

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): Jeff Agodo Operator Type:
Permittee Mailing Address: 1812 Hwy 70 W ☐ State ☐ Partnership
Permittee City: De Queen ☐ Federal ☐ Corporation*
Permittee State: AR Zip: 71832 ☒ Sole Proprietorship/Private
Permittee Telephone Number: 870-279-1176 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: agodscustoms@gmail.com identical to the name listed with the
Arkansas Secretary of State.

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

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

III. FACILITY INFORMATION

Facility Name: Jeff Agodo Facility Contact Person: Jeff Agodo
Facility Address: 1812 Hwy 70 W-B Telephone Number: 870-279-1176
Facility County: Sevier Facility City, State & Zip: De Queen, AR 71832
Facility Latitude: 34° Deg 02 Min 37.6 Sec Facility Longitude: 94 Deg 23 Min 42.5 Sec
Accuracy: N/A Method: N/A Datum: N/A Scale: N/A Description: N/A

IV. DISCHARGE INFORMATION

Outfall Number: LC Flow: 600 gpd (Gallons per Day)
Stream Segment: LC Hydrologic Basin Code: LC - 11140100
Outfall Latitude: 34 Deg 02 Min 38.3 Sec Outfall Longitude: 94 Deg 23 Min 43.7 Sec
Accuracy: N/A Method: N/A Datum: N/A Scale: N/A Description: N/A
Type of Treatment: Aerobic w/ chlorination
Receiving Stream: Rolling Fork River to Little River to Red 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:

Operator Name: Clint Young
Operator License Number: 006999 License Class: 3

Consultant Contact Name: Tyler Johnson
Consultant Email Address: johnsonstfg@yahoo.com
Consultant Address: PO Box 123 City: De Queen State: AR Zip: 71832
Consultant Phone Number: 870-584-6664 Consultant Fax Number: 870-642-4099

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

CY (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
cy (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."
cy (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: Jeff Agado Title: Homeowner
Responsible Official Signature: [Signature] Date: 12-29-21
Responsible Official Email: agadocustoms@gmail.com
Cognizant Official Printed Name: Tyler Johnson Title: Installer & CMP
Cognizant Official Signature: M. Tyler Johnson Telephone: 870-584-6664
Cognizant Official Email: johnsonstfg@yahoo.com

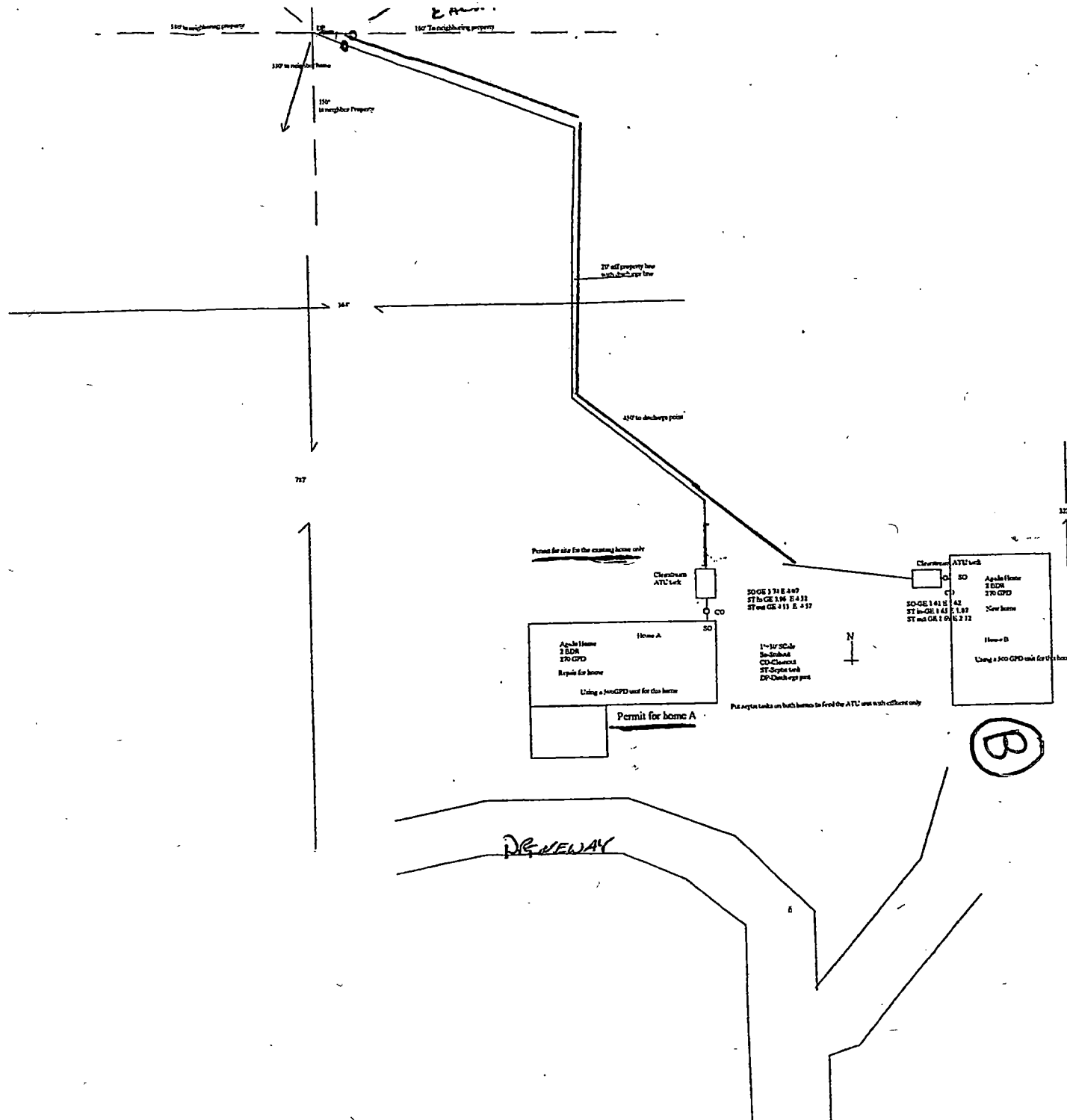
X. PERMIT REQUIREMENT VERIFICATION

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 type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of AHD Form EHP-19?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input 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 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: _____

01-27-2021

DATE: _____