

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): Beard and Lady LLC Operator Type:  
Permittee Mailing Address: 411 E Front Ave  State  Partnership  
Permittee City: Chester  Federal  Corporation\*  
Permittee State: AR Zip: 72934  Sole Proprietorship/Private  
Permittee Telephone Number: 919-532-9881 \*State of Incorporation: AR  
Permittee Fax Number: \_\_\_\_\_ The legal name of the Permittee must be  
Permittee E-mail Address: Info@beardandlady.com identical to the name listed with the  
Arkansas Secretary of State.

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

Invoice Contact Person: Lacey Hendrix City: Chester  
Invoice Mailing Company: Beard and Lady LLC State: AR Zip: 72934  
Invoice Mailing Address: 411 E Front Ave Telephone: 919-532-9881

III. FACILITY INFORMATION

Facility Name: Beard and Lady Inn Facility Contact Person: Lacey Hendrix  
Facility Address: 411 E Front Ave Telephone Number: 919-532-9881  
Facility County: Crawford Facility City, State & Zip: Chester, AR 72934  
Facility Latitude: 35 Deg 40 Min 44.31 Sec Facility Longitude: -94 Deg 10 Min 27.97 Sec  
Datum  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ : \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 675 gpd (Gallons per Day)  
Stream Segment: 3H Hydrologic Basin Code: 1110201  
Outfall Latitude: 35 Deg 40 Min 44.96 Sec Outfall Longitude: -94 Deg 10 Min 26.39 Sec  
Datum  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ : \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Type of Treatment: Bio Microbics Microfast 0.75 with UV and Post Aeration  
Receiving Stream: Arkansas River

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:

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

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.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf).

**VII. CERTIFICATION OF OPERATOR**

LM (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
LM (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."  
LM (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: Lacey Hendrix Title: Owner  
Responsible Official Signature: Lacey Hendrix Date: 03/18/2021  
Responsible Official Email: info@beardandlady.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?    
Submittal of AHD Form EHP-19?    
Submittal of Site Map?    
Submittal of Disclosure Statement?

Check Number: 5742

# 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) Beard and Lady LLC
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 411 E Front Avenue
3. CITY, STATE, AND ZIPCODE: Chester AR 72934

4a. Applicant Type: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporate or Other Entity
4b. Reason for Submission: <input checked="" type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input checked="" type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Division: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> 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 _____
--

**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: N/A TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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: N/A TITLE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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, Lacey Hendrix, 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:** Lacey Hendrix

**TITLE:** Owner

**DATE:** 04/01/2021





**Arkansas Department of Health**  
Environmental Health Protection

State  
Receipt Number  
**23912337**

**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)**

<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: **Beard & Lady Inn** c/o Lacey Hendrix  
2. Phone Number: **(919) 532-9881**

3. Mailing Address: **411 E Front Avenue, Chester, Arkansas 72934**  
4. County: **Crawford**

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map):  
**411 E Front Avenue, Chester, Arkansas 72934**

6. Subdivision Name: **Chester**      7. Approval Date: **n/a**      8. Date Recorded: **n/a**      9. Lot Number: **8/9 1**

10. Lot Dimensions: **100' x 140'**      11. Total Area (Acres): **0.31**      12. # Bedrooms # People: **Commercial**      13. Daily Flow (GPD): **675**

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary):  
**Section 27, Township 12 North, Range 30 West, Crawford County Arkansas**

15. Water Supply (Specify supplier, if Public Water): **Public Water**      16. GPS Coordinates: **35.679098, -94.174271 Bld 35.679190, -94.174001 POD**

17. Loading Rates	(gpd/ft <sup>2</sup> )	18. System Specifications					
Primary Area	n/a	a. Size of Septic Tank	1000	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 <sup>2</sup>	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	n/a	d. Number of Field Lines	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: Lacey Hendrix Date: 10/20/2020

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. Melntz Soil Certified  Yes  No

Designated Representative Signature: David A. Melntz Title: \_\_\_\_\_  
Date: 10/18/2020 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: Sam Dean EHS Number: 733 Date: 11-18-2020

**Individual Onsite Wastewater System Permit Application**

Receipt Number

Continue Part 1

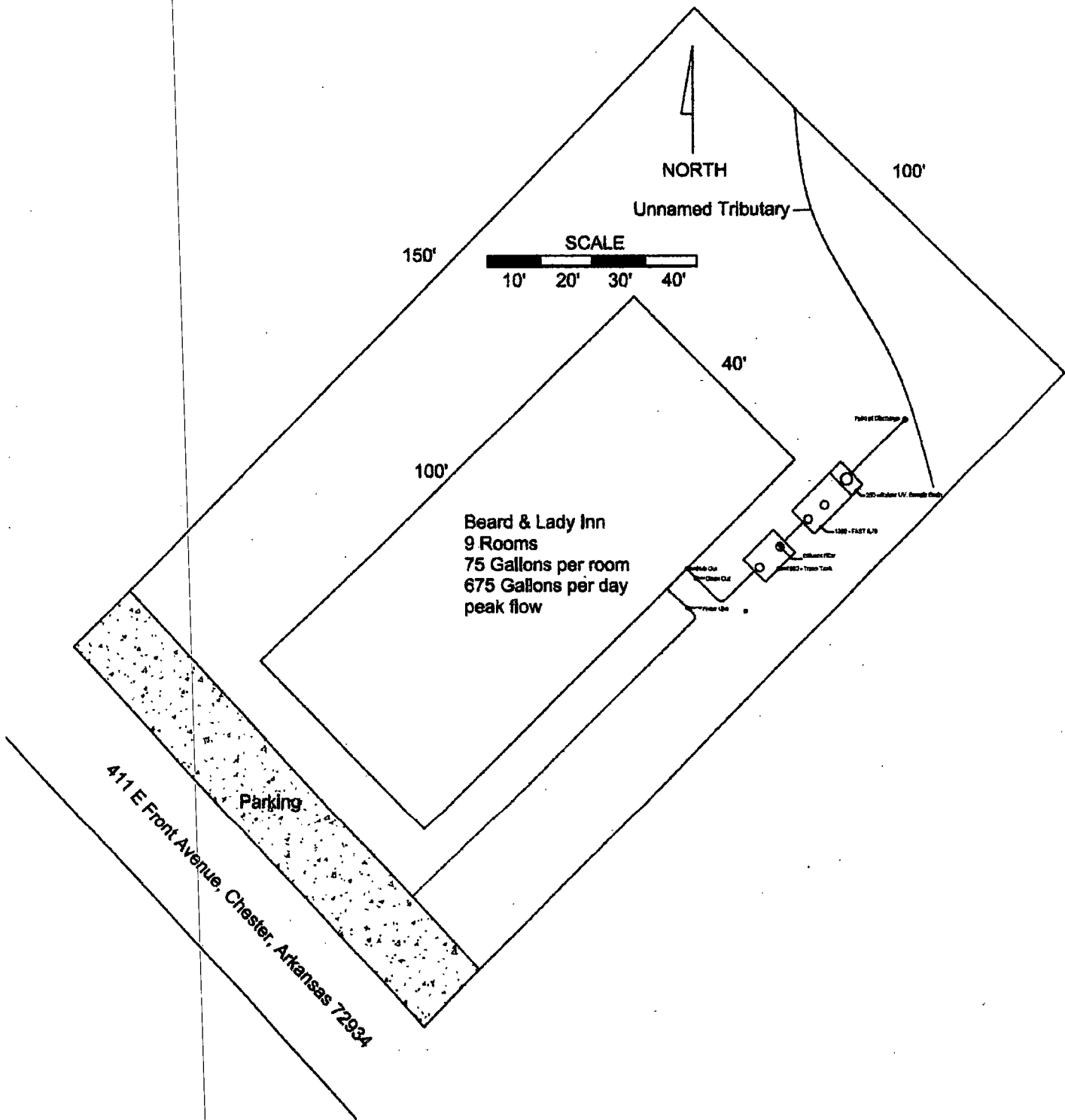
<b>22. Soil Criteria (Primary Area)</b>								Indicate the depth to items a-f, if observed in the soil (designate in inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )		
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
<b>23. Soil Criteria (Secondary Area)</b>								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 <sup>2</sup> )		
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		
<b>24. Seasonal Water Table (SWT) Classes Detail</b>									
<b>Primary Area</b>			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	n/a							
Moderate	in	n/a							
Long	in	n/a							
<b>Secondary Area</b>			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	n/a							
Moderate	in	n/a							
Long	in	n/a							
<b>Comments</b> Existing WW system in disrepair. No adequate room for disposal site. Propose Bio-Microbics FAST 0.75 with surface discharge to tributary crossing the back of the property. NPDES permit required. Based flow on regulations for Resort Hotels and Cottages. 75 gpd per room. 9 rooms are under construction.									

**Part 2 Installation Inspection**

Septic tank manufacturer	Whitten Concrete	Pump information	Zoeller BN-53
Septic tank material	Concrete	Trench media and width	
Dose tank manufacturer	Whitten Concrete	Depth of interceptor drain	
Dose tank material	Concrete	Depth of settled fill	
Name of installer	David A. Meints	License Number	0925125
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
<b>System Installation Verification:</b> 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
<b>Comments</b>			
Site Revalidation conducted by (check one) <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative			
Signature		EHS / License Number	Date



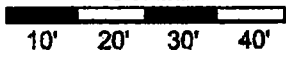
NORTH

Unnamed Tributary

100'

150'

SCALE



40'

100'

Beard & Lady Inn  
9 Rooms  
75 Gallons per room  
675 Gallons per day  
peak flow

Type of Chlorinator

200-gallon UV Sterilizer

1000-gallon UV Sterilizer

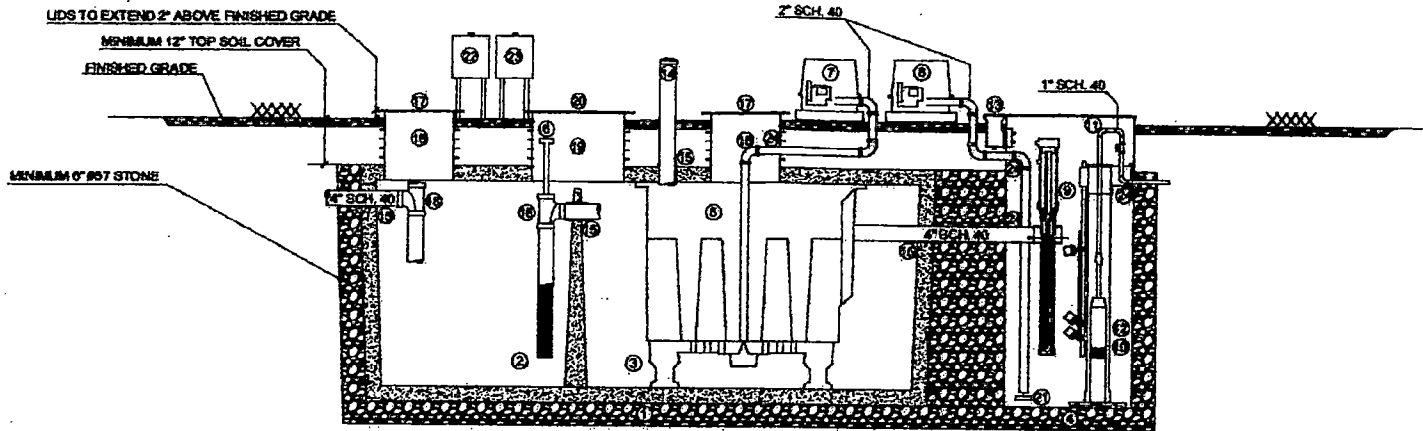
WASH OUT

CLEAN OUT

WATER USE

Parking

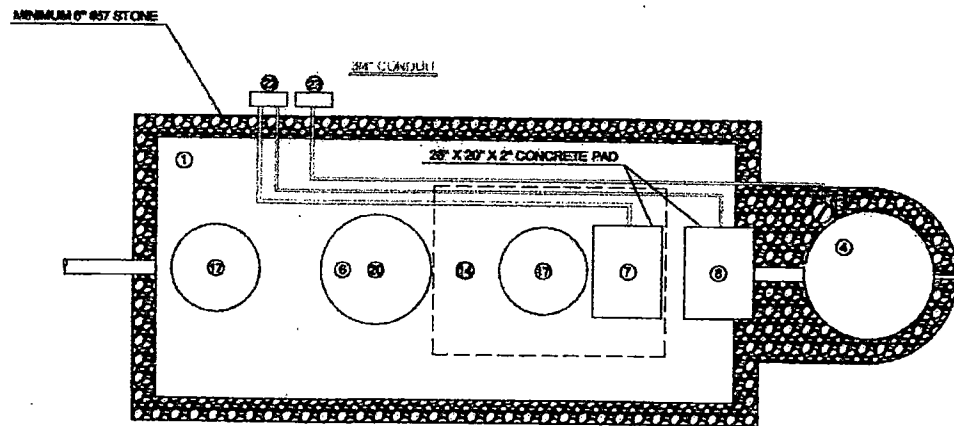
411 E Front Avenue, Chester, Arkansas 72934



SECTION VIEW

EQUIPMENT AND PARTS LIST

1. WHITTEN CONCRETE TANK OR EQUIVALENT, VOLUME 1500 GALLONS
2. SETTLING TANK, 500 GALLONS
3. TREATMENT TANK VOLUME, 1000 GALLONS
4. STEEL PLASTICS PUMP BASIN, 30" X 72" (STEELE PLASTICS BAZOK72TA & VCF20SLDRT) OR EQUIVALENT
5. MICROFAST TREATMENT UNIT, (BIOMICROBICS MFC 0.75)
6. EFFLUENT FILTER, (BIOMICROBICS SANTEE-418)
7. BLOWER, (BIOMICROBICS FUJ) ½ HP 1PH VCF30) & HOUSING, (BIOMICROBICS 250-BBHSFL)
8. BLOWER, (BIOMICROBICS FUJ) ½ HP 1 PH VCF20) & HOUSING, (BIOMICROBICS 250-BBHSFL)
9. UV DISINFECTION UNIT, (SALCOR 3G)
10. DISCHARGE PUMP, (ORENCO PF100511) OR EQUIVALENT
11. DISCHARGE ASSEMBLY, 1"
12. UNIVERSAL FLOW INDUCER, (ORENCO FIT D 60) OR EQUIVALENT
13. EXTERNAL SPURCE BOX, (ORENCO SB4EX) OR EQUIVALENT
14. VENT CAP, 4", (GIZMO ENGINEERING) OR EQUIVALENT
15. BOOT SEAL (POLYLOK 3005-CE)
16. RISER, ULTRA-RIB, 16"
17. FIBERGLASS LID, 16", (ORENCO FLD18G) OR EQUIVALENT
18. SANITARY "T", 4" SCHEDULE 40
19. RISER, ULTRA-RIB, 24"
20. FIBERGLASS LID, 24", (ORENCO FLD24G) OR EQUIVALENT
21. DIFFUSER, (FINE BUBBLE, 10 SCFM, 304 SS) OR EQUIVALENT
22. CONTROL PANEL, (BIOMICROBICS 110V AM)
23. CONTROL PANEL, POST AIR
24. GROMMET, MATCH DIAMETER OF PIPE



PLAN VIEW

**ETS** ENVIRO-TECH SOLUTIONS, LLC  
ENGINEERING CONSULTING  
1233 SOUTH SPURGE DRIVE  
PATERSON, NJ 07651  
908-984-0528



BIOMICROBICS WASTEWATER TREATMENT SYSTEM  
ARKANSAS



BIOMICROBICS WASTEWATER TREATMENT SYSTEM  
MICRO FAST FLOW=750 GPD

DESIGNED BY: [Name]  
DRAWN BY: [Name]  
DATE: 10-23-2014

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 m<sup>3</sup>/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 (IEC, 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 phase 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 free of charge. Defective parts must be returned by owner to Bio-Microbics, Inc.'s factory postage paid, if so requested. The cost of labor and all other expenses resulting from replacement of the defective parts and from installation of parts furnished under this warranty and regular maintenance items such as filters or bulbs shall be borne by the owner. This warranty does not cover general system misuse, operator 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 overload protection. This warranty applies only to the treatment plant and does not include any of the structure wiring, 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 IN LIEU OF ALL OTHER WARRANTIES EXPRESS OR IMPLIED. BIO-MICROBICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NO REPRESENTATIVE OR PERSON IS AUTHORIZED TO GIVE 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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BIO-MICROBICS © 2014

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

**BIO MICROBICS**

BETTER WATER. BETTER WORLD.™

MicroFAST 0.50 FAST Unit

WEIGHT	lb	SIZE	DRAWING NUMBER	SHEET 3 OF 4
NAME	DATE	A	MicroFAST@ 0.50 Specifications	
DRAWN	CIC 12/16/2006			
CHECKED	PF 9/18/2013		REVISED 9/18/2013	REV. IN-05-V

# Salcor 3G UV Disinfection Unit

NOTE: Not all dimensions to scale

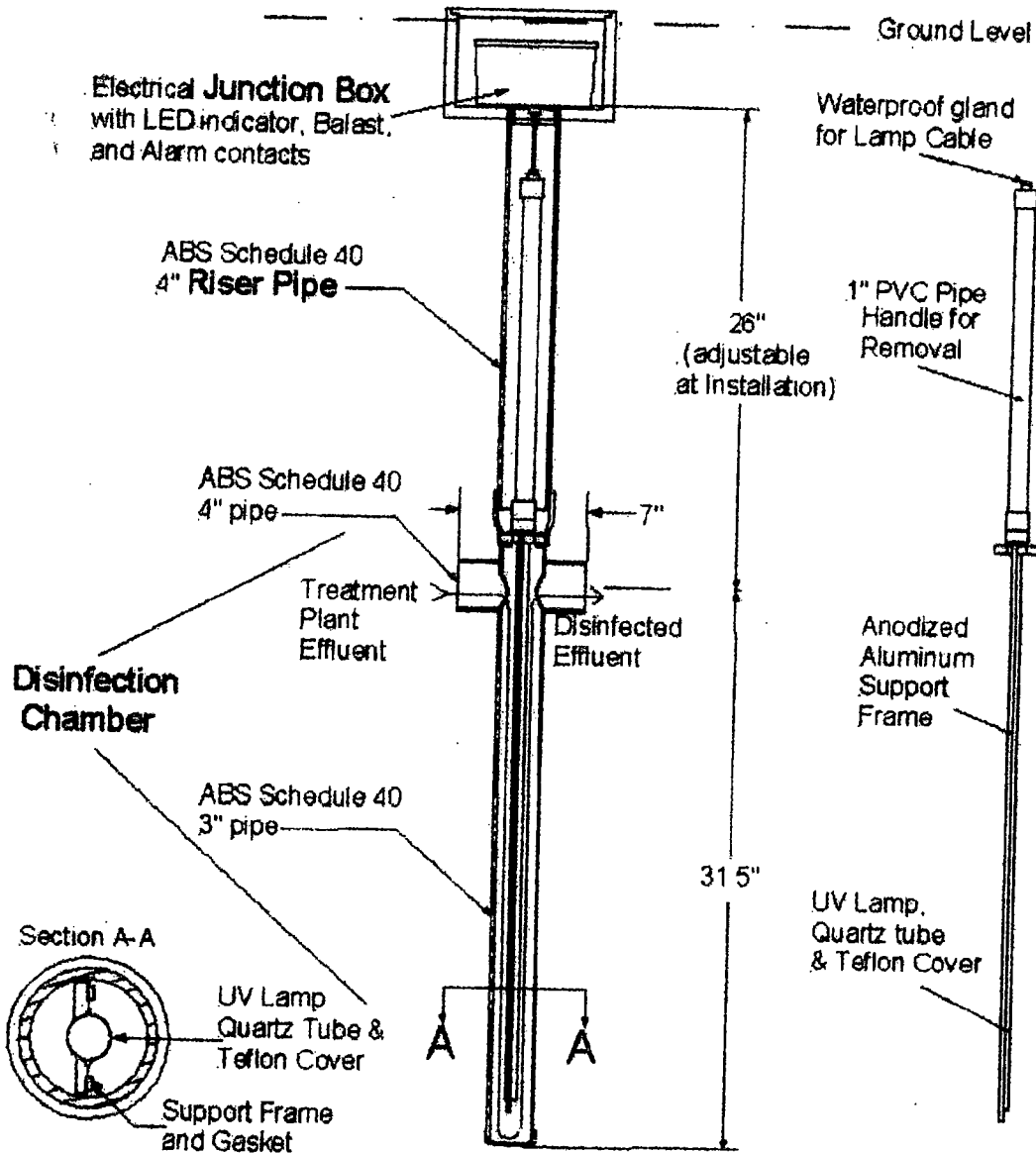


Figure 1

## In Ground Installation

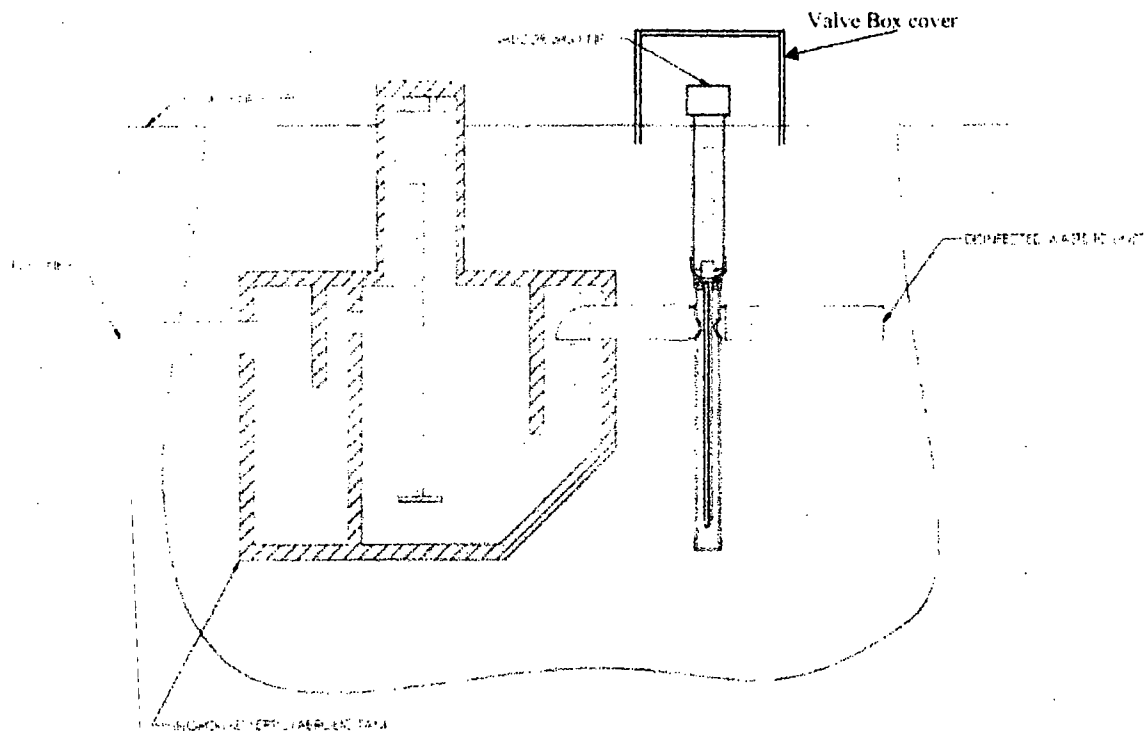


Figure 2

## In Tank Installation

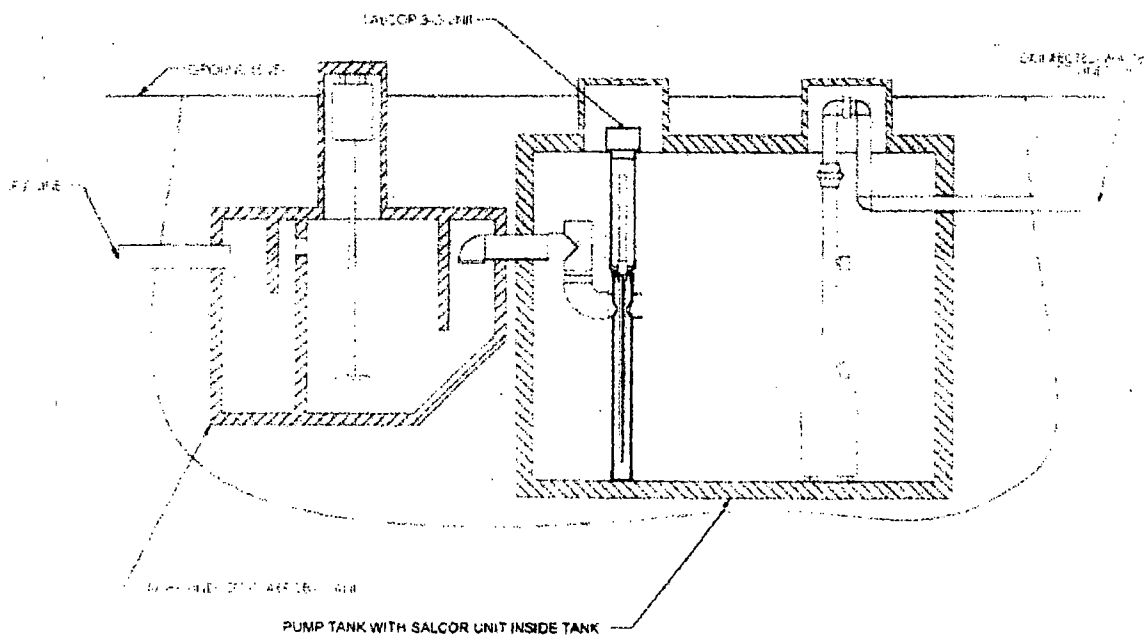


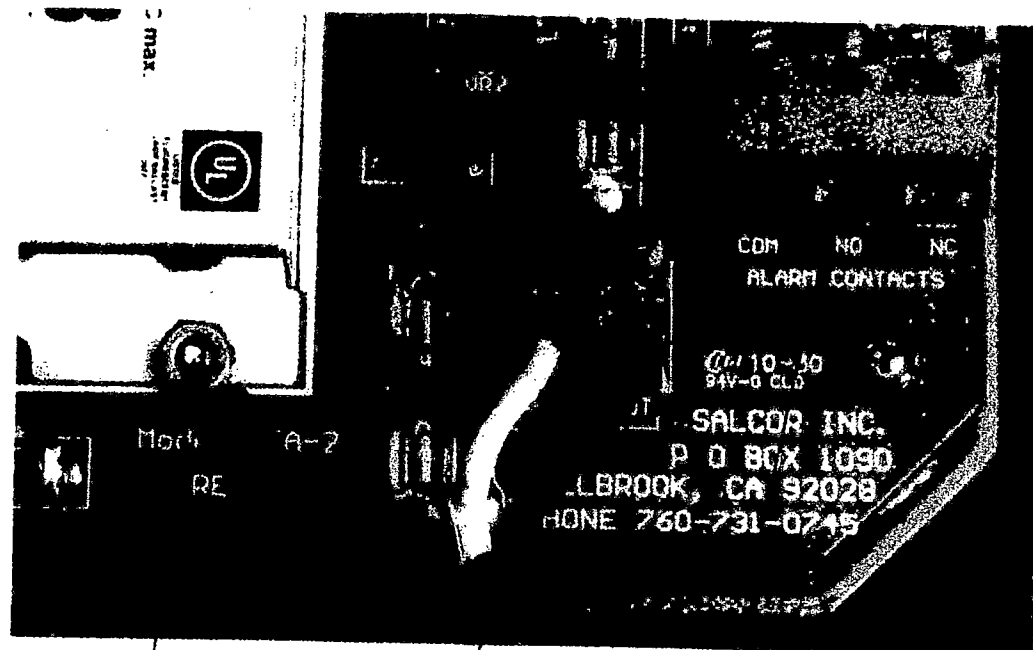
Figure 3

# SALCOR INC.

P.O Box 1090  
Fallbrook, Ca. 92088  
Telephone: 760 731 0745

## V. ELECTRICAL JUNCTION BOX LID

The Ballast and terminal strips are now mounted on the Alarm Board, mounted to the Junction Box Lid.



Grounding Post

Power Inlet Terminal

Alarm Wire terminal block.  
Connect alarm wires as needed  
for your specific circuit.  
N/O and N/C describes the contact  
configuration when the  
relay has **NO POWER** applied,  
or it is **NOT** energized.

Figure 4



# SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Beard & Lady Inn, ("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 411 E Front Avenue, Chester, Arkansas 72934, hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco One Hundred Fifty Dollars (\$ 150.00) 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, GTS, 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 3 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 750 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).

*Dana N. [Signature]*

Meinco Septic Systems, Inc.

10/18/2020

Date

*Lacey Hendrix*

10/20/2020



**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  $\geq 3000$  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.

██████████ Lacey Hendrix  
(Property Owner)

SIGNED: Scott Deen  
(Health Department)

██████████ 1 0 / 2 0 / 2 0 2 0

DATE: 11-18-2020



ENVIRONMENTAL

Zoeller Family of Water Solutions™

# Zoeller Company

## System Head Curve and Pump Selection Tool



PUMP COMPANY

Zoeller Family of Water Solutions™

**Static Head Information**  
 Static Head - elevation difference from low water to outlet  
  
 System high point above outlet?  
 Yes  No

**Friction Head Information**  
 Pipe  
 How many different pipes in the system (not counting laterals)?  
  
 Pipe 1 Length  
  
 Pipe 1 Size  
  
 Pipe 1 Class

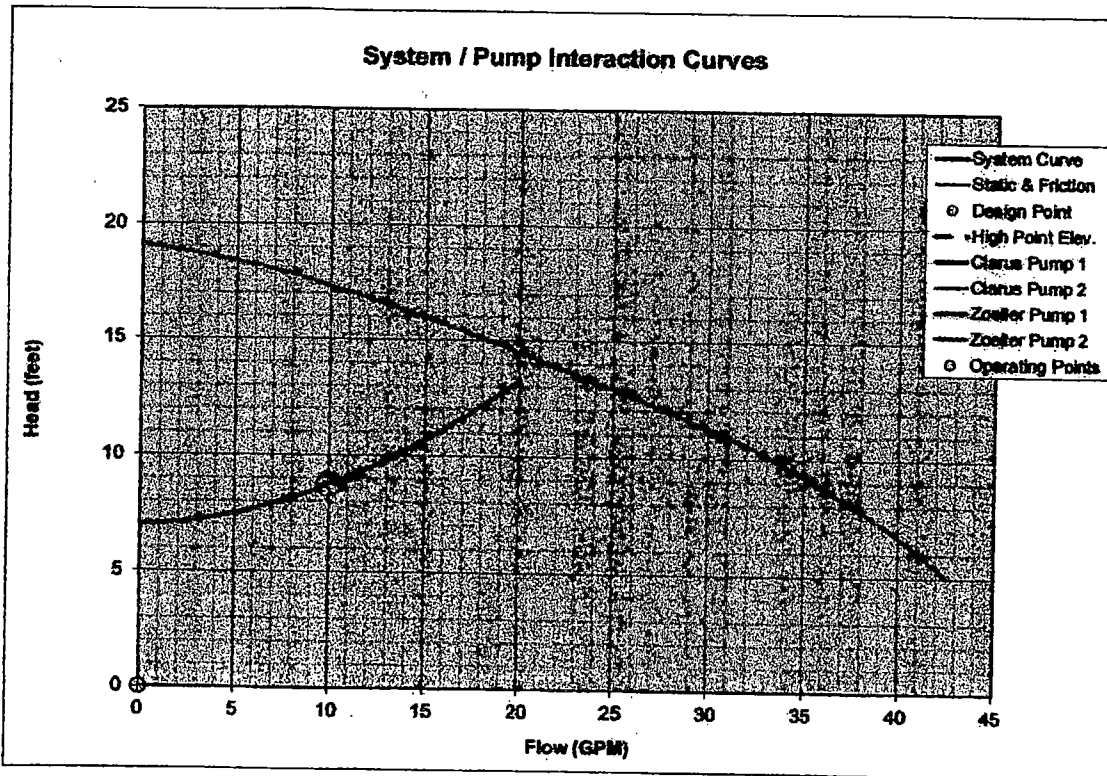
**Pressurized Laterals?**  
 Yes  No

**Fittings & Discharge Assemblies**  
 Type  
  
 Size  
  
 Quantity

**Special Friction Considerations**  
 Weep Hole  
 Yes  No  
 Add-In Friction  
  
 Automatic Multizone Valve?  
 Yes  No  
 Pressure Filter?  
 Yes  No

**Operating Head Information**  
 System Type  
  
 Specify Flow Requirement?  
 Yes  No  
 Flow Requirement

**Factors and Coefficients**  
 Hazen-Williams C Factor  
  
 Discharge Coefficient (Cd)  
  
 Lateral Design Mode



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

Pump Selection	W/S	Frequency	Operating Points
Clarus Pump 1			
Clarus Pump 2			
Zoeller Pump Company Pumps			
Zoeller Pump 1			
Zoeller Pump 2			

**Curve Zonal Range**

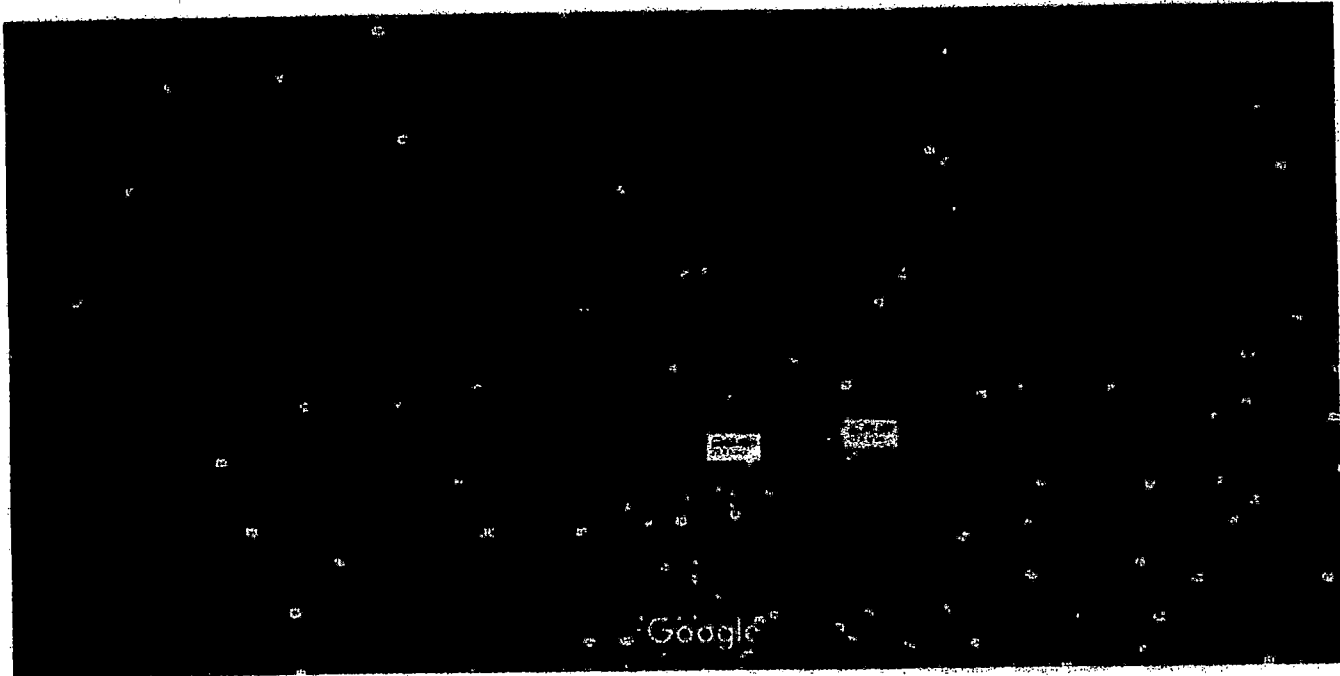
**Project Data**

Project Name:		
Project Address:		
Project Address:		
Contact Info:		

Google Maps

Crawford County Health Clinic to 411 East Front Avenue, Chester, AR

Drive 22.4 miles, 24 min



Imagery ©2020 TerraMetrics, Map data ©2020 2 mi

### Crawford County Health Clinic

2040 Chestnut St, Van Buren, AR 72956








#### Get on I-540 from US-64 E/US-71 BUS N

- 1. Head east 5 min (1.6 mi)  
 Restricted usage road
- 2. Continue onto S 21st St 210 ft  
 Restricted usage road
- 3. Turn left onto Kibler Rd/Main St 413 ft
- 4. Sharp right onto US-64 E/US-71 BUS N 33 ft
- 5. Use the right lane to take the I-540 N ramp to I-40/Little Rock/Oklahoma City 1.3 mi
- 0.2 mi

Follow I-40 E and I-49 N to AR-282 W/E Front Ave in Chester.  
Take exit 34 from I-49 N

- 6. Merge onto I-540 18 min (19.9 mi)  

0.4 mi

-  7. Take exit 1B for I-40 E/I-540 N toward Little Rock  
0.2 mi
-  8. Merge onto I-40 E  
4.3 mi
-  9. Take exit 12 for I-49 N toward Fayetteville  
0.8 mi
-  10. Continue onto I-49 N  
13.8 mi
-  11. Take exit 34 to merge onto AR-282 W/E Front Ave  
0.3 mi
-  12. Merge onto AR-282 W/E Front Ave  
 Destination will be on the right  
2 min (0.9 mi)

### 411 E Front Ave

Chester, AR 72934

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



## Search Incorporations, Cooperatives, Banks and Insurance Companies

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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	BEARD AND LADY LLC
Fictitious Names	
Filing #	811286413
Filing Type	Limited Liability Company
Filed under Act	Domestic LLC; 1003 of 1993
Status	Good Standing
Principal Address	411 E FRONT AVE CHESTER, AR 72934
Reg. Agent	LANCE M HENDRIX MR. LANCE M HENDRIX MR.
Agent Address	411 E FRONT AVE  CHESTER, AR 72934
Date Filed	01/27/2021
Officers	LACEY L HENDRIX MRS., Incorporator/Organizer LACEY L HENDRIX , Managing Member
Foreign Name	N/A
Foreign Address	
State of Origin	N/A

[Purchase a Certificate of Good Standing for this Entity](#)