

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): Jordan McCune Operator Type:
Permittee Mailing Address: 2416 Hwy 174-S, Hope, Ar. 71801 State Partnership
Permittee City: Hope Federal Corporation*
Permittee State: Ar. Zip: 71801 X Sole Proprietorship/Private
Permittee Telephone Number: 979-236-7918 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: Jordan.l.mccune@ gmail.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: N/A City: N/A
Invoice Mailing Company: N/A State: N/A Zip: N/A
Invoice Mailing Address: N/A Telephone: N/A

III. FACILITY INFORMATION

Facility Name: Jordan McCune ATU ATU Facility Contact Person: Jordan McCune
Facility Address: 2416 Hwy 174-s Telephone Number: 979-236-7918
Facility County: Hempstead Facility City, State & Zip: Hope, Ar. 71801
Facility Latitude: 33 Deg 38 Min 41.2794 Sec Facility Longitude: 093 Deg 36 Min 49.6794 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Driveway

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)
Stream Segment: 1B Hydrologic Basin Code: 11140200
Outfall Latitude: 33 Deg 38 Min 42.3594 Sec Outfall Longitude: 093 Deg 36 Min 52.5594 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge
Type of Treatment: NORWECO Singulair Green CL2 disinfection
Receiving Stream: Red River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00N/A
NPDES General Permit Number (If Applicable): ARG550000
State Construction Permit Number: N/A
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/A

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: 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 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."
 x HM (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."
 x HM (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: x Haylie McCune Title: Home Owner
 Responsible Official Signature: x Haylie McCune Date: x 2-14-24
 Responsible Official Email: x jordan.l.mccune@gmail.com
 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?
 Submittal of Required Permit Fee? Check Number: Private Homeowner
 Submittal of AHD Form EHP-19?
 Submittal of Site Map?
 Submittal Statement of Disclosure Statement? Private Homeowner

WATER DIVISION
 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
 PHONE 501-682-0623 / FAX 501-682-0880
 www.adeg.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, Secretary of Health

Jennifer Dillaha, MD, Director

February 26, 2024

Jordan McCune
2416 Hwy 174-S
Hope, AR 71801
Permit # 26536290

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 2 acres near 2416 Hwy 174-S Hope, Arkansas in Hempstead 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
26536290

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

1. Owner's/Applicant's Name
JORDAN MCCUNE

2. Phone Number
979-236-7918

3. Mailing Address
2416 HWY 174-S, HOPE, AR. 71801

4. County
HEMPSTEAD

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
2416 HWY 174-S, HOPE, AR. 71801

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
APRX 209'X412'

11. Total Area (Acres)
2.0 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 NW1/4, SW1/4 OF SEC. 5, T-13-S, R-24-W.

15. Water Supply (Specify supplier, if Public Water)
CITY OF HOPE

16. GPS Coordinates
LAT: 33.645030 / LONG: -93.614570

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	REPAIR	b. Size of Dose Tank	EX SEPTIC	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		NORWECO SINGULAIR GREEN	N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	NORWECO SINGULAIR GREEN	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.

Sheldon Hadley
Designated Representative Signature

DESIGNATED REP

Soil Certified Yes No

SHELDON HADLEY
Print Name

Title

2-14-24
Date

870-703-7165
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.

David Wilson
Environmental Specialist Signature

331

EHS Number

2-26-24
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	0"	15"	19"	13"	16"	MOD/LOW	NO LOAD
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)
REPAIR	N/A	N/A	N/A	N/A	N/A	N/A	REPAIR
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	0"	in	DISSIMILAR COLORS ON PED.				
Moderate	15"	in	CHROMA 2 ON <50% OF PED.				
Long	19"	in	CHROMA 2 >50% OF PED, CLAY >50%.				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	N/A	in	REPAIR				
Moderate	N/A	in	REPAIR				
Long	N/A	in	REPAIR				
Comments REPAIR PERMIT. HOME CURRENTLY UTILIZING MALFUNCTIONING ROCK PLANT FILTER.							

Part 2 Installation Inspection

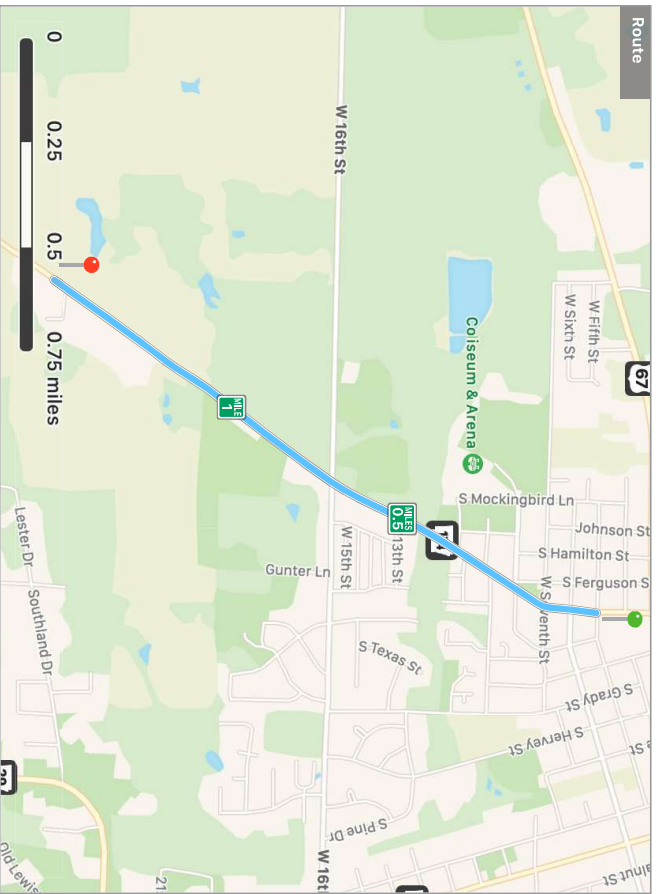
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer	License Number	
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input 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

808 W Fifth St to 2416 AR-174

1.5 miles, 3 min



808 W Fifth St to 2416 AR-174

1.5 miles, 3 min

Start
808 W Fifth St

90 feet
Turn left onto S Fulton St

1.5 miles
The destination is on your right

Destination



Property Line

202'

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



141'

Slope 1.3%

F

SP1

100'

Flow

100'

Discharge 3'9"

102'



Install ATU no deeper than 1'0" below ground at outlet. Calculated with 10.5" from top of pipe to bottom of gasketed riser at outlet.

Norweco Singulair Green
 Chlorine Disinfection
 600 gpd ATU

Sample Box
 Flow line 5'0"

Flow line 4'6"

3'1"

Flow line 4'0"

SOPE 3'5"

SOGE 3'3"

Flow line 3'9"

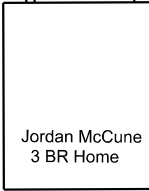
See attached pump specs.
 Seal outlet to prevent groundwater
 from entering pump chamber.

Pump 3'1"
 Flow line 5'0"

Tank Lid 3'11"

Existing Septic Tank used
 for Pump Chamber. Must be
 water tight and in good working
 condition. Place manhole riser
 to surface of ground.

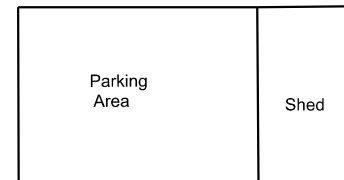
Bench Mark SOPE 3'5"



Jordan McCune
 3 BR Home



Shed



Parking
 Area

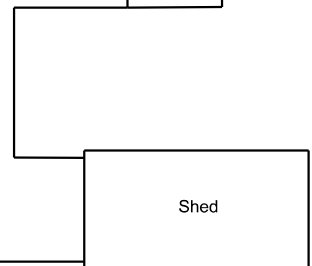
Shed

← Neighboring Home

Hope Water Utility



Parking
 Area



Shed

2.0 Acres



Driveway

Property Line