



Arkansas Department of Health

4815 West Markham, Slot 46

Little Rock, Ark.

VI. OTHER INFORMATION:

Operator Name: Sheldon Hadley
Operator License Number: 007836 License Class: II

Consultant Contact Name: N/A
Consultant Email Address: N/A
Consultant Address: N/A City: N/A State: N/A Zip: N/A
Consultant Phone Number: N/A Consultant Fax Number: N/A

Has this treatment system been approved by AHD? Yes [X] 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

(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
* JM (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."
* JM (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: Jake Morgan Title: Homeowner
Responsible Official Signature: [Signature] Date:
Responsible Official Email:
Cognizant Official Printed Name: N/A Title: N/A
Cognizant Official Signature: N/A Telephone: N/A
Cognizant Official Email: N/A

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? [X] []
Submittal of Required Permit Fee? [] [X] Check Number: Private Homeowner
Submittal of AHD Form EHP-19? [X] []
Submittal of Site Map? [X] []
Submittal Statement of Disclosure Statement? [] [X] Private Homeowner

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



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

June 1, 2023

Jake Morgan
187 Charlotte Ann
Camden, AR 71701
Permit # 25937308

The plans and specifications for the above captioned project have been received and reviewed. Please be advised that as the owner you are responsible for the following:

1. All costs relating to the operation and maintenance of the system.
2. Meeting all effluent requirements.
3. Financial responsibility for effluent monitoring and sampling by a Certified Maintenance Person.
4. Filing for the National Pollutant Discharge Elimination System (NPDES) General Permit (ARG550000) permit with the Arkansas Department of Environmental Quality before any construction begins.
5. Any changes from the specified design will require a new maintenance contract and a resubmission of the permit.
6. This approval is for an on-site retention scheme for all effluent generated from the specified residence on the permit on 9.35 acres near 187 Charlotte Ann Camden, Arkansas in Ouachita County. Any off-site discharge or further subdivision of the property may void this approval. Additional measures to ensure on-site retention of all sewage effluent generated may be required at a later date should the discharge leave the property.

This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the discharge of sewage effluent.

If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely

David Wilson, EHS
Southwest Region Onsite Specialist
Arkansas Department of Health
870-260-6851



Arkansas Department of Health
Environmental Health Protection

Receipt Number
25937308

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

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 checked="" 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 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
JAKE MORGAN

2. Phone Number
870-807-5231

3. Mailing Address
2667 OUACHITA 3, CAMDEN, AR. 71701

4. County
OUACHITA

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map)
187 CHARLOTTE ANN, CAMDEN, AR. 71701

6. Subdivision Name
COUNTRY ESTATES (>3 ACRE LOTS)

7. Approval Date
1997

8. Date Recorded
1997

9. Lot Number
21-P1, 26-P2, 27-P2

10. Lot Dimensions
SEE ATTACHED PROPERTY INFORMATION

11. Total Area (Acres)
3 LOTS = 9.35 ACRES

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
PRT OF THE W1/2, NE1/4 OF SEC. 32, T-12-S, R-16-W.

15. Water Supply (Specify supplier, if Public Water)
HARMONY GROVE WATER UTILITY

16. GPS Coordinates
LAT: 33.64773 / LONG: -92.76741

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	NOLOAD	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		NAYADIC M8 / CL2		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	NAYADIC M8 / CL2		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.

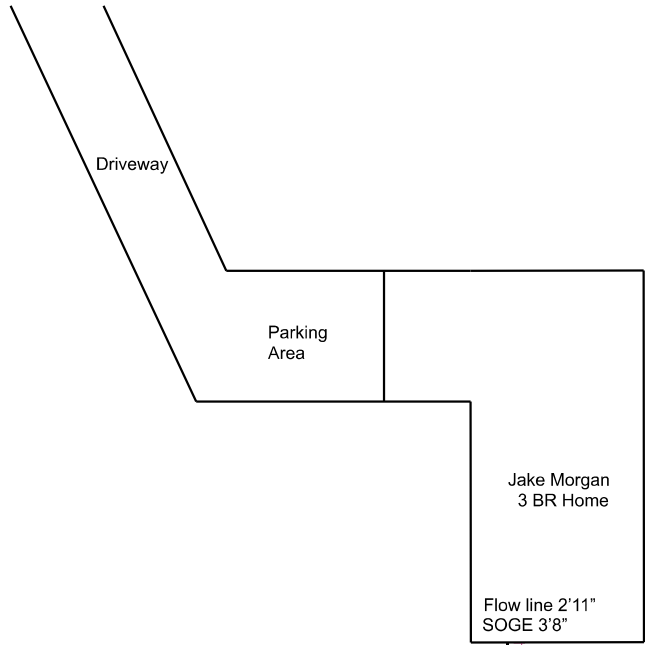
Owner/Applicant Signature SEE ATTACHED EHP19-OPT-A Date _____

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

	DESIGNATED REP	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Designated Representative Signature	Title	
SHELDON HADLEY	4-19-23	870-703-7185
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 331 EHS Number 6-1-23 Date

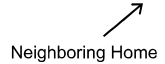


SP1



- Scale 1"=30'
- BM - Bench Mark
- CO - Clean Out
- GE - Ground Elevation
- LL - Lateral Line
- PE - Pipe Elevation
- SO - Stub Out
- SP - Soil Pit
- ST - Septic Tank

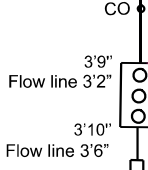
SP2



Flow line 2'11"
SOGE 3'8"

To avoid pumping, home must be raised to a height where the SO flow line is a minimum of 18" higher than the ground at point of discharge.

Install ATU no deeper than necessary to allow gravity flow to point of discharge. Calculated with 10.5" from top of pipe to bottom of gasketed riser at outlet.



Nayadic M8 ATU
Chlorine Disinfection
500 gpd ATU

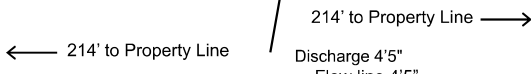
Sample Box
Flow line 4'0"

No Suitable Bench Mark

9.35 Acres

Flow line 4'9"

SP3



Discharge 4'5"
Flow line 4'5"

200' to Property Line

>1% Slope

Neighboring Homes

← Neighboring Homes

