

## **Nancy Koon (adpce.ad)**

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**From:** johnsonsofdq@yahoo.com  
**Sent:** Monday, May 29, 2023 11:44 AM  
**To:** Water Permit Application  
**Subject:** Jesse Rubio ARG550 NOI  
**Attachments:** Jesse Rubio NOI.pdf; Jesse Rubio ADH Docs.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please see the attached ARG550 NOI for Jesse Rubio. For any correspondence or questions concerning this permit, I can be reached at johnsonsofdq@yahoo.com or 870-584-6664.

Thank you.

Tyler Johnson  
General Manager  
Johnson's Services, Inc.  
PO Box 123  
De Queen, AR 71832  
870-642-2787

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): Jesse Rubio Operator Type:  
✕ Permittee Mailing Address: 1663 Hwy 70 W  State  Partnership  
✕ Permittee City: De Queen  Federal  Corporation\*  
✕ Permittee State: AR Zip: 71832  Sole Proprietorship/Private  
✕ Permittee Telephone Number: 870-784-3824 \*State of Incorporation: \_\_\_\_\_  
✕ Permittee Fax Number: N/A The legal name of the Permittee must be  
✕ Permittee E-mail Address: jessemtz93@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: N/A  
Invoice Mailing Company: N/A State: N/A Zip: N/A  
Invoice Mailing Address: N/A Telephone: N/A

III. FACILITY INFORMATION

Facility Name: Jesse Rubio Facility Contact Person: Jesse Rubio  
Facility Address: 1663 Hwy 70 W Telephone Number: 870-784-3824  
Facility County: Sevier Facility City, State & Zip: De Queen, AR 71832  
Facility Latitude: 34 Deg 2 Min 32.53 Sec Facility Longitude: 94 Deg 22 Min 54.87 Sec  
Accuracy: - Method: - Datum: - Scale: - Description: -

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 900 gpd (Gallons per Day)  
Stream Segment: 2C Hydrologic Basin Code: 11140100  
Outfall Latitude: 34 Deg 2 Min 28.89 Sec Outfall Longitude: 94 Deg 23 Min 0.77 Sec  
Accuracy: - Method: - Datum: - Scale: - Description: -  
Type of Treatment: Norweco Singulain Model 960 - 1000 GPD  
Receiving Stream: Red 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

VI. OTHER INFORMATION:

Operator Name: Cherry  
 Operator License Number: III License Class: 006995  
 Consultant Contact Name: Tyler Johnson  
 Consultant Email Address: johnsonstfd@a-ychoo.com  
 Consultant Address: PO Box 123 City: De Queen State: AR Zip: 71832  
 Consultant Phone Number: 870-584-6664 Consultant Fax Number: 870-642-4099

Has this treatment system been approved by AHD? Yes  No

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: [http://www.adeq.state.ar.us/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

VII. CERTIFICATION OF OPERATOR

Cy (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
Cy (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."  
Cy (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: Jesse Rubin Title: Homeowner  
 Responsible Official Signature: [Signature] Date: 5-20-23  
 Responsible Official Email: Jesse.mtz93@gmail.com  
 Cognizant Official Printed Name: Tyler Johnson Title: Installer & CMP  
 Cognizant Official Signature: [Signature] Telephone: 870-584-6664  
 Cognizant Official Email: johnsonstfd@a-ychoo.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?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of AHD Form EHP-19?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input type="checkbox"/>	



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number  
**25821868**

*Cost Estimate*

**Individual Onsite Wastewater System Permit Application**

Permit Type  New Installation  
 Alteration / Repair

DR Environmental ID #

0029000159

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input checked="" type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input 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)

STD = Standard Septic Tank     ATU = Aerobic Treatment Plant     STD = Standard Absorption Field     LPD = Low Pressure Distribution  
 ISF = Intermittent Sand Filter     RSF = Re-circulating Sand Filter     SUR = Surface Discharge     HLD = Holding Tank  
 PMF = Proprietary Media Filter     RGF = Re-circulating Gravel Filter     CPF = Capping Fill     SRL = Serial Distribution  
 OTH = Other (Describe)     HLD = Holding Tank     OTH = Other     DRP = Drip Irrigation

1. Owner's/Applicant's Name: Jesse Kubick 2. Phone Number: \_\_\_\_\_

3. Mailing Address: Po Box 123 DeQueen AR 71832 4. County: Sevier

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 1663 Hwy 70W DeQueen AR 71832

6. Subdivision Name: N/A 7. Approval Date: N/A 8. Date Recorded: N/A 9. Lot Number: N/A

10. Lot Dimensions: 515 x 865 11. Total Area (Acres): E 4.730 12. # Bedrooms # People: 60 ppl 13. Daily Flow (GPD): 900

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Attach Report S-27 T-085 R-32W

15. Water Supply (Specify supplier, if Public Water): Sevier County Water 16. GPS Coordinates: 34° 2' 28.89" N 94° 23' 0.77" W

17. Loading Rates (gpd/ft <sup>2</sup> )	18. System Specifications			
Primary Area: <u>N/A</u>	a. Size of Septic Tank: <u>ATU</u>	gal	f. Trench Depth: <u>N/A</u>	inches
Secondary Area: <u>N/A</u>	b. Size of Dose Tank: <u>—</u>	gal	g. Trench Spacing: <u>N/A</u>	feet
Percolation Test (min/in): <u>—</u>	c. Absorption Area: <u>—</u>	ft <sup>2</sup>	h. Trench Media (List Below): <u>Surface</u>	
Primary Area Avg: <u>—</u>	d. Number of Field Lines: <u>—</u>		i. Trench Width: _____ in	
Secondary Area: <u>—</u>	e. Length of Field Lines: <u>—</u>	ft		

**TO THE OWNER**  
The permit for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after approval of this permit, or if the information within this permit is inaccurate or has been found to be misrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.

19. Utilization Verification  
I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

Owner/Applicant Signature: \_\_\_\_\_ Date: 12/13/22

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: Johany Escere Plunk Jr Title: Land Surveyor Soil Certified:  Yes  No

Print Name: \_\_\_\_\_ Date: 01-23-23 Phone Number: 870-779-8002

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: David Wilson EHS Number: 331 Date: 4-5-23

Grease Trap must be spec'd by licensed plumber.

