

7/19/23

Mr. Carrall

my computer is down. This is for two
single family residences. Fujiclean
CE-10. call me if you need anything
else, please call me.

Ron Kingston

870-215-2745

ronkkdisaster@yahoo.com

RECEIVED

JUL 20 2023

7/20/2023 BT

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): Matthew Combs Operator Type:
Permittee Mailing Address: 1106 Summerhill State Partnership
Permittee City: Paragould Federal Corporation*
Permittee State: AR Zip: 72450 Sole Proprietorship/Private
Permittee Telephone Number: 870-335-8486 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: matthew.combs07@yahoo Arkansas Secretary of State.

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

Invoice Contact Person: Matthew Combs City: Paragould
Invoice Mailing Company: Matthew Combs State: AR Zip: 72450
Invoice Mailing Address: 1106 Summerhill Telephone: 870-335-8486

III. FACILITY INFORMATION

Facility Name: Matthew Combs Facility Contact Person: Matthew Combs
Facility Address: 102140 GR 735 Telephone Number: 870-335-8486
Facility County: Greene Facility City, State & Zip: Paragould AR 72450
Facility Latitude: 36 Deg 03 Min 01 Sec 16 Facility Longitude: 90 Deg 34 Min 23 Sec 88
Accuracy: 20m Method: Google Datum: NAD83 Scale: N/A Description: Treatment

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 820 gpd (Gallons per Day)
Stream Segment: SA Hydrologic Basin Code: 8020203
Outfall Latitude: 36 Deg 03 Min 01 Sec 16 Outfall Longitude: 90 Deg 31 Min 23 Sec 88
Accuracy: 20m Method: Google Datum: NAD83 Scale: N/A Description: Discharge
Type of Treatment: Fuji clean CE-10
Receiving Stream: St Francis

V. FACILITY PERMIT INFORMATION

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

VI. OTHER INFORMATION:

Operator Name: Earth Tech, Inc
Operator License Number: 007865 License Class: 2

Consultant Contact Name: Robert Goff
Consultant Email Address: robert1goff@gmail.com
Consultant Address: PoBox 73 City: Vilonia State: AR Zip: 72173
Consultant Phone Number: 501-472-1624 Consultant Fax Number: N/A

Has this treatment system been approved by AHD? Yes No

Disclosure Statements:

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

VII. CERTIFICATION OF OPERATOR

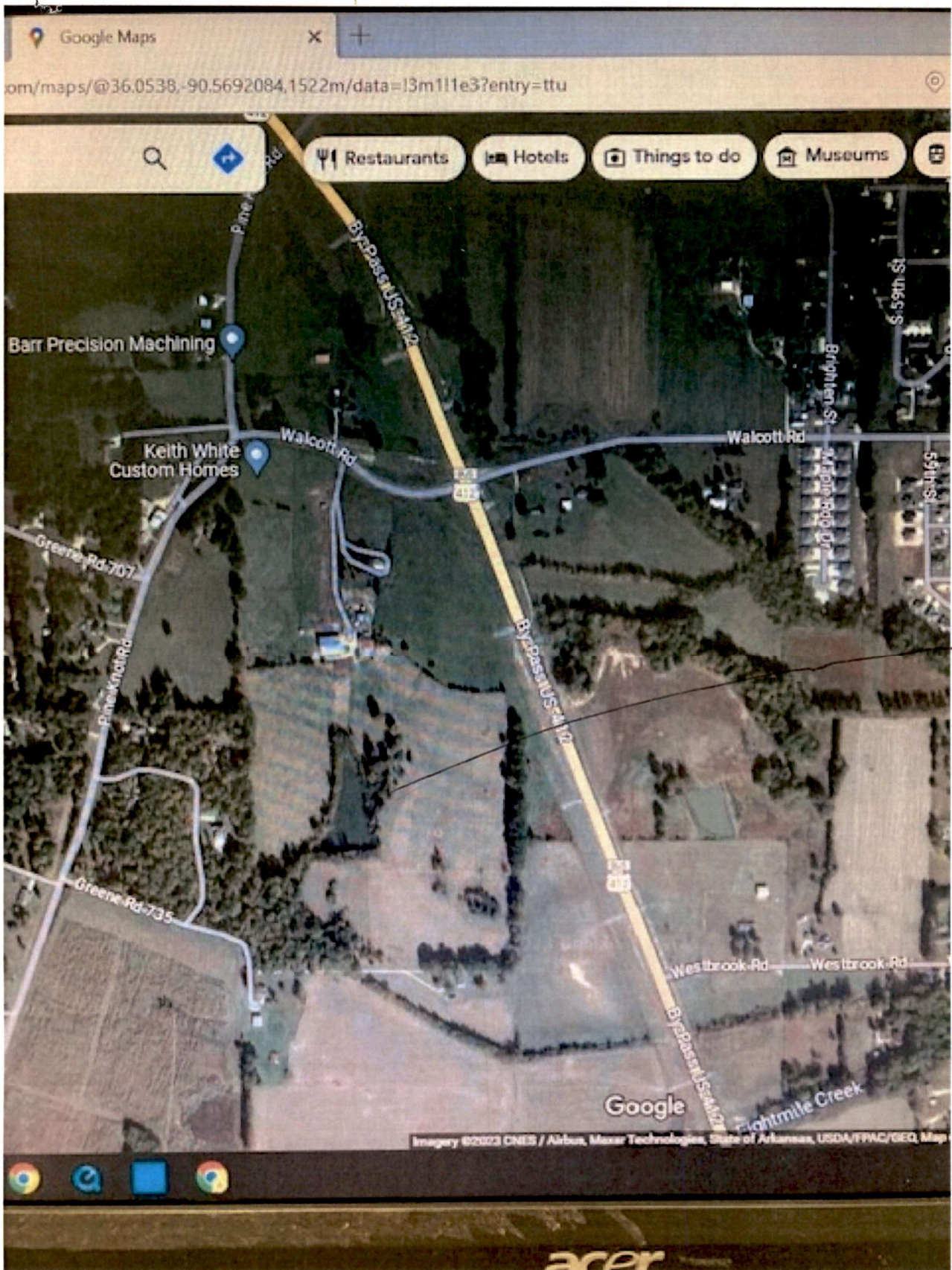
- (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
- (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."
- (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: Matthew Combs Title: owner
 Responsible Official Signature: [Signature] Date: 6-7-23
 Responsible Official Email: Matthew.Combs07@aphoo.com
 Cognizant Official Printed Name: Robert Goff Title: owner
 Cognizant Official Signature: X [Signature] Telephone: 501-472-1624
 Cognizant Official Email: robert1goff@gmail.com rg.earthtechinc@gmail.com

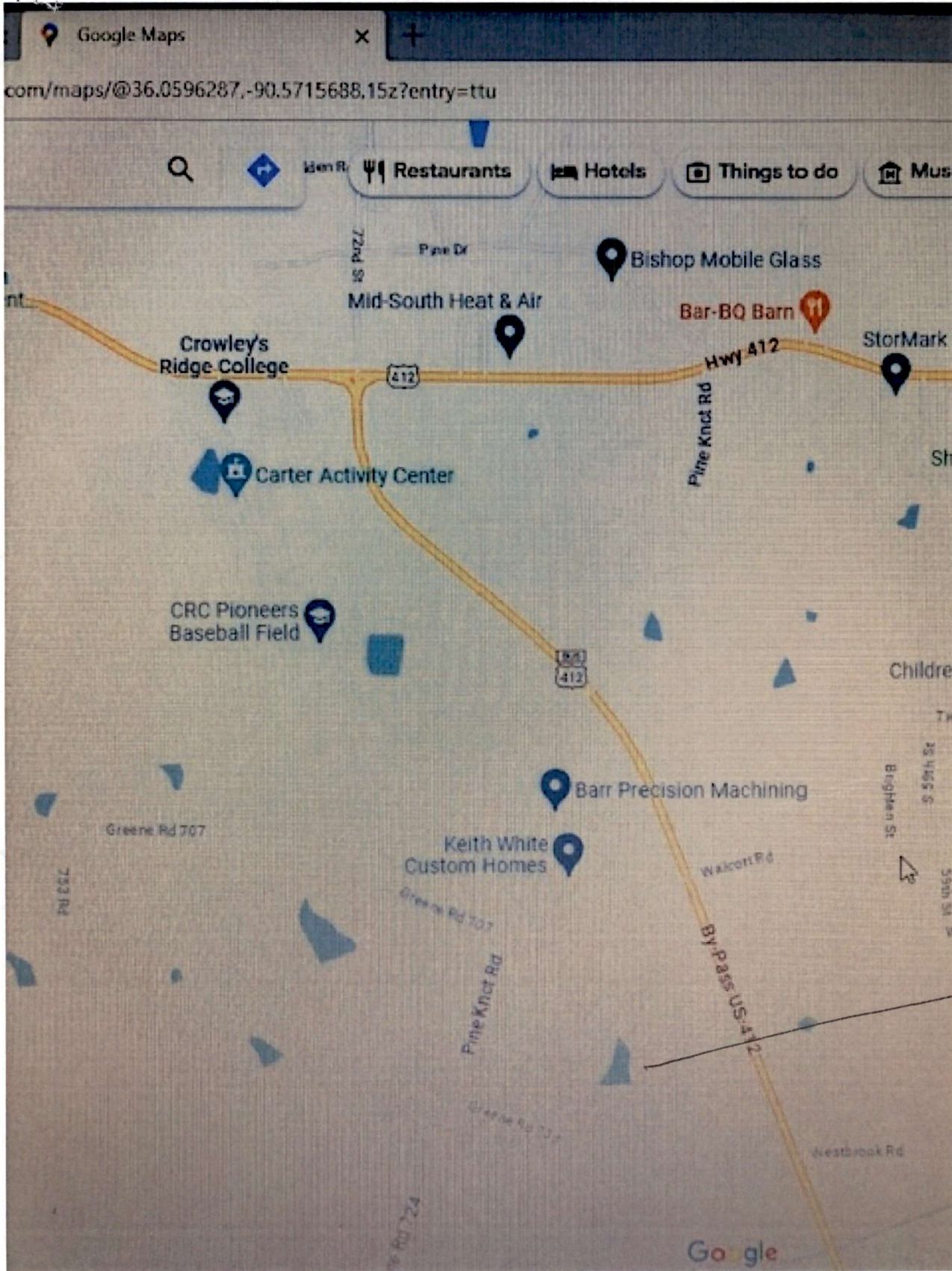
X. PERMIT REQUIREMENT VERIFICATION

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 checked="" 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"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



subject



subject



Arkansas Department of Health
Environmental Health Protection

Plan Review Number
26006085

File Copy

Non-Individual Onsite Wastewater System Permit Application

Permit Type New Installation Alteration / Repair

DR Environmental I.D. # **1132520**

Part 1 Treatment Type (check one)

Disposal Method (check one)

<input checked="" 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 Rodney and Matthew Combs		2. Phone Number 870-335-8486	
3. Mailing Address 1106 Sumnerhill Dr, Paragould AR 72450		4. County Greene	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.) 102/40 735 Rd Paragould AR 72450			
6. Subdivision Name N/A	7. Approval Date N/A	8. Date Recorded N/A	9. Lot Number N/A
10. Lot Dimensions 126' x 1284' x 1192' x 1319'	11. Total Area (Acres) 38.03	12. # Bedrooms / # People/GPD (2) 4 BR	13. Daily Flow (GPD) 900 GPD
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.) PL SW 1/4 SW 1/4 Sec 32, T17N, R5E			
15. Water Supply (Specify supplier if Public Water.) WGCW		16. GPS Coordinates KRM 36030022N 90.342108W	

17. Loading Rates	gpd / ft ²	18. System Size					
Primary Site	N/A	a. Size of Septic Tank	500	gal	f. Trench Depth	N/A	inches
Secondary Site	N/A	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft ²	h. Trench Media		i. Trench Width
Primary Site Ave	N/A	d. Number of Field Lines	N/A		N/A		in.
Secondary Site	N/A	e. Length of Field Lines	N/A	ft			in.

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

19. Utilization Verification
I hereby attest that item 12, the number of bedrooms, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non- individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature _____ Date _____

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

Designated Representative Signature **Ron Kingston** ID Number **1132520** Soil Certified Yes No
Print Name **Ron Kingston** Date **5/9/23** Phone Number _____

21. Authorization of Health Authority
The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature **John Hester** ID Number **RS 867** Date **7/6/23**

Individual Onsite Wastewater System Permit Application

Receipt Number
26006085

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	Surface	Surface	10"	—	—	—	N/A
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	Surface	Surface	10"	—	—	—	N/A
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	Surface	in	Fe, Mn				
Moderate	Surface	in	10 YR 6/2				
Long	10"	in	10 YR 6/1				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	Surface	in	Fe, Mn				
Moderate	Surface	in	10 YR 6/2				
Long	10"	in	10 YR 6/1				
Comments							

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

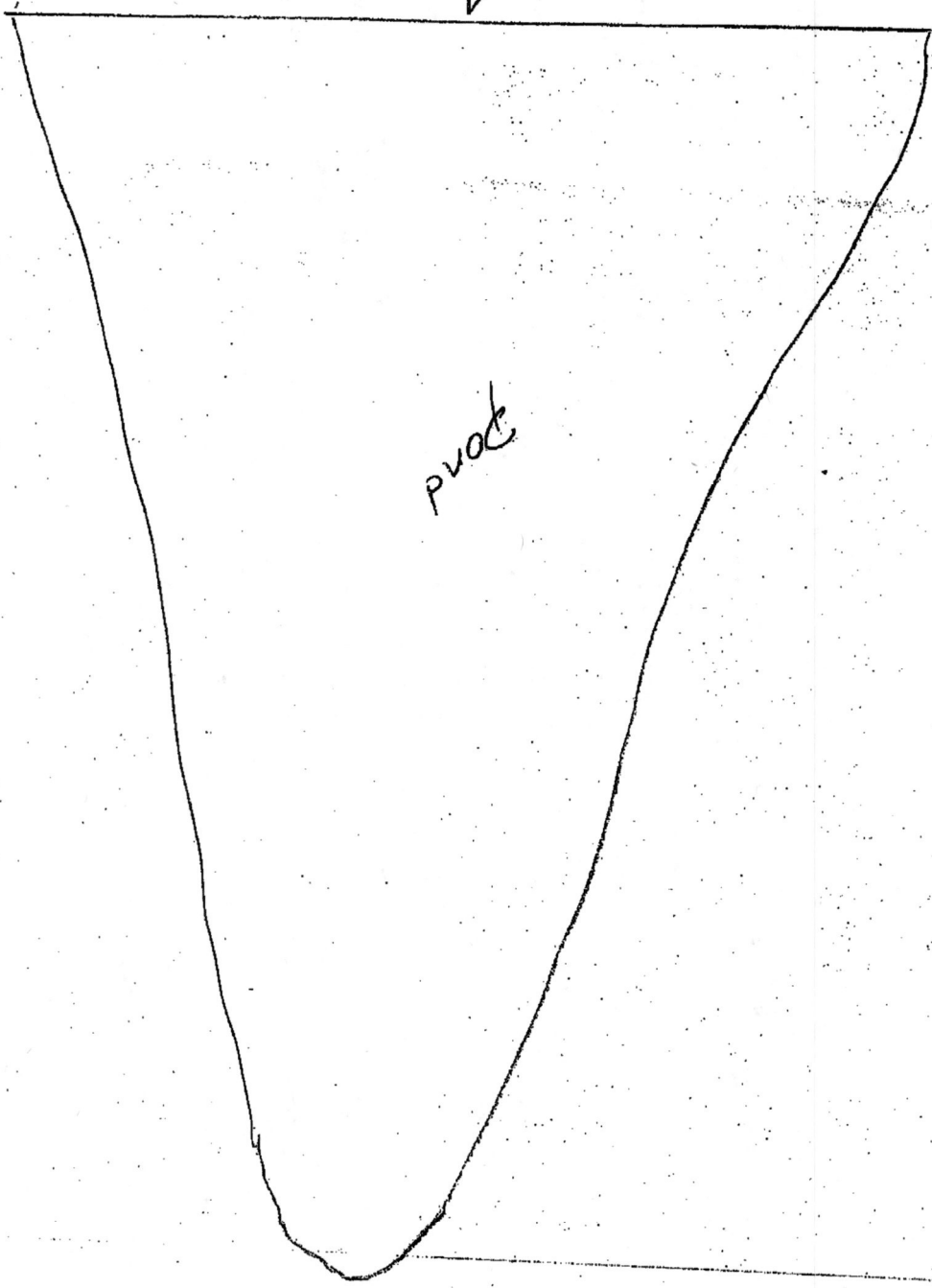
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.

Environmental Health Specialist _____
Signature EHS Number Date

Comments

Site Revalidation conducted by Environmental Health Specialist Designated Representative
(check one)

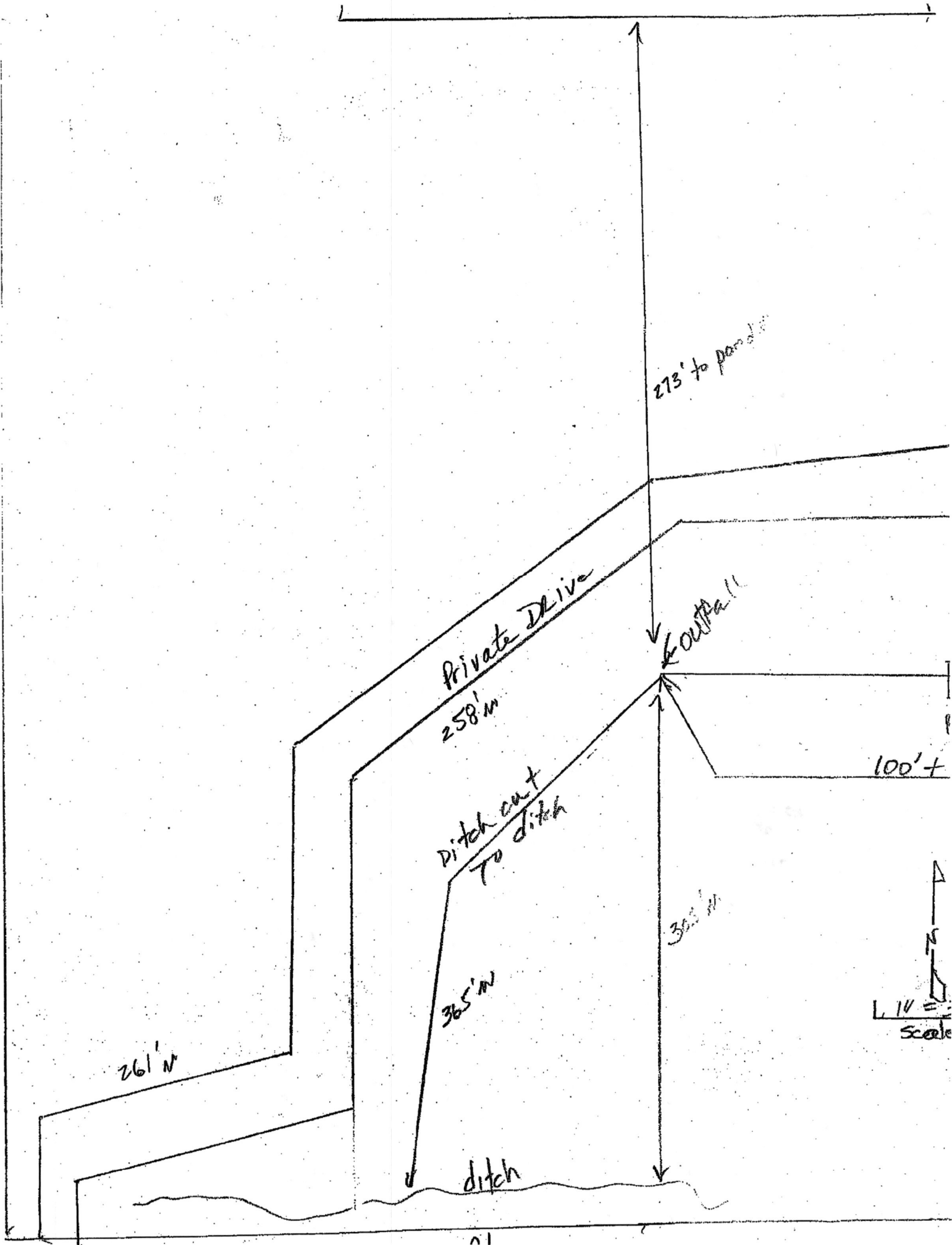
Signature EHS / License Number Date

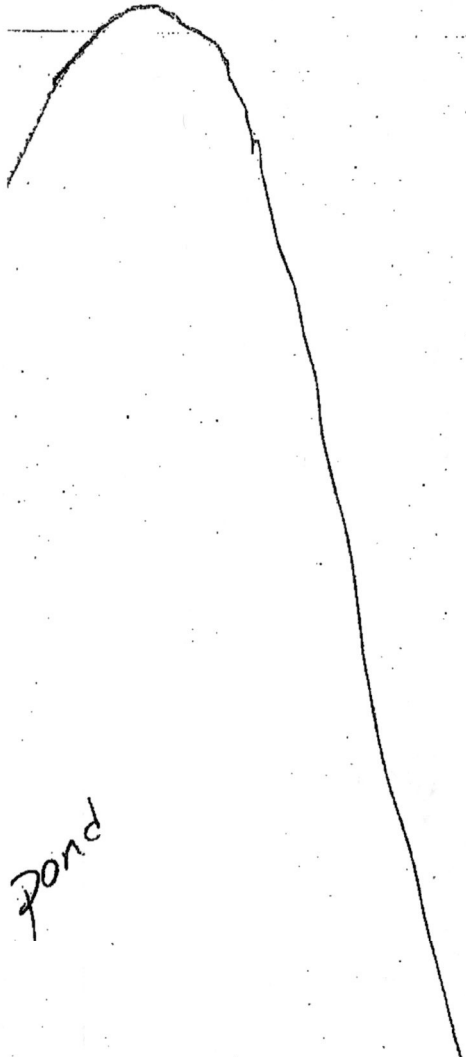


рвоот

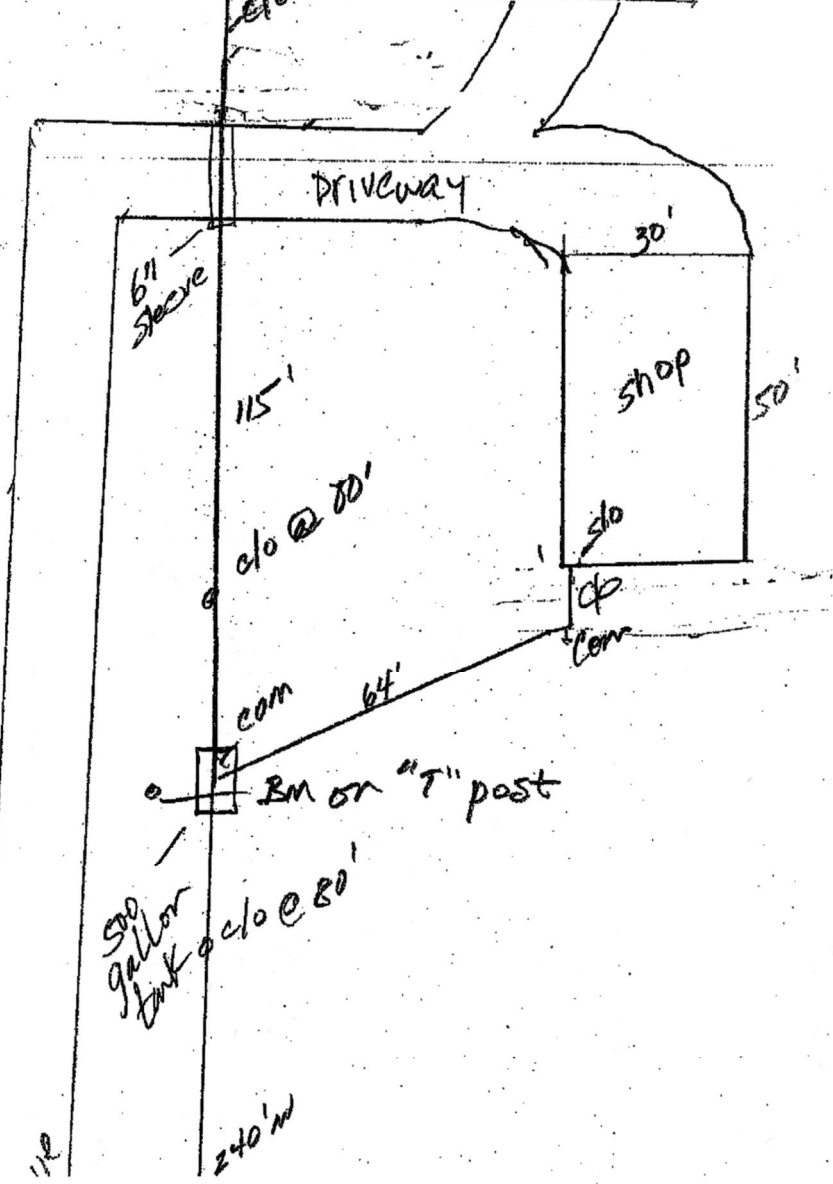
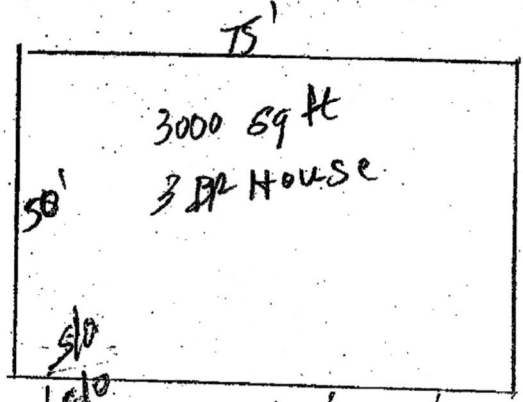
2

17





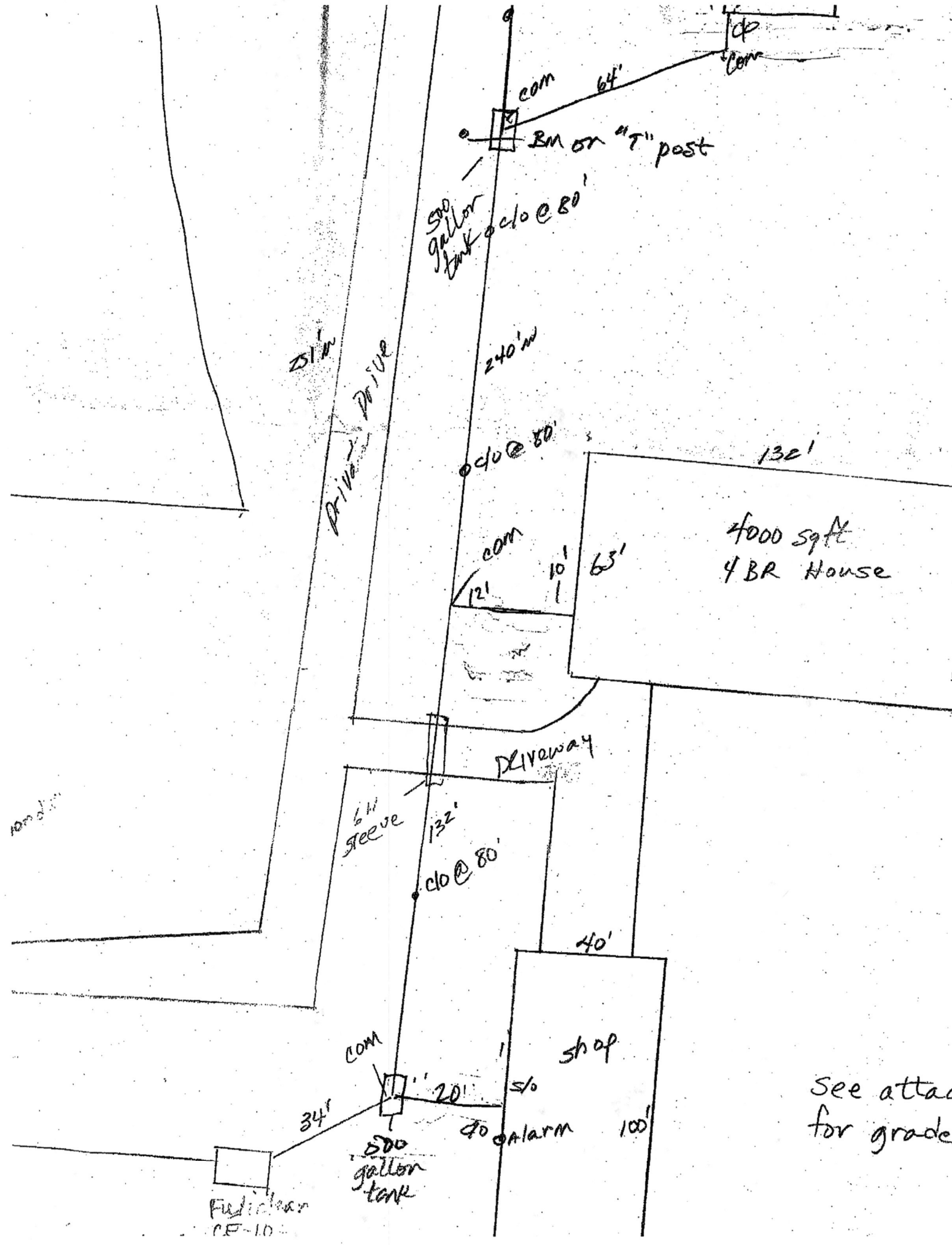
pond



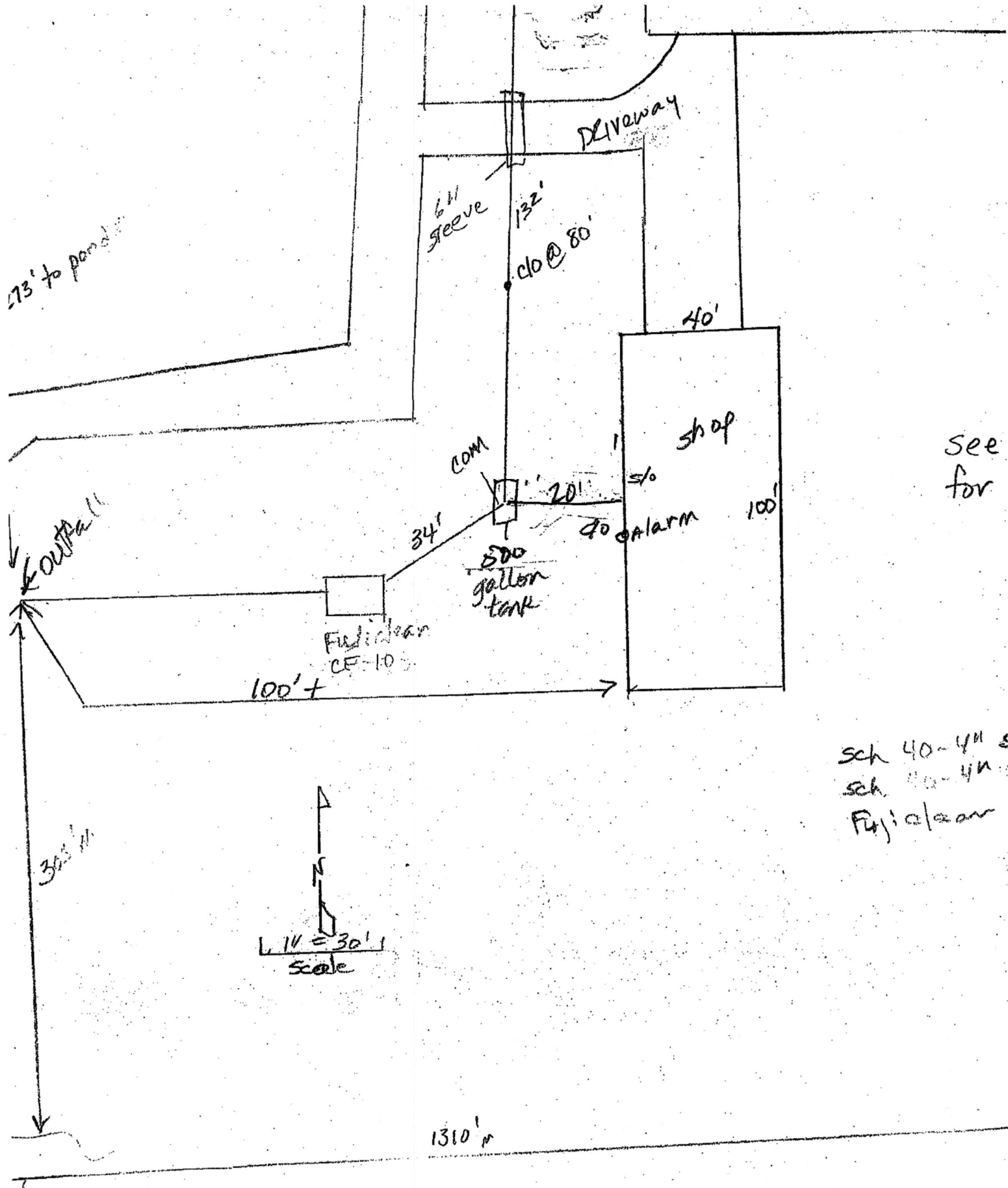
21' W

1/2

240' W



See attac for grade



73' to pond

Driveway

6" sleeve

132'

clo @ 80'

40'

shop

see for

COM

20'

70' alarm

100'

34'

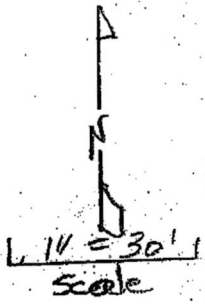
500 gallon tank

Fire alarm CE-10

100'+

FOUR

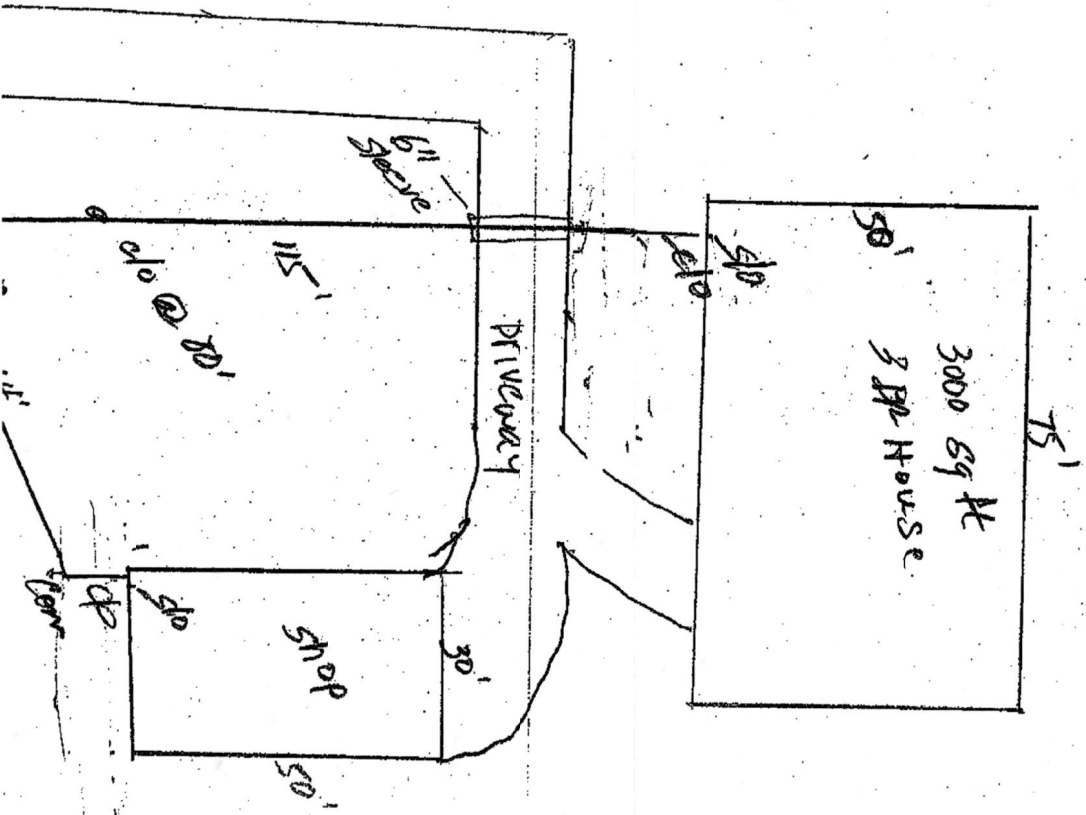
34 1/2'

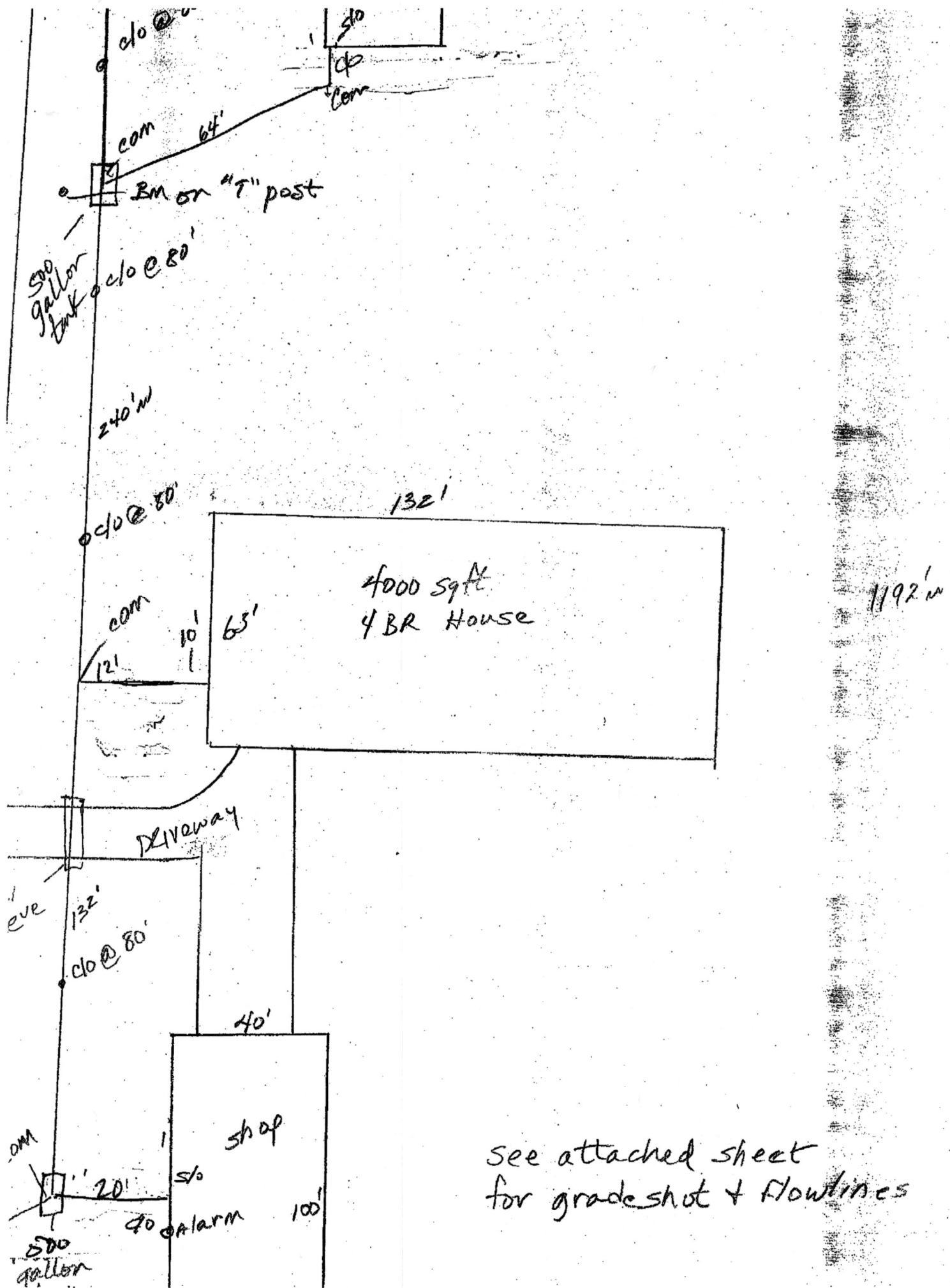


sch 40-4" s
sch 40-4" s
Fire alarm

1310'

Rodney & Matthew Coubs
102 + 40
Greene 735 Rd.
Paragould AR
72450



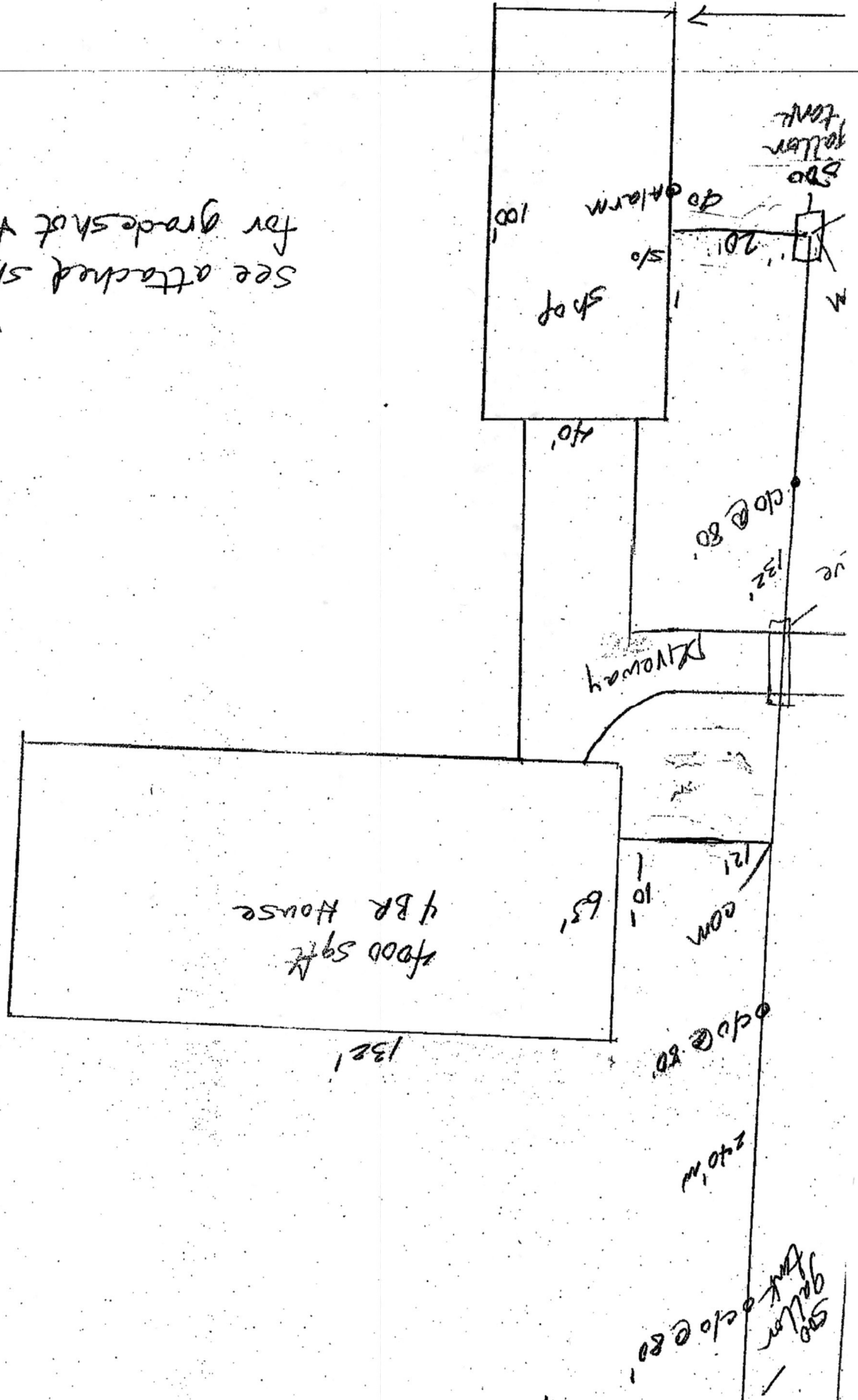


See attached sheet for grade shot & flowlines

Set 40-4in s/o to tanks
in tanks to Full/empty

See attached sheet
for grade shot & flowlines

1192w



**ARKANSAS DEPARTMENT OF HEALTH
PROJECT COST ESTIMATE WORKSHEET**

PROJECT NAME Rodney and Matthew Combs PROJECT ID# (ADH Use Only) 26006085
 COUNTY Greene
 PROJECT LOCATION (911 if available) 102/40 Greene 735 Rd
 CITY, STATE, ZIP Paragould AR 72450
 SUBMITTER/CONTACT NAME Ron Kingston TELEPHONE 870-215-2745
 MAILING ADDRESS 4641 Greene 628 Rd
 CITY, STATE, ZIP CODE Paragould AR 72450

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

WATER SYSTEM IMPROVEMENTS.....	\$ <u>N/A</u>
SEWER SYSTEM IMPROVEMENTS.....	\$ <u>27000⁰⁰</u>
PLUMBING.....	\$ <u>N/A</u>
SWIMMING POOL.....	\$ <u>N/A</u>
FOOD ESTABLISHMENT IMPROVEMENTS.....	\$ <u>N/A</u>
HEALTH FACILITY IMPROVEMENTS	\$ <u>N/A</u>
OTHER.....	\$ <u>N/A</u>
TOTAL ESTIMATED COST.....	\$ <u>27000⁰⁰</u>

A. PLAN REVIEW FEE:..... \$ 270⁰⁰
 1% of total est. cost, not less than \$50 and not to exceed \$500. (see #1 on reverse side)

B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS..... \$ N/A
 For individual sewage disposal system permits; and for subdivisions whose lots are < 3 acres, and mobile home & RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)

TOTAL FEES SUBMITTED \$ 270⁰⁰
 (Add A & B)

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

EXPLANATION OF PLAN REVIEW FEES

#1) Act 399 of 1987 amended Act 469 of 1965 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. The fee is 1% of the estimated cost of construction, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.
 IF TOTAL ESTIMATED COST IS \$50,000 OR MORE, REVIEW FEE IS \$500.00.
 IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ 270.00

#2) Act 1928 of 2005 amended Act 407 of 1977 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

FIRST LOT @ \$100.00	= \$	_____
ADDITIONAL LOTS @ \$25.00each.....	=	_____
TOTAL	=	_____
(MAXIMUM FEE = \$1500.00)		

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

1500 SQ.FT. OR LESS	= \$30
1501 - 2000 SQ.FT.	= \$45
2001 - 3000 SQ.FT.	= \$90
3001 - 4000 SQ.FT.	= \$120
4001 SQ.FT. & GREATER	= \$150
ALTERATION, REPAIR, OR EXTENSION	= \$30

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

#3) Act 36 of 1991 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

2-25 SPACES.....	\$25.00
26-50 SPACES.....	\$50.00
51-75 SPACES.....	\$75.00
76 OR MORE.....	\$100.00

PREPARED BY:

A handwritten signature in black ink, appearing to be 'TAC', written over a horizontal line.

DATE

5/9/23

EHP-17 (R 7/13)

Owner Rodney and Matthew Combs DR Ron Kingston

BM on T Post 6^t

H1

S1

G/E Flowline

G/E Flowline

S/O 2'9 S/O 3'

S/O 5' S/O 5'4

T/I 2'11 T/I 3'1

T/I 5'3 T/I 5'5

T/O 3'1 T/O 3'4

T/O 5'4 T/O 5'8

H2

S/2

G/E Flowline

G/E Flowline

S/O 10'7 S/O 10'11

S/O 15' S/O 15'4

T/I 10'7 T/I 11'

T/I 15'3 T/I 15'5

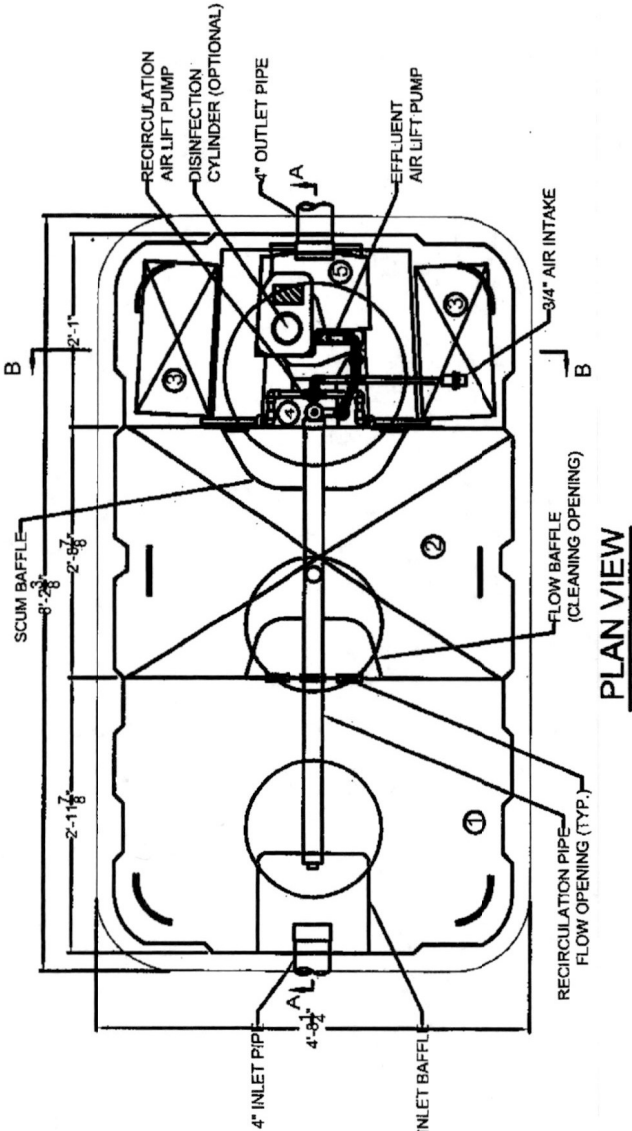
T/O 10'8 T/O 11'3

T/O 15'7 T/O 15'8

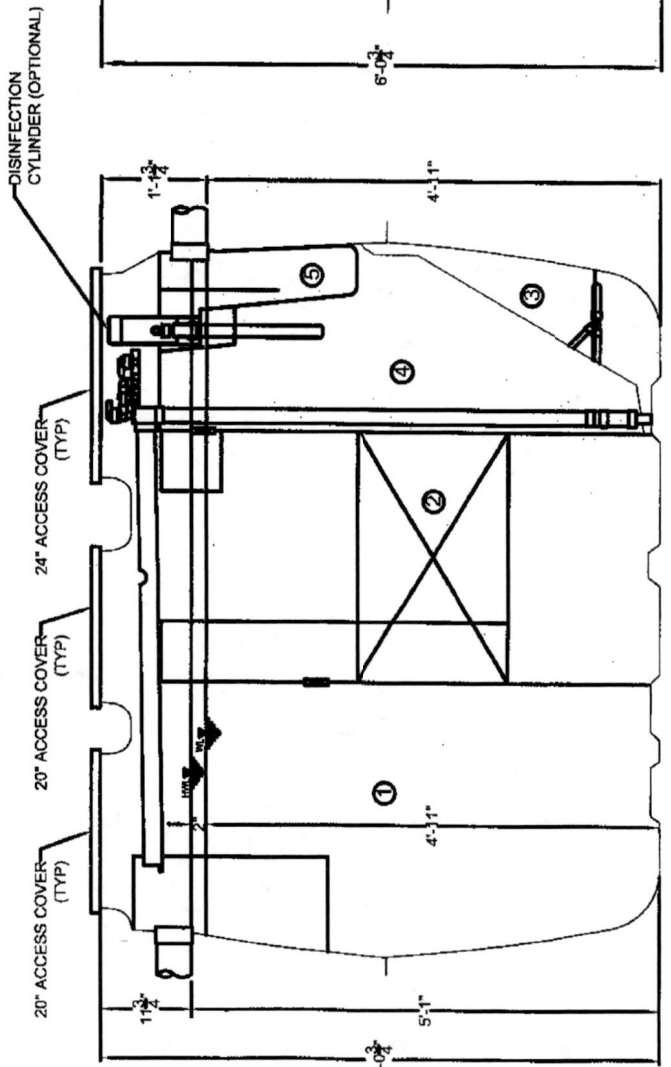
Fujiclean 16'3

CHAMBER	Volume (gal)
① Sedimentation Chamber	397
② Anaerobic Filtration Chamber	396
③ Aerobic Contact Filtration Chamber	181
④ Clarification Chamber	90
⑤ Disinfection Chamber	6
Total Volume	1069

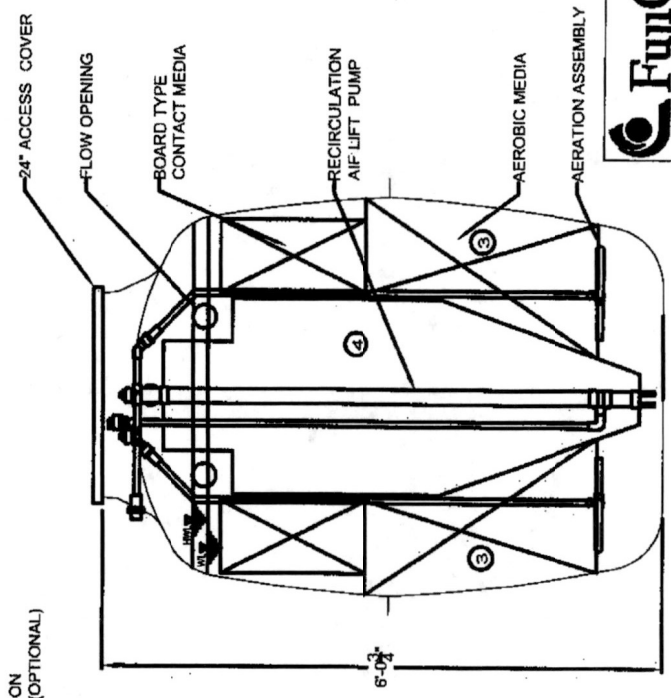
SPECIFICATIONS	
Anaerobic Media	PP / PE
Board Type Aerobic Media	PVC / PP / PE
Aerobic Media	PP / PE
Blower	3.5 cfm
Tank	FRP
Piping	PVC / PP / PE
Access Covers	Plastic / Cast Iron
Disinfectant (Optional)	Chlorine Tablets



PLAN VIEW



SECTION A-A VIEW



SECTION B-B VIEW

CLOSE

DocuSign Envelope ID: E1BC2647-6EA4-4483-AFD8-FEBB1EFCC44D

EarthTech, Inc.
PO Box 73
Vilonia, AR 72173
rg.earthtechinc@gmail.com
(501) 472 -1624

WASTEWATER MAINTENANCE AGREEMENT

For: Rodney & Matthew Combs

Mailing Address: 1106 Summerhill Dr., Paragould, AR 72450

Email: matthew.combs07@yahoo.com

Cell phone: (870) 335 8486 Matthew

Service Address: 102/40 Greene 628 Roads in Paragould, AR 72450

SERVICES TO BE PERFORMED:

- Inspect/Service Fujiclean CE10 and other components quarterly, add chlorine as needed
- Submit Discharge Monitoring Reports (DMR's) twice a year as required.
- Collect Samples and deliver to lab

\$1,000/ year + cost of chlorine used. (current cost per tablet is \$2.87 and subject to change)

TERMS:

- Owner acknowledges having received and read the attached "Prohibited Items" sheet.
- This agreement may be terminated by either party with a written notice.
- Owner will not modify system or cover access lids and valve boxes with soil.
- All parts of the system must be accessible for service.
- Owner assumes responsibility of preventing fire ants from damaging electrical components.
- Owner is responsible for keeping site weeded/mowed.
- Repairs or parts not under warranty are not included in this agreement.
- No repairs will be made or parts replaced without approval.
- This agreement does not include pumping/solids removal.
- User acknowledges that using a garbage disposal may cause more frequent service/tank pumping which could lead to unscheduled service calls.
- Only domestic wastewater and toilet paper will be flushed or put down a drain. (see attachment)
- Service Calls will be billed at \$100/hr. with a 4 hour minimum.
- If quarterly maintenance is not sufficient additional fees will incur.
- Lab fees are not a part of this agreement. You will be billed separately by the lab for analy

DocuSigned by
Robert L. Combs

6/7/2023 | 9:25 AM CDT

DocuSigned by
Matthew Combs

6/7/2023 | 7:39 AM



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

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

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

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

SIGNED: [Signature]
 (Property Owner)

SIGNED: P Chadwick EHS #983
 (Health Department)

DATE: 6/9/23

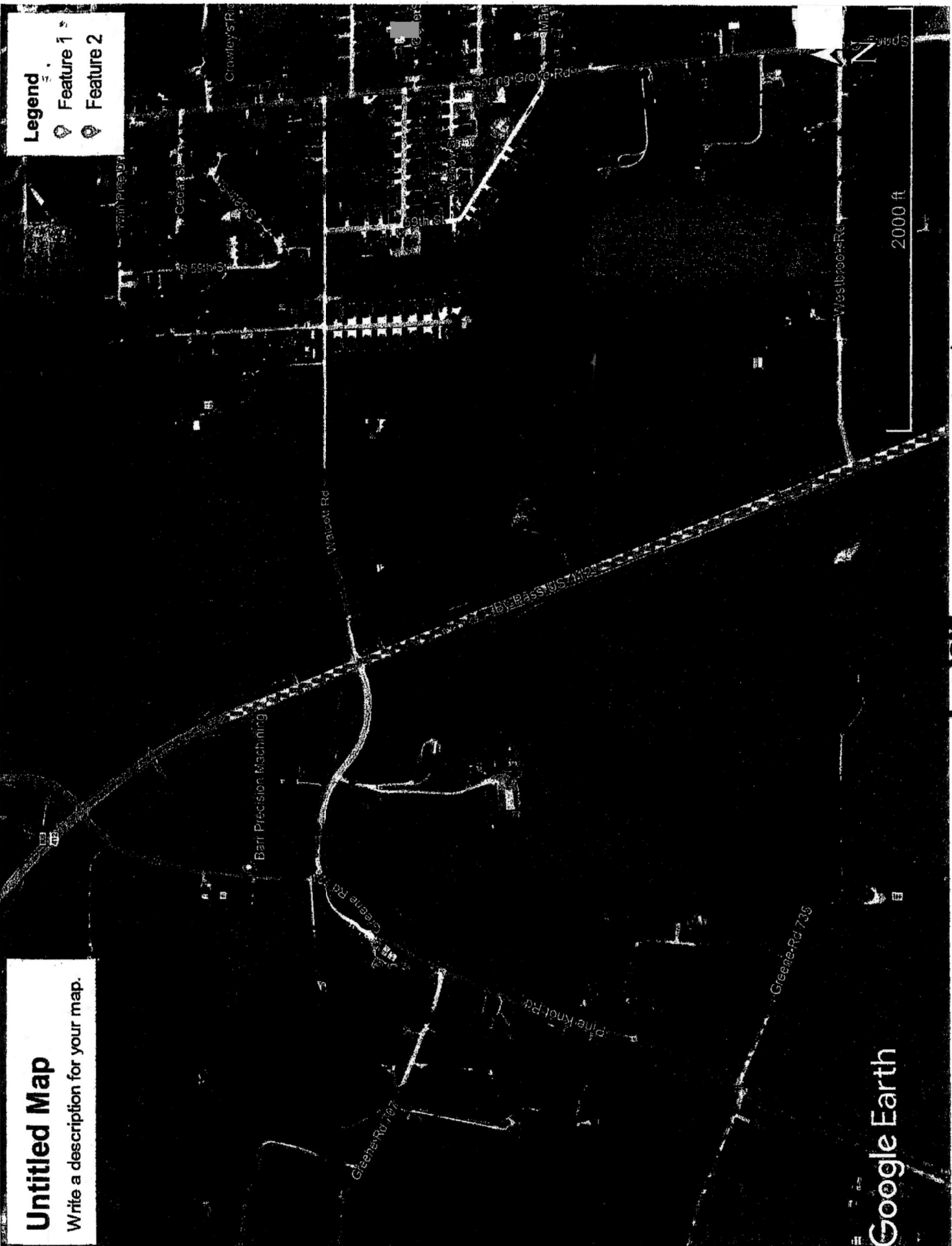
DATE: 7-6-2023

Untitled Map

Write a description for your map.

Legend

- Feature 1
- Feature 2



Google Earth

2000 ft

7 36 63 00 22 90.34 21 08

1 5208

412 093 117 36 03 00 01 90 34 17 92