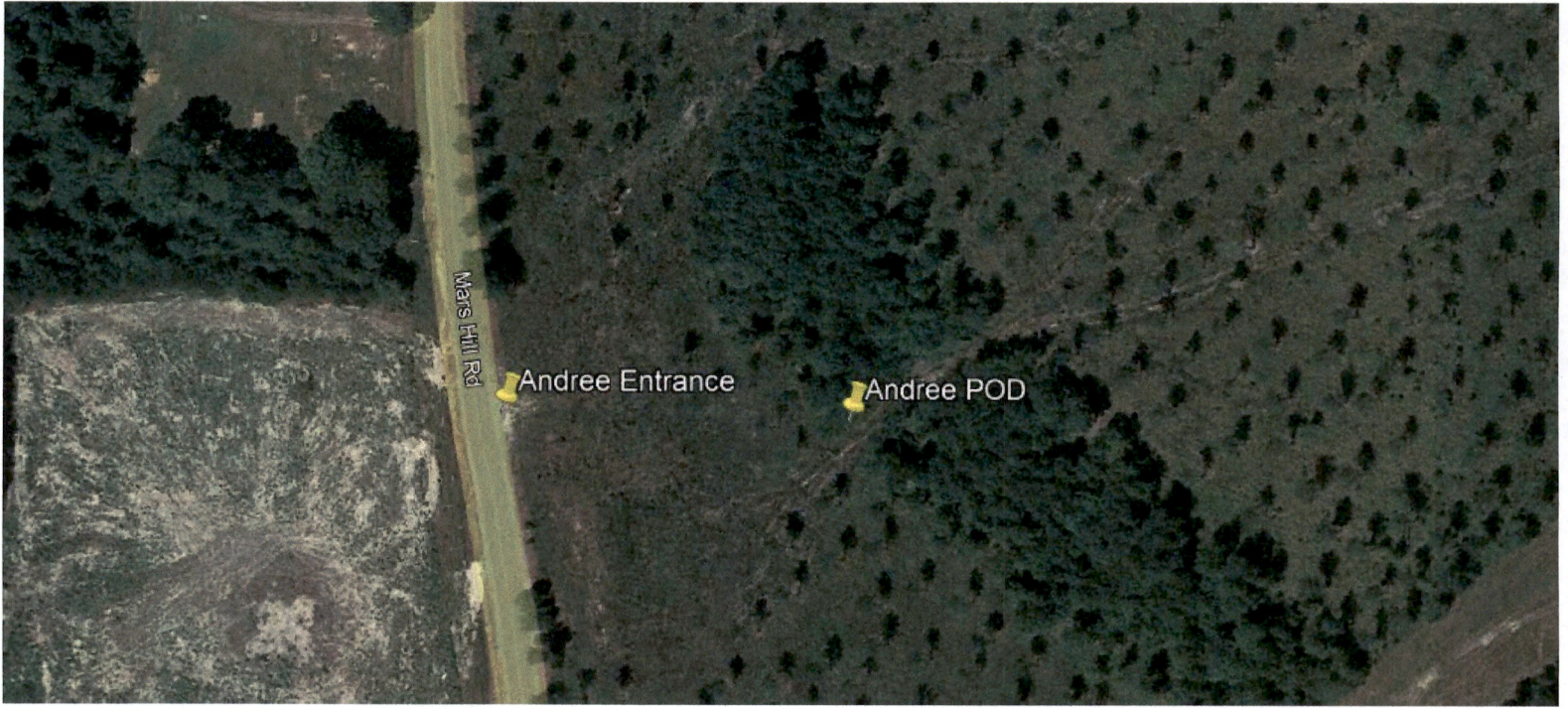


120'

460'

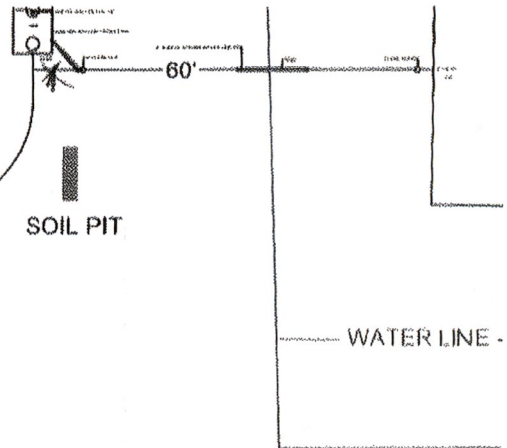
SOIL PIT





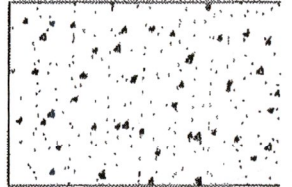
NORTH

SCALE



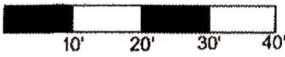
WATER LINE

SOIL PIT



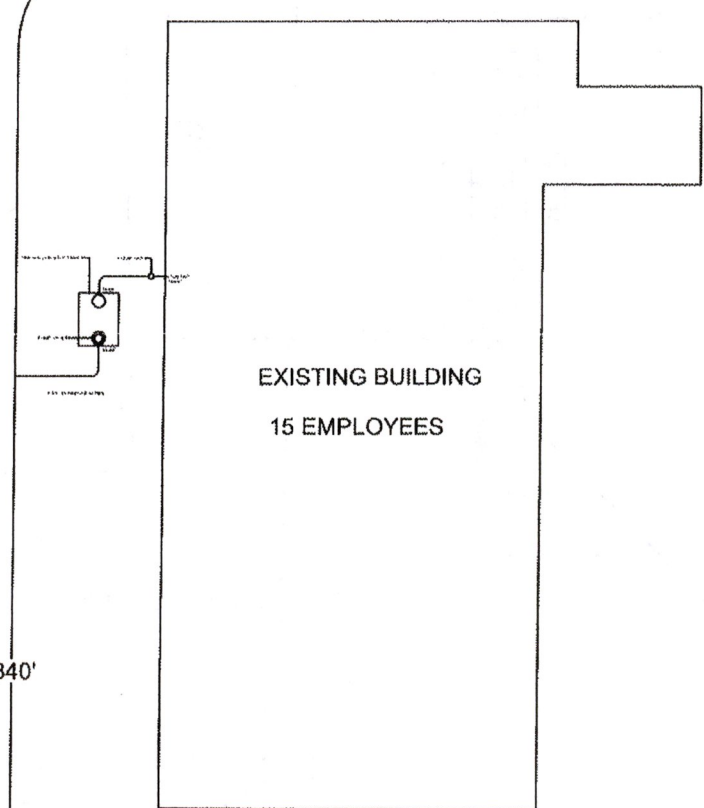
NORTH

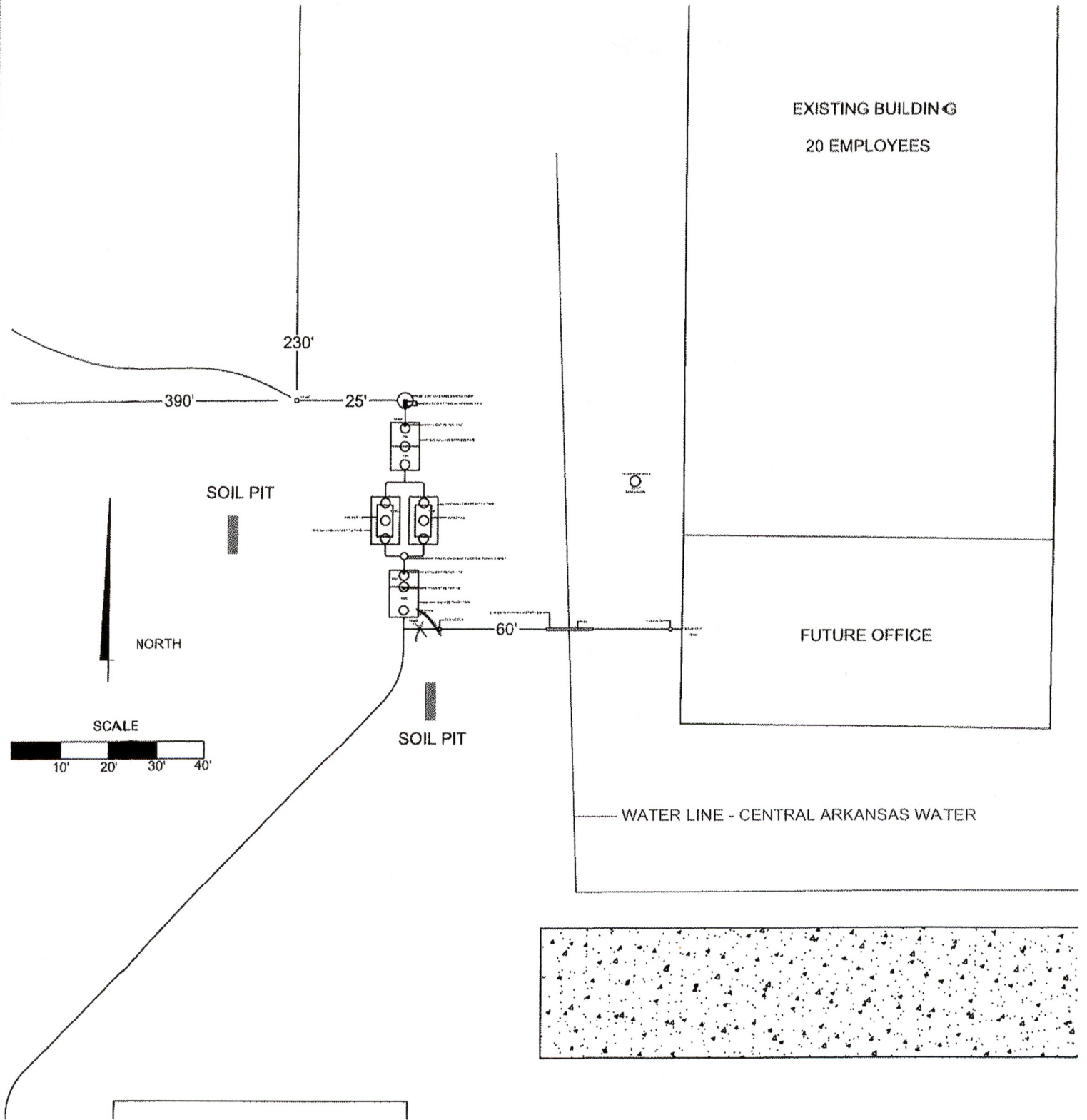
SCALE



340'

EXISTING BUILDING
15 EMPLOYEES





EXISTING BUILDING
20 EMPLOYEES

FUTURE OFFICE

WATER LINE - CENTRAL ARKANSAS WATER

SOIL PIT

SOIL PIT

NORTH

SCALE

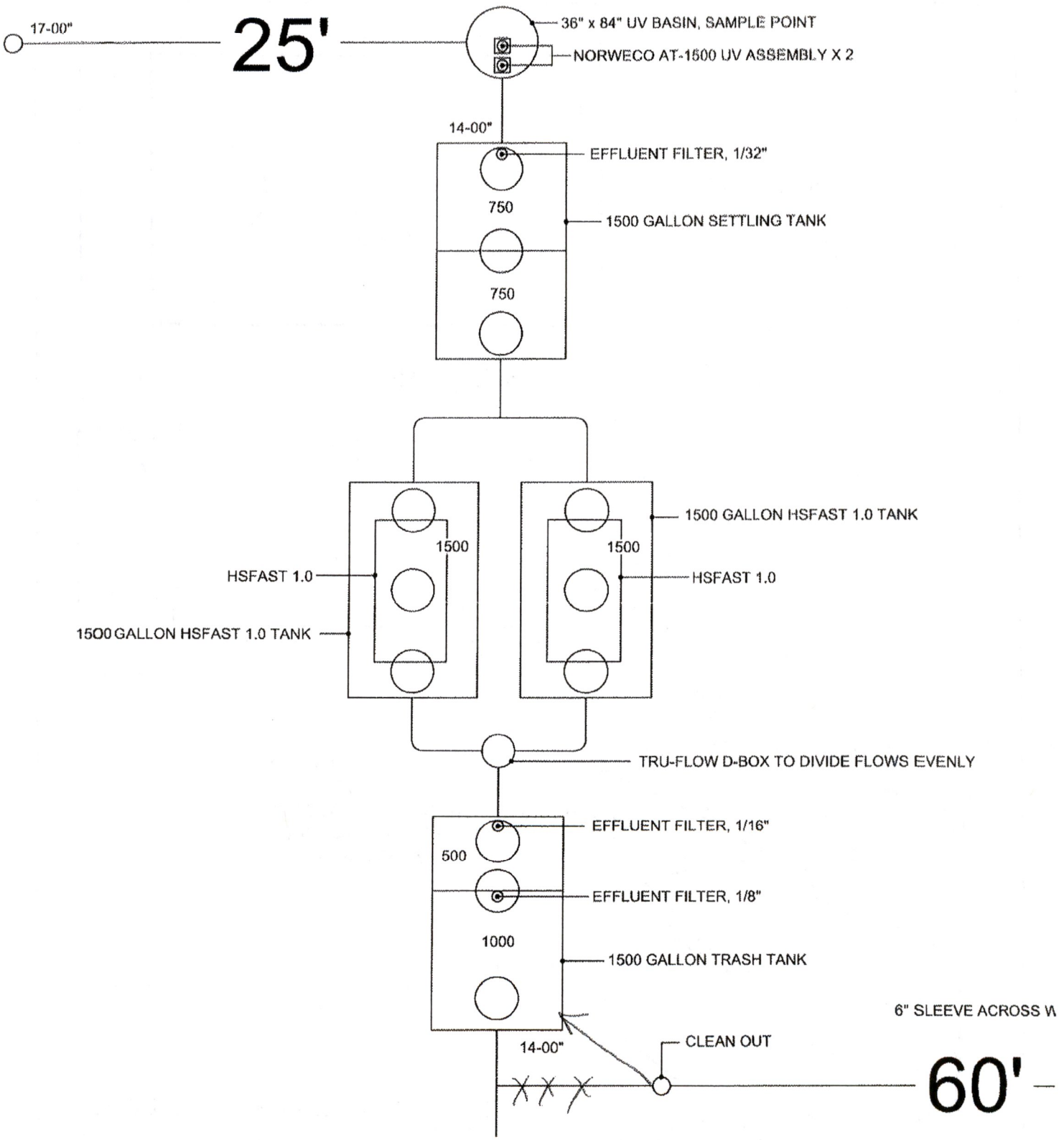
10' 20' 30' 40'

230'

390'

25'

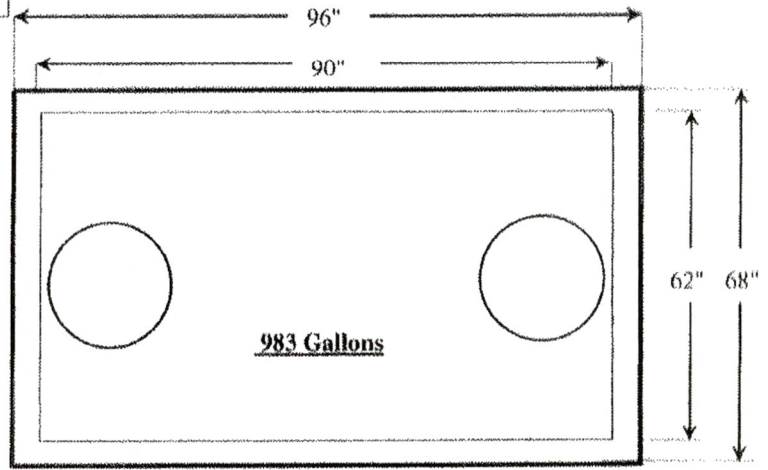
60'



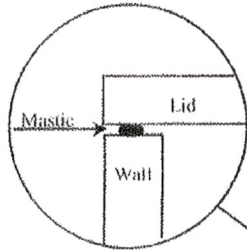
**1000 – Gallon Single
Compartment Septic Tank**

TOP VIEW

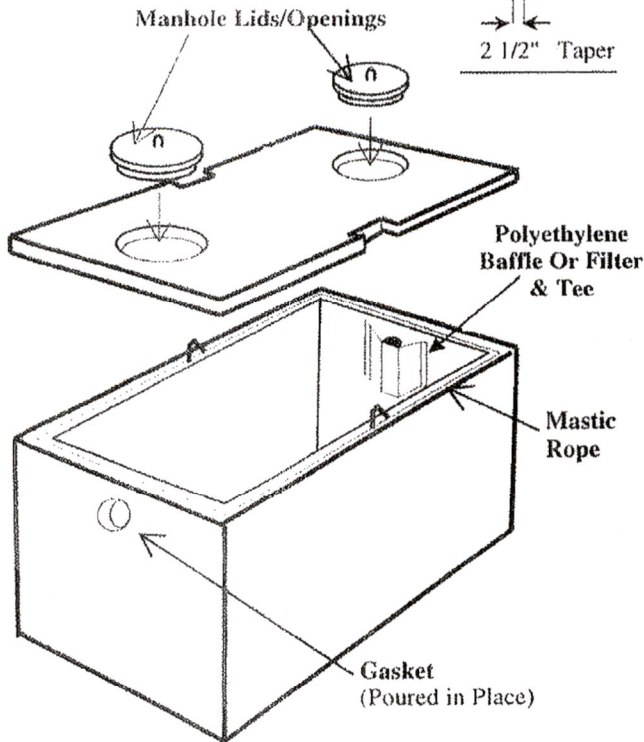
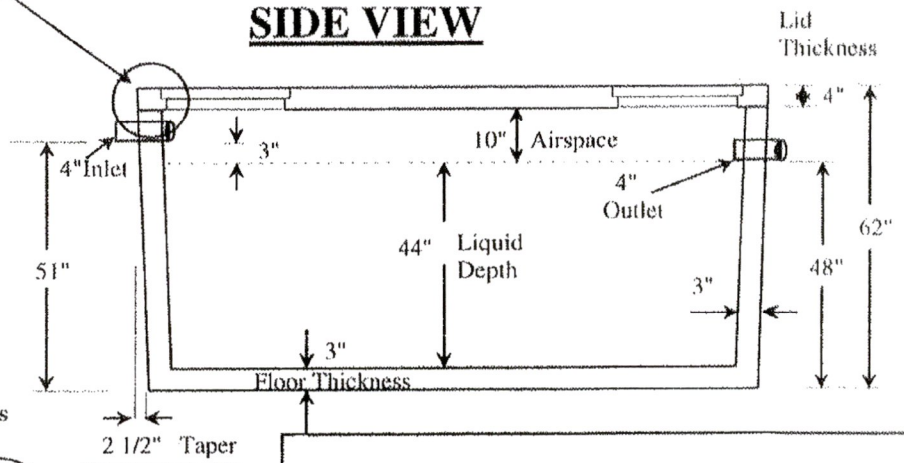
Drawings Not To Scale



Enlarged Detail



SIDE VIEW



WHITTEN CONCRETE CO.
2703 W. 2nd AVE.
PINE BLUFF, AR. 71601
PHONE: 870-534-6901
FAX: 870-534-6902

1000 – Gallon Single Compartment Septic Tank
Drawing #: DZ-2
Drawing by: SMR Date: 1/19/2011

Product Code Diagram

BPP - 702 - M11 - 10 - SB - 57 - SD1

Discharge assembly; details:

- SD1 = HV100BCFCX; field-cut, 1in PVC, ball valve, check valve, flow control, 10gpm pumps only
- SD2 = HV100BCX; field-cut, 1in PVC, ball valve, check valve, 10 or 20gpm pumps
- SD3 = HV125BCX; field-cut, 1.25in PVC, ball valve, check valve, 30gpm pumps
- SD4 = HV200BCX; field-cut, 2in PVC, ball valve, check valve, 50gpm pumps
- CW1 = HV100BCFCX + HVCW100-KIT; field-set, 1in PVC, ball valve, check valve, flow control, 10gpm pumps only
- CW2 = HV100BCX + HVCW100-KIT; field-set, 1in PVC, ball valve, check valve, 10 or 20gpm pumps
- CW3 = HV125BCX + HVCW125-KIT; field-set, 1.25in PVC, ball valve, check valve, 30gpm pumps
- CW4 = HV200BCX + HVCW200-KIT; field-set, 2in PVC, ball valve, check valve, 50gpm pumps
- DB1 = HV100B-DB; field-set, ball valve, drainback, 10 or 20gpm pumps
- DB2 = HV125B-DB; field-set, ball valve, drainback, 30gpm pumps
- DB3 = HV200B-DB; field-set, ball valve, drainback, 50gpm pumps
- HD1 = HDA24125FCASLC-FS; field-set, 1.25in hose, flow control, P01 (PF100511CV) pump only
- HD2 = HDA24126ASLC-FS; field-set, 1.25in hose, P01 (PF100511CV) pump only
- HD3 = HDA24125FCASLC-FS; field-set, 1.25in hose, check valve, flow control, 10gpm pumps only
- HD4 = HDA24126ASLC-FS; field-set, 1.25in hose, check valve, 10, 20, or 30gpm pumps

Pump vault height, in (mm), for 18in (450mm) diameter filter:

- 48 = 48 (1219) PVU-Series 60 = 60 (1524) PVP-Series
- 57 = 57 (1448) PVU-Series 55 = 55 (1397) PV-Series
- 68 = 68 (1727) PVU-Series

Splice box options:

- SB = Internal splice box
- SX = External splice box

Float switch & pump cord lengths, ft (m):

- 10 = 10 (3)
- 20 = 20 (6)

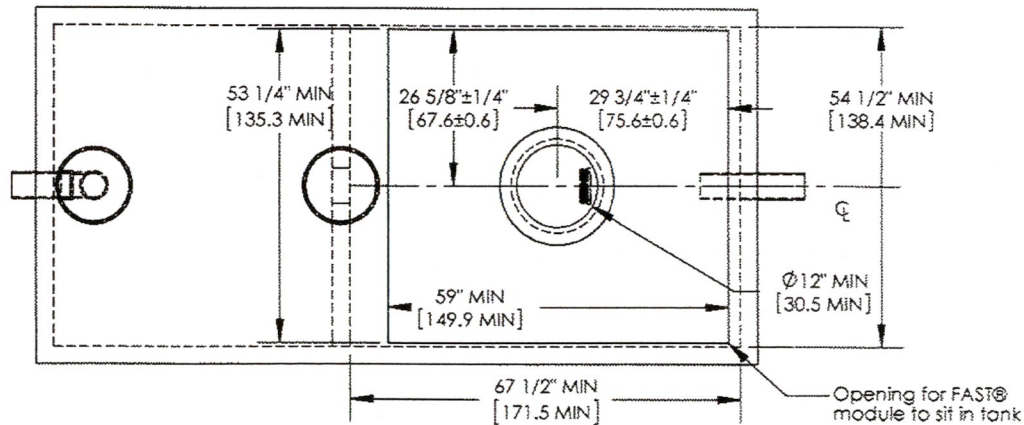
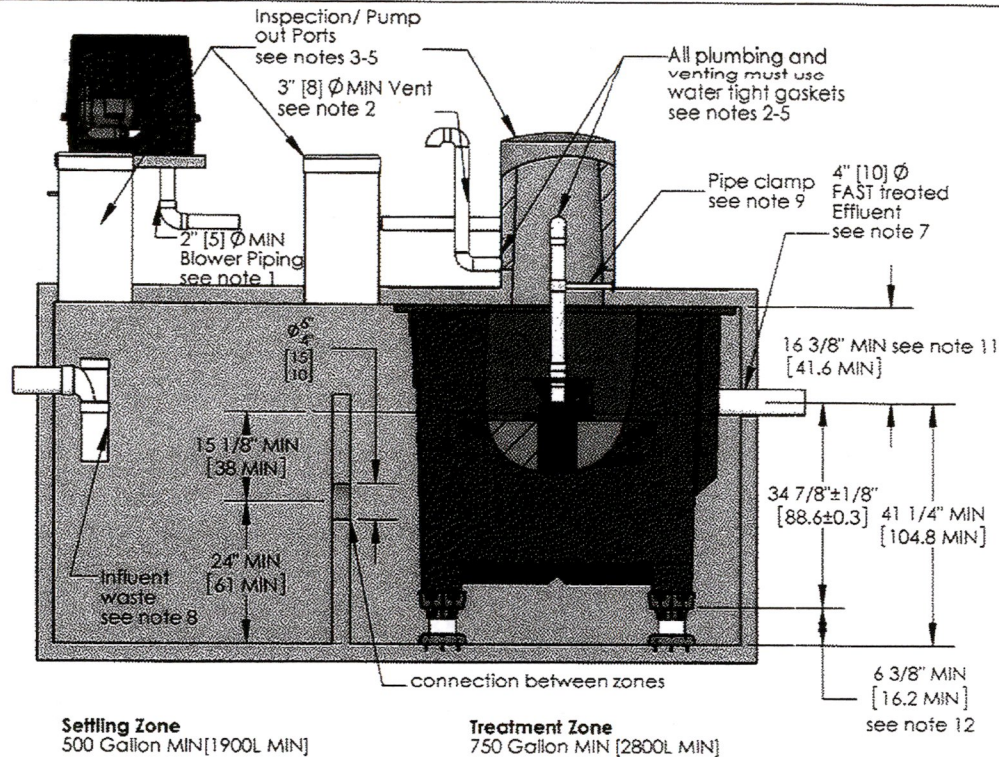
Control panel; float switches:

- S11 = S1; 3P M11 = MVP-S1DM; 3P
- S12 = S1ETMCT; 3P M12 = MVP-S1DMHT; 3P
- S13 = S1HR; 2P M13 = MVP-S1DMHTSA; 3P
- S14 = S1PTR0; 2BN M14 = MVP-S1DMHTMTSGR-NC; 3P
- S15 = S1PTROETMCT; 2BN M15 = MVP-S1DM(DEMAND); 3P
- S16 = S1RO; 3PN M21 = MVP-S2DM; 3P
- S17 = S1ROETMCT; 3PN M22 = MVP-S2DMHT; 3P
- S18 = S1ROETMCTSA; 3PN M23 = MVP-S2DMHTSA; 3P
- S19 = S1ROMTSGR-NC; 3PN

Submersible effluent pump model; details:

- P01 = PF100511CV; 10gpm (0.6L/sec), 0.50hp (0.37kW), 120V for HD1 and HD2 only
- P02 = PF100511; 10gpm (0.6L/sec), 0.50hp (0.37kW), 120V
- P03 = PF100512; 10gpm (0.6L/sec), 0.50hp (0.37kW), 240V
- P04 = PF100712; 10gpm (0.6L/sec), 0.75hp (0.56kW), 240V
- P05 = PF101012; 10gpm (0.6L/sec), 1.00hp (0.75kW), 240V
- P08 = PF200511; 20gpm (1.3L/sec), 0.50hp (0.37kW), 120V
- P09 = PF200512; 20gpm (1.3L/sec), 0.50hp (0.37kW), 240V
- P10 = PF201012; 20gpm (1.3L/sec), 1.00hp (0.75kW), 240V
- P11 = PF300511; 30gpm (1.9L/sec), 0.50hp (0.37kW), 120V
- P12 = PF300512; 30gpm (1.9L/sec), 0.50hp (0.37kW), 240V
- P13 = PF300712; 30gpm (1.9L/sec), 0.75hp (0.56kW), 120V
- P14 = PF301012; 30gpm (1.9L/sec), 1.00hp (0.75kW), 240V
- P15 = PF500511; 50gpm (3.2L/sec), 0.50hp (0.37kW), 120V
- P16 = PF500512; 50gpm (3.2L/sec), 0.50hp (0.37kW), 240V
- P17 = PF500712; 50gpm (3.2L/sec), 0.75hp (0.56kW), 240V
- P18 = PF501012; 50gpm (3.2L/sec), 1.00hp (0.75kW), 240V
- P90 = PVA100511; 10gpm (0.6L/sec), 0.50hp (0.37kW), 120V
- P91 = PVA300511; 30gpm (1.9L/sec), 0.50hp (0.37kW), 120V
- P92 = PVA500511; 50gpm (3.2L/sec), 0.50hp (0.37kW), 120V

Biotube® ProPak™



NOTES

1. Airline piping to FAST® may not exceed 100 FT [30m] total length and have a maximum of 4 elbows in the piping system. For distances greater than 100 FT [30m] consult factory. Blower must be located above flood levels on a concrete base 26" X 20" X 2" [65 X 50 X 5cm] min.
2. Vent to desired location and cover opening with a vent grate with at least 7 sq in. [45 sq. cm] open surface area. Secure with stainless steel screws. Vent piping must not allow condensate build up or create back pressure. Vent must be above finished grade or higher [see sheet 4 of 4].
3. All appurtenances to FAST® (e.g. tanks, access ports, electrical, etc.) must conform to all applicable country, state, province, and local plumbing and electrical codes. Pump out access shall be adequate to thoroughly clean out both zones.
4. All inspection, viewing and pump out ports must be secured to prevent accidental or unauthorized access.
5. Tank, piping, conduit, etc. are provided by others. Blower control system by Bio-Microbics, Inc. See Installation Manual.
6. If less than the specified minimum is considered necessary, consult factory for guidance.
7. All piping and ancillary equipment installed after FAST must not impede or restrict free flow of effluent.
8. The tank(s) shall be designed to prevent air passage between the settling zone/tank and the treatment zone and preventing an air lock. Examples include a baffle wall sealed to the lid or treatment zone inlet line with a pipe cap. Consult factory for guidance.
9. The air supply line into the FAST® unit must be secured to prevent vibration induced damage. The air supply line should be secured with a non-corrosive clamp every 2' min [60 cm]. See alternate air supply option on sheet 4 of 4.
10. Specialized treatment levels may require specific features to be incorporated into the design. Consult factory for guidance.
11. Min. height may be reduced, consult factor and reference "Low Profile Module Procedure.pdf"
12. Refer to sheet 4 of 4 for leg extensions requirements.

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF BIO-MICROBICS INC. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF BIO-MICROBICS INC. IS PROHIBITED. DESIGN AND INVENTION RIGHTS ARE RESERVED. IN THE INTEREST OF TECHNOLOGICAL ADVANCEMENT, ALL PRODUCTS ARE SUBJECT TO DESIGN AND OR MATERIAL CHANGE WITHOUT NOTICE.

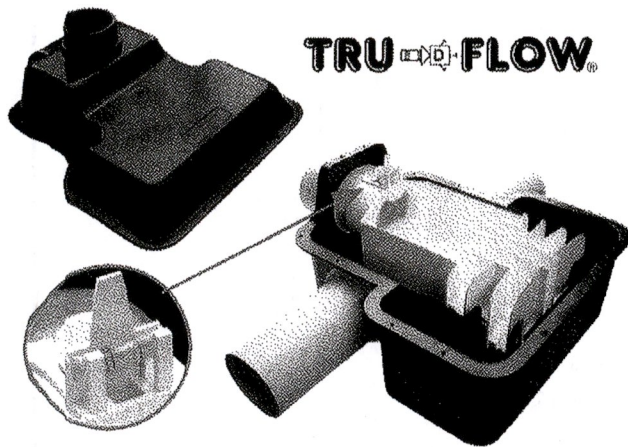
BIO-MICROBICS © 2014

DO NOT SCALE		<p>BETTER WATER. BETTER WORLD™</p> <p>HighStrengthFAST 1.00 FAST Unit</p>	
UNLESS NOTED DIMENSIONS ARE IN INCHES [CENTIMETERS] TOLERANCES ± 0.02 IN/IN [± 0.05 CM/CM]			
WEIGHT	b	SIZE	DRAWING NUMBER
NAME	DATE	A	H5FAST® 1.0 with feet
DRAWN	CYC 12/18/2008		
CHECKED	FF 10/28/2013	REVISED	10/28/2013
		REV.	24-C3-7

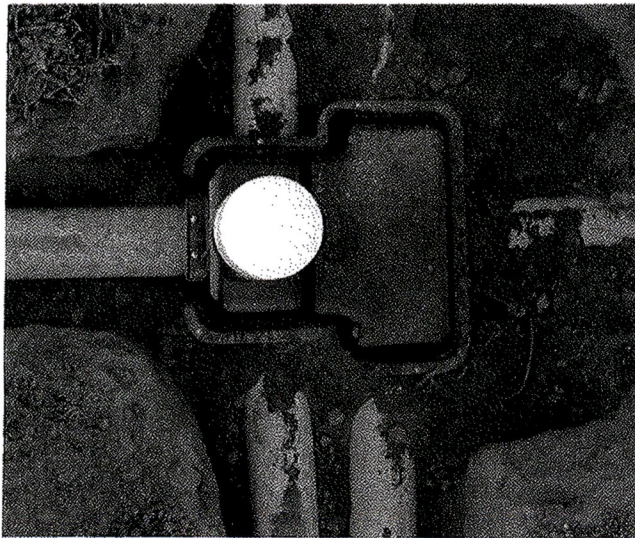
SHEET 2 OF 4

Tru-Flow® Splitter System

Innovative Splitter System That Evenly Divides Effluent Into Two To Five Lines



Designed to outlast concrete distribution boxes due to its sturdy, non-corrodible polypropylene frame. The system is made of two key parts: (1) the diverter basin and cover and (2) the adjustable diverter. The Tru-Flow® unit can tolerate settlement of as much as 15° front-to-back (30° total) and/or 12° side-to-side (24° total). Even with the housing out of level, the unit will evenly split effluent when the diverter is adjusted properly. The unique design has no parts to wear out and utilizes non-corrodible materials.



Features

- Tested from 1/10 gpm to 30 gpm flows
- Patented bubble level built-in for easy adjustments
- Field adaptable from 2 to 5 outlets
- Can be configured as a recirculation splitter, offering 80/20, 75/25, 67/33, 60/40, and 50/50 rates

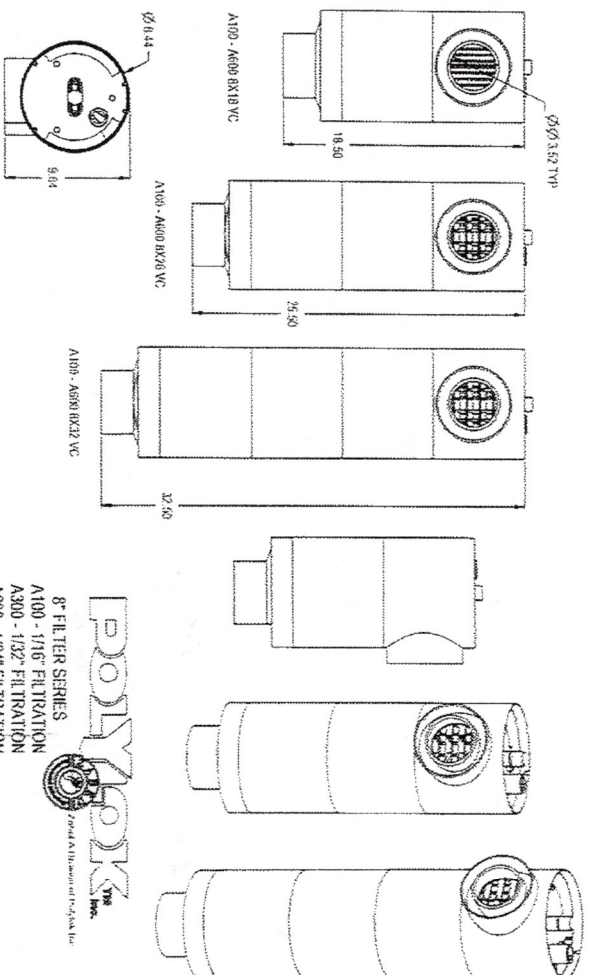
ZOELLER®
PUMP COMPANY

Trusted. Tested. Tough.®

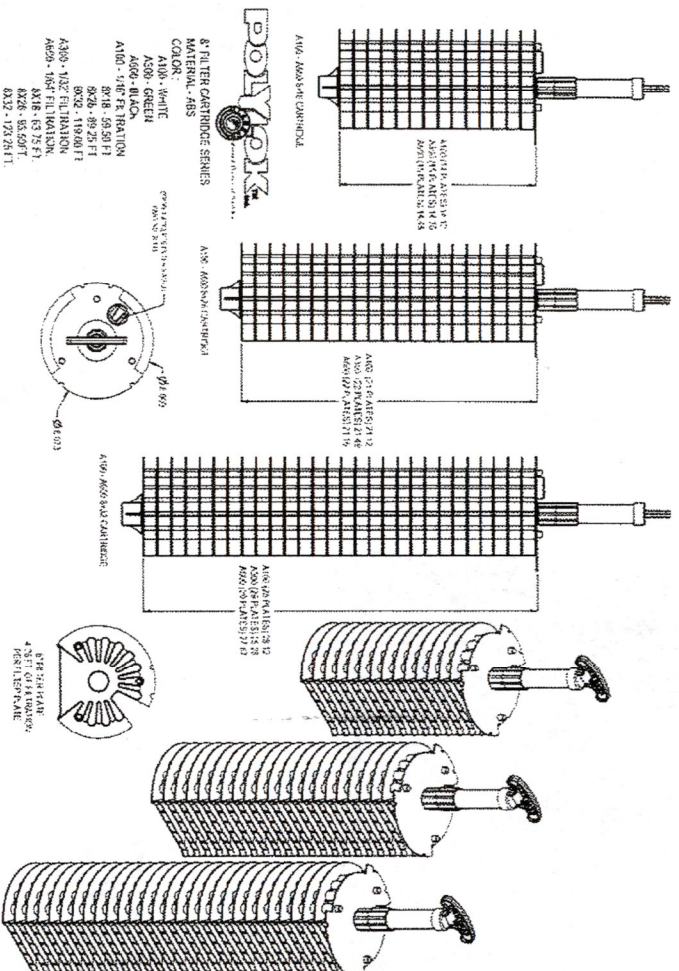
zoellerpumps.com 800-928-7867
3649 Cane Run Road, Louisville, KY 40211 USA

320/210
010073
0421
Supersedes
012

ZABEL 8" CASES



ZABEL 8" FILTER SERIES



MODEL AT 1500

UV DISINFECTION SYSTEM

INSTALLATION AND OPERATION MANUAL

The Model AT 1500 UV disinfection system is listed with Underwriters Laboratories (UL) under Standard 979 as a residential treatment device. The installer should provide a power disconnect switch mounted to the exterior of the facility being served to de-energize power to the unit during maintenance. Electrical work must be performed in accordance with the latest edition of the National Electrical Code, as well as all applicable local codes. The Model AT 1500 UV disinfection system conforms to the applicable provisions of the Code of Federal Regulations (CFR) requirements including Title 21, Chapter 1, Subchapter J, Radiological Health. **CAUTION: DO NOT LOOK DIRECTLY AT THE UV LAMP OR EXPOSE SKIN DURING OPERATION. PERMANENT EYE DAMAGE AND SKIN BURNS WILL OCCUR FROM UV RADIATION EXPOSURE. UV BLOCKING SAFETY GLASSES MUST BE WORN DURING INSTALLATION, SERVICE OR ANY TIME THE LAMP MAY BE ILLUMINATED. UV BLOCKING SAFETY GLASSES ARE AVAILABLE FROM NORWECO.**

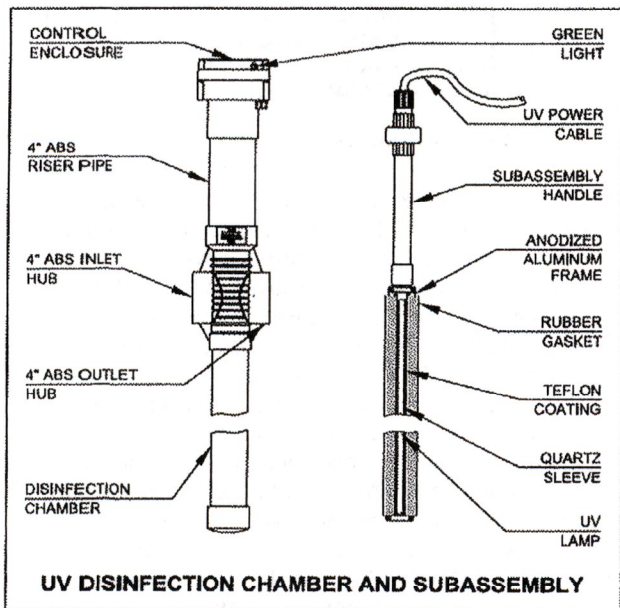
COMPONENTS

The Model AT 1500 UV disinfection system consists of the following components:

- | | |
|---|---|
| 1) Control enclosure | 5) Power cable with female twist lock connector |
| 2) 4" ABS riser pipe | 6) UV subassembly with quartz sleeve and Teflon coating |
| 3) Disinfection chamber with turbulence inducer | 7) Subassembly handle |
| 4) UV lamp (bulb) with male connector | |

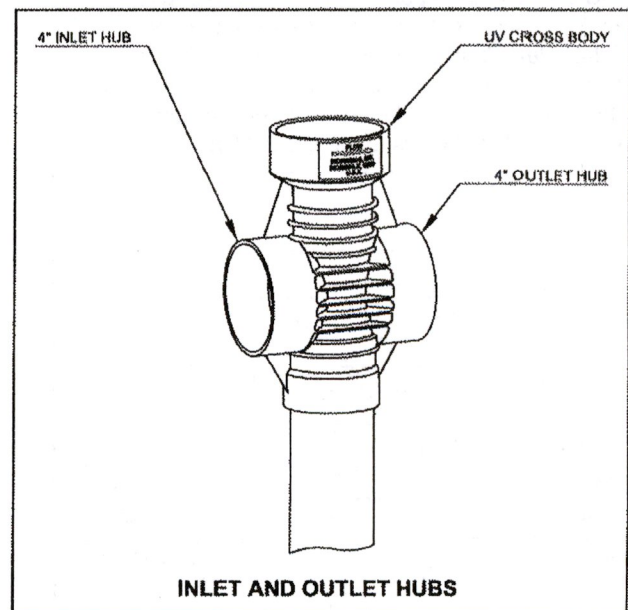
The components should be supplied by the installer:

- | | |
|------------------------|-------------------------------|
| 1) Disconnect switch | 6) Isopropyl alcohol |
| 2) Solvent cement | 7) #14/2 AWG cable |
| 3) Hacksaw | 8) Conduit and fittings |
| 4) Glycerin (optional) | 9) Flat head screwdriver |
| 5) Clean, soft cloth | 10) Phillips head screwdriver |



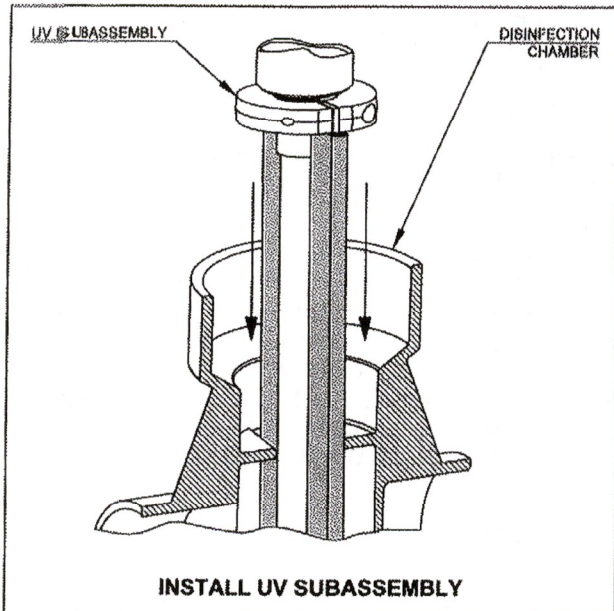
INSTALLATION INSTRUCTIONS

1. The excavation for the upstream wastewater treatment system should include an additional 3 feet of length to allow for installation of the Model AT 1500.
2. Carefully unpack the Model AT 1500 system. Remove and properly discard all packaging materials from the system components. The UV lamp should remain in the protective shipping sleeve until it is installed.
3. Flow direction indicator arrows are molded into the disinfection chamber. When installing the disinfection chamber, be sure to orient the chamber correctly with the flow arrows pointing towards the effluent plumbing.

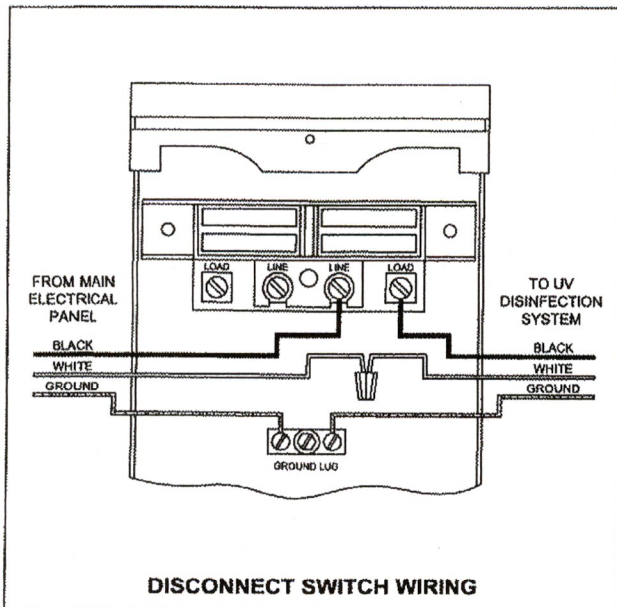


4. Solvent weld the effluent line of the upstream treatment system to the 4" inlet hub of the Model AT 1500. Next, solvent weld the 4" outlet hub to the final effluent line. Cover the open top of the disinfection chamber and backfill up to the bottom of the plumbing.

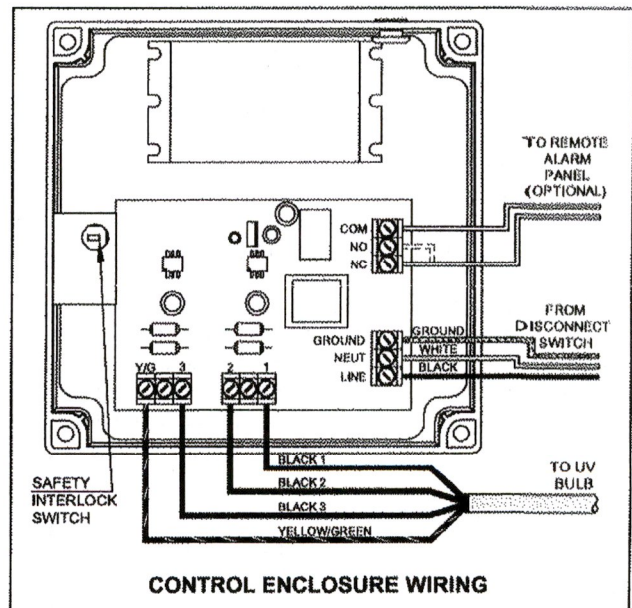
AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)



17. Align the rubber gaskets with the rectangular opening and lower the UV subassembly into the disinfection chamber.
18. Tuck the excess power cable into the riser pipe.
19. Use a dedicated 115 volt AC single phase 15 amp circuit in the main electrical panel for the AT 1500. **NOTE:** Make sure the breaker is off before proceeding.
20. Use a disconnect switch to de-energize power during service. Mount directly to the facility being served.
21. Install a #14/2 AWG cable from the dedicated breaker in the main electrical panel to the disconnect switch.
22. In the disconnect switch enclosure, connect the hot (black) lead from the main electrical panel to the "LINE" terminal. Connect the black lead from the UV system to the "LOAD" terminal. Wire nut both white leads together. Connect ground leads to the ground lug.



23. Remove the control enclosure cover and black electrical insulator. Install a #14/2 AWG cable from the disconnect switch to the control enclosure. Insure the connection to the UV system is made in conduit, solvent welded to the conduit fitting provided. A watertight connection is critical for proper operation and safety.
24. Attach the incoming hot (black) lead to the terminal block marked "LINE". Attach the common (white) lead to the terminal block marked "NEUT". Attach the incoming ground lead to the terminal block marked "GROUND".
25. If a remote alarm panel is required, the alarm leads should be installed in a separate conduit, solvent welded to the second conduit fitting provided. Connect one alarm lead to either the normally open (NO) terminal or the normally closed (NC) terminal. Choose the correct terminal for the type of signal required by the remote alarm panel. Connect the other lead to the common (COM) terminal.
26. Solvent weld a conduit plug into any unused fittings.
27. Apply thread sealant to the access plug and install plug in the riser opening. Tighten to insure a watertight seal.



28. Reinstall the electrical insulator and four thumb screws. Make sure that the cutout for the safety interlock switch is positioned correctly over the switch.
29. Reinstall the control enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the four screws on the cover to insure a watertight seal. **NOTE:** If the switch is not aligned with the post, the UV lamp will not operate and the green light on the side of the enclosure will not illuminate.
30. Backfill around the disinfection chamber and riser pipe. Finished grade should be below the control enclosure to prevent the entry of surface water.
31. Turn on power at the disconnect switch and main service panel. Confirm the green light on the enclosure is illuminated indicating proper operation.



Arkansas Department of Health
Environmental Health Protection

Receipt Number
24766491

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 1 0 5 5 4 7

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 checked="" 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)

- | | | | |
|---|---|---|--|
| <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
Jonathan Andree

2. Phone Number
(407) 791-1422

3. Mailing Address
15240 Childress Road, Bauxite, AR 72011

4. County
Saline

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map)
Nearest Address 12800 Mars Hill Road, Bauxite, AR 72011 (see vicinity map notes)

6. Subdivision Name
Timber Point Phase II

7. Approval Date
n/a

8. Date Recorded
n/a

9. Lot Number
n/a

10. Lot Dimensions
434' x 1522' x 712' x 950'

11. Total Area (Acres)
12

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Section 1, Township 3 South, Range 14 West, Saline County

15. Water Supply (Specify supplier, if Public Water)
Sardis Water

16. GPS Coordinates
HM 34.48631, -92.45499 POD 34.48636, -92.45456

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	n/a	a. Size of Septic Tank	ATU	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	n/a	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	n/a	d. Number of Field Lines	n/a		n/a		n/a in
Secondary Area	n/a	e. Length of Field Lines	n/a	ft	n/a		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 _____ 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.

David A. Meints

Designated Representative

Soil Certified Yes No

Designated Representative Signature

Title

David A. Meints

11/17/2021

501-821-3837/501-804-0837

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.

[Signature]

Environmental Specialist Signature

864

EHS Number

12-3-21

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: *[Signature]*
(Property Owner)

SIGNED: _____
(Health Department)

DATE: 2-4-72

DATE: _____

(b) any consumable or replacement parts or inventory required for the SYSTEM to operate as designed, which may include, without limitation, chlorine tablets, floats, soda ash, UV bulbs, pumps, or control panel(s), provided that MEINCO shall notify SYSTEM OWNER, either verbally or in writing, prior to incurring expenses pursuant to this subsection, and, MEINCO may proceed unless SYSTEM OWNER objects in writing within 24 hours after MEINCO sends notification; or

(c) removing solids or grease from the SYSTEM; or

(d) maintaining the grass and/or landscaping on or around any part of the Wastewater System, including any disposal area used by the Wastewater System, unless noted in Exhibit A or as agreed to in writing; or

(e) paying any application fees or professional fees associated with any permit renewals, corrective action plans, or any other application fees or professional fees that may be required by the regulatory agencies to remain in compliance, with the SYSTEM.

4. **Term.** This Agreement commences as of the Effective Date and continues through the 365 day after the Effective Date (the "Initial Term"). The Initial Term will renew automatically for an additional 365 days (a "Renewal Term"), and each Renewal Term will renew automatically for an additional 365 days (the Initial Term and all Renewal Terms are referred to collectively as the "Term"). Either MEINCO or SYSTEM OWNER may terminate this Agreement at any time, provided that (i) the terminating party delivers to the other party a written termination notice at least thirty (30) days prior to the effective termination date and (ii) if SYSTEM OWNER is the terminating party, SYSTEM OWNER has paid MEINCO in full for all then-due Service and Maintenance Fees and any agreed-to Excluded Service and Maintenance Responsibilities.

5. **Automatic Termination Events.** Unless MEINCO agrees otherwise in writing, MEINCO may terminate this Agreement if any of the following occur:

(a) the flow rate of the SYSTEM exceeds the Maximum System Flow Rate or otherwise violates SYSTEM OWNER's regulatory permit(s); or

(b) the SYSTEM is modified, abused, misused, or altered; or

(c) SYSTEM OWNER fails or refuses to pay any Service and Maintenance Fee, repair costs, or agreed-to Excluded Service and Maintenance Responsibilities for longer than 60 days after the payment for the Service and Maintenance Fees, repair costs, or agreed-to Excluded Service and Maintenance Fees was otherwise due.

6. **Assignment.** MEINCO or SYSTEM OWNER may assign this Agreement without the other's consent provided that the assigning party delivers the other party notice, either written or verbally, at least thirty (30) days prior to any assignment.

7. **Non-Waiver.** No failure by a party to insist upon strict compliance with any term of this Agreement, to enforce any right, or seek any remedy upon any default of the other party shall affect or constitute a waiver of the first party's right to insist upon such strict compliance, enforce that right, or seek that remedy with respect to that default or any prior, contemporaneous, or subsequent default, nor shall any custom or practice of the parties at variance with any provision of this Agreement affect, or constitute a waiver of, any party's right to demand strict compliance with all provisions of this Agreement.

8. **No Third-Party Benefit.** This Agreement is intended for the exclusive benefit of SYSTEM OWNER and MEINCO and their respective permitted successors and assigns, and nothing contained in this Agreement shall be construed as creating any right or benefit in or to any third party.

9. **Complete Agreement.** This Agreement contains the entire agreement between the parties and supersedes any prior negotiations, representations, understandings, or agreements among them respecting the subject matter. No change, alteration, modification, addition, or qualification to the terms of this Agreement shall be made or be binding unless made in writing and signed by each of the parties.

10. **No Partnership or Joint Venture.** Nothing contained in this Agreement shall constitute or be construed to be or create a partnership or joint venture between SYSTEM OWNER and MEINCO.

11. **Force Majeure.** MEINCO's obligation to perform Routine Service and Maintenance shall be extended to the extent that the performance thereof shall be delayed by acts of God, fire, windstorm, flood,

2800 Willow St
North Little Rock, AR 72114

Get on I-40 E from Percy Machin Dr

- 3 min (0.8 mi)
- ↑ 1. Head south on Willow St toward Pershing Blvd
- 433 ft
- ↪ 2. Turn right at the 1st cross street onto Pershing Blvd
- 0.2 mi
- ↪ 3. Turn right onto Percy Machin Dr
- 0.2 mi
- ⤴ 4. Turn right to merge onto I-40 E
- 0.3 mi

Take US-65 S and I-530 S to AR-338 S/W Dixon Rd. Take exit 3 from I-530 S

- 8 min (8.1 mi)
- ⤴ 5. Merge onto I-40 E
- 0.6 mi
- ↪ 6. Take exit 153B to merge onto I-30 W/US-65 S toward Little Rock
- 4.7 mi
- ↪ 7. Keep left at the fork to continue on US-167 S/US-65 S
- 0.3 mi
- ↑ 8. Continue onto I-530 S/US-167 S/US-65 S
- 2.3 mi
- ↪ 9. Take exit 3 for AR-338 W/Dixon Rd
- 0.3 mi

Continue on AR-338 S/W Dixon Rd. Drive to Rauch Rd

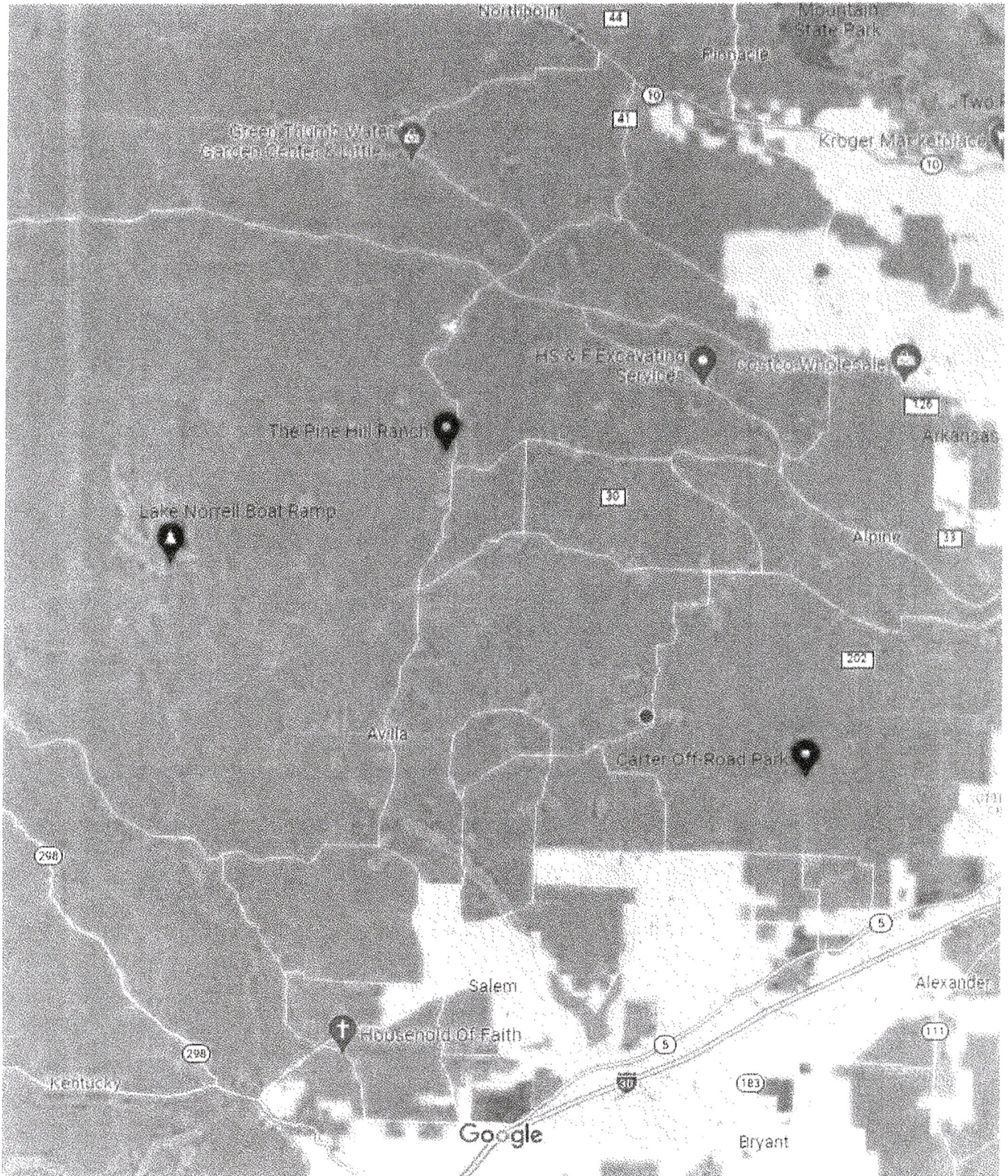
- 7 min (3.9 mi)
- ⤴ 10. Merge onto AR-338 S/W Dixon Rd
- 2.9 mi
- ↩ 11. Turn left onto AR-367 S
- 0.9 mi
- ↪ 12. Turn right onto Rauch Rd
- Destination will be on the right
- 0.2 mi

11850 Arch St
Little Rock, AR 72206

Google Maps

2800 Willow Street, North Little Rock, AR to 11850 Arch Street, Little Rock, AR

Drive 12.8 miles, 17 min



Map data ©2022 2 mi





Cutting Tools - Lit

Wheel & Tire

SH STREET TAT

aco Boat E

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"	n/a	Surface	n/a	n/a	n/a	n/a	Unsuitable	
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)	
>48"	n/a	Surface	n/a	n/a	n/a	n/a	Unsuitable	
24. Seasonal Water Table (SWT) Classes Detail								
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	n/a						
Moderate	in	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.						
Long	in	n/a						
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	n/a						
Moderate	in	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.						
Long	in	n/a						
Comments								
Site requires an ATU with disinfection and surface discharge. NPDES Permit required. If system is not installed within a year of the date approved, a revalidation fee may be required. Service contract only applies if Meinco installs system.								

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 #

7601055547

Homeowner

Builder/Developer

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 checked="" 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: Mars Hill Rd, Bauxite, AR
(Address of Proposed System, City, State, Zip)

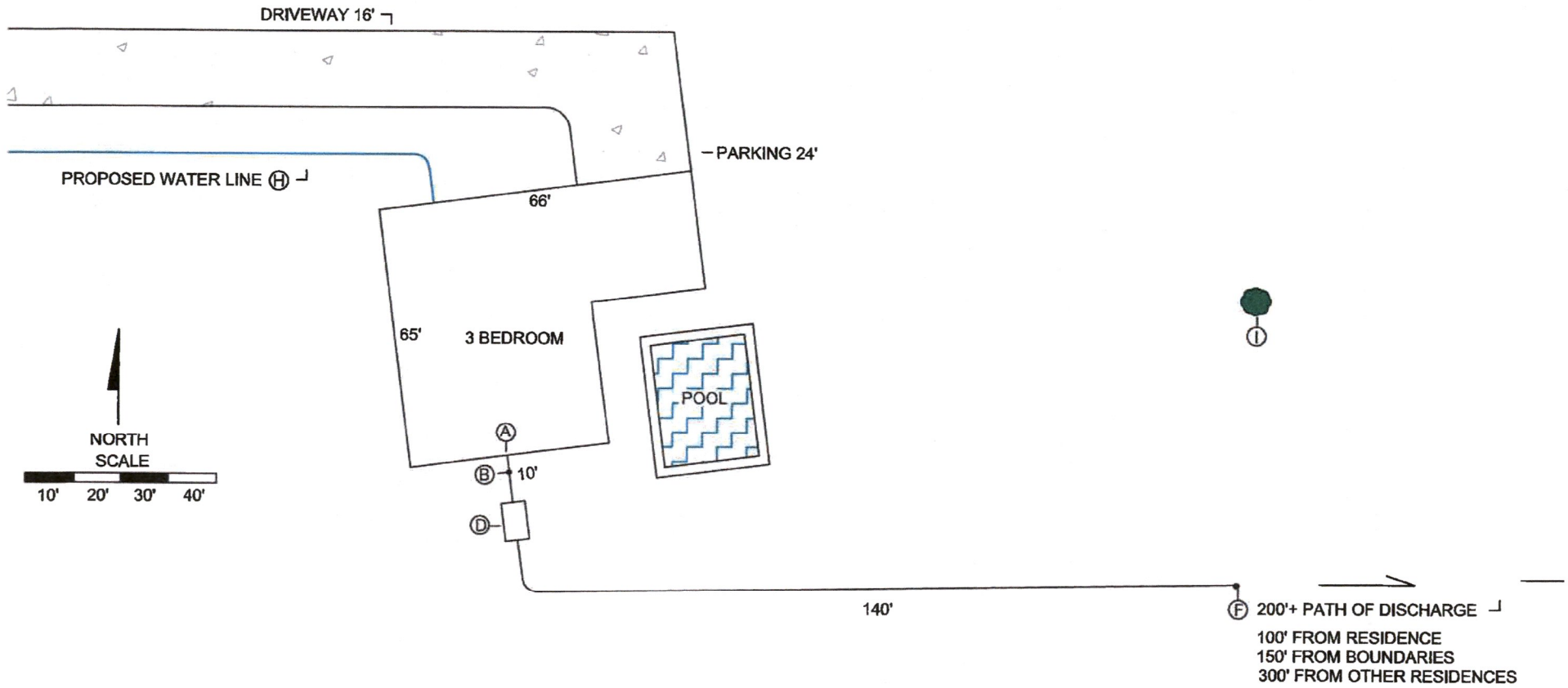
I hereby attest there are 3 bedrooms (___ number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance,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

Date 10-4-2021

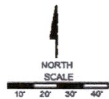
This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.



1522'

MARS HILL ROAD

434'



DRIVEWAY 18'

PROPOSED WATER LINE

PARKING 24'

3 BEDROOM



140'

200'± PATH OF DISCHARGE
100' FROM RESIDENCE
150' FROM BOUNDARIES
300' FROM OTHER RESIDENCES

DRAW

950'

