

ARG550000 Checklist

ARG550688

☒ New

☐ Renewal

☐ Modification

Business: ☒

Individual Homeowner: ☐

Permit Fee: ☒

(homeowners are exempt)

Disclosure Statement:

☒ Yes

☐ N/A

(homeowners are exempt)

Sec. of State Check:

☒ OK

☐ N/A

(homeowners are exempt)

Financial Assurance Required?

☒ No

☐ Yes

(homeowners are exempt)

[AquaView Map Link](#)

Discharge Path: unnamed tributary of Crooked Creek, thence to Crooked Creek, thence to Fourche Creek, thence to the Arkansas River.

HUC: 11110207

Stream Segment: 3C

Potential Losing Stream Area:

☒ No

☐ Yes

Natural/Scenic Water:

☒ No

☐ Yes: _____ Distance: _____

Extraordinary Resource Water:

☒ No

☐ Yes: _____ Distance: _____

Ecologically Sensitive Waterbody:

☒ No

☐ Yes: _____ Distance: _____

303 (d) list Impaired: ☐ None

☒ Category 5 – Waterbody: Fourche Creek (AR 11110207 024) Source/Cause: DO, turbidity; caused by surface erosion and urban runoff; priority is medium Distance: ~3.35 miles

☐ Category 4 – Waterbody: _____

Source/Cause: _____ Distance: _____

☐ Pathogens ☐ Nutrients ☒ DO

Operator Name: David Meints

License #: 009055

License Class: III

ADH Approval (EHP-19 Form): ☒

Multiple Discharges:

☒ No

☐ Yes

Less than 1500 GPD:

☐ No

☒ Yes

Actual/Projected Wastewater Flow: 900 GPD

Site Map:

☒ Location

☒ Treatment System

☒ Outfalls

Approved Treatment System:

MicroFAST 0.625/0.75/0.9/1.5 w/ DisinfectReaerate

Treatment System Notes: MicroFAST 0.9 w/ UV and Post Aeration

Other Comments: _____

Treatment System

	Company Name	System Name	Design Flow (gpd)
<input type="checkbox"/>	Orenco Systems, Inc.	Advantex AX20	500
<input type="checkbox"/>	Ecological Tank, Inc.	AquaSafe 500	500
<input type="checkbox"/>	Norweco, Inc.	Norweco (Singulair) 960	500/ 1000
<input type="checkbox"/>	Norweco, Inc.	Norweco (Singulair) TNT-500	500
<input type="checkbox"/>	Clearstream Wastewater Systems, Inc.	Clearstream 500N+1100 Spin Filter or a post aeration tank	500
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	MultiFlo FTB-0.5	500
<input type="checkbox"/>	EnviroGuard	ENV-0.75	750
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	Nyadic M6-A	500
<input type="checkbox"/>	Bio-Microbics, Inc.	MicroFast ® 0.5/With UV Disinfection and Post Aeration	500
<input checked="" type="checkbox"/>	Bio-Microbics, Inc.	MicroFAST 0.625, 0.75, 0.9, and 1.5 with Disinfection and Re-aeration	625, 750, 900, and 1500
<input type="checkbox"/>	Bio-Microbics, Inc.	BioBarrier 0.5, 1.0, and 1.5 with Disinfection and Re-aeration	500, 1000, and 1500
<input type="checkbox"/>	Jet, Inc.	Jet BAT Media 1500-Series Plants with Jet 952 UV Device and Jet 954 Re-Aeration Device	500
<input type="checkbox"/>	Aero-Tech	AT-500 Treatment System with UV Disinfection	500
<input type="checkbox"/>	Fuji Clean USA, LLC	CE5, CE7, CE10, CEN5, CEN7, and CEN10 with UV disinfection and re-aeration	450, 630, and 900

**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): TTC Realty, LLC Operator Type:
Permittee Mailing Address: 7340 Hampton Rd ☐ State ☐ Partnership
Permittee City: Texarkana ☐ Federal ☒ Corporation*
Permittee State: AR Zip: 75503 ☐ Sole Proprietorship/Private
Permittee Telephone Number: 501-319-5659 *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: sotwell@rivervalleytractor.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: TTC Realty, LLC City: Sherwood
Invoice Mailing Company: TTC Realty, LLC State: AR Zip: 72117
Invoice Mailing Address: 7200 Landers Road Telephone: 501-319-5659

III. FACILITY INFORMATION

Facility Name: TTC Realty, LLC Facility Contact Person: Stephen Otwell
Facility Address: 5520 Lisa Lane Telephone Number: 501-319-5659
Facility County: Saline Facility City, State & Zip: Alexander, AR 72002
Facility Latitude: 34 Deg 38 Min 35.24 Sec Facility Longitude: 92 Deg 27 Min 9.06 Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 900 gpd (Gallons per Day)
Stream Segment: 3C Hydrologic Basin Code: 1110207
Outfall Latitude: 34 Deg 38 Min 37.09 Sec Outfall Longitude: 92 Deg 27 Min 6.36 Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____
Type of Treatment: Bio Microbics Microfasst 0.9 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

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

VI. OTHER INFORMATION:

Operator Name: David Meints
Operator License Number: 009055 License Class: III

Consultant Contact Name: David Meints
Consultant Email Address: david@meincowastewater.com
Consultant Address: PO Box 1001 City: Bryant State: AR Zip: 72089
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-821-4048

Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

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

VII. CERTIFICATION OF OPERATOR

SD (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
SD (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."
SD (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: Stephen Otwell Title: Owner
Responsible Official Signature: [Signature] Date: 7/20/21
Responsible Official Email: setwell@rivervalleyregion.com
Cognizant Official Printed Name: David Meints Title: Class III Operator
Cognizant Official Signature: [Signature] Telephone: 501-804-0837
Cognizant Official Email: david@meincowastewater.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: <u>5788 Meincow</u>
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 type="checkbox"/>	

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

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) TTC Realty, LLC
2. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : 7340 Hampton Road
3. CITY, STATE, AND ZIPCODE: Texarkana, TX 75503

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: BURT CARLOW TITLE: MEMBER
STREET: 4665 HWY 8 SOUTH
CITY, STATE, ZIP: NEW ROSTON, TX 75570

NAME: JAMES CARLOW TITLE: MEMBER
STREET: 617 PR 21493
CITY, STATE, ZIP: NEW ROSTON, TX 75570

NAME: DAVID METTOWS TITLE: MEMBER
STREET: 117 HERITAGE LANE
CITY, STATE, ZIP: DEKALB, TX 75539

9. List all directors of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: N/A
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

10. List all partners of the Applicant. (Add additional pages, if necessary.)

NAME: _____ TITLE: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: N/A
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: STEPHEN OTWELL TITLE: MANAGER
STREET: 109 JEWELL RD
CITY, STATE, ZIP: LITTLE ROCK, AR 72207

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: _____ 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: _____ 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: _____

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

15. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: _____

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: _____ TITLE: _____

STREET: _____

CITY, STATE, ZIP: _____

NA

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.

NA

18. VERIFICATION AND ACKNOWLEDGEMENT

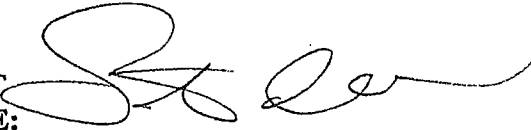
The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of 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, STEPHENS OJWELL, 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:



TITLE:

MANAGER

DATE:

7-28-21



Search Incorporations, Cooperatives, Banks and Insurance Companies

Notice: This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed

[Printer Friendly Version](#)

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	TTC REALTY, LLC
Fictitious Names	
Filing #	811012635
Filing Type	Foreign Limited Liability Company
Filed under Act	Foreign LLC; 1003 of 1993
Status	Good Standing
Principal Address	
Reg. Agent	STEVE HONEYCUTT
Agent Address	3021 HIGHWAY 29 NORTH HOPE, AR 71801
Date Filed	03/12/2012
Officers	BRAD CARLOW , Incorporator/Organizer BRAD A CARLOW , Tax Preparer
Foreign Name	N/A
Foreign Address	7340 HAMPTON RD TEXARKANA, TX 75503
State of Origin	TX

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

[Pay Franchise Tax for this corporation](#)



Franchise Tax Account Status

As of : 09/13/2021 11:59:50

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

TTC REALTY, LLC	
Texas Taxpayer Number	32046235266
Mailing Address	7340 HAMPTON RD TEXARKANA, TX 75503-0120
? Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	01/01/2012
Texas SOS File Number	0801527216
Registered Agent Name	BRAD A CARLOW
Registered Office Street Address	7340 HAMPTON RD. TEXARKANA, TX 75503



Arkansas Department of Health
Environmental Health Protection

Receipt Number

23287587

Individual Onsite Wastewater System Permit Application

Permit Type ☐ New Installation
☒ Alteration / Repair

DR Environmental ID #

7 6 0 1 0 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: TTC Realty, LLC c/o Stephen Otwell 2. Phone Number: (501) 319-5659

3. Mailing Address: 7200 Landers Road, Sherwood, Arkansas 72117 4. County: Saline

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 5520 Lisa Lane, Alexander, Arkansas 72002

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

10. Lot Dimensions: See Plat 11. Total Area (Acres): 13.79 12. # Bedrooms # People: 2 Bedroom 13. Daily Flow (GPD): 270

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Section 12, Township 1 South, Range 14 West, Saline County

15. Water Supply (Specify supplier, if Public Water): Public Water 16. GPS Coordinates: 34.643189, -92.452270 hm 34.643634, -92.451774 pod

17. Loading Rates	(gpd/ft ²)	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	Basin	gal	g. Trench Spacing	n/a	feet
Percolation Test	(mln/in)	c. Absorption Area	n/a	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	n/a	d. Number of Field Lines	n/a		n/a		n/a in
Secondary Area	n/a	e. Length of Field Lines	n/a	ft	n/a		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 back page 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.

David A. Meints

Designated Representative

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

David A. Meints

12/14/2019

501-821-3837/501-804-0837

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

836

EHS Number

1-9-2020

Date

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

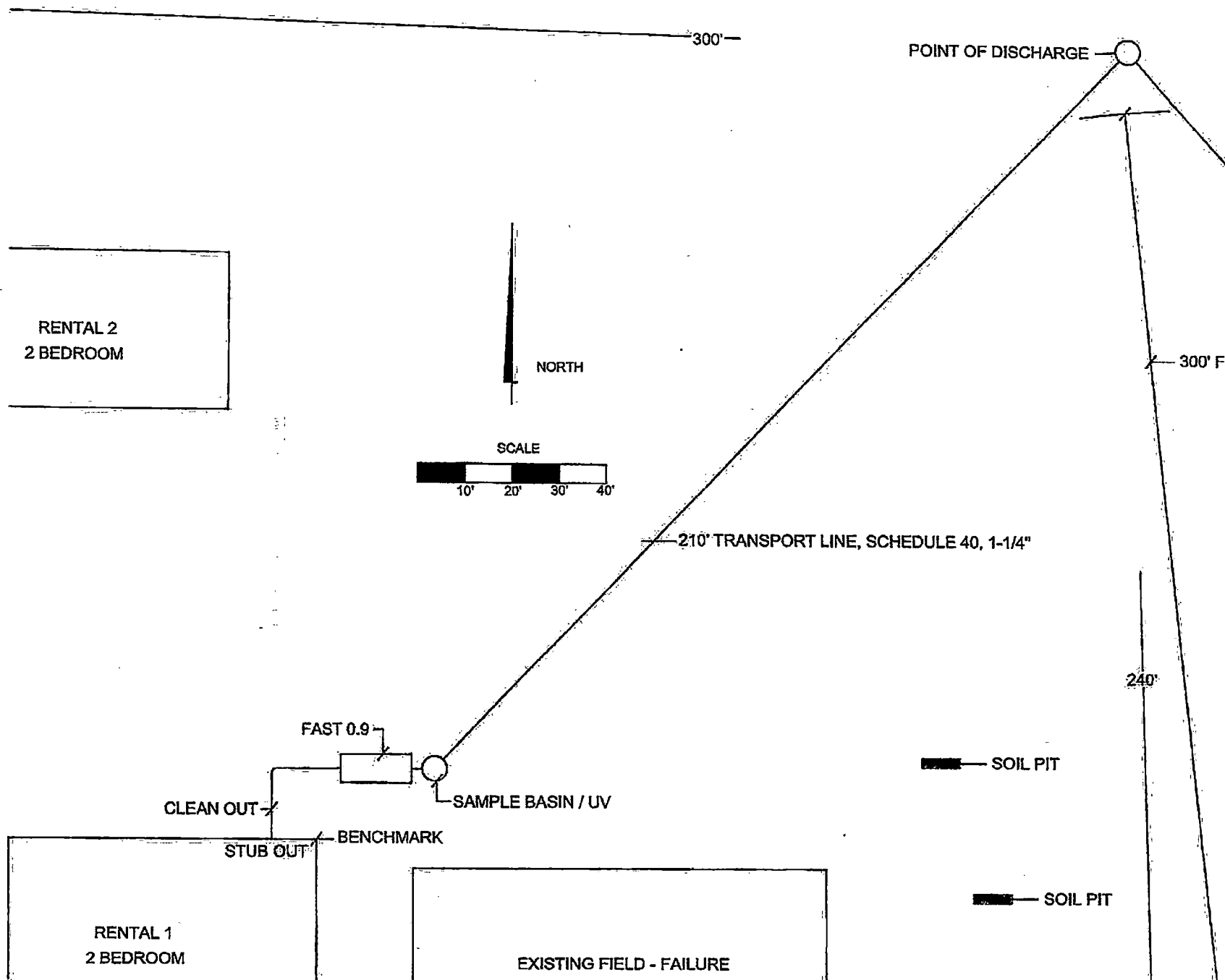
22. Soil Criteria (Primary Area)				Indicate the depth to items a-f, if observed in the soil (designate in inches)			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
>48"	Surface	12"	Not Obsv	n/a	n/a	n/a	Unsuitable
23. Soil Criteria (Secondary Area)				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)
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	In	Depletions noted on 20% or less of ped surface or interior. Depletion chroma >= chroma 3.					
Moderate	In	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.					
Long	In	Not Observed					
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	In	n/a					
Moderate	In	n/a					
Long	In	n/a					
Comments							
Existing field lines failing. Soil is unsuitable for field lines. ATU with surface discharge recommended. NPDES permit required. If system is not installed within a year of the date approved, a revalidation fee may be required.							

Part 2 Installation Inspection

Septic tank manufacturer	Pump Information
Septic tank material	Trench media and width
Dose tank manufacturer	Depth of Interceptor drain
Dose tank material	Depth of settled fill
Name of Installer	License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one or installer signs System Installation Verification below)	
Signature	EHS / License Number Date
System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.	
Installer Signature	License Number Date

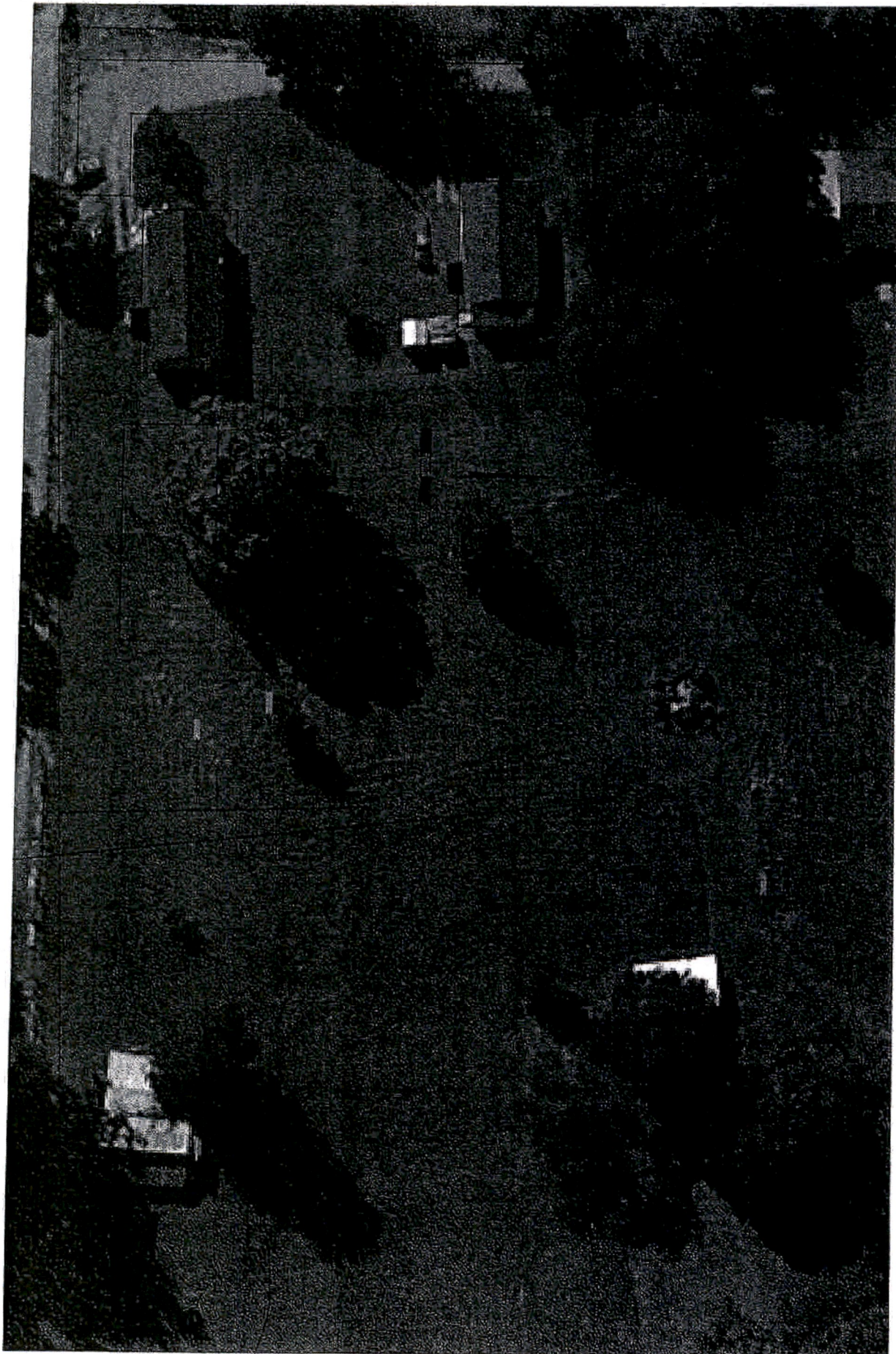
Part 3 Permit for Operation

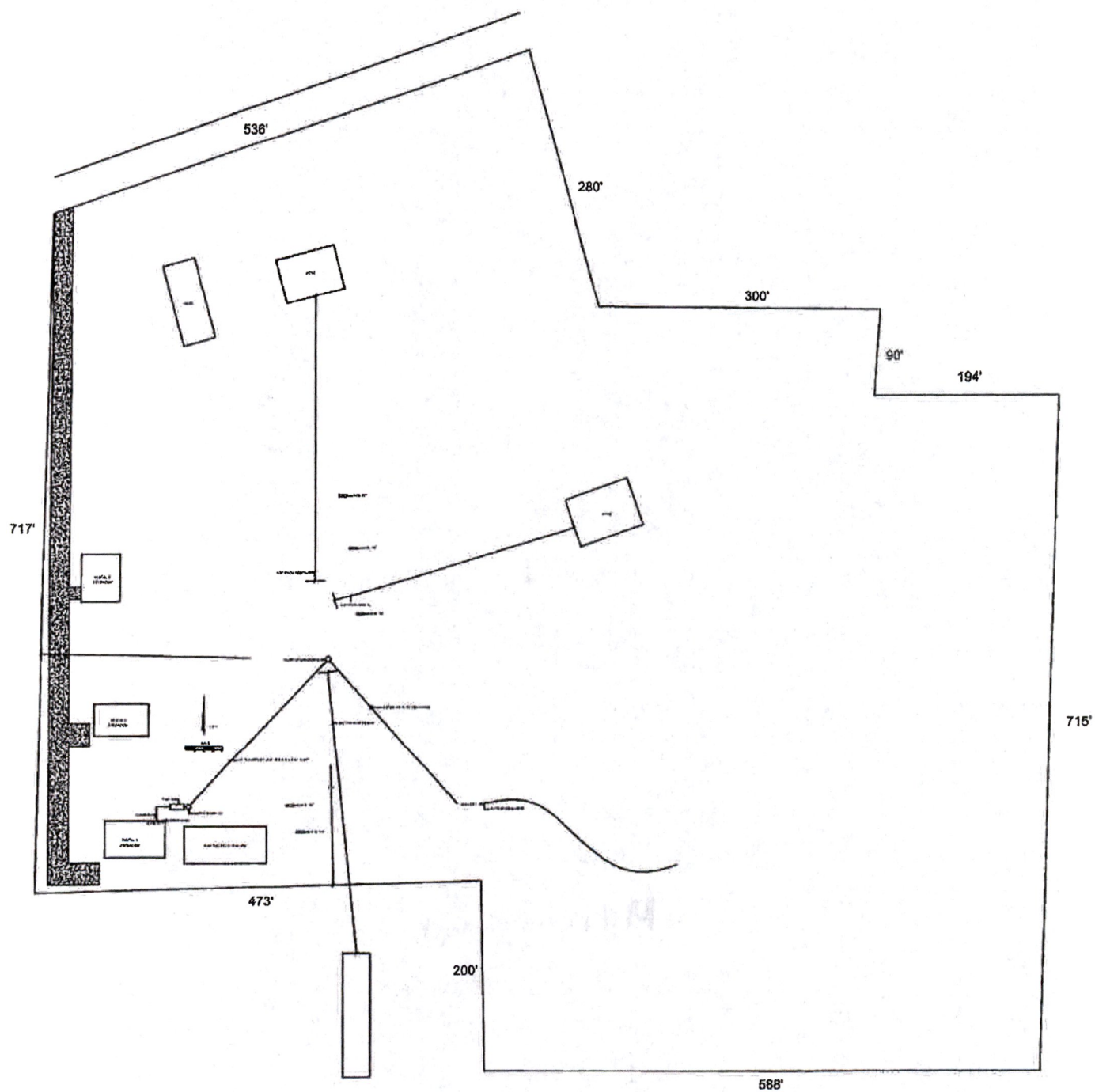
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.			
Environmental Health Specialist	Signature	EHS Number	Date
Comments			
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)			
Signature	EHS / License Number	Date	



[illegible]

473'







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 m3/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 whichever 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, aerator 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, piping, 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.

DO NOT SCALE		 <p>BETTER WATER. BETTER WORLD®</p> <p>MicroFAST 0.50 FAST Unit</p>					
<p>UNLESS NOTED DIMENSIONS ARE IN INCHES [CENTIMETERS] TOLERANCES ± 0.02 IN/IN [± 0.05 CM/CM]</p>							
WEIGHT:	LB	SRE	DRAWING NUMBER				
<table border="1"> <tr> <td>NAME</td> <td>DATE</td> </tr> <tr> <td>DRAWN: CTC</td> <td>12/18/2013</td> </tr> </table>		NAME	DATE	DRAWN: CTC	12/18/2013	A	MicroFAST® 0.50 Specifications
NAME	DATE						
DRAWN: CTC	12/18/2013						
CHECKED: PF	9/18/2013	REVISED 9/18/2013	REV. 11/05-V				

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF BIO-MICROBICS INC. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF BIO-MICROBICS INC. IS PROHIBITED. DESIGN AND INVENTION RIGHTS ARE RESERVED. IN THE INTEREST OF TECHNOLOGICAL ADVANCEMENT, ALL PRODUCTS ARE SUBJECT TO DESIGN AND OR MATERIAL CHANGE WITHOUT NOTICE.

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SHEET
3 OF 4

Salcor 3G UV Disinfection Unit

NOTE: Not all dimensions to scale

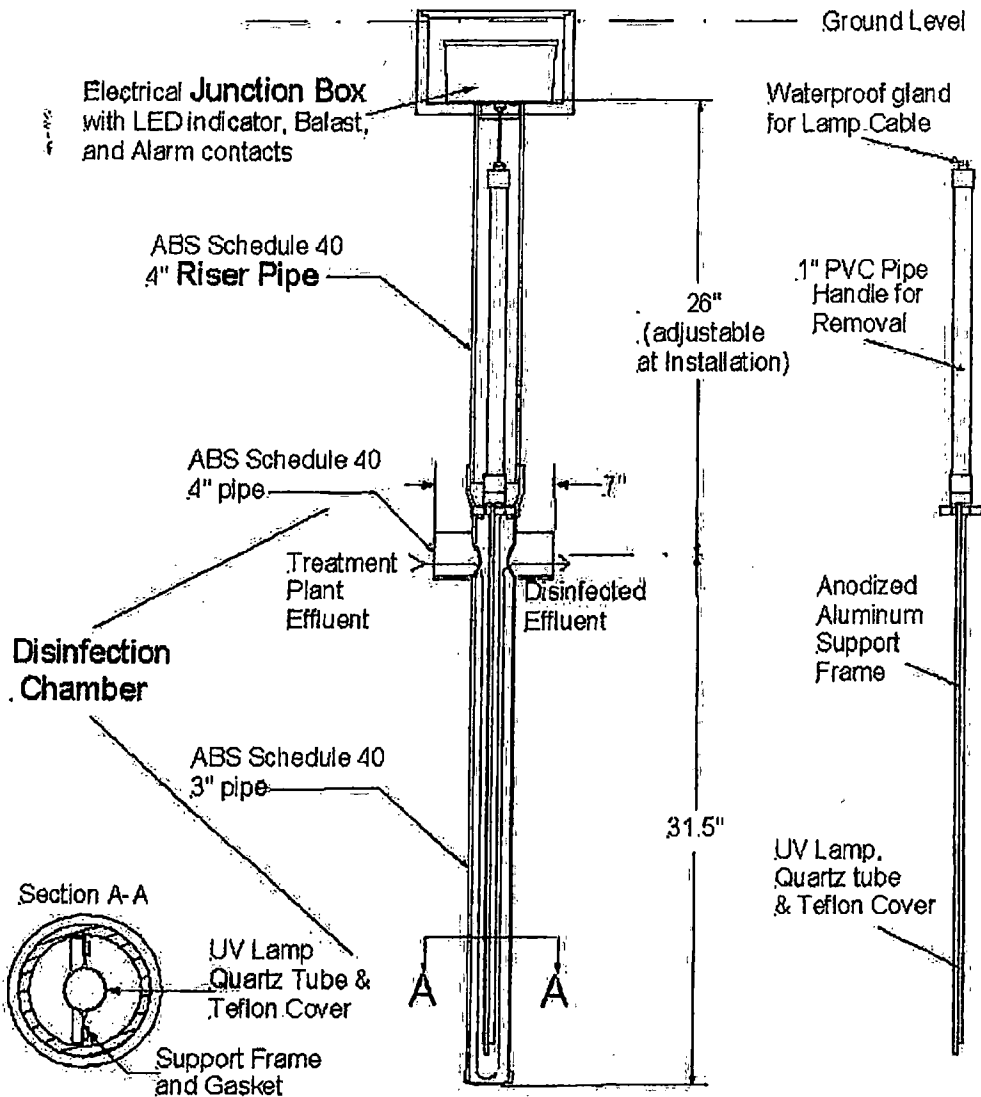


Figure 1

In Ground Installation

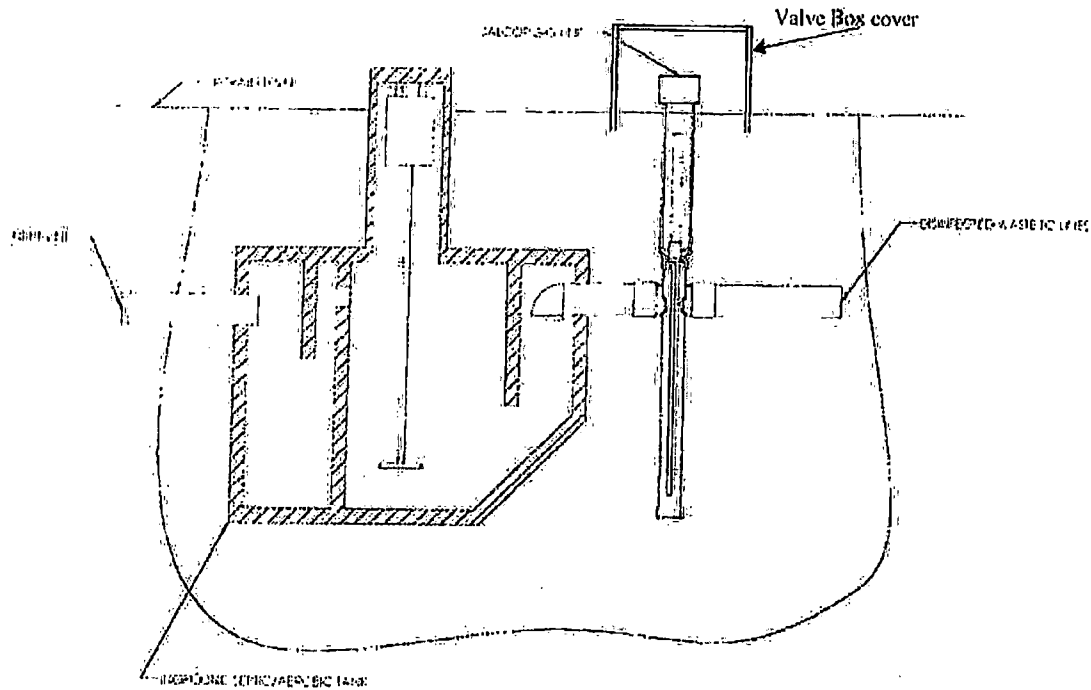


Figure 2

In Tank Installation

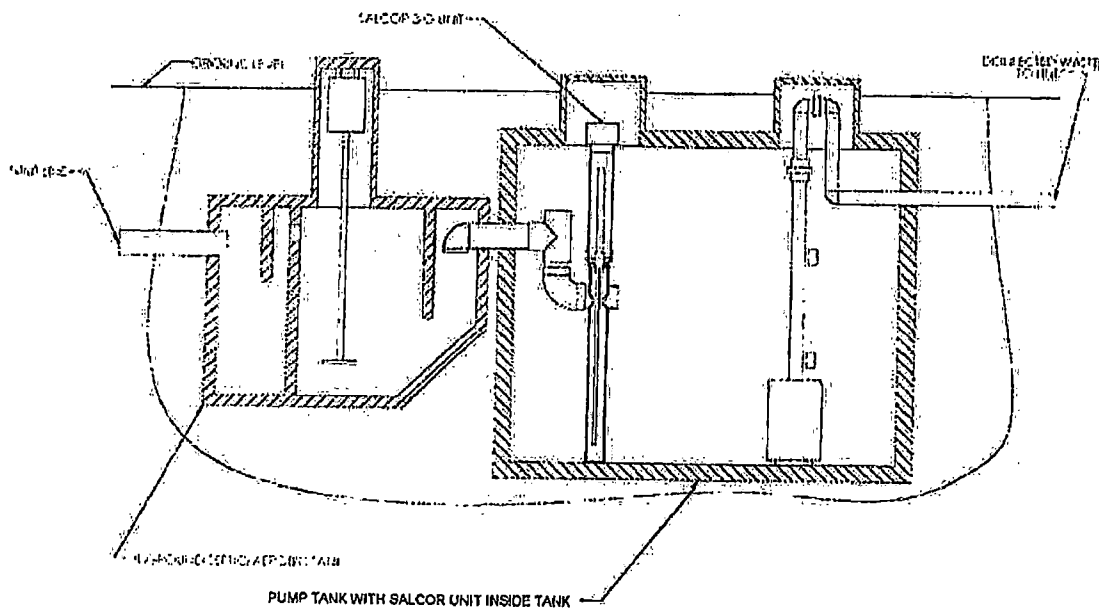


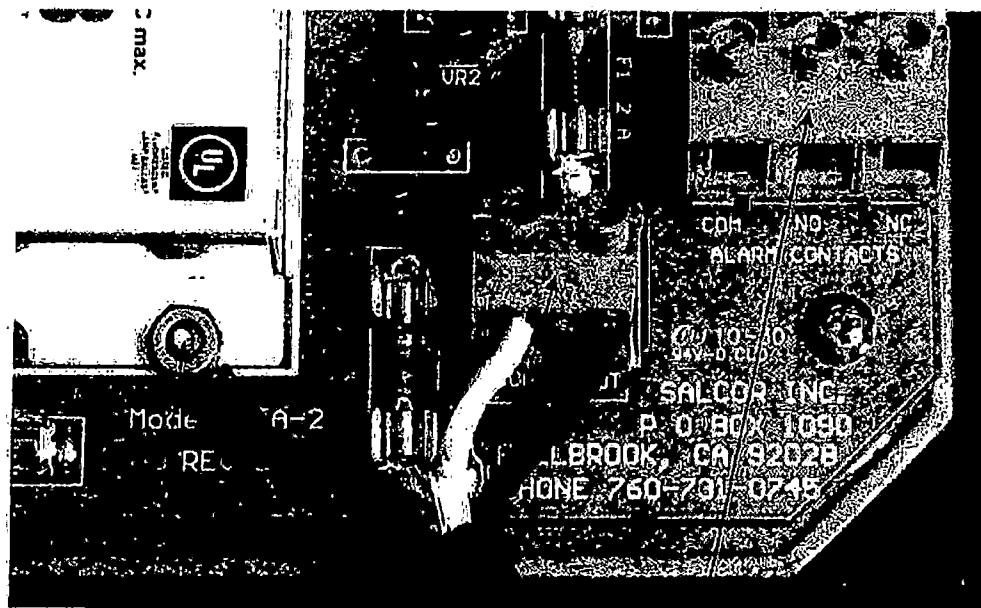
Figure 3

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



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 outfall:
System high point above outfall?

Friction Head Information
Pipe:
How many different pipes in the system (not counting laterals)?
Pipe 1 Length:
Pipe 1 Size:
Pipe 1 Class:
Pipe 2 Length:
Pipe 2 Size:
Pipe 2 Class:

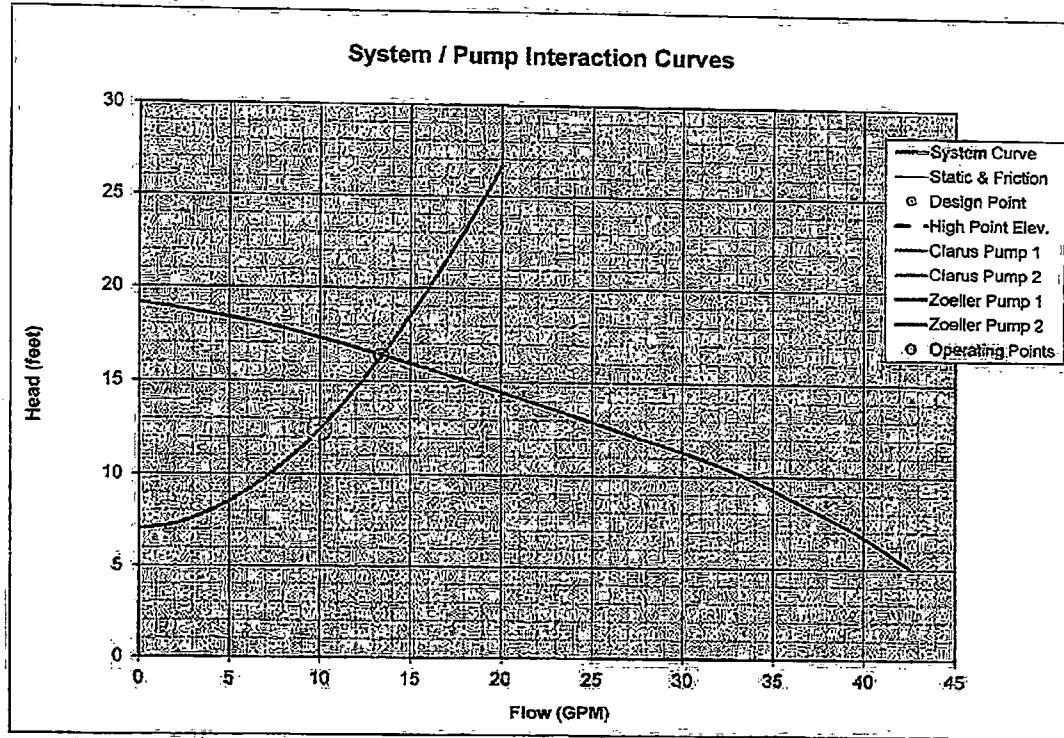
Pressurized Laterals?

Flanges & Discharge Assemblies
Type:
Size:
Quantity:
Type:
Size:
Quantity:
Type:
Size:
Quantity:

Special Friction Considerations:
Weep Hole:
Add-in Friction:
Automatic Multisize Valve?
Pressure Filter?

Operating Head Information
System Type:
Specify Flow Requirement?
Flow Requirement:
Flow Requirement:
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: Frequency
Clarus Environmental Pumps
Clarus Pump 1:
Clarus Pump 2:
Zoeller Pump Company Pumps
Zoeller Pump 1:
Zoeller Pump 2:

Design Point:
Curv Zoom Range:
Project Data
Project Name:
Project Address:
Contact Info:
Notes:

Your Peace of Mind is Our Top Priority®

Product information presented here reflects conditions at time of publication. Consult factory regarding discrepancies or inconsistencies.



Zoeller Family of Water Solutions™

SECTION: 2.15.020

FM2778

0515

Supersedes

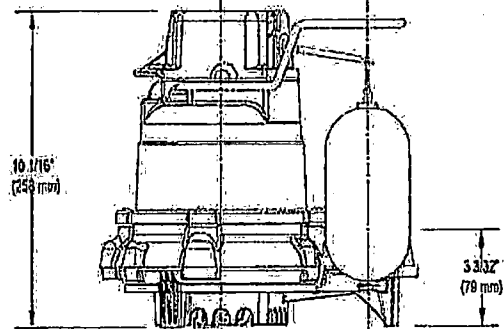
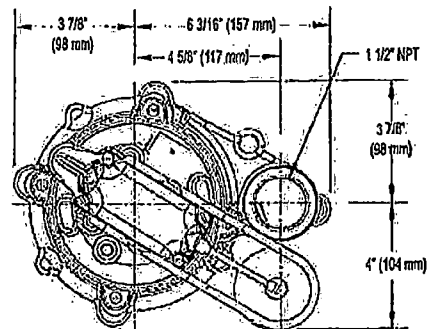
0315

TECHNICAL DATA SHEET MIGHTY-MATE SERIES

**Cast Iron Models 53, 57 and Bronze Models 55, 59
Submersible Effluent / Dewatering Pumps**

PRODUCT SPECIFICATIONS

MOTOR	Horse Power	3/10
	Voltage	115 or 230
	Phase	1 Ph
	Hertz	60 Hz
	RPM	1550
	Type	Shaded pole
	Insulation	Class B
	Amps	4.8 - 9.7
PUMP	Operation	Automatic or nonautomatic
	Auto On/Off Points	7-1/4" (18.4 cm) / 3" (7.6 cm)
	Discharge Size	1-1/2" NPT
	Solids Handling	1/2" (12 mm) spherical solids
	Cord Length	9' (3 m) automatic, 15' (5 m) nonautomatic
	Cord Type	UL listed, 3-wire, grounded plug
	Max. Head	19.25' (5.9 m)
	Max. Flow Rate	43 GPM (163 LPM)
	Max. Operating Temp.	130° F (54° C)
	Cooling	Oil filled
MATERIALS	Motor Protection	Auto reset thermal overload
	Cap	Cast iron or bronze
	Motor Housing	Cast iron or bronze
	Pump Housing	Cast iron or bronze
	Base	Cast iron, bronze or engineered thermoplastic
	Upper Bearing	Sleeve bearing
	Lower Bearing	Sleeve bearing
	Mechanical Seals	Carbon and ceramic
	Impeller Type	Non-clogging vortex
	Impeller	Plastic, cast iron or bronze
	Hardware	Stainless steel
	Motor Shaft	AISI 1215 cold rolled steel
	Gasket	Neoprene



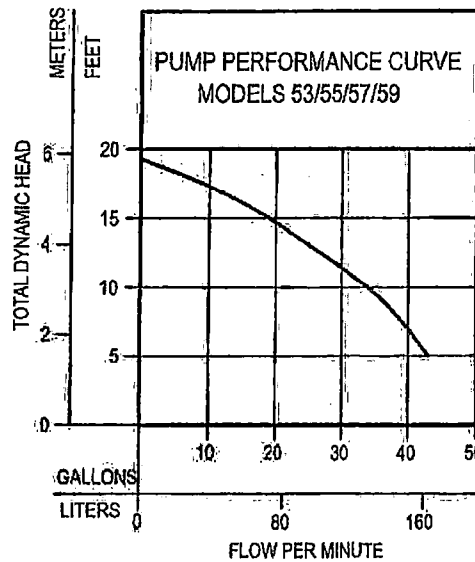
SK058

NOTE: See model comparison chart for specific details.



TOTAL DYNAMIC HEAD FLOW PER MINUTE

MODEL		53/55/57/59	
Feet	Meters	Gal.	Liters
5	1.5	43	163
10	3.0	34	129
15	4.6	19	72
Shut-off Head:		19.25 ft.(5.9m)	



000897

Model	MODEL COMPARISON										
	Seal	Mode	Volts	Ph	Amps	HP	Hz	Lbs	Kg	Simplex	Duplex
M53/M55	Single	Auto	115	1	9.7	3/10	60	23	10	1	---
N53/N55	Single	Non	115	1	9.7	3/10	60	23	10	2	3 & 4
* BN53	Single	Auto	115	1	9.7	3/10	60	25	11	*	---
* BE53/BE57	Single	Auto	230	1	4.8	3/10	60	24 / 30	11 / 13	*	---
D53	Single	Auto	230	1	4.8	3/10	60	23	10	1	---
E53/E55	Single	Non	230	1	4.8	3/10	60	22	10	2	3 & 4
M57/M59	Single	Auto	115	1	9.7	3/10	60	29 / 33	13 / 15	1	---
N57/N59	Single	Non	115	1	9.7	3/10	60	28 / 29	12 / 13	2	3 & 4
* BN57	Single	Auto	115	1	9.7	3/10	60	30	13	*	---
D57/D59	Single	Auto	230	1	4.8	3/10	60	30 / 33	13 / 15	1	---
E57/E59	Single	Non	230	1	4.8	3/10	60	28 / 29	12 / 13	2	3 & 4
E59	Single	Non	230	1	4.8	3/10	60	29	13	2	3 & 4

* Single piggyback switch included.

SPECIAL MODEL FEATURES

Additional cord lengths are available in 15' (5 m), 25' (8 m) and 35' (11 m). 50' (15 m) cord lengths available for 230 V units only.

BE and BN models include a piggyback variable level pump switch.

Model 53: cast iron switch case, motor and pump housing, a plastic impeller and base. Model 57: all cast iron construction with a cast iron impeller.

Model 55: bronze switch case, motor and pump housing, a plastic impeller and base. Model 59: bronze construction with a bronze impeller.

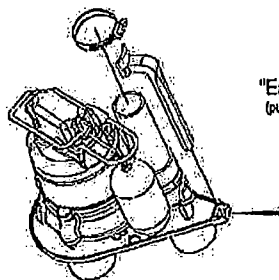
Optional pump stand (P/N 10-2421).

SELECTION GUIDE

1. Integral float-operated mechanical switch, no external control required.
2. Single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
3. See FM0712 for correct model of Electrical Alternator.
4. Variable level control switch 10-0743 used as a control activator with electrical alternator (3) or (4) float system.

OPTIONAL PUMP STAND P/N 10-2421

- Reduces potential clogging by debris
 - Replaces rocks or bricks under the pump
 - Made of durable, noncorrosive ABS
 - Raises pump 2" (5 cm) off bottom of basin
 - Provides the ability to raise intake by adding sections of 1½" or 2" (DN40 or DN50) PVC piping
 - Attaches securely to pump
 - Accommodates sump, dewatering and effluent applications
- NOTE: Make sure float is free from obstruction.



"Easy assembly"
(pump & discharge pipe
not included.)

CAUTION All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

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502-778-2731 | 800-928-7867 | 3649 Cane Run Road | Louisville, KY 40211-1961 | www.zoeller.com

SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and TTC Realty LLC, ("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 5522 Lisa Lane, Alexander, Arkansas 72002 hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco One hundred twenty five (\$ 125.00) for septic system service and maintenance specifically work performed every Three Months (Quarterly) and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
 - A) ☐ This paragraph is inapplicable.
 - B) ☒ Client agrees that Meinco will use a third party laboratory, Environmental Services, Inc., for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$ 150.00 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
 - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
 - B) ☒ 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) ☐ 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 900 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).

Dan A. Nantz
Meinco Septic Systems, Inc.

T. L. REAGAN BY
[Signature]
Client

05/13/2019

Date

12-23-19
Date



Arkansas Department of Health

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

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

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

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

SIGNED: _____

(Property Owner)

SIGNED: _____

(Health Department)

DATE: _____

12-23-19

DATE: _____

1-9-2020

LicenseNumber	FacName	FacPhone	FacAddress1	FacCity	FacState	FacZip
009055	Meinco, Inc.	5018213837	P.O. Box 1001	Bryant	AR	72089
FirstLast: David A. Meints Discipline: Municipal LicLevel: 3 TrainHrsThisYrFormatted: 24 TrainHrsPastFormatted: 424 TrainHrsTotalFormatted: 448 LastExpireDateFormatted: 6/30/2023 LastTestDateFormatted: 5/17/2013 IssueDateFormatted: 7/01/2021						



ARG550688

TTC Realty, LLC
New ARG55 coverage
September 13, 2021

Offer Creek Assembly of God
Western Union

N Shobe Rd

Shobe Rd

Lisa Ln

Shobe Rd

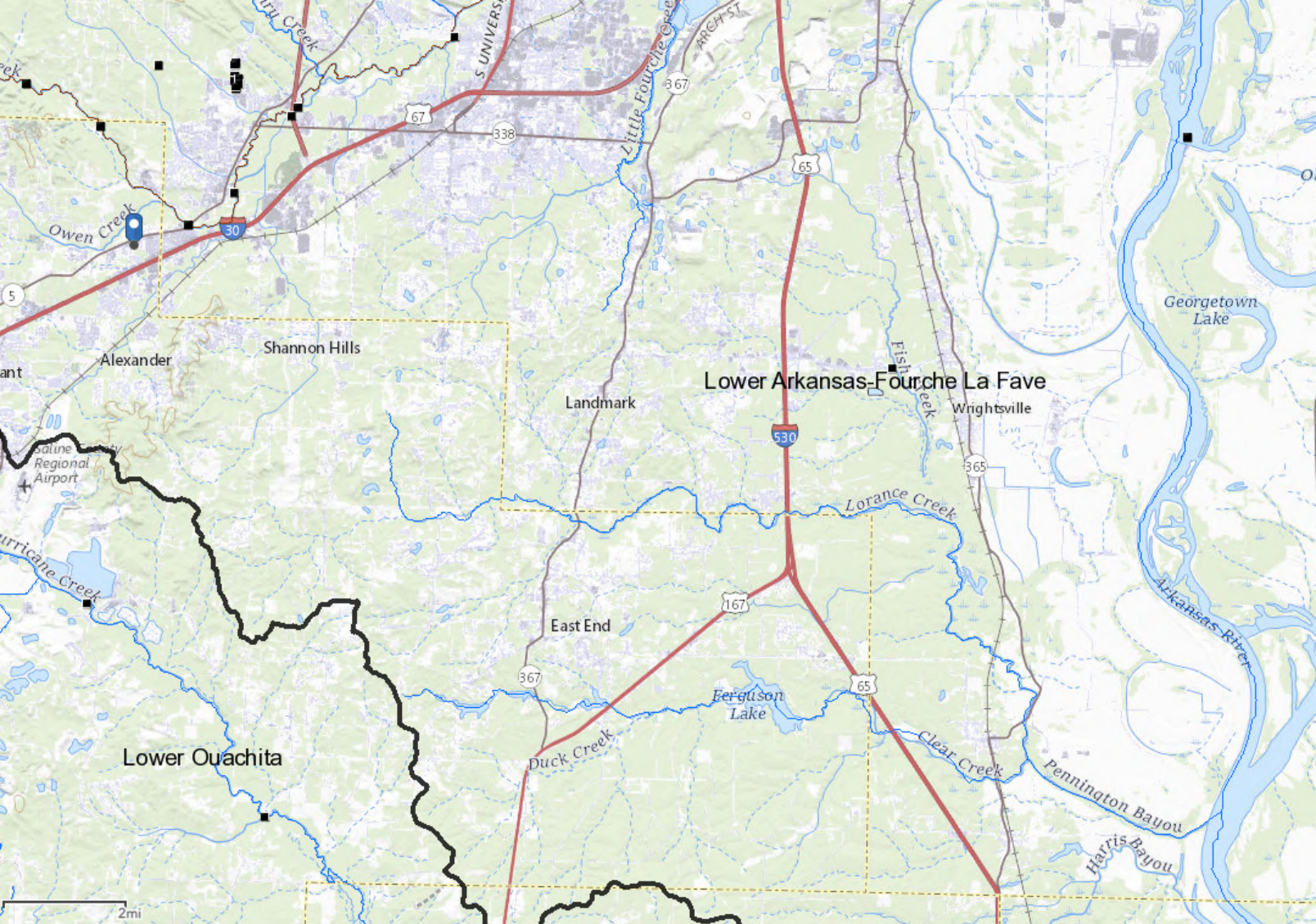
Outfall

Facility

Google Earth



200 ft



Discharge Path: unnamed tributary of Crooked Creek, thence to Crooked Creek, thence to Fourche Creek, thence to the Arkansas River.

HUC: 11110207

Stream Segment: 3C

Potential Losing Stream Area: ☒ No ☐ Yes

Natural/Scenic Water: ☒ No ☐ Yes: Distance:

Extraordinary Resource Water: ☒ No ☐ Yes: Distance:

Ecologically Sensitive Waterbody: ☒ No ☐ Yes: Distance:

303 (d) list Impaired: ☐ None

☒ Category 5 – Waterbody: Fourche Creek (AR 1110207 024) Source/Cause: DO, turbidity; caused by surface erosion and urban runoff; priority is medium Distance: ~3.35 miles

☐ Category 4 – Waterbody: Source/Cause: Distance:

☐ Pathogens ☐ Nutrients ☒ DO