

## Koon, Nancy

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**From:** Koon, Nancy on behalf of Water Permit Application  
**Sent:** Thursday, May 12, 2022 7:23 AM  
**To:** Koon, Nancy  
**Subject:** FW: Thompson ARG  
**Attachments:** Thompson ARG.pdf; Thompson EHP19.jpg; Thompson Google Map .jpg; Thompson Layout.jpg

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**From:** Kathy Johnson [<mailto:johnsonsofdq@yahoo.com>]  
**Sent:** Wednesday, May 11, 2022 8:14 PM  
**To:** Water Permit Application  
**Subject:** Thompson ARG

Good evening. Please see the attached information for the New ARG at 2662 Hwy 317 S in Lockesburg, AR for Mickey Thompson.

Thank you.

*Tyler Johnson*

*Johnson's Services, Inc.  
PO Box 123  
De Queen, AR 71832  
Office: 870-642-2787  
Fax: 870-642-4099  
[johnsonsofdq@yahoo.com](mailto:johnsonsofdq@yahoo.com)*

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): Mickey Thompson Operator Type:  
Permittee Mailing Address: 2662 Hwy 317 S ☐ State ☐ Partnership  
Permittee City: Lochesburg ☐ Federal ☐ Corporation\*  
Permittee State: AR Zip: 71846 ☒ Sole Proprietorship/Private  
Permittee Telephone Number: 870-279-1987 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N/A The legal name of the Permittee must be  
Permittee E-mail Address: N/A 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: Mickey Thompson Facility Contact Person: Mickey Thompson  
Facility Address: 2662 Hwy 317 S Telephone Number: 870-279-1987  
Facility County: Sevier Facility City, State & Zip: Lochesburg, AR 71846  
Facility Latitude: 33° Deg 49' Min 49.97 Sec Facility Longitude: -94° Deg 4' Min 263 Sec  
Accuracy: — Method: — Datum: — Scale: — Description: —

IV. DISCHARGE INFORMATION

Outfall Number: 1C Flow: 270 gpd (Gallons per Day)  
Stream Segment: 4C Hydrologic Basin Code: 11140100  
Outfall Latitude: 33° Deg 49' Min 46.64 Sec Outfall Longitude: 94 Deg 3' Min 59.02 Sec  
Accuracy: — Method: — Datum: — Scale: — Description: —  
Type of Treatment: Clearstream 600 - fast aeration clarifier tank w/ filter & chlorine disinfection  
Receiving Stream: Trent Creek 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: Chaz  
Operator License Number: 06999 License Class: TL

Consultant Contact Name: Tyler Johnson  
Consultant Email Address: johnsonsofdg@xchoo.com  
Consultant Address: P.O. 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.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf).

VII. CERTIFICATION OF OPERATOR

ay (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
ay (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."  
ay (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."

X Responsible Official Printed Name: MICKEY THOMPSON Title: Owner  
X Responsible Official Signature: Mickey Thompson Date: 5-6-22  
Responsible Official Email: \_\_\_\_\_  
Cognizant Official Printed Name: Tyler Johnson Title: Installer & CMP  
Cognizant Official Signature: Mc. Tyler Johnson Telephone: 870-584-6664  
Cognizant Official Email: johnsonsofdg@xchoo.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"/>	



Arkansas Department of Health  
Environmental Health Protection

Receipt Number  
25076329

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

0 0 2 9 0 0 0 1 5 9

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	<input checked="" 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 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 Mickey Thompson		2. Phone Number 870-279-1987	
3. Mailing Address 2662 Hwy 317 S Locksburg AR 71846		4. County Sevier	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 2662 Hwy 317 S Locksburg AR 71846			
6. Subdivision Name N/A	7. Approval Date N/A	8. Date Recorded N/A	9. Lot Number N/A
10. Lot Dimensions 1204 x 1702	11. Total Area (Acres) 49	12. # Bedrooms # People 2	13. Daily Flow (GPD) 270
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Attached Report w/ permit S-02 T-11S R-29W			
15. Water Supply (Specify supplier, if Public Water) Well		16. GPS Coordinates 33 49' 46.64" N 94 3' 59.02" W	

17. Loading Rates	(gpd/ft²)	18. System Specifications					
Primary Area	No load	a. Size of Septic Tank	ATU Clearstream	gal	f. Trench Depth	0	inches
Secondary Area	No Load	b. Size of Dose Tank	300	gal	g. Trench Spacing	0	feet
Percolation Test	(min/in)	c. Absorption Area	Surface	ft²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		Surface		in
Secondary Area	N/A	e. Length of Field Lines	0	ft			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 [Signature] Date 03-25-22

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

Designated Representative Signature <u>[Signature]</u>	Soil Surveyor Title	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Johnny Eugene Plunk Jr Print Name	03/25/22 Date	870-779-8002 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 <u>[Signature]</u>	EHS Number 331	Date 4-26-22
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is Hideaway

2

71

Falls Chapel Cumberland Presbyterian Church

27

27

Ben Lomond

234

27

317

Country Store

33°49'46.64"N 94°3'59.02"W

234

White Cliffs

234

23

Scott's Memorial United Me

27

lton Landing Public Use Area

Google Earth



1204

# Land layout

1702

49 acres total  
2 houses

1702

1204

Neighboring home

1"=30' Scale  
SO- GE-2.25 E-2.66  
Tank in GE-2.71 E-3.00  
Tank out GE-2.85 E-3.25  
Pump tank- GE-3.62 E-3.30  
DP- GE-1.74

1"=30' Scale  
SO-Stubout  
CO-Cleanout  
DP-Discharge point  
PL-Property line

300' from other home on property

1500' to property line

DP

800' to property line

200' From well

400' to property line

200' Property line

140'

120' to well

Pump tank in the ATU  
System  
Tank is 250 gallons

Drainage over 200' to Property line  
will flow into natural drainage and stays on  
property for another 1500'.

Clear stream  
ATU

15" CO

M. Thompson Home  
2 BDR  
270 GPD

ATU permit  
Clear stream w/  
pump tank

Driveway

Water line from well

Well

N