

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: Tanner Mezel Title: Owner
 Responsible Official Signature: *Tanner Mezel* Date: 1-20-23
 Responsible Official Email: Tanner.mezel@gmail.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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Required Permit Fee? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Check Number: _____ |
| Submittal of AHD Form EHP-19? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Submittal of Site Map? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |



Arkansas Department of Health
Environmental Health Protection

Receipt Number
24676830

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: Tanner & Valerie Mezel
 2. Phone Number: (501) 240-5535
 3. Mailing Address: 2400 Mills Mountain Rd, Little Rock, Arkansas 72223 (Gate #7776)
 4. County: Pulaski
 5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 2400 Mills Mountain Rd, Little Rock, Arkansas 72223
 6. Subdivision Name: Mills Mountain
 7. Approval Date: n/a
 8. Date Recorded: n/a
 9. Lot Number: 24
 10. Lot Dimensions: See Plat
 11. Total Area (Acres): 5.53
 12. # Bedrooms # People: 5
 13. Daily Flow (GPD): 500
 14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Section 18, Township 2 North, Range 15 West, Pulaski County, Arkansas
 15. Water Supply (Specify supplier, if Public Water): Central Arkansas Water
 16. GPS Coordinates: 34.81650, -92.53798 Home 34.81640, -92.53805 POD

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	n/a	a. Size of Septic Tank	1250	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
Secondary Area	n/a	e. Length of Field Lines	n/a	ft	n/a		n/a

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: *[Signature]* Date: *10-21-21*

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]* Soil Certified Yes No

Designated Representative Signature: **David A. Meints** Title: _____
 Date: 10/04/2021 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: *864* Date: *10-21-21*

Individual Onsite Wastewater System Permit Application

028070112

Receipt Number

Continue Part 1

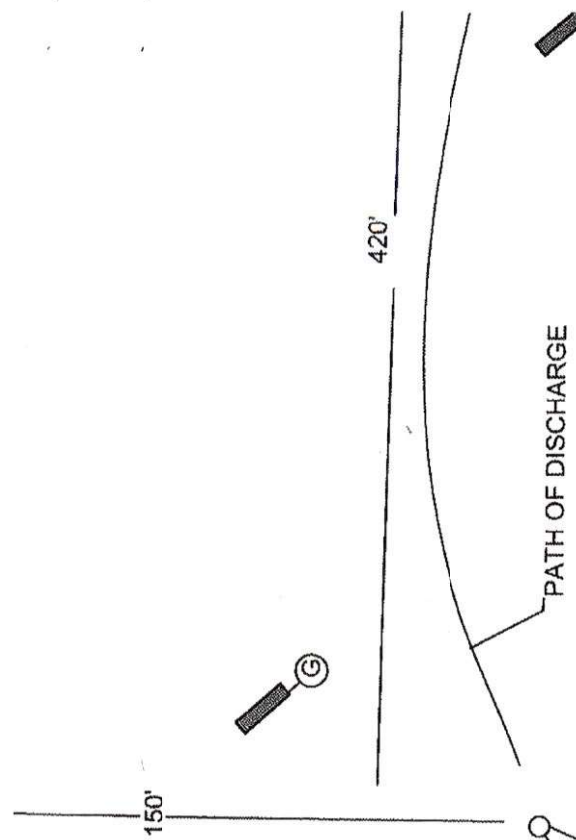
22. Soil Criteria (Primary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
>48"	13"	18"	28"	16"	22"	Low/28"	Unsuitable
23. Soil Criteria (Secondary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
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	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 Original permit #20832922 was installed and has had issues since. MEINCO has serviced the system annually and noted surfacing each visit. There was some vehicle traffic across the field that has made it worse. Recommend a Norweco 960 to remedy. NPDES permit required.							

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

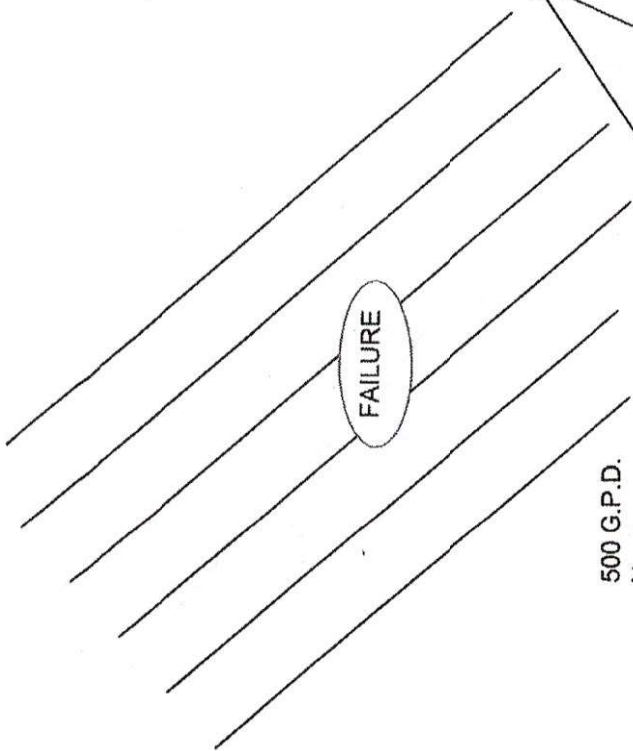
Part 3 Permit for Operation

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



SETBACKS MET
 100' FROM HOME
 300' FROM ANY OTHER HOME
 150' FROM ANY BOUNDARY
 200' OR GREATER FROM DOWN SLOPE BOUNDARY

(F)
 POINT OF DISCHARGE

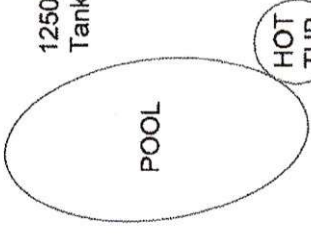
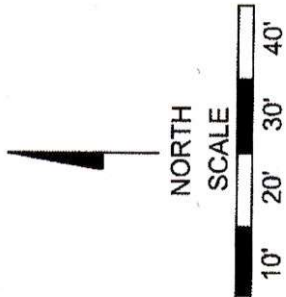


500 G.P.D. Norweco Singulair

100'

(E)
 U.V. / SAMPLE BASIN

(B)
 CLEAN OUT

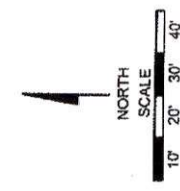
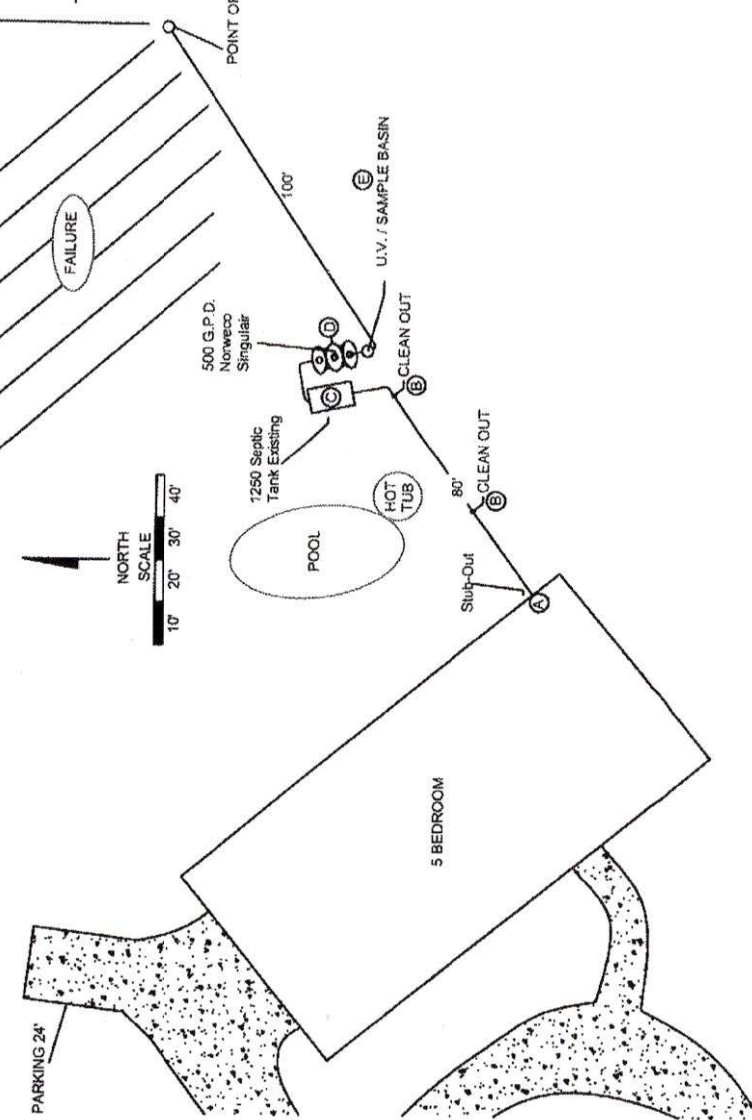
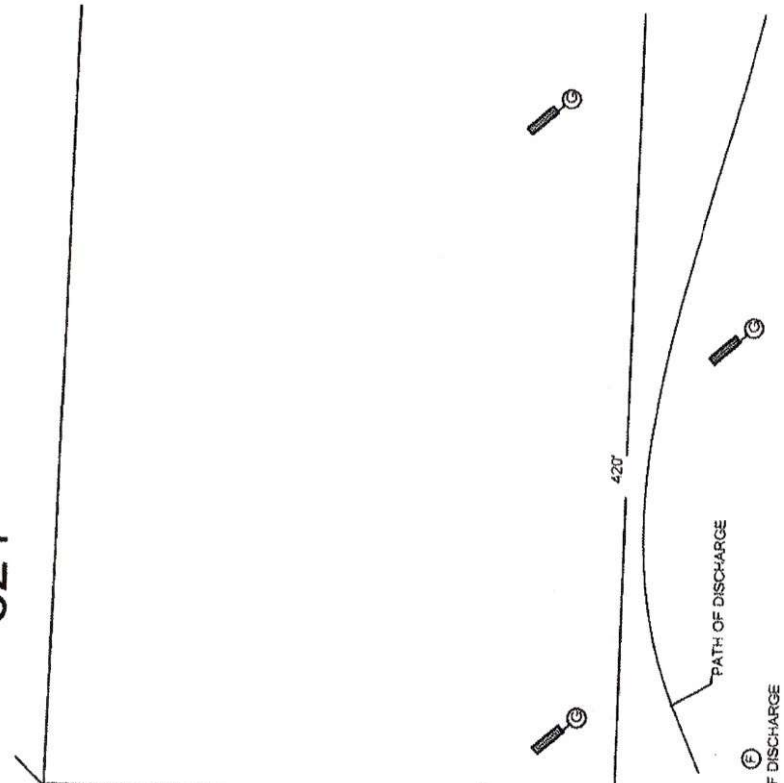


(B)
 CLEAN OUT

Stub-Out (A)

80'

621'





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

Zone A : LEGEND TO AutoCAD DRAWING

- A Sewer stub out location. Maximum depth of flow line from existing grade is 0". Show this drawing to your plumber (Reference 11.8).
- B 2-way clean out location. Sewer popper required. Install clean out and sewer popper at or above grade (Reference 8.13). Fall to inlet of septic tank can be no less than 1/8" per foot, and no more than 1/4" per foot (Reference 4.1).
- C Trash tank location. Risers to grade over inlet and outlet, minimum 18" diameter (Reference 10.7.8). Effluent filter required - Orenco Filter FTS0436-28 (Reference 10.7.6). Bed and backfill septic tank with 3/4" or smaller gravel (Reference 10.4). Trash tank must meet or exceed manufacturer requirements, 5000 psi, aged 28 days minimum (Reference 10.7.3 – 10.7.5.1).
- D Aerobic Treatment Unit location. Disinfection required. Refer to included spec sheet for precise model.
- E Dose Tank.
- F Point of Discharge (POD). POD meets all setbacks required. (Reference 9.8)
- G Soil pit location. Not used due to shallow seasonal water tables or contour issues.
- H Proposed water line. Water line must be installed 10' from any part of wastewater system (Reference 6.2.8).
- I Benchmark location.

PIPE SPECIFICATIONS

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

TANK SPECIFICATION

Manufacturer:

TREATMENT UNIT SPECIFICATION

Norweco Singulair

EFFLUENT STRENGTH

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

(Reference 8.41 and Appendix B, Footnotes)



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

GROUND AND INSTALLED ELEVATIONS (feet & inches)

Component	Ground	Flow Line	Fall
Stub Out	00-00"	00-00"	0"
Trash Tank Inlet	06-08"	08-08"	104"
Trash Tank Outlet	06-08"	08-11"	3"
ATU Inlet	06-08"	09-11"	12"
ATU Outlet	06-08"	10-05"	6"
Point of Discharge	18-11"	18-11"	227"
Benchmark	00-00"	Base of Power Pole (See Drawing)	

NOTES

NPDES permit required on all surface discharging wastewater systems. (Reference 9.6 and 11.1)
Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. (Reference 12)

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

GENERAL NOTES

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

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

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

DATE _____
 NAME _____

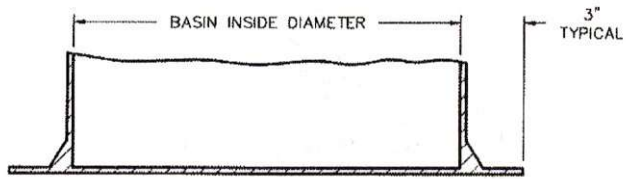
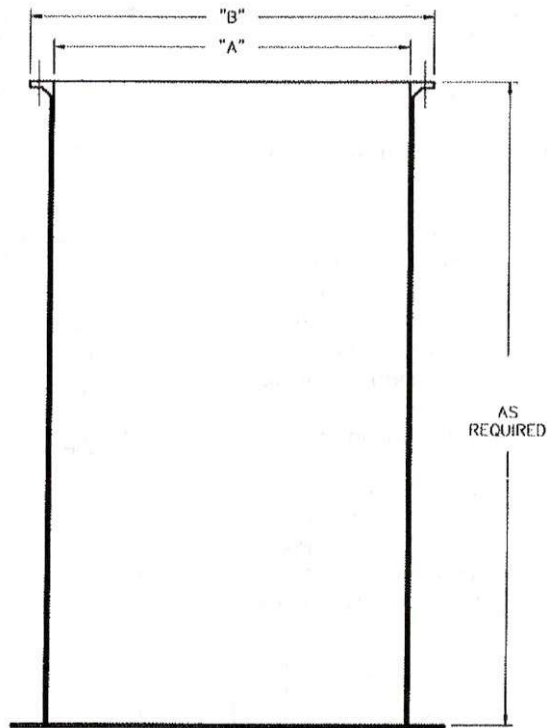
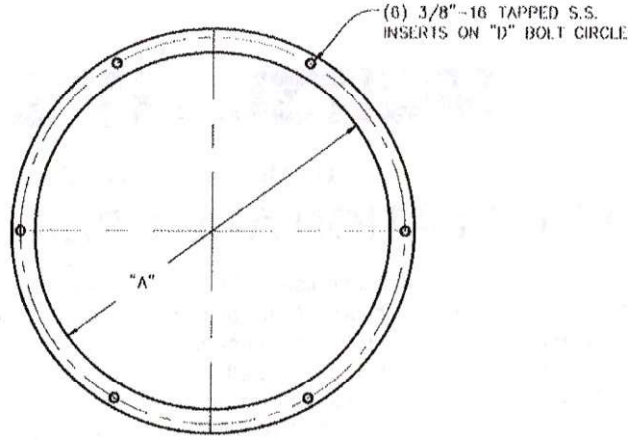
CRITICAL DIMENSIONS

1	1'-5 1/2"	2	0'-0 3/8"
3	3'-3"	4	0'-5"
5	3'-5 1/4"	6	0'-0 3/8"
7	4'-2 1/4"	8	1'-8"
9	2'-8 3/4"	10	4'-3 1/2"
11	10'-6 1/2"	12	5'-11 1/2"
13	1'-4"	14	1'-4"
15	4'-7 1/2"	16	6'-5"
17	0'-3"	18	0'-1 1/2"
19	1'-0"	20	0'-0 3/4"
21	0'-4"	22	0'-4"

norweco

1/2" 1/4" 1/8" 1/16" 3/32" 1/32" 1/64" 1/80" 1/100" 1/120" 1/160" 1/200" 1/250" 1/300" 1/400" 1/500" 1/600" 1/800" 1/1000" 1/1200" 1/1600" 1/2000" 1/2500" 1/3000" 1/4000" 1/5000" 1/6000" 1/8000" 1/10000" 1/12000" 1/16000" 1/20000" 1/25000" 1/30000" 1/40000" 1/50000" 1/60000" 1/80000" 1/100000" 1/120000" 1/160000" 1/200000" 1/250000" 1/300000" 1/400000" 1/500000" 1/600000" 1/800000" 1/1000000" 1/1200000" 1/1600000" 1/2000000" 1/2500000" 1/3000000" 1/4000000" 1/5000000" 1/6000000" 1/8000000" 1/10000000" 1/12000000" 1/16000000" 1/20000000" 1/25000000" 1/30000000" 1/40000000" 1/50000000" 1/60000000" 1/80000000" 1/100000000" 1/120000000" 1/160000000" 1/200000000" 1/250000000" 1/300000000" 1/400000000" 1/500000000" 1/600000000" 1/800000000" 1/1000000000" 1/1200000000" 1/1600000000" 1/2000000000" 1/2500000000" 1/3000000000" 1/4000000000" 1/5000000000" 1/6000000000" 1/8000000000" 1/10000000000" 1/12000000000" 1/16000000000" 1/20000000000" 1/25000000000" 1/30000000000" 1/40000000000" 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30" x 78"



BOTTOM ANTI-FLOATATION FLANGE

DIMENSIONAL DATA

"A"	"B"	"D"
24"	28"	26 1/2"
30"	34"	32 1/2"
36"	40"	38 1/2"
42"	48"	44 1/2"
48"	54"	51"
54"	60"	57"
60"	66"	63"
72"	78"	75"



STEELE PLASTICS, INC.
 1280 Sturgis Rd.
 Conway, AR 72033
 (501) 327-5122 Fax (501) 327-0807

TITLE		FIBERGLASS STRAIGHT WALL BASIN	
PROJECT		JOB NO.	
CUSTOMER		P.O. NO.	
		DWG. NO. 404S	

MODEL AT 1500

UV DISINFECTION SYSTEM

INSTALLATION AND OPERATION MANUAL

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

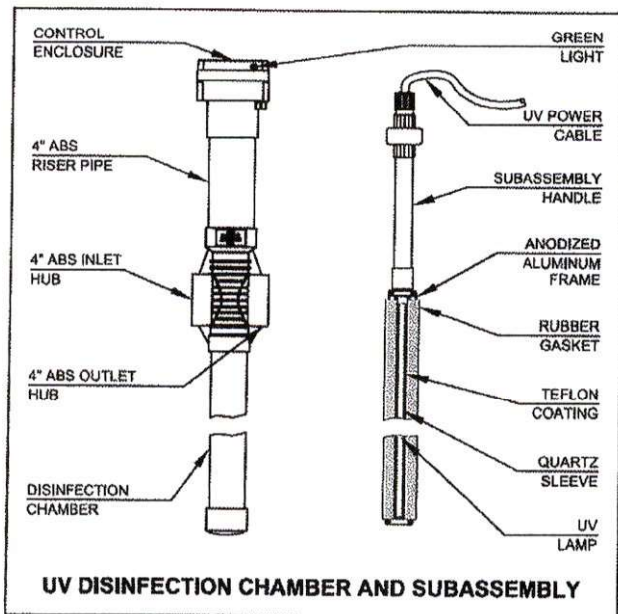
COMPONENTS

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

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

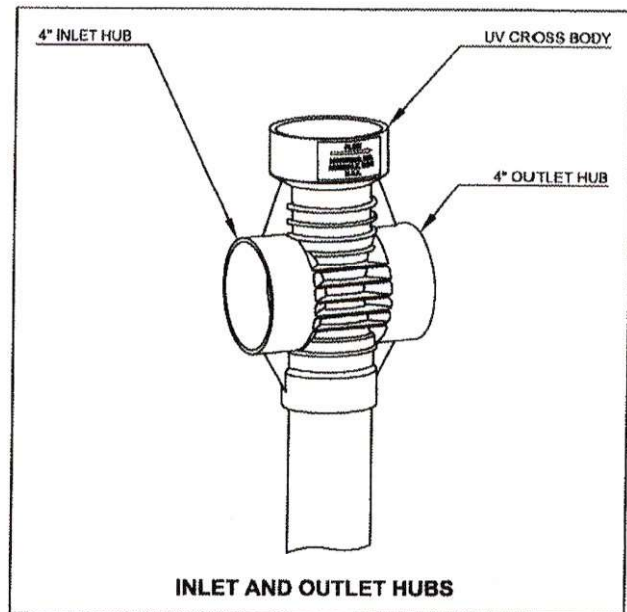
The components should be supplied by the installer:

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



INSTALLATION INSTRUCTIONS

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



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

SERVICE AND MAINTENANCE CONTRACT

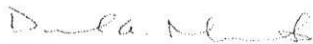
1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Tanner Mezzel, ("Client"), referred to individually as a "Party" and collectively as the "Parties."
2. **Service Location.** This is a Contract for septic system service and maintenance services provided by Meinco for Client located at 24000 Mills Mountain Road, Little Rock, Arkansas 72223, hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco One Hundred Thirty Dollars (\$130.00) for septic system service and maintenance specifically work performed every Three Months (Quarterly) and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
 - A) This paragraph is inapplicable.
 - B) Client agrees that Meinco will use a third party laboratory, Environmental Services, Inc., for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$150.00 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
 - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
 - B)
 - I. This paragraph is inapplicable.
 - II. Necessary sampling and submission of paperwork every month(s) or as required to comply with the Arkansas Department of Health Onsite Maintenance Program.
 - C) Necessary paperwork every 6 month(s) as required to comply with the Arkansas Department of Health and/or the Arkansas Department of Environmental Quality.
 - D)
 - I. This paragraph is inapplicable.
 - II. Sampling of discharge every 6 month(s) in coordination with a 3rd party laboratory for required laboratory tests.
7. **Contract Duration.** This contract shall be for a period of 24 month(s) from the date this Contract is executed by the parties on page 2
8. **Flow Requirements.** This contract shall be null and void if septic system flow exceeds 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.
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 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).



Meinco Septic Systems, Inc.

10/4/2021

Date

Client

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:

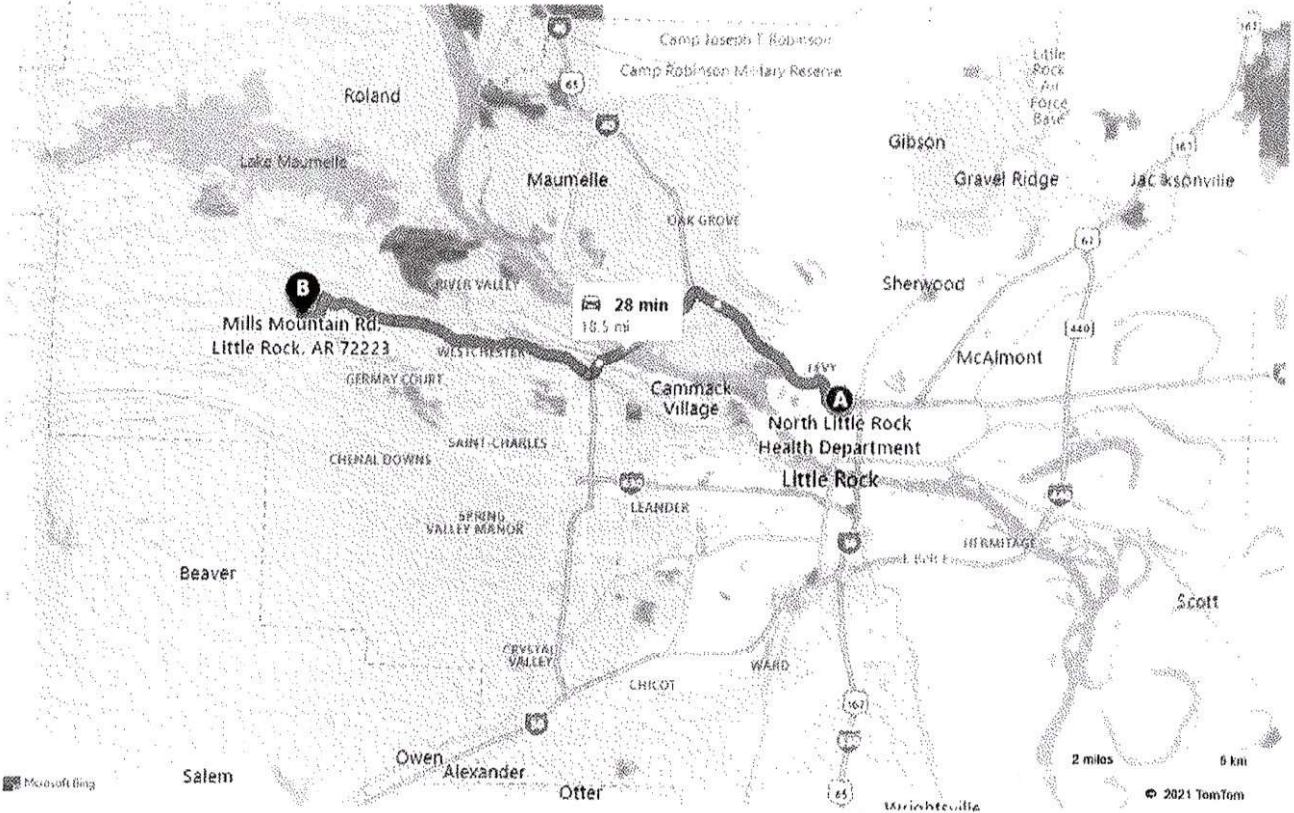
1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, *ABGs), and Drip Dispersal Systems. *Aerobic Biological Generators – Commercial applications only, residential applications must follow 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: X [Signature]
(Property Owner)

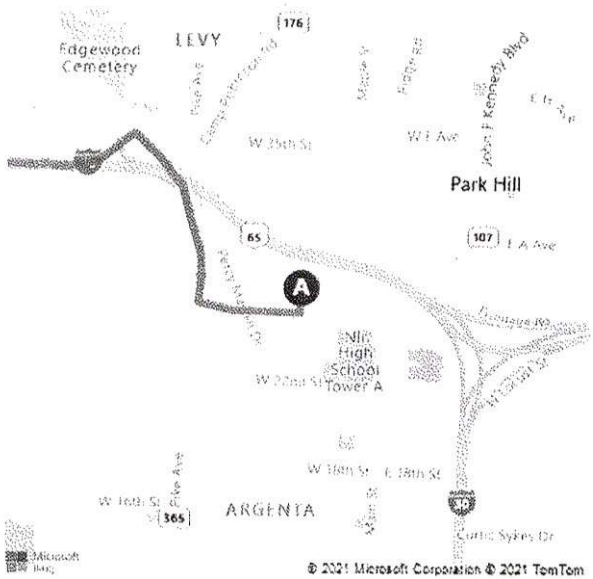
SIGNED: [Signature]
(Health Department)

DATE: X 10-21-21

DATE: 10-21-21



A North Little Rock Health Department, 280...



B Mills Mountain Rd, Little Rock, AR 72223



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A North Little Rock Health Department, 2800 Willow St, North Little Rock, AR 72114

28 min • 18.5 miles

Light traffic

B Mills Mountain Rd, Little Rock, AR 72223

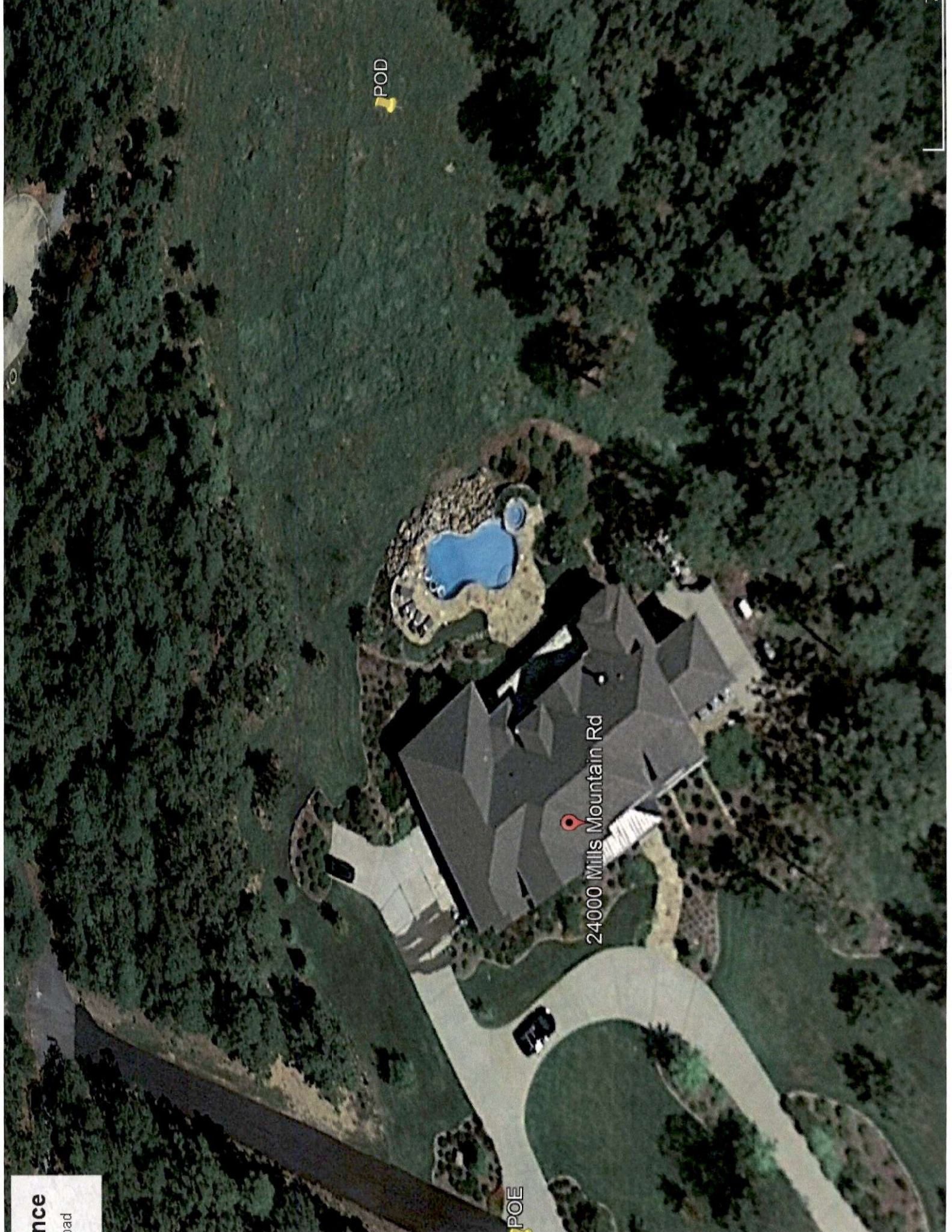
Via I-40 W, AR-10
• Unpaved roads

Gate Code #7776

A North Little Rock Health Department

	1. Depart and head south on Willow St	453 ft
	2. Turn right onto W Pershing Blvd	0.4 mi
	3. Turn right onto AR-365 / Macarthur Dr Shell on the corner	0.6 mi
	4. Take the ramp on the left for I-40 West and head toward Fort Smith	3.8 mi
	5. At Exit 147 , head on the ramp right and follow signs for I-430 South	4.1 mi
	6. At Exit 9 , head on the ramp right and follow signs for AR-10 Pass Kroger in 2.8 mi <i>Moderate Congestion</i>	8.4 mi
	7. Turn left onto Ferndale Cut Off Rd / County Hwy-41	0.6 mi
	8. Turn right onto Mills Mountain Rd • <i>Unpaved Road</i>	0.6 mi
	9. Arrive at Mills Mountain Rd The last intersection before your destination is Ferndale Cut Off Rd / County Hwy-41 If you reach Wilton Ln, you've gone too far	

B Mills Mountain Rd, Little Rock, AR 72223



POD

POE

24000 Mills Mountain Rd

nce
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