

**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

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@q1ohapontrens.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		
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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

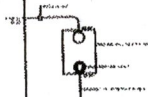
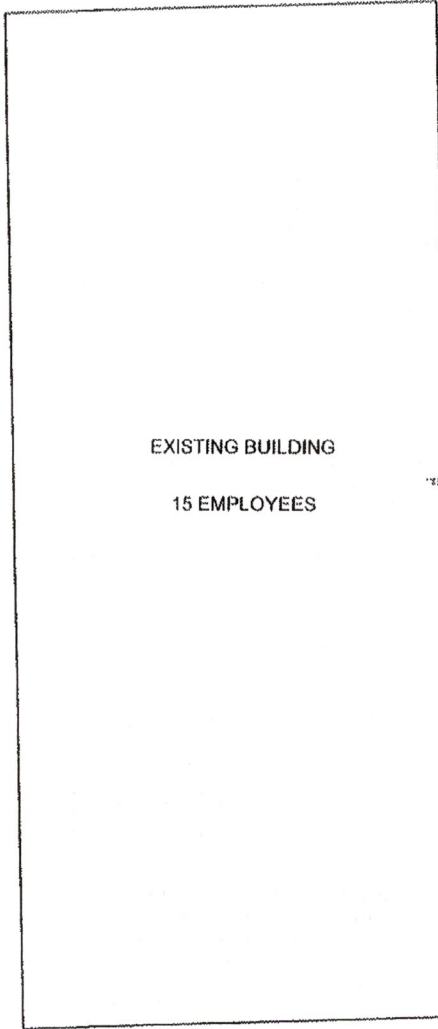
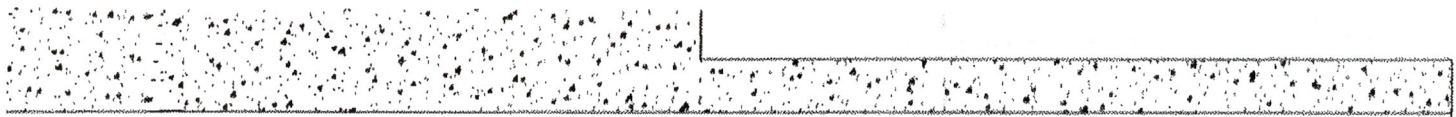
20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

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'

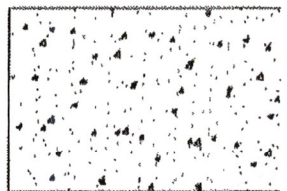
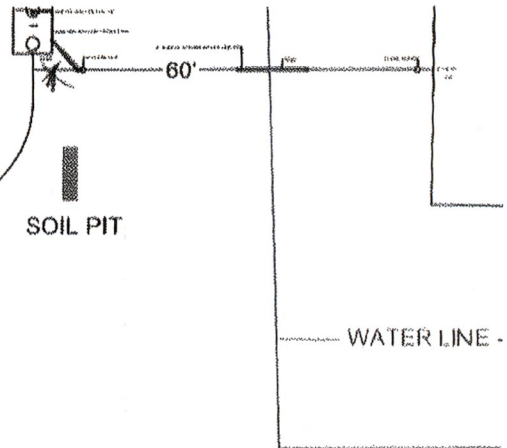
460'

SOIL PIT



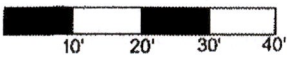
NORTH

SCALE



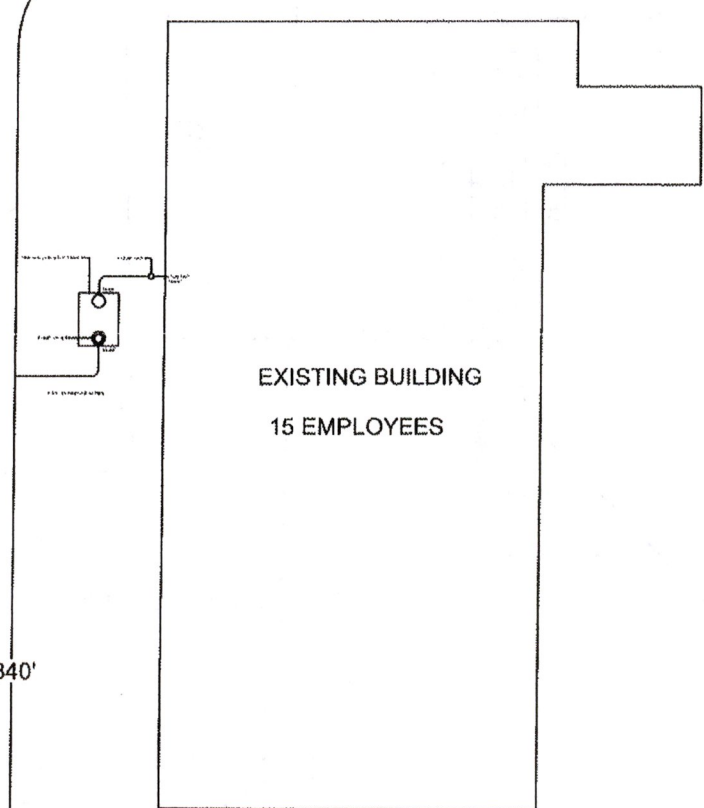
NORTH

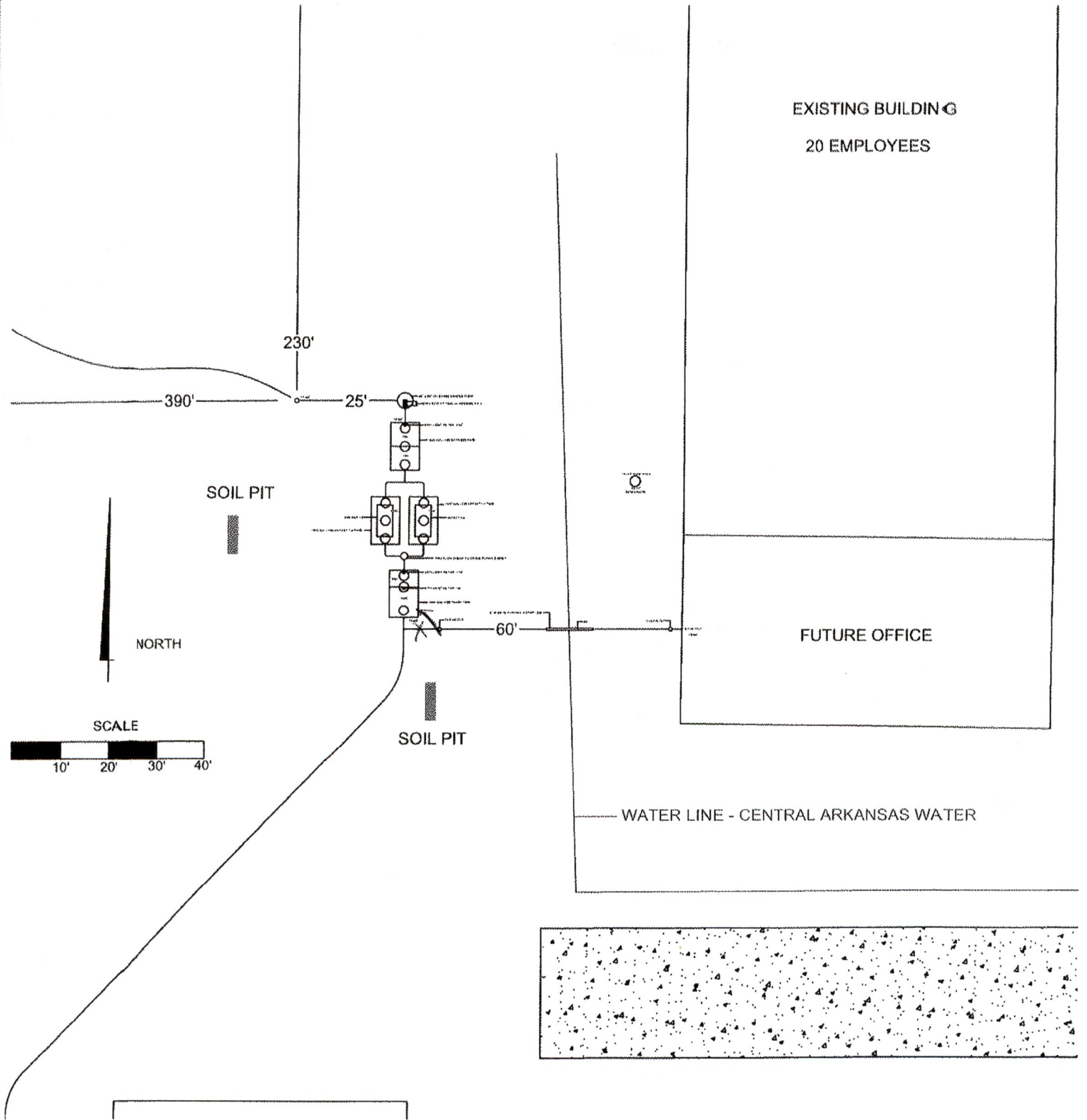
SCALE



340'

EXISTING BUILDING
15 EMPLOYEES





EXISTING BUILDING
20 EMPLOYEES

FUTURE OFFICE

WATER LINE - CENTRAL ARKANSAS WATER

SOIL PIT

SOIL PIT

NORTH

SCALE

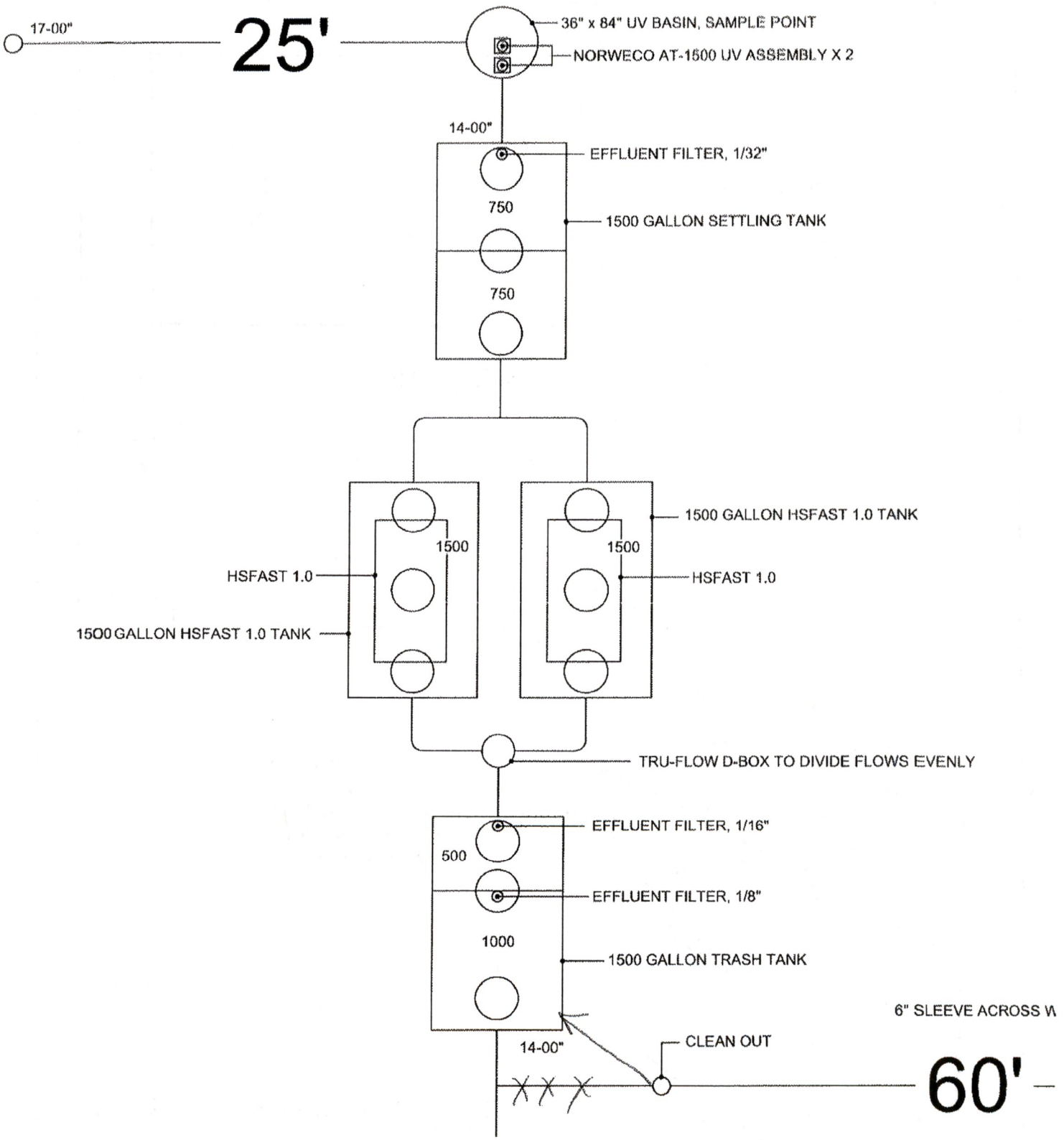
10' 20' 30' 40'

230'

390'

25'

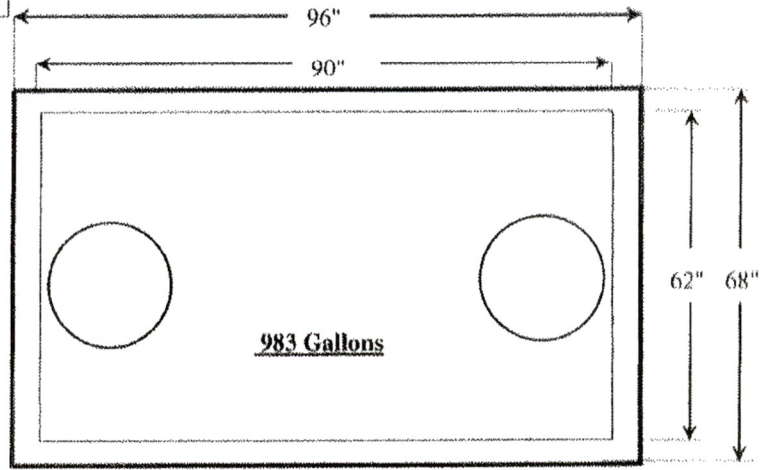
60'



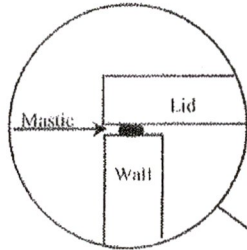
**1000 – Gallon Single
Compartment Septic Tank**

TOP VIEW

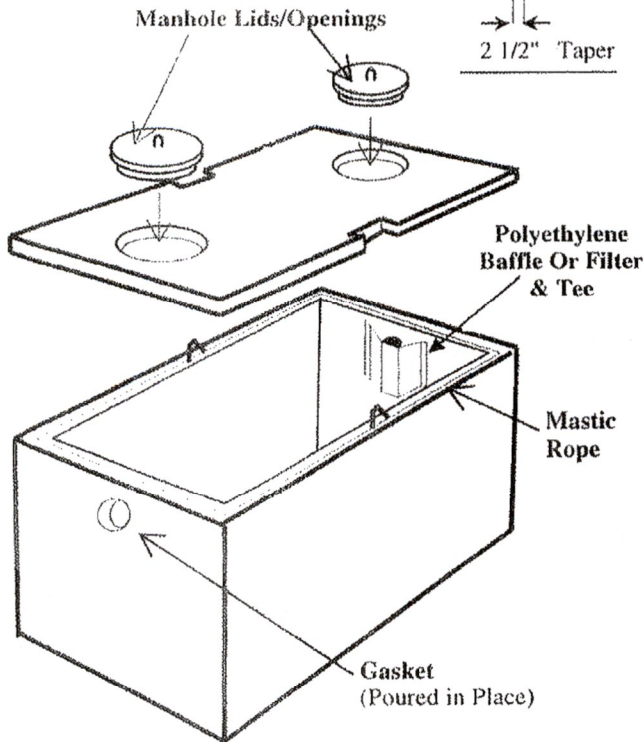
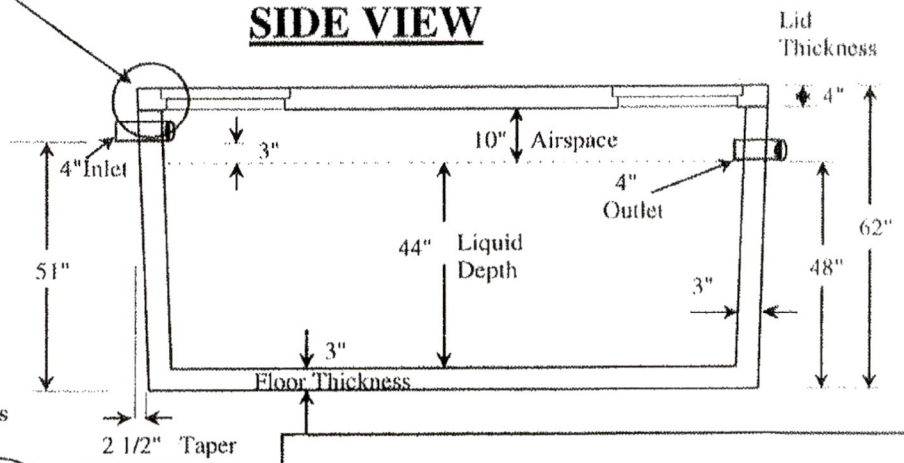
Drawings Not To Scale



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)

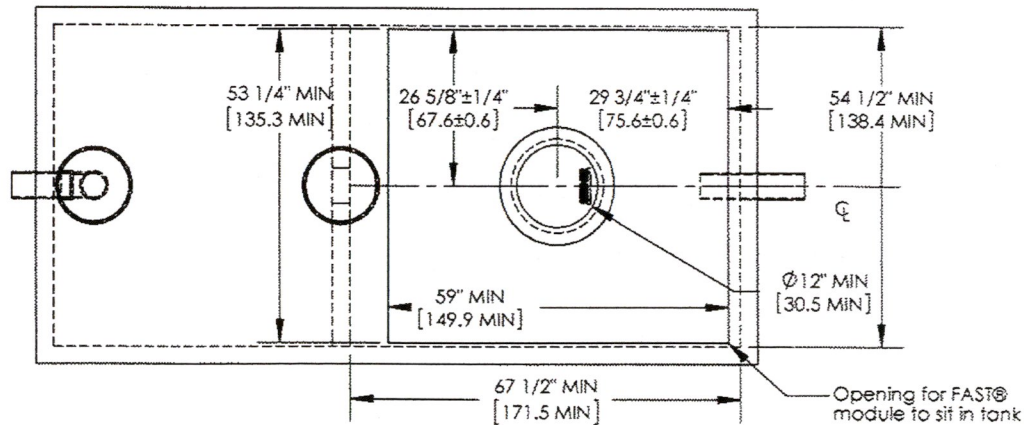
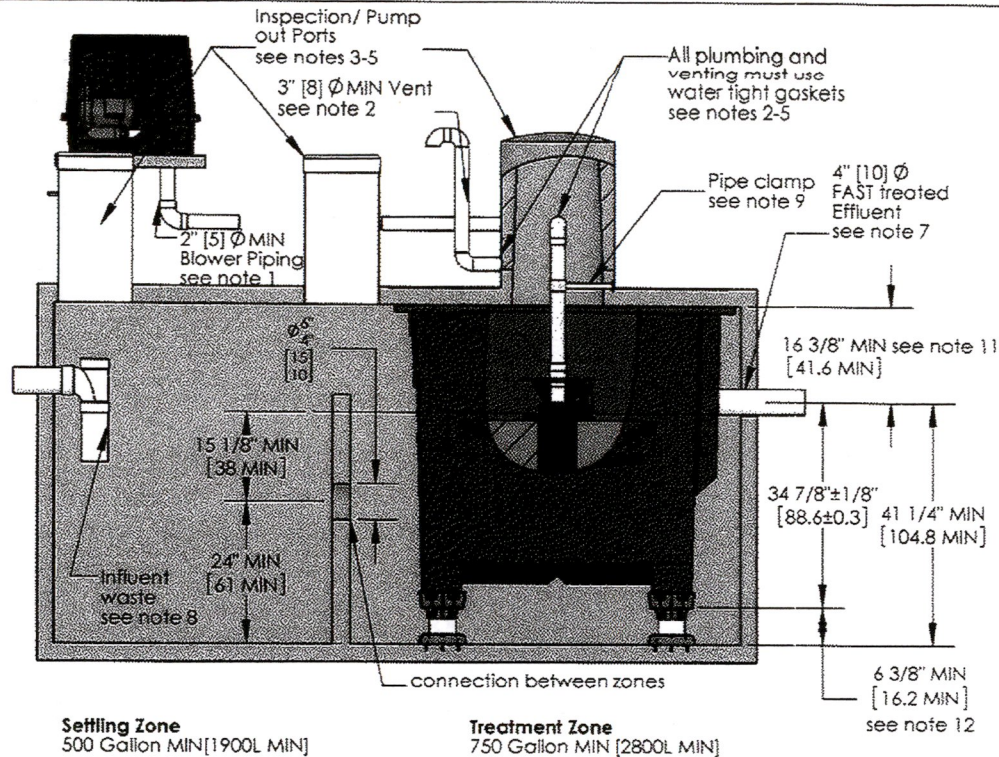
Control panel; float switches:

- 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

- 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.
- 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].
- 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.
- All inspection, viewing and pump out ports must be secured to prevent accidental or unauthorized access.
- Tank, piping, conduit, etc. are provided by others. Blower control system by Bio-Microbics, Inc. See Installation Manual.
- If less than the specified minimum is considered necessary, consult factory for guidance.
- All piping and ancillary equipment installed after FAST must not impede or restrict free flow of effluent.
- 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.
- 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.
- Specialized treatment levels may require specific features to be incorporated into the design. Consult factory for guidance.
- Min. height may be reduced, consult factor and reference "Low Profile Module Procedure.pdf"
- 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.

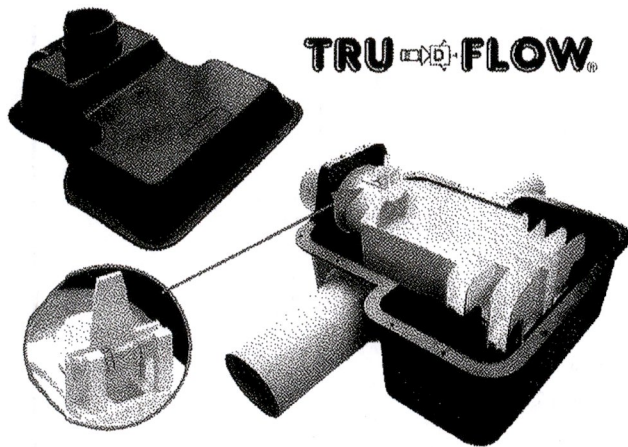
BIO-MICROBICS © 2014

DO NOT SCALE		<p>BETTER WATER. BETTER WORLD.™</p> <p>HighStrengthFAST 1.00 FAST Unit</p>	
UNLESS NOTED DIMENSIONS ARE IN INCHES [CENTIMETERS] TOLERANCES \pm 0.02 IN/IN [\pm 0.05 CM/CM]			
WCS:1	b	SIZE	DRAWING NUMBER
NAME	DATE	A	H5FAST® 1.0 with feet
DRAWN	CYC 12/18/2008		
CHECKED	FF 1/28/2013	REVISED	12/18/2013
		REV.	24-C3-T

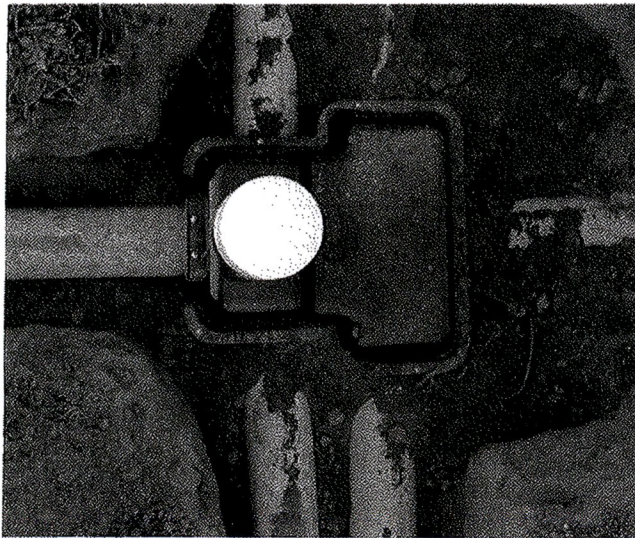
SHEET 2 OF 4

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

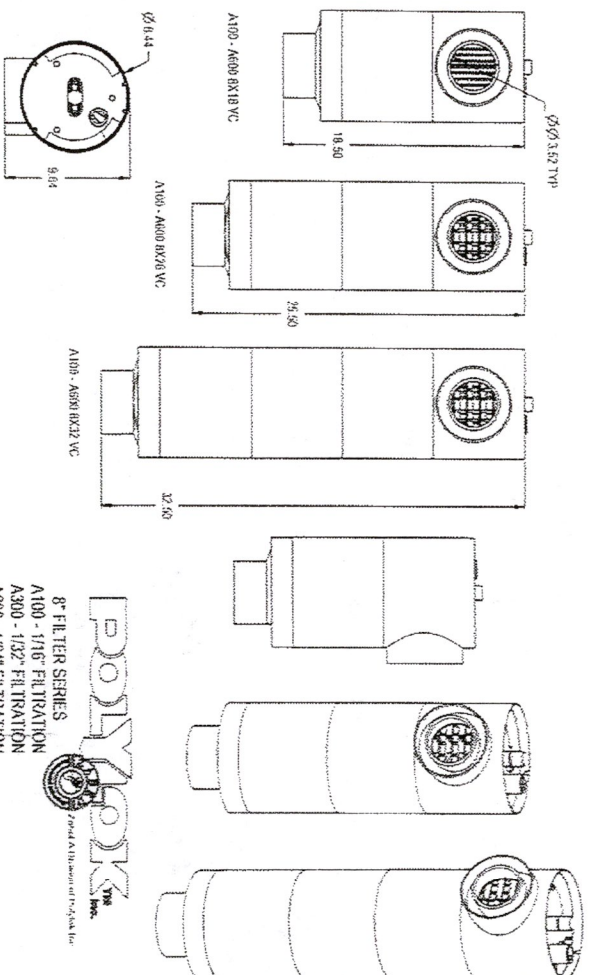
ZOELLER®
PUMP COMPANY

Trusted. Tested. Tough.®

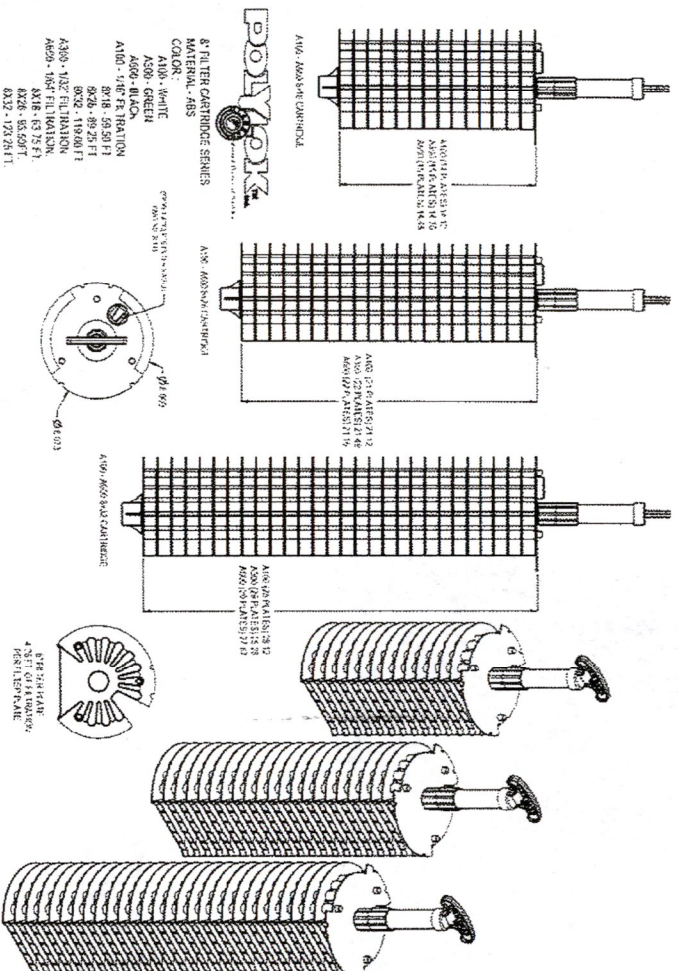
zoellerpumps.com 800-928-7867
3649 Cane Run Road, Louisville, KY 40211 USA

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.**

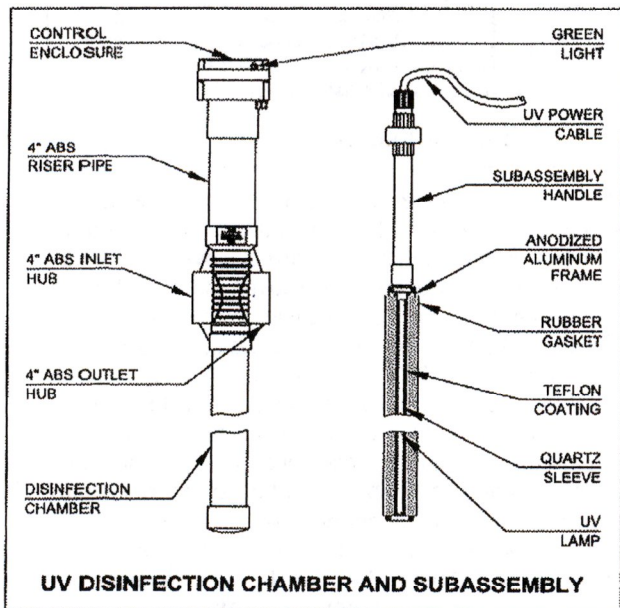
COMPONENTS

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 | |

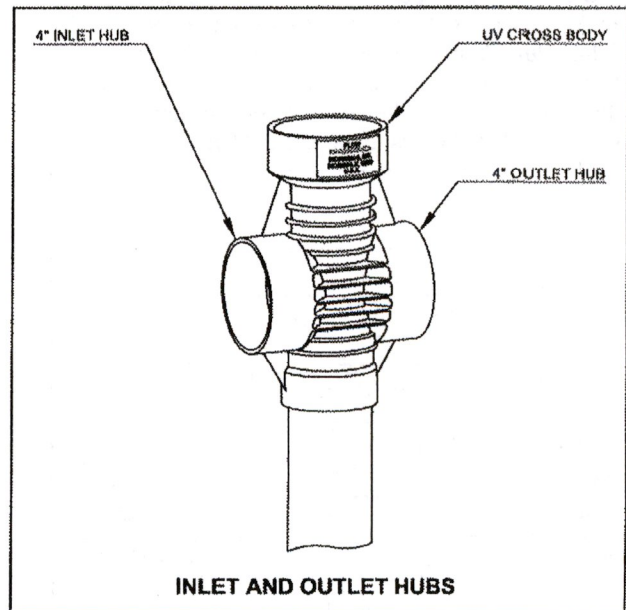
The components should be supplied by the installer:

- | | |
|------------------------|-------------------------------|
| 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 |



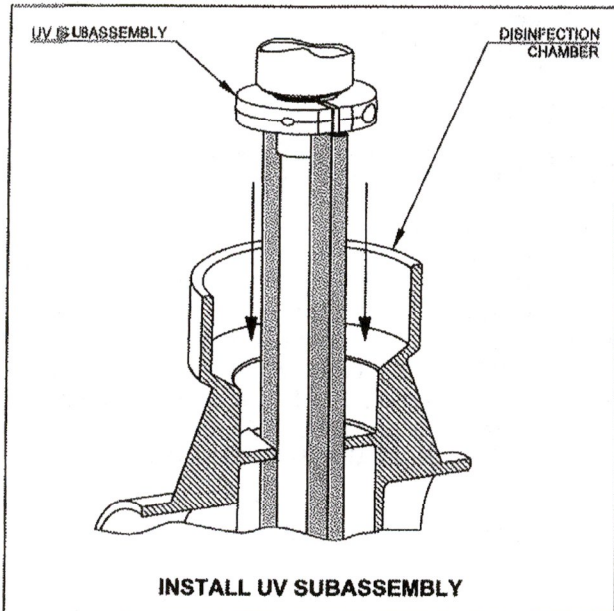
INSTALLATION INSTRUCTIONS

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.

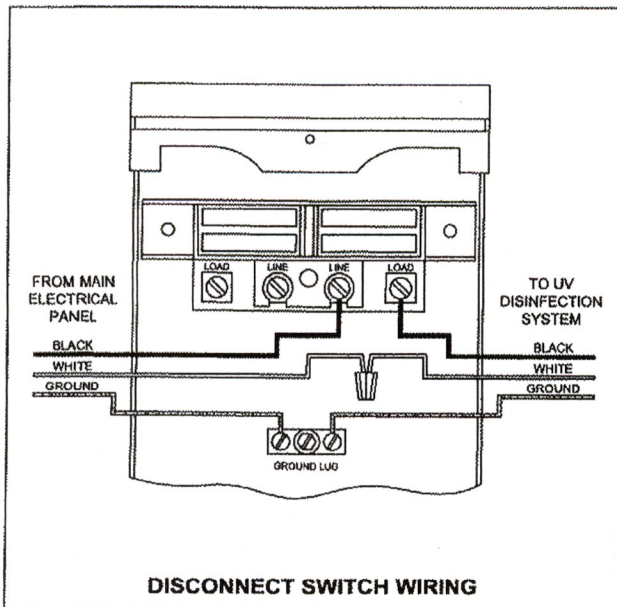


4. Solvent weld the effluent line of the upstream treatment system to the 4" inlet hub of the Model AT 1500. Next, solvent weld the 4" outlet hub to the final effluent line. Cover the open top of the disinfection chamber and backfill up to the bottom of the plumbing.

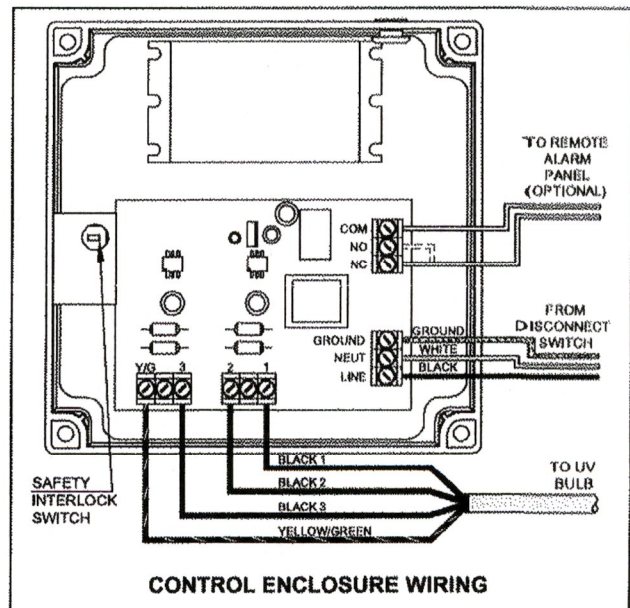
AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)



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

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

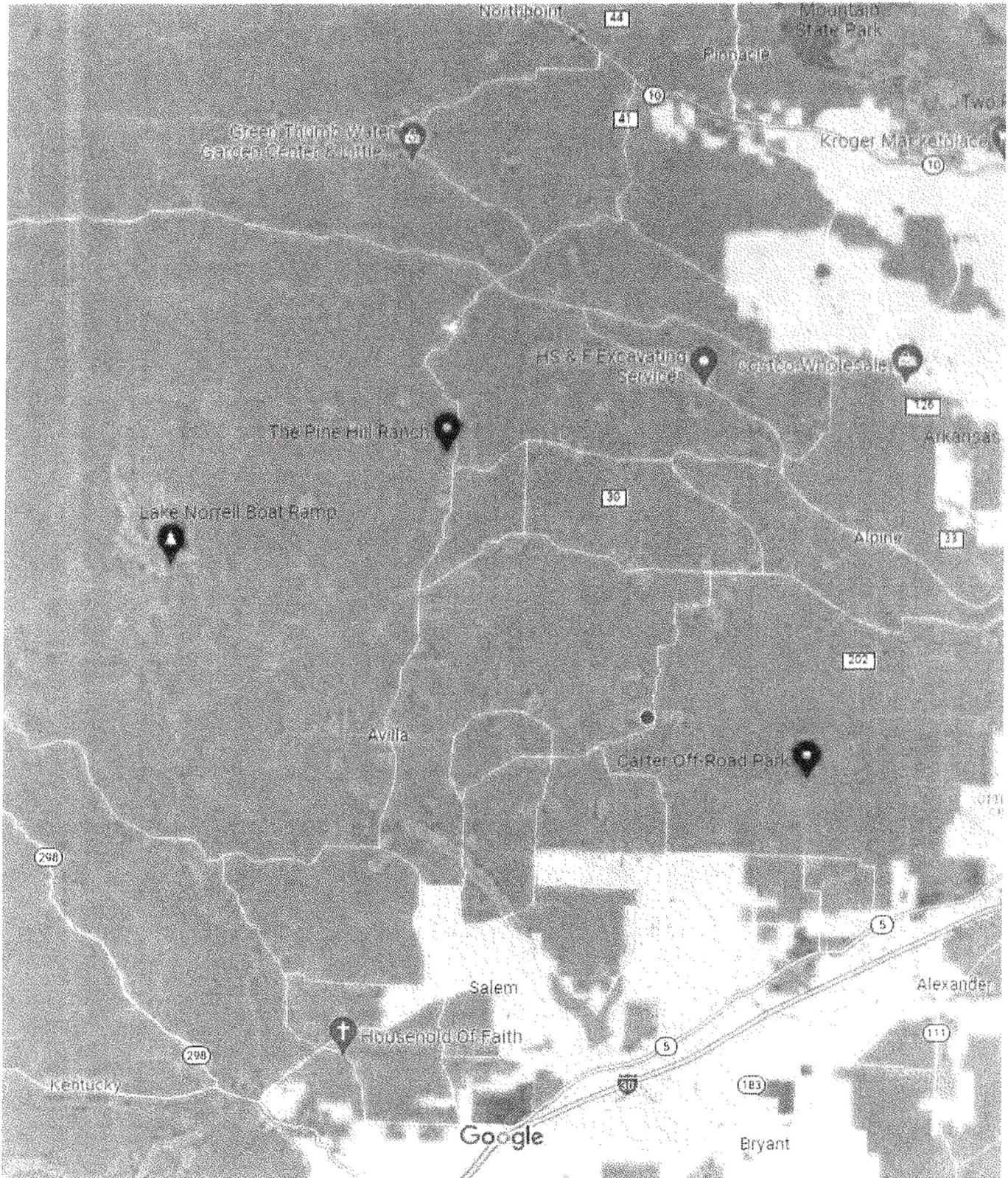
- 7 min (3.9 mi)
- ⤴ 10. Merge onto AR-338 S/W Dixon Rd
- 2.9 mi
- ↩ 11. Turn left onto AR-367 S
- 0.9 mi
- ↪ 12. Turn right onto Rauch Rd
- Destination will be on the right
- 0.2 mi

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

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): Michael Benson Operator Type:
Permittee Mailing Address: 13691 Mars Hill Road State Partnership
Permittee City: Bauxite Federal Corporation*
Permittee State: Arkansas Zip: 72011 Sole Proprietorship/Private
Permittee Telephone Number: 870-245-7218 *State of Incorporation: _____
Permittee Fax Number: NA The legal name of the Permittee must be
Permittee E-mail Address: Mbenon1804@gmail.com identical to the name listed with the
Arkansas Secretary of State.

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

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

III. FACILITY INFORMATION

Facility Name: Benson Residence Facility Contact Person: Michael Benson
Facility Address: 13691 Mars Hill Road Telephone Number: 870-245-7218
Facility County: Saline Facility City, State & Zip: Bauxite, Arkansas, 72011
Facility Latitude: 34 Deg 29 Min 44.90 Sec Datum Facility Longitude: 92 Deg 27 Min 14.46 Sec
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 500 gpd (Gallons per Day)
Stream Segment: 2C Hydrologic Basin Code: 804 02 03
Outfall Latitude: 34 Deg 29 Min 45.94 Sec Datum Outfall Longitude: 92 Deg 27 Min 10.41 Sec
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____
Type of Treatment: Bio Microbics Microfast 0.5 with UV and Post Aeration
Receiving Stream: Ouachita 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.deq.state.ar.us

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

MB (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
MB (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."
MB (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: Michael Benson Title: Owner
Responsible Official Signature: [Signature] Date: 1/5/2023
Responsible Official Email: mbenson1804@gmail.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?

Submittal of Disclosure Statement?

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

on

W Miller Sardis Rd

Mars Hill Rd

13691 Mars Hill Rd

POD

POE



IMPORTANT NOTICE TO PROPERTY OWNER

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

Arkansas Department of Environmental Quality

ATTN: Permits Branch

5301 North Shore Drive

North Little Rock, AR 72118

Phone Number: 501-682-0623

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



Arkansas Department of Health
Environmental Health Protection

514

ATU Surface Discharge

Receipt Number
25368352

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

6 3 0 1 1 1 7 0 1 1

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$ 120.00	<input checked="" 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: Michael Benson
2. Phone Number: 870-245-7218

3. Mailing Address: 213 Pope Drive, Benton, AR 72015
4. County: Saline

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 13691 Mars Hill Road, Bauxite, AR 72011

6. Subdivision Name: Timber Point Phase 1
7. Approval Date: n/a
8. Date Recorded: n/a
9. Lot Number: 1

10. Lot Dimensions: 445' x 350' x 445' x 320'
11. Total Area (Acres): 3.32
12. # Bedrooms # People: 5
13. Daily Flow (GPD): 500

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): S1-T3S-R14W

15. Water Supply (Specify supplier, if Public Water): Sardis Water
16. GPS Coordinates: 34.4956866, -92.4530244

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: Opt A Date: _____

20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

Designated Representative Signature: Scott Krupicki Designated Representative Title: _____
Soil Certified Yes No

Scott Krupicki 08-24-2022 501-776-7702
Print Name Date Phone Number

21. Approval of Health Authority
The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature: [Signature] EHS Number: 836 Date: 8-31-2022

NOTE TO INSTALLER: CONTACT EHS AT (501) 303-5650 24 HOURS PRIOR TO BEGINNING INSTALLATION

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"	Surface	12"	24"	n/a	n/a	mod/48"	not loadable
23. Soil Criteria (Secondary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
48"	Surface	12"	24"	n/a	n/a	mod/48"	not loadable
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	0	in	depletions and concentrations				
Moderate	12	in	chroma 2				
Long	24	in	chroma 2>50%				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	0	in	depletions and concentrations				
Moderate	12	in	chroma 2				
Long	24	in	chroma 2>50%				
Comments: Soil not suitable for standard drain field. Advanced treatment for surface discharge required							
<i>* Site appeared to have been had 3' to 4' of soil excavated.</i>							

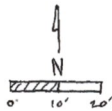
Part 2 Installation Inspection

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

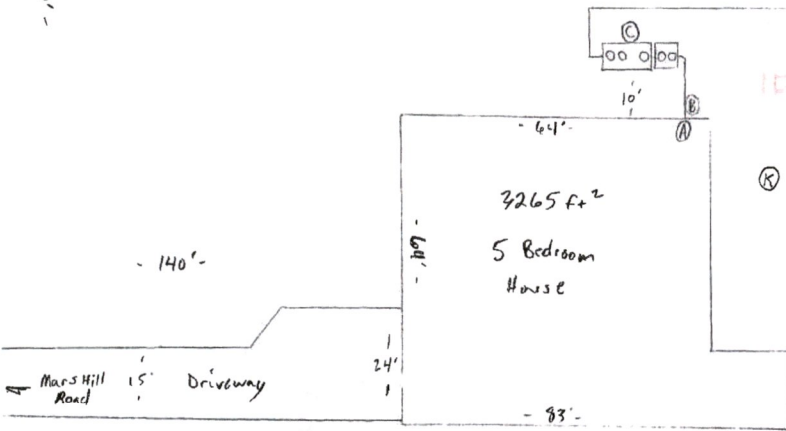
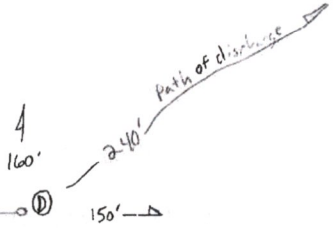
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.		
Environmental Health Specialist	Signature	EHS Number Date
Comments		
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date

445'



**NOTE TO INSTALLER: CONTACT EHS
 AT (501) 303-5650 24 HOURS
 PRIOR TO BEGINNING INSTALLATION**

- 310' -



PLEASE ADVISE IF CHANGES MADE TO SITE PLAN

- 350' -

SALINE COUNTY HEALTH UNIT
 Approved James [Signature]
 8-31-2022

- 445' -

Drawing notes

A = House sewer stub out location

B = 4" two way clean out installed outside of structure

C = 500 gallon trash tank and 500 gallon per day ATU

D = Point of discharge

E = Unsuitable soil pits

J = Proposed water service line. Must be 10' away from any part of the septic system

K = Benchmark is top of back porch slab

Pipe Specifications

Use 4" schedule 40 from house stub out to tank inlet and from tank outlet to point of discharge

Elevations (ground/installed flow line or trench bottom)

Stub out = 1'6"/3'6"

500g inlet = 2'1"/3'9"

500g outlet = 2'1"/4'0"

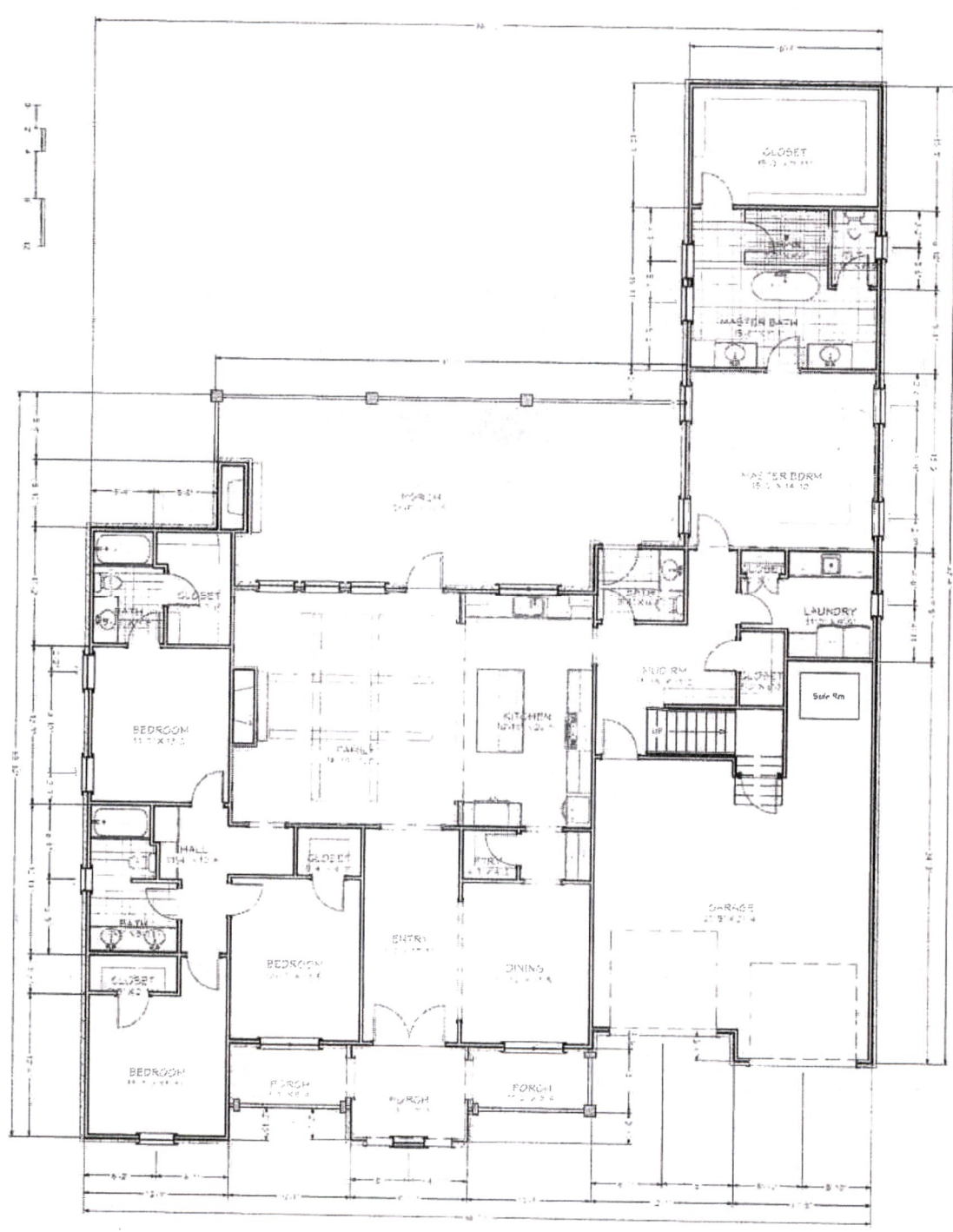
ATU inlet = 2'1"/4'1"

ATU outlet = 2'1"/5'2"

POD = 7'9"

Benchmark = 1'5"

2017
2017



1st Floor Plan 1/4 in = 1 ft

LIVING AREA 2064 sq ft
 10' Ceiling Height
 Unless noted otherwise

Heated/Cooled Square Footage

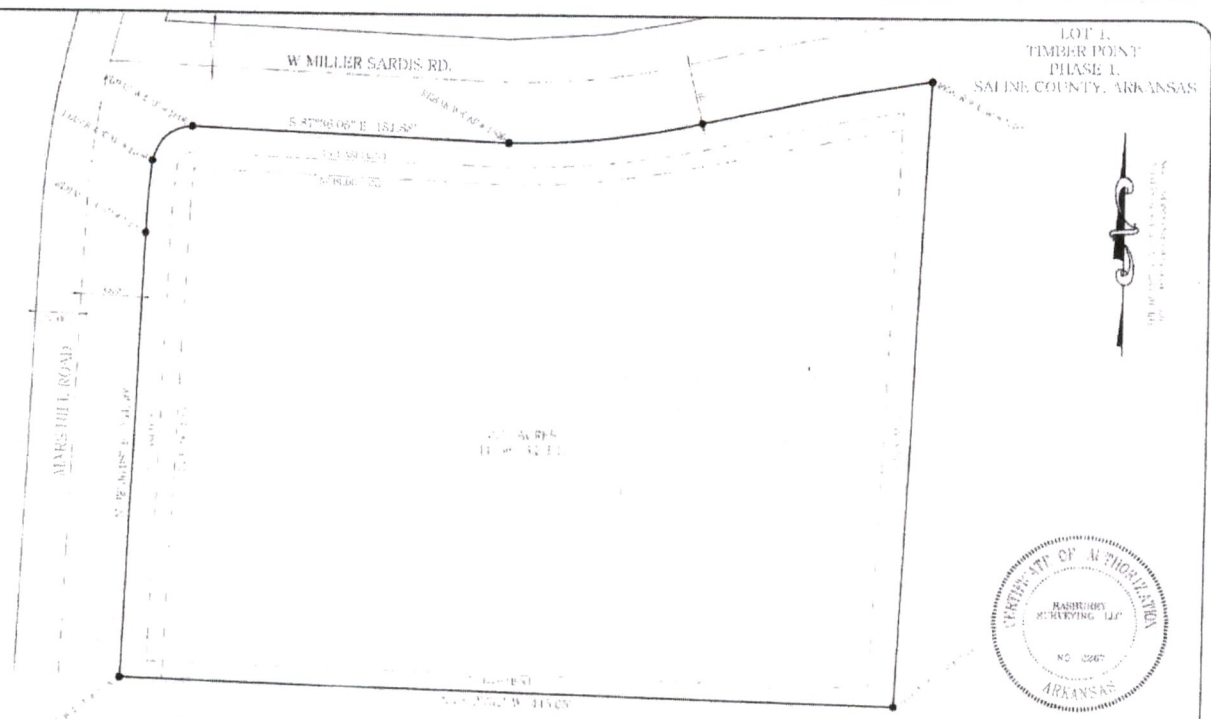
	To Stud	To Brick
1st Floor Area	2864 sq ft	2466 sq ft
2nd Floor Area	267 sq ft	234 sq ft
Total	3131 sq ft	2700 sq ft

2 of 4
 A-1
 Floor Plan
 1/4" = 1'

Residence for
Michael & Courtney Benson
 13691 Mars Hill Rd
 Bauxite, AR 72011
© 2008 by the Architect/Designer/Planner/Contractor: Michael & Courtney Benson/Architect & Courtney Benson/Interior Designer

MIRDJA CUSTOM HOMES, LLC
 Dushan Mirdja Phone: 501.794.8445
 7034 Westshore Avenue
 Benton, AR 72019 E-mail: Dushan.Mirdja@MCH.net





LOT 1,
TIMBER POINT
PHASE 1,
SALINE COUNTY, ARKANSAS



308 W. South Street
Benton, AR 72015
Call or Fax: (501) 486-8823
E-Mail: aseron@rasburysurvey.com

I hereby certify that the above plat represents a survey made by me or under my supervision on this day. No independent search for monuments, boundaries, encumbrances, or any other facts which an accurate title search may disclose was performed.

FOR USE AND BENEFIT OF
JOHN WAKE AND JENNIFER WAKE
AND
FIRST NATIONAL TITLE COMPANY
PROPERTY ADDRESS
MARS HILL ROAD
BAUXITE AR 72011



FILE: C:\DRAWINGS\TIMBER POINT\TIMBER POINT	FIELDWORK DATE 08/16/21	DRAWN BY: OGR
	PLAT DATE 08/22/21	CHECKED BY: JAR
	JOB#: 21-378	

* 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 #

6 3 0 1 1 1 7 0 1 1

Homeowner
 Builder/Developer

Fee Schedule for Structures	y
Structures 1500 sq ft or less \$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft \$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft \$ 120.00	<input checked="" 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: 13691 Mars Hill Road, Bauxite, AR 72011
(Address of Proposed System, City, State, Zip)

I hereby attest there are 5 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 8-10-2022

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

Specifications for MicroFAST 0.50 Wastewater Treatment System

1. GENERAL

The contractor shall furnish and install (1) MicroFAST®0.50 treatment system as manufactured by Bio-Microbics, Inc. The treatment system shall be complete with all needed equipment as shown on the drawings and specified herein.

The principal items of equipment shall include the FAST® system insert, blower assembly, blower controls and leg extensions or lid. All other items will be provided by others.

The MicroFAST 0.50 unit shall be situated within a 450 Gallon (1700L) minimum compartment as shown on the drawings. Suggested maximum settling zone is (1) X the daily flow. Tank must provide adequate pump out access and conform to local, state, and all other applicable codes. The contractor shall coordinate the proper fabrication of the tank between the FAST system and tank supplier with regard to fabrication of the tank, installation of the FAST unit, and delivery to the job site.

2. OPERATING CONDITIONS

The MicroFAST 0.50 treatment system shall be capable of treating the wastewater produced by typical family activities (bath, laundry, kitchen, etc.) ranging from (1) one to (8) eight people and not to exceed 500 US Gallons per day (1800 LPD) provided the waste contains nothing that will interfere with biological treatment. The FAST system is a biological treatment system not meant for non-biodegradable or industrial wastewater.

3. MEDIA

The FAST® media shall be manufactured of rigid PVC, polyethylene, or polypropylene and it shall be supported by the polyethylene insert. The media shall be fixed in position and contain no moving or wearing parts and shall not corrode. The media shall be designed and installed to ensure that sloughed solids descend through the media to the bottom of the septic tank.

4. BLOWER

The MicroFAST 0.50 unit shall come equipped with a regenerative type blower capable of delivering 17-25 CFM (31-46 m3/hr). The blower assembly shall include an inlet filter with metal (stainless steel) element. The blower shall be mounted outside the tank on a contractor supplied concrete base. Blower piping to the tank shall use non-corrosive material (PVC, Galvanized, or stainless steel). Do not run galvanized pipe inside the treatment tank. Refer to Installation Manual for further details.

5. REMOTE MOUNTED BLOWER

The blower shall be placed on a contractor supplied concrete base. The blower must not sit in standing water and its elevation must be higher than the tank and normal flood level. A two-piece, rectangular housing shall be provided. The discharge air line from the blower to the MicroFAST® System shall be provided and installed by the contractor.

6. ELECTRICAL

The electrical source should be within 150 feet (45 meters) of the blower consult local codes for longer wiring distances. All wiring must conform to all applicable codes (IEC, NEC, etc.). Wiring distances must prevent significant voltage loss. Input power on 60Hz electrical systems 110/220VAC, 1Ø, 3.5/1.7 FLA on 50 Hz electrical systems 220VAC, 1Ø, 1.9 FLA. Other voltages and phase are also available. Actual power consumption varies with site conditions. All conduit and wiring shall be supplied by contractor.

7. CONTROLS

The control panel provides power to the blower and contains an alarm system consisting of a visual and audible alarm capable of signaling blower circuit failure and high water conditions. The control panel is equipped with SFR® (Sequencing Fixed Reactor) timed control feature. A manual alarm silence button is included.

8. INSTALLATION AND OPERATING INSTRUCTIONS

All work must be done in accordance with local codes and regulations. Installation of the FAST 0.50 shall be done in accordance with the written instructions provided by the manufacturer. Manuals shall be furnished, which will include a description of system installation, operation, and maintenance procedures.

9. FLOW AND DOSING

FAST® systems have been successfully designed, tested and certified receiving gravity, demand-based influent flow. When influent flow is controlled by pump or other means to help with highly variable flow conditions, then multiple dosing events should be used to maximize performance. The flow rate shall not exceed 5 gpm (19 Lpm) with a maximum hourly flow not to exceed 10% of the design daily flow (50 gph (190 LPH)).

10. WARRANTY

Bio-Microbics, Inc. warrants all new residential FAST® models (MicroFAST® 0.50, 0.625, 0.75, 0.90, and 1.5) against defects in materials and workmanship for a period of two years after installation or three years from date of shipment whichever ever occurs first. All other FAST® system models are warranted for a period of one year after installation or eighteen months from date of shipment, whichever occurs first. All are subject to the following terms and conditions below:

During the warranty period, if any part is defective or fails to perform as specified when operating at design conditions, and if the equipment has been installed and is being operated and maintained in accordance with the written instructions provided by Bio-Microbics, Inc. Bio-Microbics, Inc. will repair or replace at its discretion just defective parts free of charge. Defective parts must be returned by owner to Bio-Microbics, Inc. for their postage paid, if so requested. The cost of labor and all other expenses resulting from replacement of the defective parts and from installation of parts furnished under the warranty and regular maintenance items such as filters or bulbs shall be borne by the owner. This warranty does not cover general system misuse, operator components which have been damaged by flooding or any components that have been disassembled by unauthorized persons, improperly installed or damaged due to altered or improper wiring or overload protection. The warranty applies only to the treatment plant and does not include any of the structure, piping, drainage, septic tank or disposal system. Bio-Microbics, Inc. reserves the right to revise, change or modify the construction and/or design of the FAST system or any component part or parts listed, without incurring any obligation to make such changes or modifications to present equipment. Bio-Microbics, Inc. is not responsible for consequential or incidental damages of any nature resulting from such things as, but not limited to, defect in design, material, or workmanship, or delays in delivery, replacements or repairs.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES EXPRESS OR IMPLIED. BIO-MICROBICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NO REPRESENTATIVE OR PERSON IS AUTHORIZED TO GIVE ANY OTHER WARRANTY OR TO ASSUME FOR BIO-MICROBICS, INC., ANY OTHER LIABILITY IN CONNECTION WITH THE SALE OF ITS PRODUCTS. Contact your local distributor for details and services.

DO NOT SCALE

UNLESS NOTED DIMENSIONS ARE IN INCHES (CENTIMETERS) TOLERANCES ± 0.02 IN/IN (± 0.05 CM/CM)



BETTER WATER. BETTER WORLD.™

MicroFAST 0.50 FAST Unit

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

WEIGHT	IB	REV	DRAWING NUMBER	SHEET 3 OF 4
NAME	DATE	A	MicroFAST® 0.50 Specifications	
DRAWN	BY	DATE		
CHECKED	BY	DATE		

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:

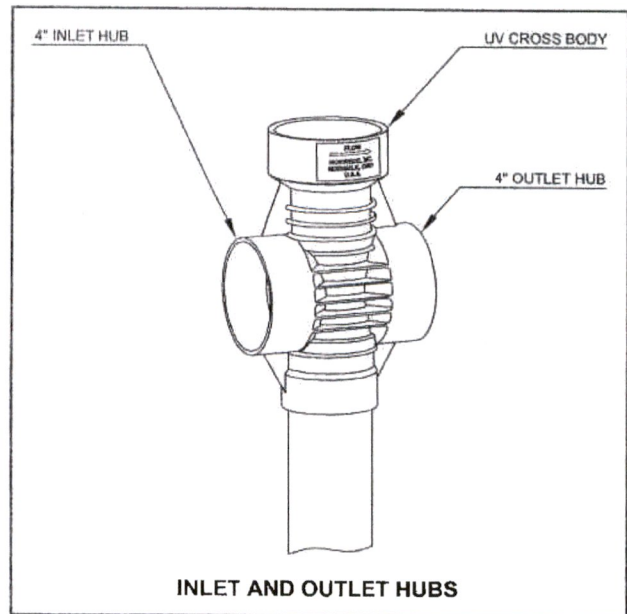
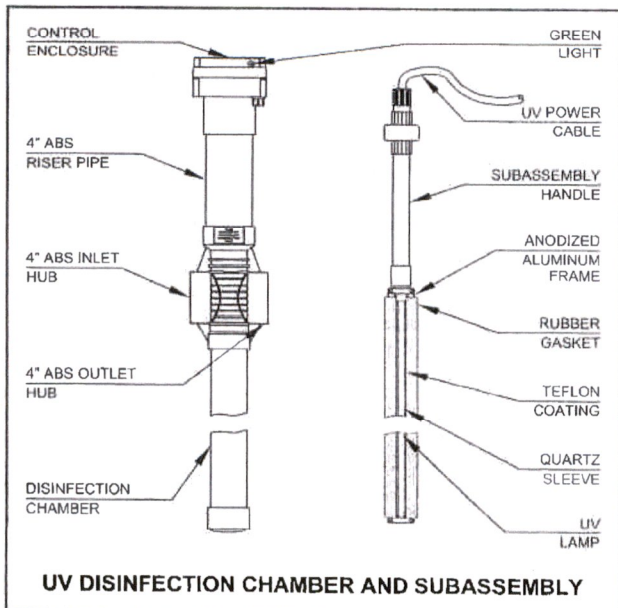
- | | |
|---|---|
| 1) Control enclosure | 5) Power cable with female twist lock connector |
| 2) 4" ABS riser pipe | 6) UV subassembly with quartz sleeve and Teflon coating |
| 3) Disinfection chamber with turbulence inducer | 7) Subassembly handle |
| 4) UV lamp (bulb) with male connector | |

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

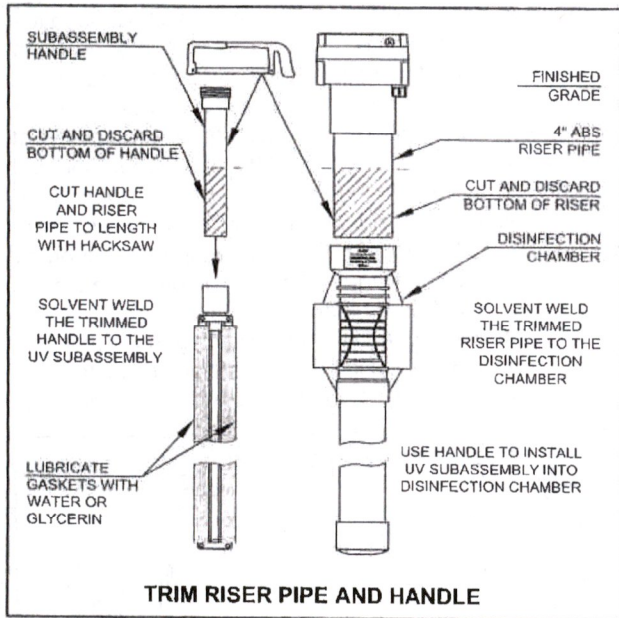
1. The excavation for the upstream wastewater treatment system should include an additional 3 feet of length to allow for installation of the Model AT 1500.
2. Carefully unpack the Model AT 1500 system. Remove and properly discard all packaging materials from the system components. The UV lamp should 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.



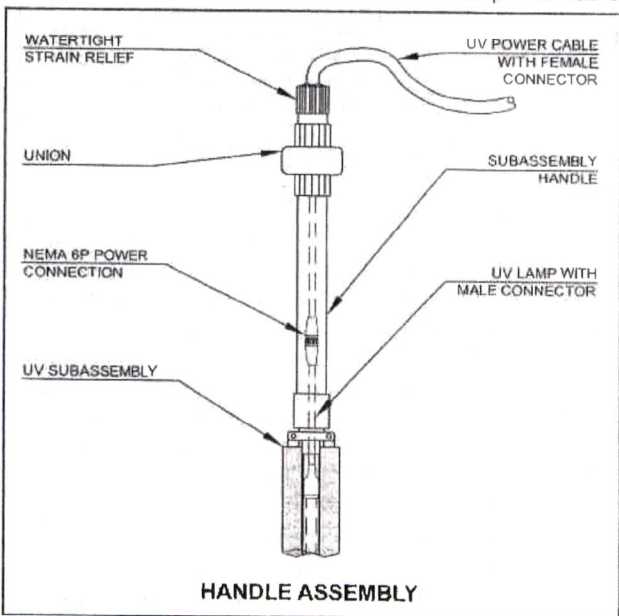
4. Solvent weld the effluent line of the upstream treatment system to the 4" inlet hub of the Model AT 1500. Next, solvent weld the 4" outlet hub to the final effluent line. Cover the open top of the disinfection chamber and backfill up to the bottom of the plumbing.

AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)

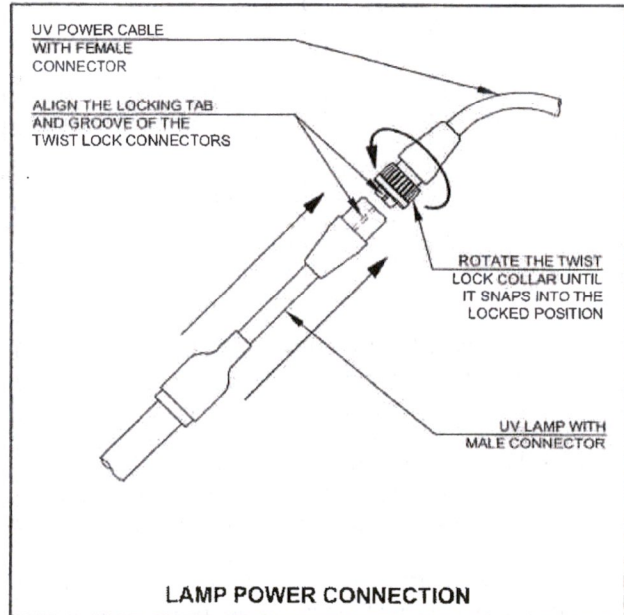
- The control enclosure should be completely above grade in the finished installation. The riser pipe and subassembly handle are purposely manufactured longer than necessary and must be trimmed. Fit the riser pipe into the top of the disinfection chamber and mark a trim line on the bottom. Mark the subassembly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



- Disassemble the union on subassembly handle and set aside the top portion with UV power cable.
- Use a hacksaw to cut along the trim line on both the riser pipe and handle to make them the proper length.
- Solvent weld the riser pipe to the disinfection chamber and solvent weld the handle to the UV subassembly.
- 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".



- Remove the threaded access plug from the riser pipe.
- 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.
- 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.
- 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.
- Use water or glycerin to lubricate the rubber gaskets located on both sides of the UV subassembly.
- 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.
- Fill the disinfection chamber with clean water.

MANUFACTURED BY

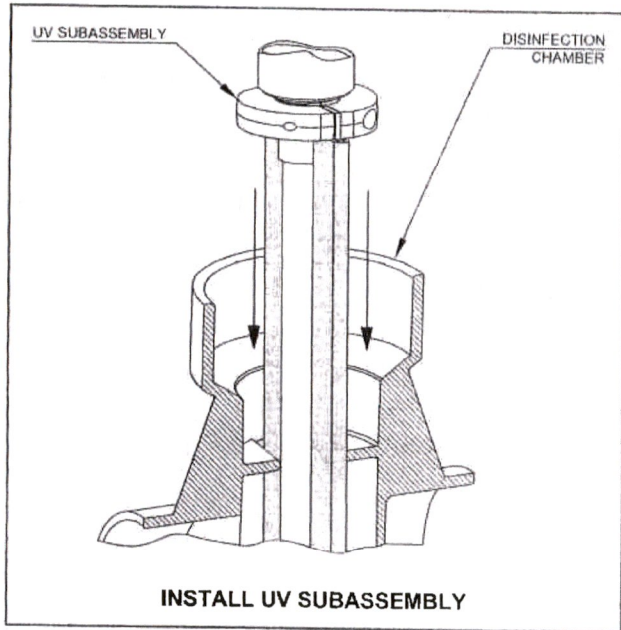
norweco

Flow Control Disinfection Systems
and Water Treatment

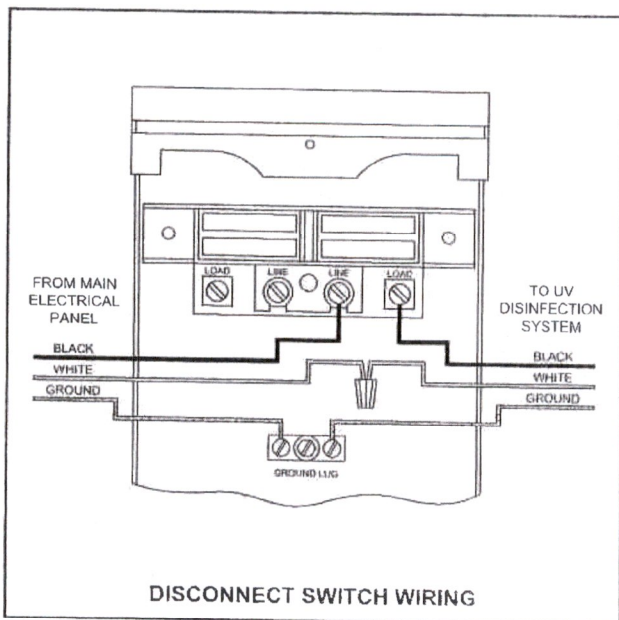
**NORWECO, INC.
NORWALK, OHIO
U.S.A. 44857**

www.norweco.com

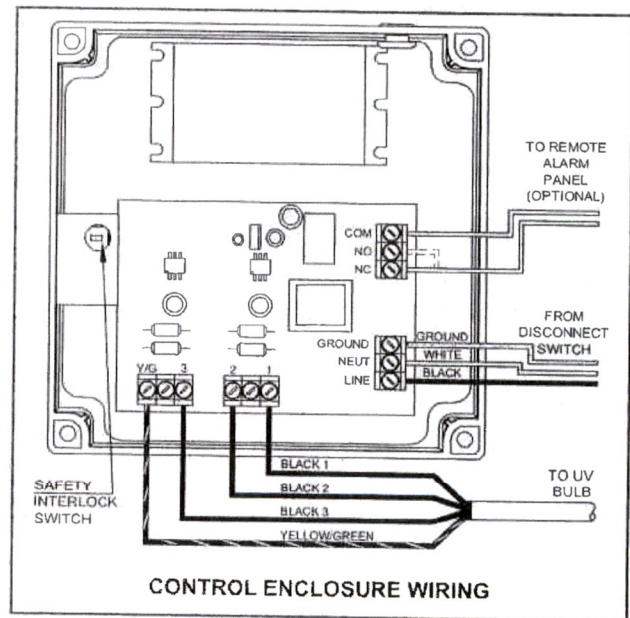
AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)



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.



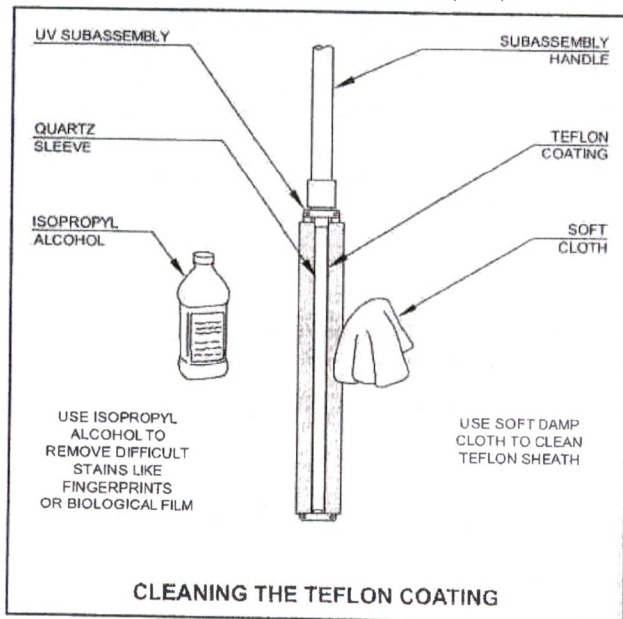
28. Reinstall the electrical insulator and four thumb screws. Make sure that the cutout for the safety interlock switch is positioned correctly over the switch.
29. Reinstall the control enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the 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

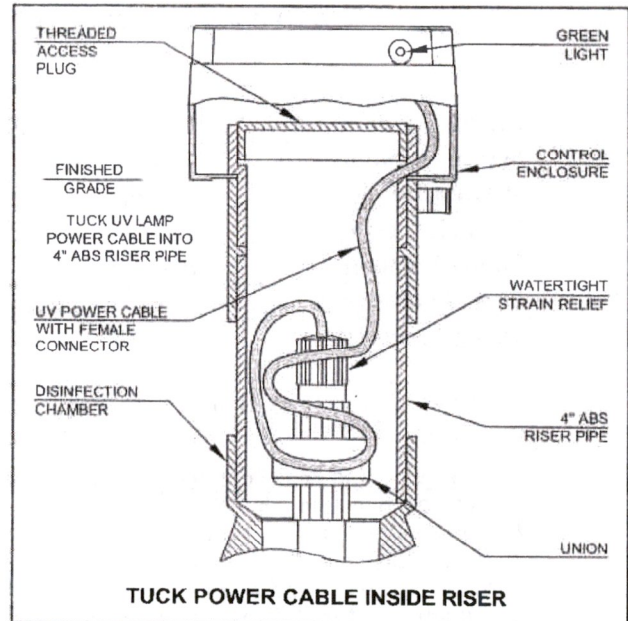
UV protective eyewear must be worn during service or any time the lamp may be illuminated. It is recommended that the subassembly be removed and serviced every six months to insure proper disinfection. To inspect and clean the Teflon coating:

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.



WASTEWATER SYSTEM SERVICE AND MAINTENANCE AGREEMENT

System Owner:	Michael and Courtney Benson
System Location:	13691 Mars Hill Rd, Bauxite, AR
Wastewater System:	Microfast 0.5 surface Discharge with UV Disinfection
Daily Flow Limit:	500 GPD
Phone Number(s):	870-245-7218
Email Address(es):	Mbenson1804@gmail.com
Billing Address:	

In consideration of the mutual covenants in this Agreement, the sufficiency of which is hereby acknowledged, MEINCO Wastewater Systems, Inc. ("MEINCO") and ("SYSTEM OWNER") agree as follows:

1. **Service and Maintenance Fees.** Commencing as of the Effective Date (defined in the footer) and continuing each month (the "Billing Cycle") through the Term (defined in Section 4 below), SYSTEM OWNER shall pay to MEINCO (a) the service and maintenance fees stated at the bottom of the table on the first page of EXHIBIT A attached hereto (the "Service and Maintenance Expenses") and (b) the consumable material expenses stated at the bottom of the table on the second page of EXHIBIT A attached hereto ("Consumable Materials Expense") (Service and Maintenance Expenses and Consumable Materials Expense are referred to as "Service and Maintenance Fees"). With thirty (30) days' prior written notice to SYSTEM OWNER, MEINCO may amend EXHIBIT A one or more times, if MEINCO deems an amendment necessary in MEINCO's sole discretion to capture additional unforeseen Service and Maintenance Fees and any actual Consumable Material Expenses.
2. **Service and Maintenance Responsibilities.** SYSTEM OWNER grants MEINCO access to the System Location (defined above) and the Wastewater System (defined above) and all components of the Wastewater System, including any alarm system, pressure pump, riser, or tank connected to the Wastewater System (collectively, the "SYSTEM") to perform the following routine service and maintenance services on the SYSTEM (collectively, "Routine Service and Maintenance"):
 - (a) during normal business hours Monday through Friday (excluding any national holidays): MEINCO agrees to the following, as recommended by the SYSTEM's manufacturer to:
 - i. conduct inspections of the SYSTEM; and
 - ii. perform routine maintenance to the SYSTEM;
 - (b) prepare field reports documenting the SYSTEM's performance, as required by the Arkansas Department of Health (ADH) or other applicable federal, state, or local regulatory agency;
 - (c) manage analytical sampling of the SYSTEM performance per regulatory permit requirements to include the following:
 - i. submit analytical data to regulatory agency, if applicable;
 - ii. retain and file written copies of analytical data per regulatory agencies permit requirements, if applicable;
 - (d) communicate, in writing, any recommendations that MEINCO believes the SYSTEM requires to operate efficiently; and
 - (e) within 8 hours after receiving any emergency service request, respond to the request either verbally or at the System Location (as MEINCO deems necessary).
3. **Excluded Service and Maintenance Responsibilities.** Unless MEINCO and SYSTEM OWNER agree otherwise in writing, MEINCO has no obligation to repair, replace, or perform any of the following in relation to the SYSTEM (collectively, the "Excluded Service and Maintenance Responsibilities"):
 - (a) monitoring or taking any action to adjust the SYSTEM's inflow rate, or

(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.

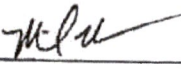
10. **No Partnership or Joint Venture.** Nothing contained in this Agreement shall constitute or be construed to be or create a partnership or joint venture between SYSTEM OWNER and MEINCO.

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,

explosion, collapse of structures, riot, war, acts of terrorism, labor disputes, delays or restrictions by government action (including, without limitation, any federal, state, or local order, ordinance, or warning to shelter in place or otherwise restrict public interactions), inability to obtain necessary materials, or any other cause beyond MEINCO's reasonable control.

EXECUTED AND ENTERED INTO AS OF THE EFFECTIVE DATE.

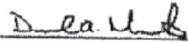
SYSTEM OWNER:

By: 

Title: Owner

MEINCO:

MEINCO Wastewater Systems, Inc.

By: 

Title: Owner



Arkansas Department of Health

4815 West Markham, Slot 46
Little Rock, Arkansas 72205-3867

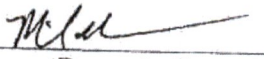
MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

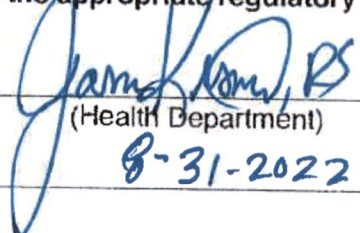
This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

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:

8/22/22

DATE:

8-31-2022



- 
via AR-183 N **18 min**
 Fastest route now due to traffic conditions 11.4 miles
- 
via AR-35 and Mars Hill Rd **18 min**
11.6 miles
- 
via AR-35 and Bauxite Cutoff Rd **21 min**
11.9 miles

Explore 13298-13026 Mars Hill Rd

ADEQ

Check Number 109206
Check Date: Apr 13, 2023
Duplicate
Check Amount \$200.00

Discount Taker Amount Paic
200.00

Item to be Paid - Description

Licenses, Permits & Fees

9420

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

109206

WACO MANUFACTURING, INC.
MANUFACTURERS OF ALUMINUM BOATS
WACO CRAFT & ALOHA PONTOON BOATS

11850 ARCH STREET PIKE • LITTLE ROCK, AR 72206
(501) 753-2866 WWW.ALOHAPONTOONS.COM

FIRST SECURITY BANK
ARKANSAS
81-153/829

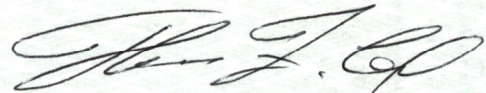
Memo:

Two Hundred and 00/100 Dollars

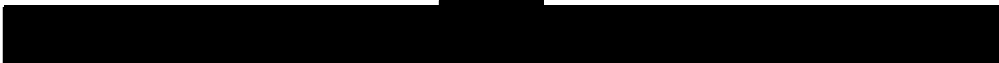
DATE AMOUNT
Apr 13, 2023 *****\$200.00

PAY
TO THE
ORDER
OF

ADEQ
5301 NORTSHORE DRIVE
N. LITTLE ROCK, AR 72118



AUTHORIZED SIGNATURE





Meinco, Inc
PO Box 1001 Bryant, AR 72089



RDC 99



72118

U.S. POSTAGE PAID
FCM LG ENV
BRYANT, AR
72089
MAY 17, 23
AMOUNT

\$3.18

R2304M113914-10

ADEQ
Water Permits
5301 Northshore Drive
North Little Rock, AR 72118