

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000**

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): <u>Grant Garrett Excavating, Inc.</u>	Operator Type:
Permittee Mailing Address: <u>2228 Cottdale Lane Suite 220</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Little Rock</u>	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> Corporation*
Permittee State: <u>Arkansas</u> Zip: <u>72202</u>	<input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>501-249-4594</u>	*State of Incorporation: <u>Ar</u>
Permittee Fax Number: <u>NA</u>	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee E-mail Address: <u>NA</u>	

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

Invoice Contact Person: <u>Grant Garrett</u>	City: <u>Benton</u>
Invoice Mailing Company: <u>Garrett Excavating</u>	State: <u>Arkansas</u> Zip: <u>72015</u>
Invoice Mailing Address: <u>5500 US 67</u>	Telephone: <u>501-625-0740</u>

III. FACILITY INFORMATION

Facility Name: <u>Garrett Excavating (Office)</u>	Facility Contact Person: <u>Cathy</u>
Facility Address: <u>5500 US 67</u>	Telephone Number: <u>501-625-0740</u>
Facility County: <u>Saline</u>	Facility City, State & Zip: <u>Benton, Arkansas 72015</u>
Facility Latitude: <u>34 Deg 32 Min 12.5 Sec</u>	Facility Longitude: <u>92 Deg 38 Min 33.2 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: <u>001</u>	Flow: <u>500</u> gpd (Gallons per Day)
Stream Segment: <u>3C</u>	Hydrologic Basin Code: <u>111 102 07</u>
Outfall Latitude: <u>34 Deg 32 Min 16 Sec</u>	Outfall Longitude: <u>92 Deg 38 Min 37.3 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____
Type of Treatment: <u>Bio Microbics Microfasst 0.5 with UV and Post Aeration</u>	
Receiving Stream: <u>Arkansas River</u>	

V. FACILITY PERMIT INFORMATION

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

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: 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.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

DM (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
DM (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."
DM (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: Billy Green Title: Owner Safety Mgr
Responsible Official Signature: Billy Green Date: 4-7-23
Responsible Official Email: Billy.Green@garrett.com
Cognizant Official Printed Name: David Meints Title: Class III Operator
Cognizant Official Signature: David Meints 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: 7080
Submittal of AHD Form EHP-19?
Submittal of Site Map?

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5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
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Submittal
Statement?

of

Disclosure



ON FILE

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

INSTRUCTIONS FOR DISCLOSURE STATEMENT

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.

Disclosure statement means a written statement by the applicant that contains:

- The full name and business address of the applicant and all affiliated persons;
- The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or that is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions:

The following persons or entities are not required to file a disclosure statement:

- Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-702. (This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly.)
- Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Exemptions continued:

The following permits, licenses, certifications, and operational authorizations are also exempt from submitting a disclosure statement:

- **Hazardous Waste Treatment, Storage, and Disposal Permit Modifications (Class 1, 2, and 3), as defined in Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation 23;**
- **Phase 1 Consultants, as defined in APC&EC Regulation 32;**
- **Certifications for Operators of Commercial Hazardous Waste Facilities, as defined in APC&EC Regulation 23 § 264.16(f);**
- **Regulated Storage Tank Contractor or Individual License Renewals as defined in APC&EC Regulation 12;**
- **Certifications for Persons Operating and Maintaining Underground Storage Tank Systems which Contain Regulated Substances, as defined in APC&EC Regulation 12.701, *et. seq.*;**
- **Individual Homeowners seeking coverage under General Permit ARG5500000;**
- **Wastewater Operator Licenses, as defined in APC&EC Regulation 3;**
- **Water Permit Modifications for permits issued under the authority of the Arkansas Water and Air Pollution Control Act (Ark. Code Ann. §8-4-101, *et. seq.*);**
- **Solid Waste Permit Modifications for permits issued under APC&EC Regulation 22;**
- **Solid Waste Landfill Operator License Renewals, as defined in Regulation No. 27;**
- **Air Permit Modifications for permits issued under APC&EC Regulations 18, 19, and 26; and**
- **Asbestos Certification Renewals, as defined in Regulation 21.**

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.

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)

Grant Garrett Excavating, Inc.

2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) :

5500 US 67

3. CITY, STATE, AND ZIPCODE:

Benton, Arkansas 72015

4a. Applicant Type:

Individual Corporate or Other Entity

4b. Reason for Submission:

Permit License Certification Operational Authority

New Application Modification Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)

4c. Division:

Air Water Hazardous Waste Regulated Storage Tank Mining 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 NA

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.)

N/A

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.)

N/A

* 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: Grant Garrett TITLE: Owner

STREET: 5500 US 67

CITY, STATE, ZIP: Benton, AR 72015

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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

NAME: N/A 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: N/A 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: Todd Rodgers TITLE: JR Project Manager

STREET: 5500 US 67

CITY, STATE, ZIP: Benton AR 72015

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: N/A TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

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: N/A 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: N/A 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.

N/A

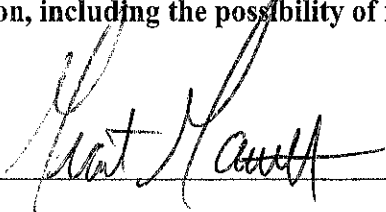
18. VERIFICATION AND ACKNOWLEDGEMENT

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, Grant Garrett, 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: 6/22/23

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

Receipt Number
24097054

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID # **original permit # 2223/292**

7 6 0 1 0 5 5 4 7

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input checked="" type="checkbox"/>

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

<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 Garrett Excavating, Inc. Joe Morris		2. Phone Number (501) 249-4594	
3. Mailing Address 12913 I-30, Benton, Arkansas 72015		4. County Saline	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 5500 Hwy 67, Benton, Arkansas 72015			
6. Subdivision Name n/a	7. Approval Date n/a	8. Date Recorded n/a	9. Lot Number n/a
10. Lot Dimensions See Plat	11. Total Area (Acres) <i>See next page</i>	12. # Bedrooms # People Commercial-20	13. Daily Flow (GPD) 400
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Section 19, Township 2 South, Range 15 West, Saline County, Arkansas			
15. Water Supply (Specify supplier, if Public Water) Public Water		16. GPS Coordinates 34.53767, -92.64388	
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 in

TO THE OWNER

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

19. Utilization Verification

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

Owner/Applicant Signature See attached Date _____

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

David A. Meints

Designated Representative

Soil Certified Yes No

Designated Representative Signature

Title

David A. Meints

01/27/2021

501-821-3837/501-804-0837

Print Name

Date

Phone Number

21. Approval of Health Authority

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

Jamie K. Jones, R.S.
Environmental Specialist Signature

836

EHS Number

3-23-21

Date

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

22. Soil Criteria (Primary Area)								Indicate the depth to items a-f, if observed in the soil (designate in inches)							
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)								
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a								
23. Soil Criteria (Secondary Area)								Indicate the depth to items a-f, if observed in the soil (designate inches)							
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)								
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a								
24. Seasonal Water Table (SWT) Classes Detail															
Primary Area				List Redoximorphic Features and/or Clay Content Restrictions											
Brief	in	n/a													
Moderate	in	n/a													
Long	in	n/a													
Secondary Area				List Redoximorphic Features and/or Clay Content Restrictions											
Brief	in	n/a													
Moderate	in	n/a													
Long	in	n/a													
Comments		This site had a permit, receipt 22231292, utilizing an ATU with a drip field. The property was purchased by Garrett Excavating and the drip field has been covered with fill and is no longer viable. This permit documents where to surface discharge and requires an NDPES through ADEQ.													

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
Comments		_____ Date	
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)			
_____ Signature		_____ EHS / License Number	_____ Date



Arkansas Department of Health
Environmental Health Protection

Receipt Number
24097054

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 1 0 5 5 5 4 7

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Disposal Method (check one)

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<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 Garrett Excavating, Inc. Joe Morris		2. Phone Number (501) 249-4594	
3. Mailing Address 12913 I-30, Benton, Arkansas 72015		4. County Saline	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 5500 Hwy 67, Benton, Arkansas 72015			
6. Subdivision Name n/a	7. Approval Date n/a	8. Date Recorded n/a	9. Lot Number n/a
10. Lot Dimensions See Plat	11. Total Area (Acres) 16.91 Acres	12. # Bedrooms # People Commercial-20	13. Daily Flow (GPD) 400
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Section 19, Township 2 South, Range 15 West, Saline County, Arkansas			
15. Water Supply (Specify supplier, if Public Water) Public Water		16. GPS Coordinates 34.53767, -92.64388	
17. Loading Rates (gpd/ft ²)	18. System Specifications		
Primary Area n/a	a. Size of Septic Tank ATU gal	f. Trench Depth n/a inches	
Secondary Area n/a	b. Size of Dose Tank n/a gal	g. Trench Spacing n/a feet	
Percolation Test (min/in)	c. Absorption Area n/a ft ²	h. Trench Media (List Below)	i. Trench Width
Primary Area Avg n/a	d. Number of Field Lines n/a	n/a	n/a in
Secondary Area n/a	e. Length of Field Lines n/a ft	n/a	n/a in

TO THE OWNER

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

19. Utilization Verification

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

Owner/Applicant Signature _____ Date _____

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

David A. Meints

Designated Representative

Soil Certified Yes No

Designated Representative Signature

Title

David A. Meints

01/10/2021

501-821-3837/501-804-0837

Print Name

Date

Phone Number

21. Approval of Health Authority

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

Environmental Specialist Signature

EHS Number

Date

James Kisner

From: David Meints <david@meincowastewater.com>
Sent: Monday, March 22, 2021 4:42 PM
To: James Kisner
Subject: Garrett Excavating
Attachments: EHP-19 Revised.pdf

James-

16.91 acres if you add up all the parcels. Attached is page 1 with that info, or this email will suffice. The owner has 16.91 acres to contend with. I missed that info on the front end. Apologize.

David-

From: James Kisner <James.Kisner@arkansas.gov>
Sent: Monday, March 22, 2021 10:12 AM
To: David Meints <david@meincowastewater.com>
Subject: RE: Garrett Excavating

I haven't received the revised EHP-19 showing acreage yet, just reminding ya

James Kisner, RS
Senior Environmental Specialist
Garland County Health Unit
1425 Malvern Avenue
Hot Springs, AR 71901
(501) 624-0466 OFFICE
(501) 282-6274 CELL



From: David Meints <david@meincowastewater.com>
Sent: Sunday, March 14, 2021 11:31 AM
To: Cathy Logan <cathy@garrettx.com>
Cc: Joe Morris <joe.morris@garrettx.com>; James Kisner <James.Kisner@arkansas.gov>
Subject: Garrett Excavating

Cathy-

I will need something official stating the owners of Garrett Excavating and Dirtcrete, LLC are the same. It can be a one-line sentence on letterhead.

The tract of land Dirtcrete resides on is not big enough to have an ATU with a surface discharge. I need to show on the permit more than 3 acres. Showing the ownership is all the same folks will appease ADH.

Thanks.

David-

From: Cathy Logan <cathy@garrettx.com>
Sent: Friday, March 12, 2021 9:07 AM
To: David Meints <david@meincowastewater.com>
Cc: Joe Morris <joe.morris@garrettx.com>
Subject: RE: Garrett Excavating

Yes

From: David Meints <david@meincowastewater.com>
Sent: Friday, March 12, 2021 8:34 AM
To: Cathy Logan <cathy@garrettx.com>
Cc: Joe Morris <joe.morris@garrettx.com>
Subject: Re: Garrett Excavating

CAUTION: This email originated from outside of Garrett Companies. Do not click links or open attachments unless you recognize the sender and know the content. Report suspicious emails to your administrator.

Is Dirtcrete, LLC owned by the same people as Garrett Excavating?

Sent from my iPhone

On Mar 12, 2021, at 8:29 AM, Cathy Logan <cathy@garrettx.com> wrote:

It is Dirtcrete, LLC.

From: Joe Morris <joe.morris@garrettx.com>
Sent: Friday, March 12, 2021 8:04 AM
To: Cathy Logan <cathy@garrettx.com>
Cc: David Meints <david@meincowastewater.com>
Subject: FW: Garrett Excavating

Cathy-

Can you give David the details on the office property.

Thanks,

Joe

From: David Meints <david@meincowastewater.com>
Sent: Friday, March 12, 2021 8:02 AM
To: Joe Morris <joe.morris@garrettx.com>
Subject: Garrett Excavating

CAUTION: This email originated from outside of Garrett Companies. Do not click links or open attachments unless you recognize the sender and know the content. Report suspicious emails to your administrator.

Joe-

The area the new office building on is recorded as something other than Garrett Excavating. Is it a different company or the same folks just a different name?

David-

From: James Kisner <James.Kisner@arkansas.gov>
Sent: Thursday, March 11, 2021 4:30 PM
To: David Meints <david@meincowastewater.com>
Subject: Re: Garrett Excavating

Can you please put the total acreage on the EHP-19 so I can issue the Permit for Construction?

Sent via the Samsung Galaxy S10e, an AT&T 5G Evolution capable smartphone
Get [Outlook for Android](#)

From: David Meints <david@meincowastewater.com>
Sent: Monday, March 8, 2021 8:03:09 PM
To: James Kisner <James.Kisner@arkansas.gov>
Subject: RE: Garrett Excavating

James, if I add up all the parcels they own, from highway to highway, it is 17.25 acres. David-

From: James Kisner <James.Kisner@arkansas.gov>
Sent: Monday, March 8, 2021 4:20 PM
To: David Meints <david@meincowastewater.com>
Subject: Garrett Excavating

Just a reminder that I need the new property description for the proposed surface discharge for Garrett Excavating

Sent via the Samsung Galaxy S10e, an AT&T 5G Evolution capable smartphone
Get [Outlook for Android](#)

Zoeller Company System Head Curve and Pump Selection Tool

Static Head Information
Static Head - elevation difference from low water to outfall
System high point above outfall?

23.0 feet
No

Friction Head Information
Pipe
How many different pipes in the system (not counting laterals)?

Pipe 1 Length	1
Pipe 1 Size	220 feet
Pipe 1 Class	2 inches
Pipe 2 Length	
Pipe 2 Size	SCH 40
Pipe 2 Class	
Pipe 3 Length	
Pipe 3 Size	
Pipe 3 Class	

Pressurized Laterals? No

Fittings & Discharge Assemblies

Type	Discharge Assembly	Size	1/4 inches	Quantity

Special Friction Considerations

Weep Hole: Yes No 1/8"

Add-In Friction: 15% of Pipe Loss: Yes No

Automatic Multizone Valve: Yes No

Pressure Filter: Yes No

Operating Head Information

System Type: Non-Pressurized

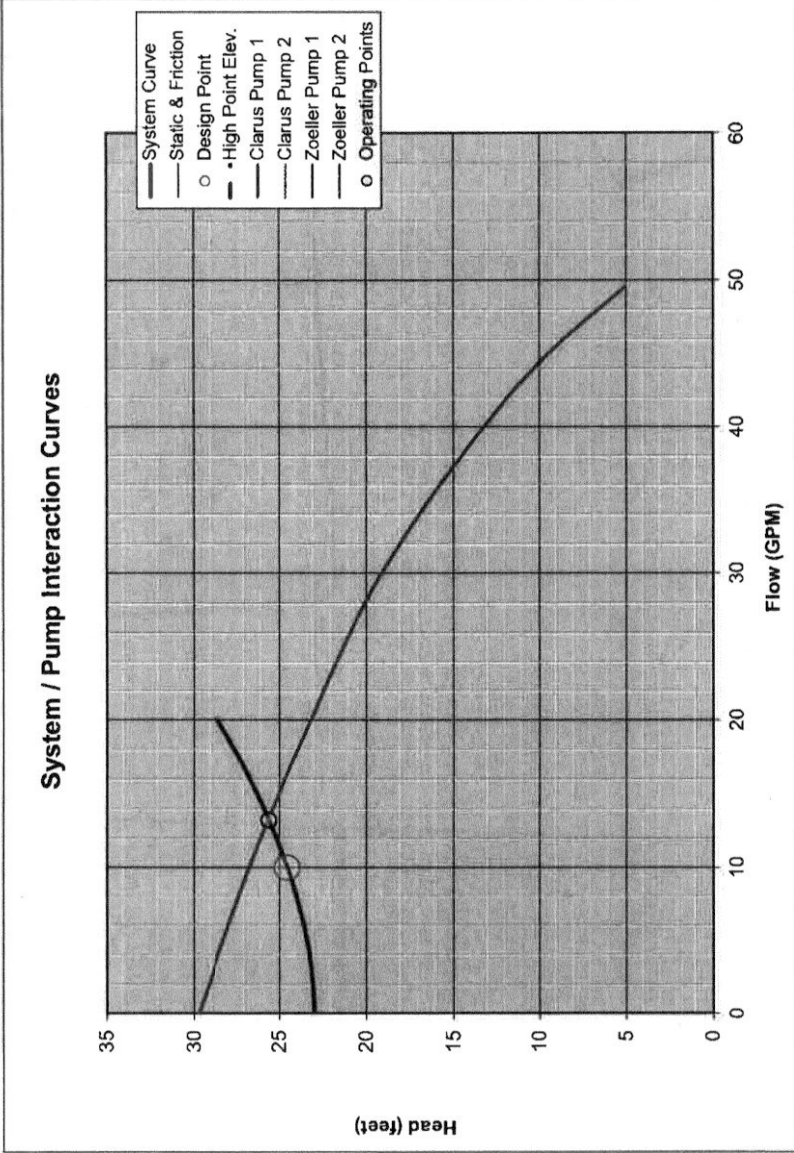
Specify Flow Requirement? Yes No

Factors and Coefficients

Hazen-Williams C Factor: 130

Discharge Coefficient (Cd): 0.61

Lateral Design Mode: Off



NOTE: THE DISPLAYED PUMP CURVES HAVE BEEN ADJUSTED TO ACCOUNT FOR THE EFFECT OF THE WEEP-HOLE

Flow Requirement: 10.0 GPM

Design Point: 10.0 GPM @ 24.5' TDH

Curve Zoom Range: 20 GPM

Pump Selection	60 Hz	Frequency	Operating Points
Clarus Environmental Pumps			
Clarus Pump 1			
Clarus Pump 2			
Zoeller Pump Company Pumps			
Zoeller Pump 1	151, 0.3mp, 60Hz		13.2 GPM @ 25.6'
Zoeller Pump 2			

Project Data

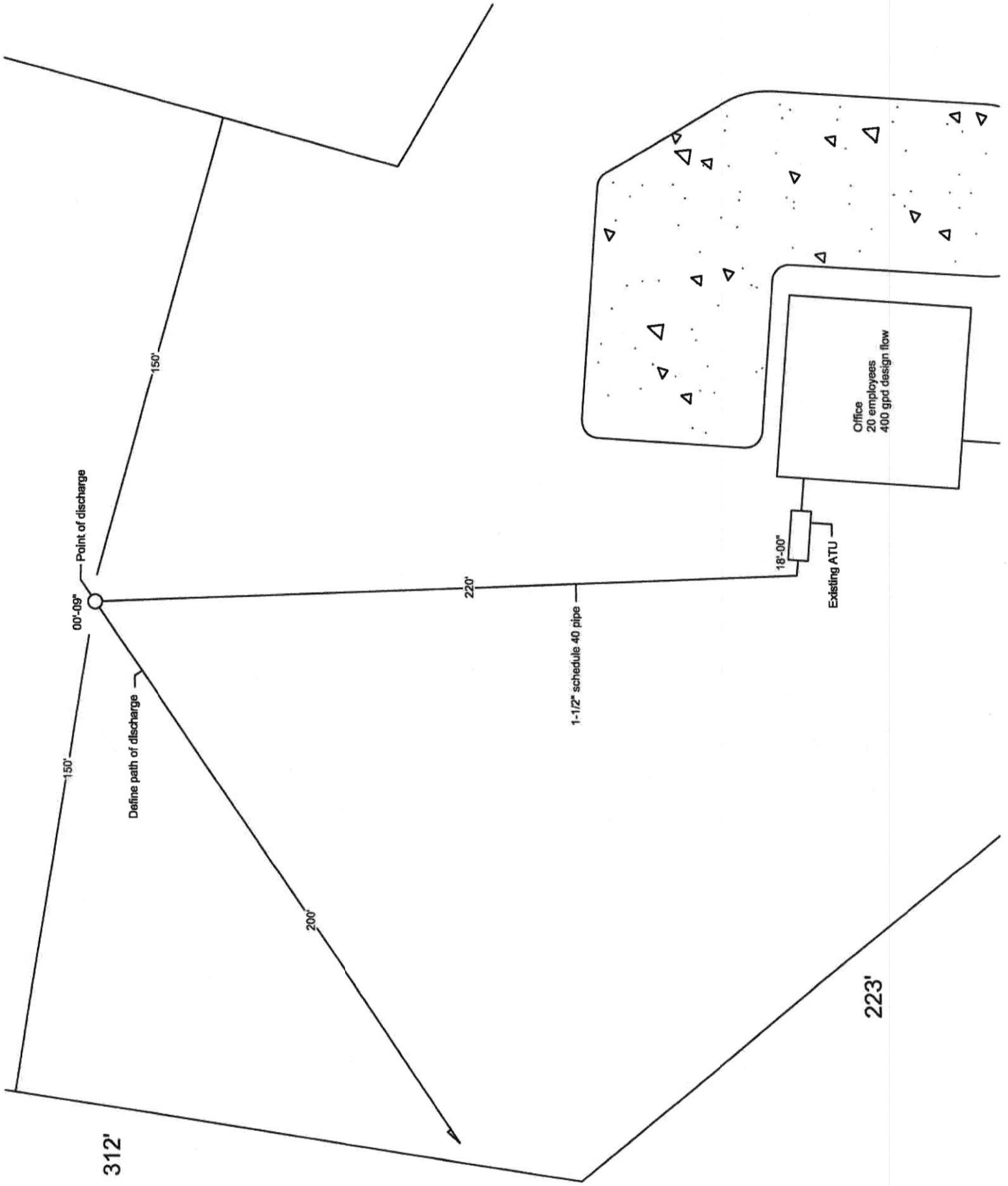
Project Name: Garrett Excavating - Office

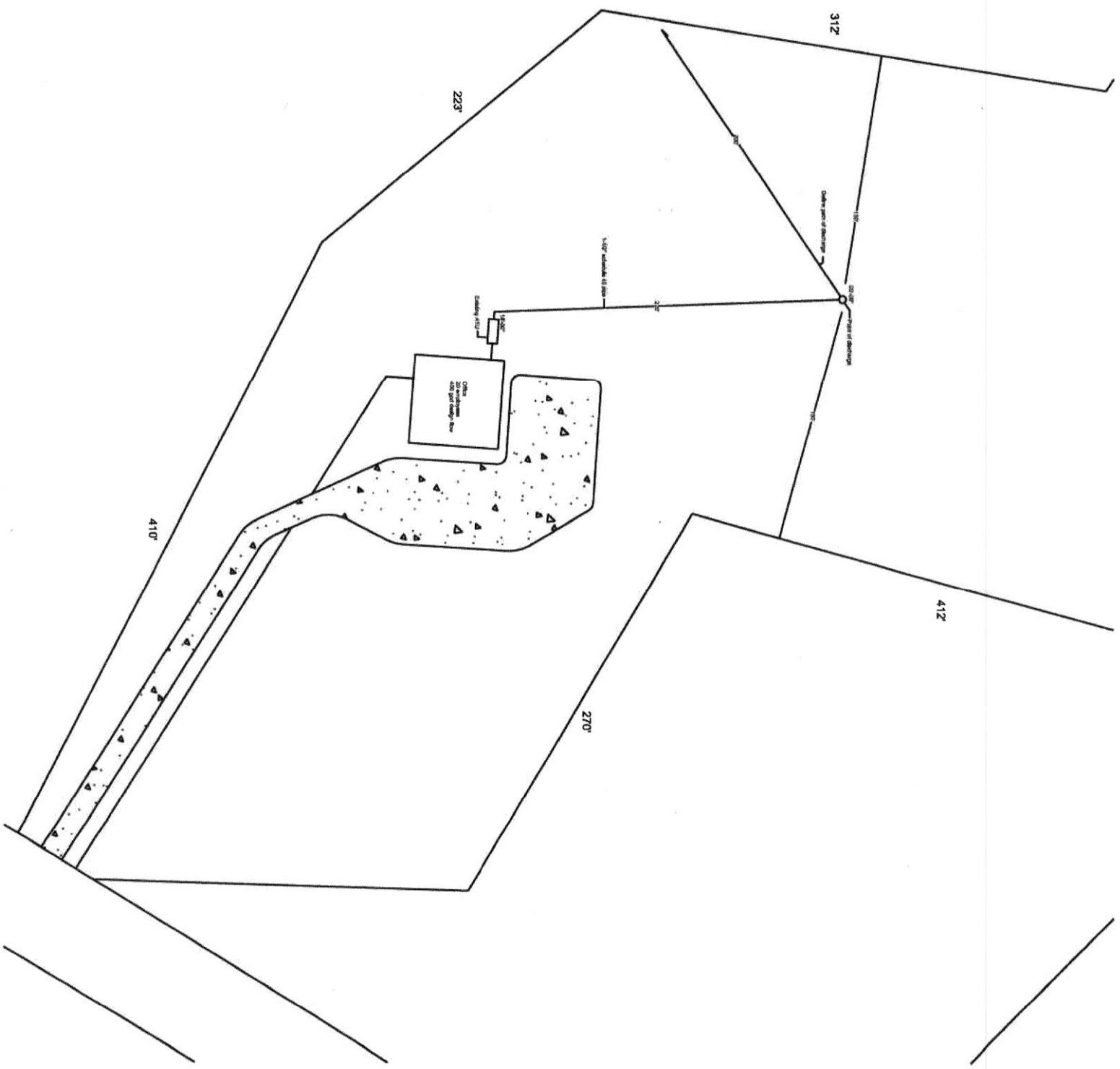
Project Address: 5500 US-67
Benton, Arkansas 72019

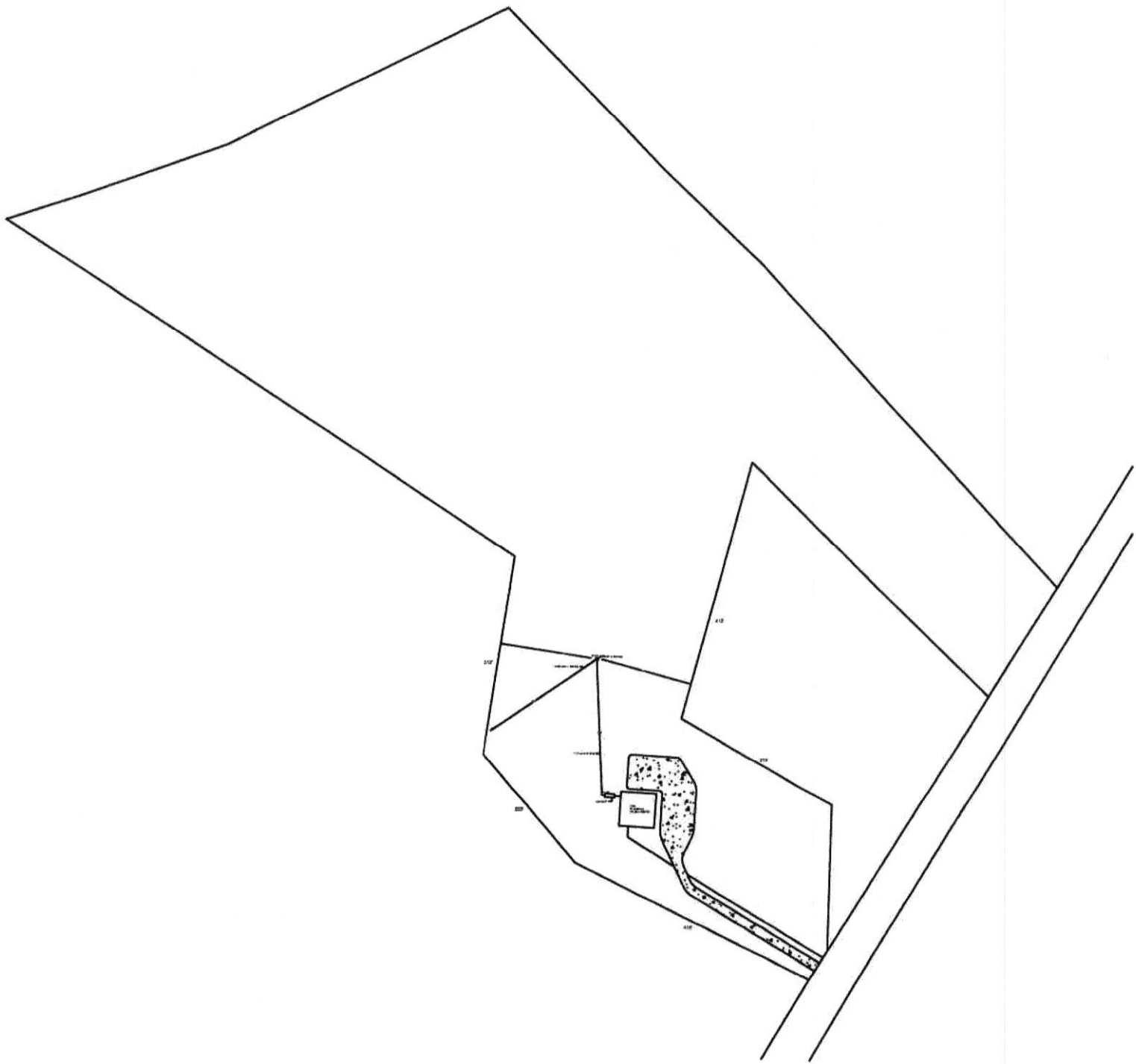
Contact Info: David A. Meints
501-503-9929

Notes:

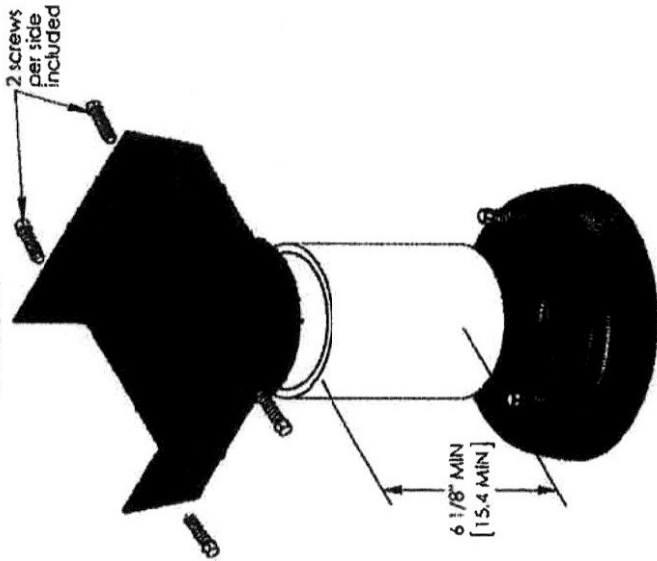
- 1 1/4" discharge assembly
- 2" discharge line





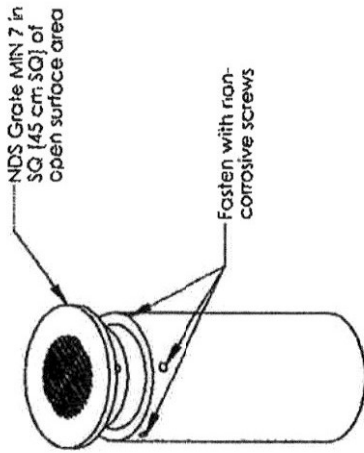


Minimum leg extension assembly
see note 1-4

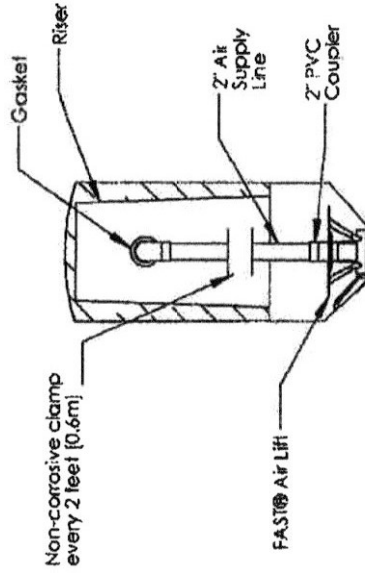
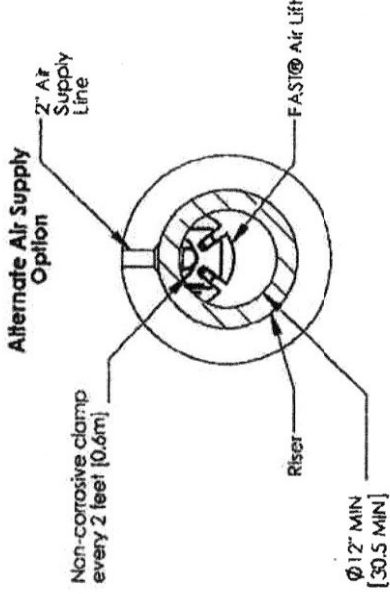


DETAIL
SCALE 1 : 5

FAST® Vent Option



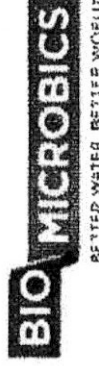
DETAIL
SCALE 1 : 4



Notes

1. Secure leg extension to the FAST® unit by placing two screws on each side of the leg extension (4 screws per foot are included).
2. Cut 4" schd. 40 PVC pipe (not included) to obtain the desired height. Minimum pipe length of 6 1/8" [15.56cm] will provide minimum clearance of 10". For heights greater than 18" [45.7cm] use schd. 80 PVC pipe (not included). Consult factory for extending leg beyond 36" [90 cm].
3. Anchor the leg extensions to the tank with non-corrosive hardware (not included) at the provided mounting points.
4. If less than the specified minimums are considered necessary, consult factory for guidance.
5. 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 2ft [0.6m] minimum.
6. Tank, anchors, piping conduit, blower, housing pad and vents are provided by others.

DO NOT SCALE
UNLESS NOTED
DIMENSIONS
ARE IN INCHES
(CENTIMETERS)
TOLERANCES
± 0.02 IN/IN
± 0.05 CM/CM



MicroFAST 0.50 FAST Unit

WEIGHT	to	WEIGHT	DRAWING NUMBER	SHEET
			A	4 OF 4
DRAWN	DATE	CHECKED	BY	REV.

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MicroFAST 0.50 Details

REV. 3N-05-V

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 filter 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 (EC, 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 phases 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 which 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 such defective parts without charge. The warranty does not cover the cost of labor to remove or install parts. The warranty does not cover the cost of removal or installation of other components resulting from replacement of the defective parts and from installation of parts furnished under this warranty and regular maintenance items such as filters or tubes shall be borne by the owner. The warranty does not cover general system misuse, accidental system misuse, accidental 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 overfeed protection. This warranty applies only to the treatment plant and does not include any of the structure, piping, plumbing, 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 thereof, without incurring any obligation to make such changes or modifications in 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 GIVEN BY ALL OTHER WARRANTIES EXPRESS OR IMPLIED. BIO-MICROBICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. BIO-MICROBICS, INC. DOES NOT ASSUME 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 parts and service.

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



DRAWING NUMBER
MicroFAST 0.50 FAST Unit

NAME	DATE	SIZE
DRAWN	12/18/2006	A
CHECKED	5/18/2013	R

SHEET
3 OF 4

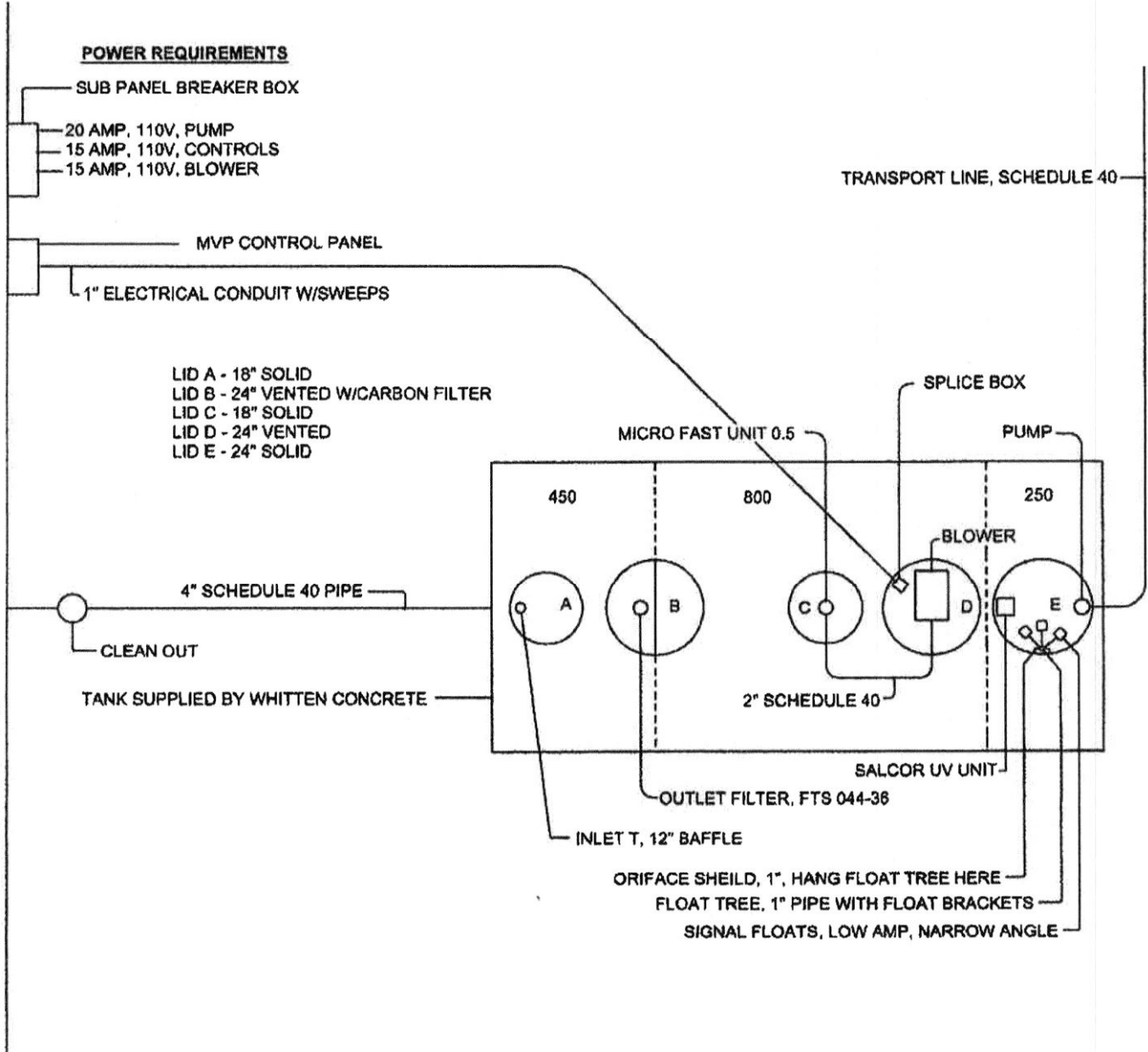
REVISED 5/18/2013

REV. 84-03-V

BIO-MICROBICS MicroFAST 0.5 SPECIFICATIONS

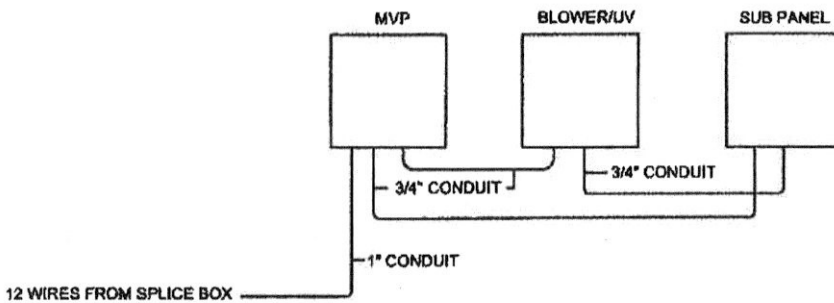
DISTRIBUTOR - MEINCO, INC.

501-804-0837, DAVID MEINTS



BIO-MICROBICS MicroFAST 0.5 WIRING SPECIFICATIONS
DISTRIBUTOR - MEINCO, INC.

501-804-0837, DAVID MEINTS



MVP PANEL WIRING REFERENCE

FROM SPLICE BOX

PUMP BLACK (BLACK)
 PUMP WHITE (YELLOW)
 PUMP GROUND (GREEN)
 BOTTOM FLOAT BLACK (BLUE)
 MIDDLE FLOAT BLACK (BLUE BLACK)
 TOP FLOAT BLACK (RED)
 FLOAT COMMONS WHITE (RED BLACK)

UV BLACK (ORANGE BLACK)
 UV WHITE (ORANGE)

BLOWER BACK
 BLOWER WHITE
 BLOWER GROUND

MVP PANEL SETTINGS LOGO UNIT

TIMER ON	(SEC)	30:00
TIMER OFF	(MIN)	30:00
TIMER OVR ON	(SEC)	30:00
TIMER OVR OFF	(MIN)	03:00
TOTAL TIMER OVR	(MIN)	10:00
HLA DELAY	(HRS)	04:00

GOES TO

MVP TERMINAL 6
 MVP TERMINAL 7
 MVP GROUND TERMINAL
 MVP TERMINAL 1
 MVP TERMINAL 2
 MVP TERMINAL 3
 MVP TERMINAL 5

BLOWER PANEL UV
 BLOWER PANEL UV

BLOWER PANEL BLOWER
 BLOWER PANEL BLOWER
 BLOWER PANEL BLOWER

BLOWER PANEL WIRING REFERENCE

FROM BLOWER

BLOWER BLACK (BLACK)
 BLOWER WHITE (WHITE)
 BLOWER GROUND (GREEN)

NOTE: CURRENT SENSOR JUMPER NEEDS TO BE MOVED TO "OFF"

GOES TO

BLOWER TERMINAL L1
 BLOWER TERMINAL N/L2
 BLOWER TERMINAL G

SUB PANEL WIRING REFERENCE

FROM SUB PANEL

20 AMP 110V, PUMP CIRCUIT
 20 AMP 110V, NEUTRAL
 GROUND

15 AMP 110V, CONTROL CIRCUIT
 15 AMP 110V, NEUTRAL

15 AMP 110V, BLOWER CIRCUIT
 15 AMP 110V, NEUTRAL
 GROUND

GOES TO

MVP PANEL 20 AMP BREAKER
 MVP PANEL 20 AMP BREAKER
 MVP PANEL GROUND

MVP PANEL 10 AMP BREAKER
 MVP PANEL TERMINAL N

BLOWER PANEL POWER L1
 BLOWER PANEL N/L2
 BLOWER GROUND

SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Garrett Excavating, Inc., ("Client"), referred to individually as a "Party" and collectively as the "Parties."
2. **Service Location.** This is a Contract for septic system service and maintenance services provided by Meinco for Client located at 5500 US-67, Benton, Arkansas 72015, hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco One Hundred Twenty Five (\$ 125.00) for septic system service and maintenance specifically work performed every Three Months (Quarterly) and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
 - A) This paragraph is inapplicable.
 - B) Client agrees that Meinco will use a third party laboratory, Environmental Services, Inc., for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$ 125.00 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
 - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
 - B) I. This paragraph is inapplicable.
 II. Necessary sampling and submission of paperwork every month(s) or as required to comply with the Arkansas Department of Health Onsite Maintenance Program.
 - C) Necessary paperwork every 6 month(s) as required to comply with the Arkansas Department of Health and/or the Arkansas Department of Environmental Quality.
 - D) I. This paragraph is inapplicable.
 II. Sampling of discharge every 6 month(s) in coordination with a 3rd party laboratory for required laboratory tests.
7. **Contract Duration.** This contract shall be for a period of 24 month(s) from the date this Contract is executed by the parties on page 2
8. **Flow Requirements.** This contract shall be null and void if septic system flow exceeds 500 gallons per day.
9. **Modification to System.** If the septic system is modified, abused, mis-used, or altered, then Meinco's responsibility to service or maintain the septic system is terminated. Meinco may remedy such conditions by replacing parts or correcting defects. If Meinco makes such changes to the septic system, then it may charge to client the costs of repairs, modifications, parts, and labor. Meinco may, at its discretion, seek payment in advance of making any repairs or modifications to the septic system. In such event, Meinco shall not be responsible for any damage or adverse effects for its delay in making repairs or modifications to the septic system.
10. **Access to System.** Client agrees to provide Meinco access to the septic system as well as its parts and components.
11. **Termination by Client.** Client may terminate this contract by providing thirty (30) days written notice to Meinco.
12. **Termination by Meinco.** Notwithstanding, and in addition to, any other provision or term in this Contract, **MEINCO MAY TERMINATE THIS CONTRACT AT ANY TIME AND WITHOUT PREVIOUS NOTICE TO CLIENT.**
13. **Solid Removal.** Solid removal is not a covered service and shall incur an additional fee. If Meinco removes solids from the septic system, then it may charge to client the costs of solid removal. In any event, Meinco shall not be responsible for any damage or adverse effects for any delay in removing solids.
14. **Indemnity.** To the fullest extent permitted by law, Client shall indemnify, hold harmless, and defend Meinco and any agent or employees of Meinco from and against all injuries, claims, damages, losses, and expenses, including, but not limited to, attorneys' fees, arising directly or indirectly out of the obligations herein undertaken or resulting out of operations related to the Service Work or Service Site conducted by Meinco, Meinco's agents, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such injury, claim damage, losses, or expenses is caused in part by a party indemnified. Such obligation shall not negate, abridge, or otherwise reduce the rights or obligations of indemnity which would otherwise exist to a party or person described in this paragraph.

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

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

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

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

Dula. N...

Meinco Septic Systems, Inc.

01/10/2021

Date

Client

Date

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

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

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

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

Dwala Meinco
 Meinco Septic Systems, Inc.

01/10/2021
 Date

[Signature]
 Client

1-26-21
 Date



Arkansas Department of Health

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

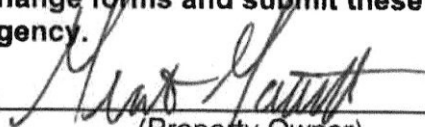
MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

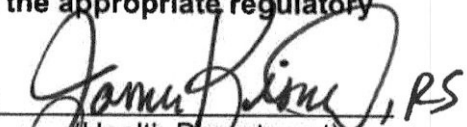
This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, *ABGs), and Drip Dispersal Systems. *Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.
2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.
4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.
5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.
6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.
7. Subsurface systems with flows ≥ 3000 gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).
8. **That, on the sale of the property, the owner of the property must disclose to the perspective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.**

SIGNED:


(Property Owner)

SIGNED:


(Health Department)

DATE:

1-26-21

DATE:

3-23-21



Arkansas Department of Health
Environmental Health Protection

Receipt Number
24097054

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 1 0 5 5 5 4 7

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$ 120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$ 150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input checked="" type="checkbox"/>

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

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

1. Owner's/Applicant's Name Garrett Excavating, Inc.		2. Phone Number (501) 249-4594	
3. Mailing Address 12913 I-30, Benton, Arkansas 72015		4. County Saline	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 5500 Hwy 67, Benton, Arkansas 72015			
6. Subdivision Name n/a	7. Approval Date n/a	8. Date Recorded n/a	9. Lot Number n/a
10. Lot Dimensions See Plat	11. Total Area (Acres)	12. # Bedrooms # People Commercial-20	13. Daily Flow (GPD) 400
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Section 19, Township 2 South, Range 15 West, Saline County, Arkansas			
15. Water Supply (Specify supplier, if Public Water) Public Water		16. GPS Coordinates 34.53767, -92.64388	

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)	
Primary Area Avg n/a	d. Number of Field Lines n/a		n/a	i. Trench Width 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 *Garrett Excavating* Date **1-26-01**

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

David A. Meints Designated Representative Soil Certified Yes No

Designated Representative Signature Title
David A. Meints 01/10/2021 501-821-3837/501-804-0837
Print Name Date Phone Number

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

Environmental Specialist Signature EHS Number Date

Permit replaced - New permit # 24097054



Arkansas Department of Health
Environmental Health Protection

Receipt Number
22231792

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 1 0 5 5 5 4 7

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input checked="" 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 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 checked="" type="checkbox"/> DRP = Drip Irrigation |

1. Owner's/Applicant's Name: John Pendleton
2. Phone Number: (501) 350-4527

3. Mailing Address: 143 Silver Springs Drive, Benton, Arkansas 72015
4. County: Saline

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map): 5500 Hwy 67, Benton, Arkansas 72019

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

10. Lot Dimensions: See Plat
11. Total Area (Acres): 2.47
12. # Bedrooms # People: Commercial (10)
13. Daily Flow (GPD): 150

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Section 19, Township 2 South, Range 15 West, Saline County

15. Water Supply (Specify supplier, if Public Water): Public Water
16. GPS Coordinates: 34.53767, -92.64388

17. Loading Rates (gpd/ft ²)	18. System Specifications	
Primary Area: 0.062	a. Size of Septic Tank: ATU gal	f. Trench Depth: 0" inches
Secondary Area: n/a	b. Size of Dose Tank: n/a gal	g. Trench Spacing: 2 feet
Percolation Test (min/in): n/a	c. Absorption Area: 1830 ft ²	h. Trench Media (List Below): Geo Flow 1/2 gph PC
Primary Area Avg: n/a	d. Number of Field Lines: 6	i. Trench Width: n/a in
Secondary Area: n/a	e. Length of Field Lines: 280 ft	n/a in

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

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

Owner/Applicant Signature: See previous permit Date: 7/1/2018

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: David A. Meints Soil Certified Yes No
Signature: [Signature] Title: _____
Print Name: David A. Meints Date: 07/02/2018 Phone Number: 501-821-3837/501-804-0837

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: 804 Date: 7-2-18

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

22. Soil Criteria (Primary Area)								Indicate the depth to items a-f, if observed in the soil (designate in inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)		
>48"	0" / 4"	17"	30"	11"/15"	20"/24"	Low/36"	0.082		
23. Soil Criteria (Secondary Area)								Indicate the depth to items a-f, if observed in the soil (designate inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)		
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	Iron concentrations or depletions noted on 20% or less of ped surface or interior. Depletion chroma >= chroma 3.							
Moderate	in	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.							
Long	in	Depletions noted on more than 50% of ped surface or interior. Depletion <= chroma 2.							
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	n/a							
Moderate	in	n/a							
Long	in	n/a							
Comments Install in dry conditions. If system is not installed within a year of the date approved, a revalidation fee may be required. Permit may become void, if a disposal site has been altered. Propose ATU with drip & 10" cap. Secondary system, 1500 gallon holding tank.									

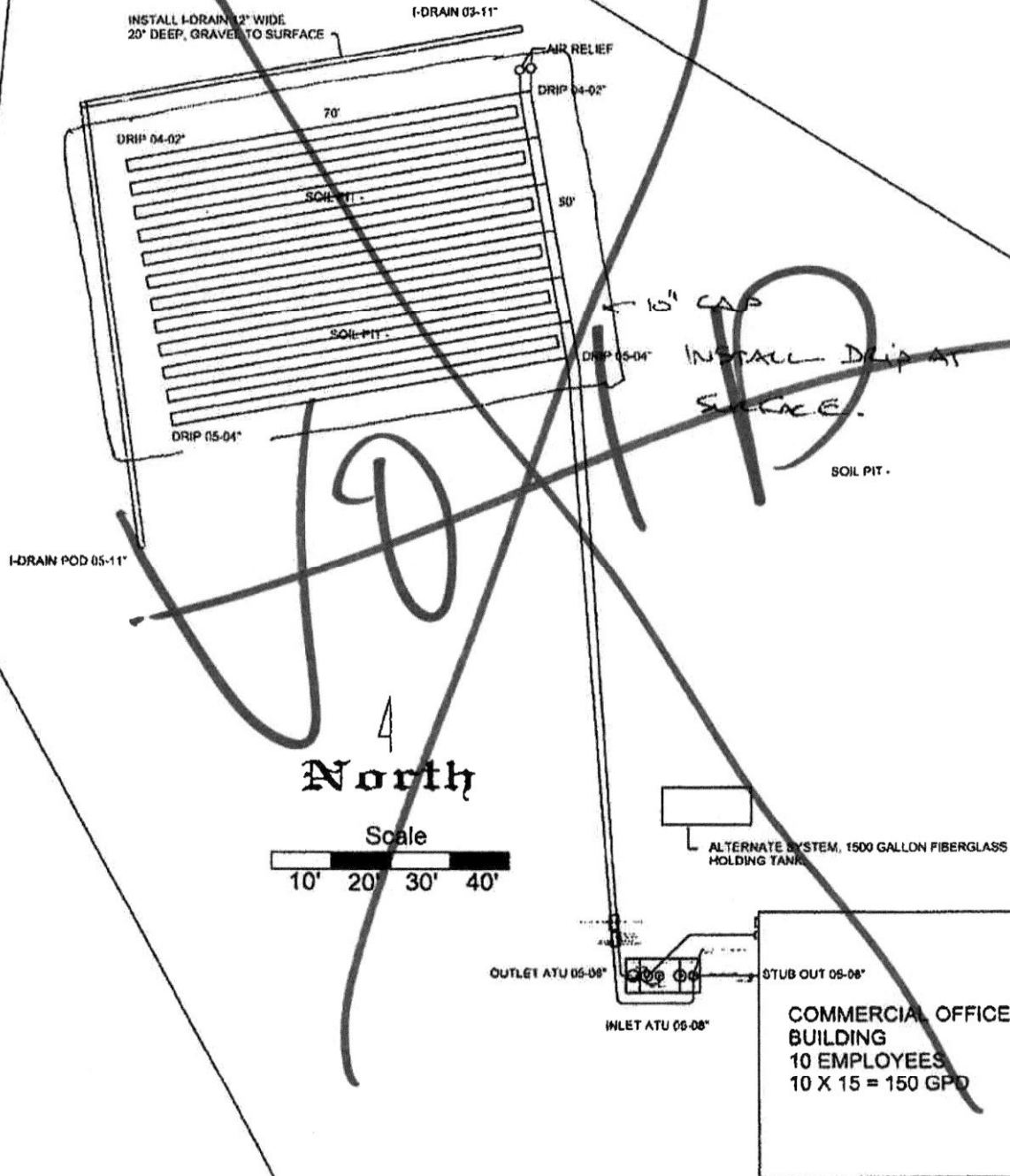
Part 2 Installation Inspection

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

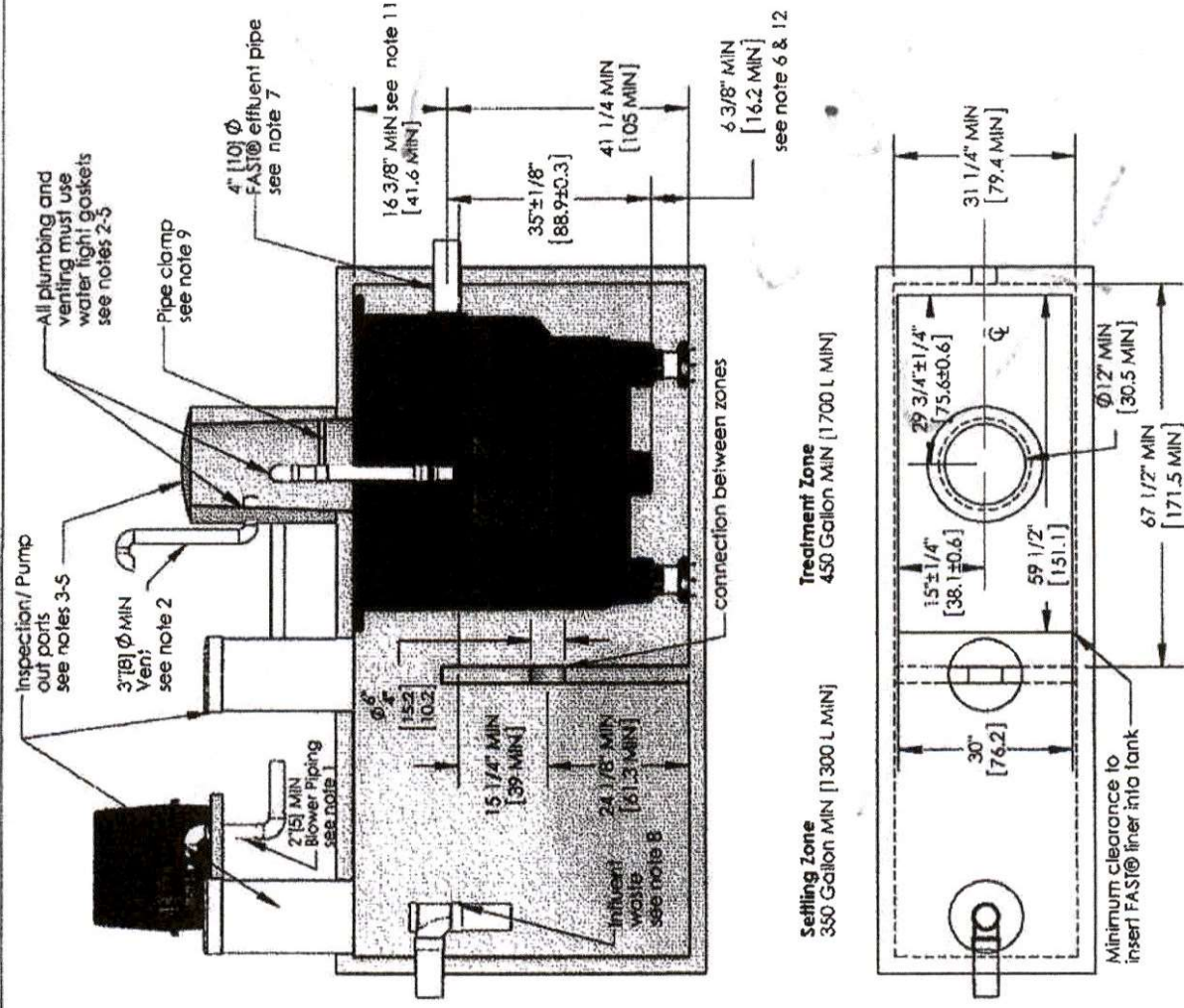
Absorption area had been disturbed
re-submitted and approved as
a surface discharge - also
new property owner



What is to used but a no reinforced A

NOTES

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



DO NOT SCALE UNLESS NOTED DIMENSIONS ARE IN INCHES (CENTIMETERS) TOLERANCES ± 0.02 IN/IN [± 0.05 CM/CM]	NAME	DATE	DRAWING NO. 1218/006	CHECKED BY 9/10/2013	REV. INFO-V
	ID	SIZE			
BIO-MICROBICS BETTER WATER BETTER WORLD MICROFAST 0.50 FAST Unit	WEIGHT	DATE	DRAWING NUMBER	SHEET	
			A	2 OF 4	
			MICROFAST® 0.50 with feet	REV. INFO-V	

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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	GRANT GARRETT EXCAVATING, INC.
Fictitious Names	COVINGTON ASPHALT PRODUCTS DECCO CONTRACTORS DECCO CONTRACTORS-PAVING, INC. DECCO EXCAVATION DECCO MATERIALS GARRETT EXCAVATING, INC. GARRETT X GARRETT X EQUIPMENT GARRETT X HEAVY HAUL GARRETT X RENTS GARRETT X UNDERGROUND GARRETT X UTILITIES SPT TRUCKING
Filing #	100176445
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp. 958 of 1987
Status	Good Standing
Principal Address	2228 COTTONDALE LANE SUITE 220 LITTLE ROCK, AR 72202
Reg Agent	NEWLAND & ASSOCIATES, PLLC
Agent Address	2228 COTTONDALE LANE SUITE 200 LITTLE ROCK, AR 72202
Date Filed	10/12/1999
Officers	GRANT GARRETT, Incorporator/Organizer FCA, CERTIFIED PUBLIC ACCOUNTANTS, PLLC, Tax Preparer GRANT T GARRETT, President SEAN A O'KEANE, Vice-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](#)



An aerial satellite photograph of an industrial or office complex. The image shows several large, rectangular buildings with dark roofs, some of which are partially obscured by white clouds. A road, identified as Highway 67, runs diagonally from the top right towards the bottom center. A white pushpin is placed on the road. Another white pushpin is placed on a building in the upper left quadrant. The surrounding area is a mix of dark, vegetated land and lighter, cleared areas.

Garrett Office POD

Garrett Exc. Office Entrance