

ARG550000 Notice of Intent for Individual Treatment Facilities Generating Only Domestic Waste

version 1.31

(Submission #: HPH-M8QW-BW5C7, version 1)

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM2.state.ar.us
Date: 2022.05.12 13:54:45 -0500
Reason: Copy Of Record
Location: North Little Rock, Arkansas



Details

Submission ID HPH-M8QW-BW5C7

Submission Reason New

Form Input

Common Information

Facility Information

Please provide the following information about the Facility.

Facility Name

Trevor Johnson

North American Industry Classification System (NAICS)

Please provide the NAICS codes and descriptions for your facility.

[Click here to search for and review the NAICS Codes via the Census Bureau NAICS Lookup](#)

Primary NAICS Code and Description

NONE PROVIDED

Secondary NAICS Code and Description

NONE PROVIDED

Tertiary NAICS Code and Description

NONE PROVIDED

Facility Physical Address**Contact****Prefix**

NONE PROVIDED

First Name

Trevor

Last Name

Johnson

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8703235324

Extension**Email**

NONE PROVIDED

Fax

NONE PROVIDED

Physical Address

216 County Road 381

Bono, AR 72416

Craighead, United States

Facility Physical Location Latitude and Longitude

35.924597,-90.787235

Facility Mailing Address**Contact****Prefix**

NONE PROVIDED

First Name

Trevor

Last Name

Johnson

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type

Mobile

Number

8703235324

Extension**Email**

NONE PROVIDED

Fax

NONE PROVIDED

Mailing Address

216 County Road 381

Bono, AR 72416

United States

Owner Information

Please provide the following information for the owner. If the owner is a corporation it must exactly match the name registered with the Secretary of State. Please use the following link to reference the Secretary of State registered name listing.

[Click here to view the Secretary of State registered name listing](#)

Secretary of State's Filing Number

NONE PROVIDED

Legal Organization

Solely Owned Proprietorship (includes individual and individual d/b/a company)

Owner Type
Private Industry

Owner Information

Contact

Prefix
NONE PROVIDED

First Name	Last Name
Trevor	Johnson

Title
NONE PROVIDED

Organization Name
NONE PROVIDED

Phone Type	Number	Extension
Mobile	8703235324	

Email
NONE PROVIDED

Fax
NONE PROVIDED

Owner Address
216 County Road 381
Bono, AR 72416
United States

Billing Information

Please provide the following information for the Billing contact for this permit application.

Billing Information

Billing Contact

Prefix
NONE PROVIDED

First Name	Last Name
Trevor	Johnson

Title
NONE PROVIDED

Organization Name
NONE PROVIDED

Phone Type	Number	Extension
Mobile	8703235324	

Email
NONE PROVIDED

Fax
NONE PROVIDED

Billing Address
216 County Road 381
Bono, AR 72416
United States

Other Information

Permittee (Legal Name)
Trevor Johnson

State of Incorporation

NONE PROVIDED

Facility SIC Code

NONE PROVIDED

Current Facility Permit Information

NONE PROVIDED

Consultant Information**Prefix**

NONE PROVIDED

First Name

NONE PROVIDED

Last Name

NONE PROVIDED

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type**Number****Extension**

NONE PROVIDED

Email

NONE PROVIDED

Fax

NONE PROVIDED

Address

[NO STREET ADDRESS SPECIFIED]

[NO CITY SPECIFIED], AR [NO ZIP CODE SPECIFIED]

United States

Additional Information

NONE PROVIDED

Licensed Operator Information**Name**

Robert Goff

Title

Wastewater Operator

Operator License Number

007865

Operator License Class

WWII

AFIN (if applicable)

NONE PROVIDED

Outfall Information (1 of 1)**Outfall Number**

001

Estimated Flow (Gallons per day)

600

Map showing Stream Segments and Hydrologic Basin Codes

If you need assistance determining the Stream Segment and/or Hydrologic Basin Code for this location, please use the map at the link provided below.

The Stream Segment is a number followed by a letter.

The Hydrologic Basin Code is a seven or eight digit number.

[Map showing Stream Segments and Hydrologic Basin Codes](#)

Stream Segment

4B

Hydrologic Basin Code

8020302

Outfall Latitude and Longitude

35.924597,-90.787235

Receiving Stream

Cache River

Treatment System

Fuji Clean CE5 w/chlorine disinfection

Required Attachments**Site Map Attachment**

[Vicinty Map.pdf - 05/12/2022 01:48 PM](#)

Comment

NONE PROVIDED

Disclosure Statement (or both 10Q and 10K) Attachment

NONE PROVIDED

Comment

NONE PROVIDED

Arkansas Department of Health EHP-19 Form

[Johnson Trevor_CR 381_ATU.pdf - 05/12/2022 01:50 PM](#)

Comment

NONE PROVIDED

Proof of Good Standing

NONE PROVIDED

Comment

NONE PROVIDED

Responsible and Cognizant Official Information**Responsible Official Signatory Requirements**

The information contained in this form must be certified by a RESPONSIBLE OFFICIAL as defined below:

Corporation: principal officer at least the level of vice president

Partnership: a general partner

Sole Proprietorship: the proprietor/owner

Municipal, State, Federal, or other public facility: principal executive officer, or ranking elected official

Responsible Official First Name

Trevor

Responsible Official Last Name

Johnson

Responsible Official Email Address

carajohn5324@gmail.com

Responsible Official Title

Owner

Cognizant Official Requirements

A COGNIZANT OFFICIAL is an individual that is given signature authority from the Responsible Official.

Cognizant Official First Name

Robert

Cognizant Official Last Name

Goff

Cognizant Official Email Address

robertlgoff@gmail.com

Cognizant Official Title

Class II Operator

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

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

"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."

"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."

Signed
By Shayna Brooks on 05/12/2022 at 1:54 PM

Date: 3/16/2022



Arkansas
Department of Health
Keeping Your Hometown Healthy

SEPTIC TANK PERMIT

Customer Name: SHAYNA OWEN

Customer No: 6301015386

Transaction Date: 3/16/2022

Transaction No: 25000071

Created By: rsparks

Amount Received: \$150.00

Payment Method: Check No. 1062

Paid By: Shayna Brooks

Owner's Name: Trevor & Cara Johnson

Site Location: 216 CR 381

Bono, AR 72416

Subdivision: Fords's Replat of Weist's Subdivison

Lot Number: 2

Designated Rep: 1013210 SHAYNA BROOKS

Sanitarian: Wilson, Taylor

Thank you for your payment

Craighead County Health Unit -
Jonesboro

611 E Washington Ave Ste B

Jonesboro

AR 72401



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

25000071

Non-Individual Onsite Wastewater System Permit Application

Permit Type



New Installation



Alteration / Repair

DR Environmental I.D. #

A	D	H	1	3	0	1	3	8	4	0
---	---	---	---	---	---	---	---	---	---	---

Part 1 Treatment Type (check one)

- ☐ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)

- ☒ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

Disposal Method (check one)

- ☐ STD = Standard Absorption Field
☒ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other

- ☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name

Trevor & Cara Johnson

2. Phone Number

810 323 5324

3. Mailing Address

6047 Beaver Run Lane Jonesboro, AR 72404

4. County

Craighead

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.)

216 CR 381 Bono, AR 72416

6. Subdivision Name

Ford's Replat of Weist's Subdivision

7. Approval Date

n/a

8. Date Recorded

2021

9. Lot Number

2

10. Lot Dimensions

397' x 513' x 395' x 469'

11. Total Area (Acres)

4.46

12. # Bedrooms\ #

People\GPD 1 bed shop/4 bed house 600

13. Daily Flow (GPD)

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)

PT SW 1/4 SE 1/4 Section 17 Township 15 North Range 3 East, Craighead County

15. Water Supply (Specify supplier if Public Water.)

City of Bono

16. GPS Coordinates

35.924597 -90.787235 35.924626 -90.787749

17. Loading Rates

gpd /ft²

18. System Size

500 shop - basin for house or adjust stub out

Primary Site

ATU

a. Size of Septic Tank

~~1000~~ **1250**

gal

f. Trench Depth

n/a

inches

Secondary Site

ATU

b. Size of Dose Tank

1000

gal

g. Trench Spacing

n/a

feet

Percolation Test

(min/in)

c. Absorption Area

n/a

ft²

h. Trench Media

i. Trench Width

Primary Site Ave

n/a

d. Number of Field Lines

n/a

n/a

n/a

in.

Secondary Site

n/a

e. Length of Field Lines

n/a

ft

n/a

n/a

in.

TO THE OWNER

The authorization 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 authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document 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. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) 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, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non- individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature See Opt A

Date

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

Shayna Brooks
Designated Representative Signature

ADH13013840

ID Number

Soil Certified

☒ Yes ☐ No

Shayna Brooks
Print Name

02/22/2022

Date

(870) 316-6046

Phone Number

21. Authorization of Health Authority

The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

[Signature]
Environmental Specialist Signature

R5867
ID Number

3-22-22
Date



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

22. Soil Determination (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"	0"	16"	20"	11"	15"	Mod/48"	Unsuitable		
23. Soil Determination (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)		
>48"	0"	13"	22"	9"	15"	Mod/48"	Unsuitable		
24. Soil Profile Information									
Primary Site (SWT)		Matrix		Redoximorphic Features				Soil Texture	
Brief	inches			Chroma 3 Manganese, Fe					
Mod.	inches			Chroma 2					
Long	inches			Chroma 2					
Secondary Site (SWT)				Redoximorphic Features				Soil Texture	
Brief	inches			Chroma 3 Manganese, Fe					
Mod.	inches			Chroma 2					
Long	inches			Chroma 2					
25. Soil Series									
(Do not use Soil Series to determine Seasonal Water Tables)									
26. Percolation Test (min/in)									
Primary Site Rate for Hole 1		Primary Site Rate for Hole 2		Primary Site Rate for Hole 3		Primary Site Average Percolation Rate (1-3)		Secondary Site Percolation Rate	
Comments									
Primary and secondary site will be Fuji Clean C7 with chlorine disinfection. Surface discharge and NPDES permit will be required. Shop with 1 bedroom and living space, house with 4 bedroom and living space. Subdivision is 3 acre subdivision.									

Part 2 Installation Inspection

Septic tank manufacturer		Other information	
Septic tank material		Trench media and width	
Dose tank manufacturer		Depth of interceptor drain	
Dose tank material		Depth of settled fill	
Pump Information			
Name of Installer			License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter)			
(check one or see below)			
Signature		ID 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		ID 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	ID Number
			Date
Comments			
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter)			
(check one)			
Signature		ID Number	Date



Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

A D H 1 3 0 1 3 8 4 9

☒ Homeowner

☐ Builder/Developer

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 type="checkbox"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 2116 CR 381 Bono, AR 72416
(Address of Proposed System, City, State, Zip)

I hereby attest there are (4) (1 bed shop) bedrooms (number of persons for commercial) and the square footage of the structure that will utilize the designed 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.

As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

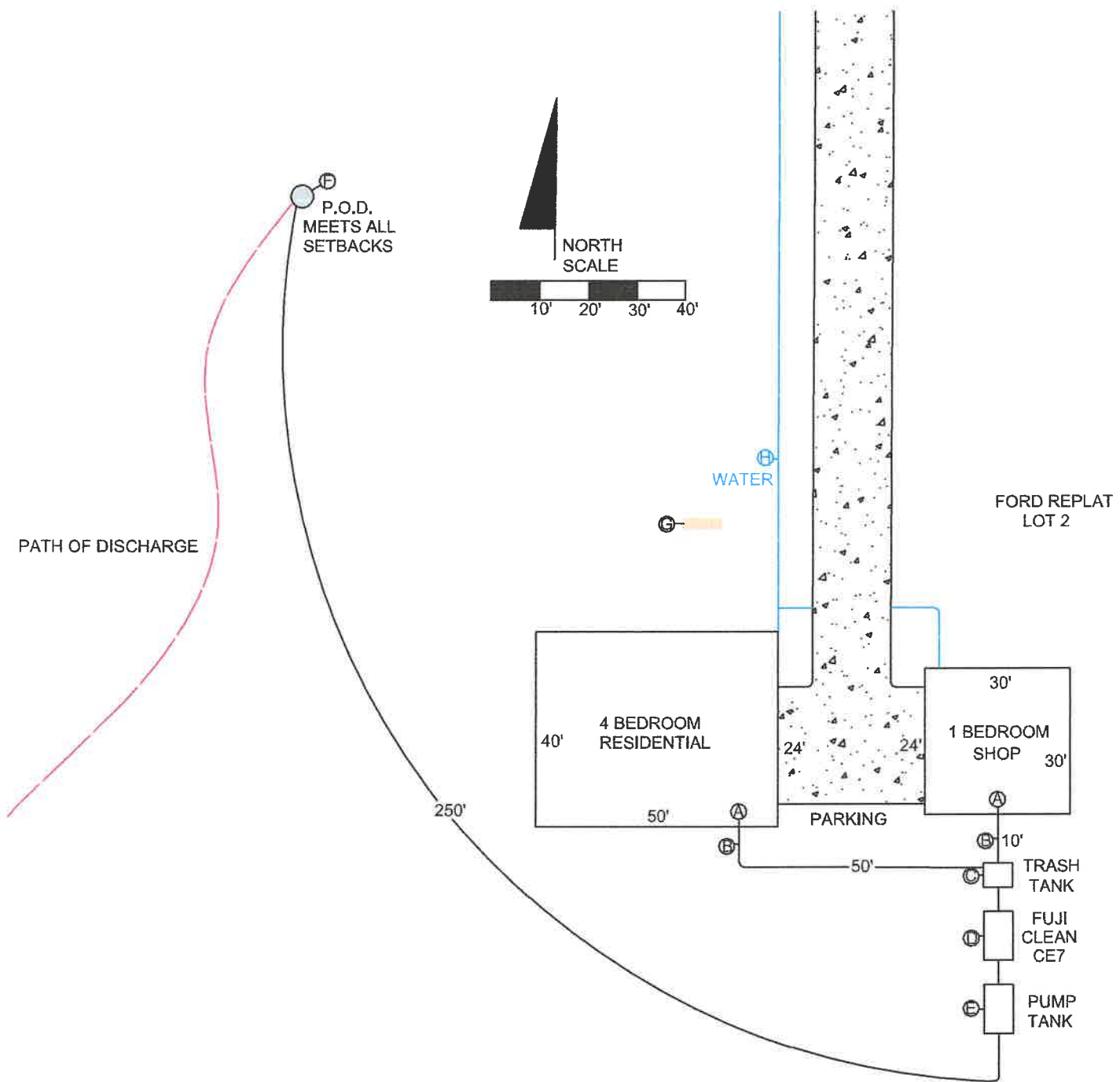
Owner/Applicant Signature

C. Miller

Date 3/6/2022

This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.

EHP-19, OPT-A (R 8/13)



397'

CR 381

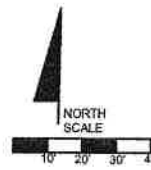
DRIVEWAY

SURVEY STAKE

513'

469'

P.O.D.
MEETS ALL
SETBACKS

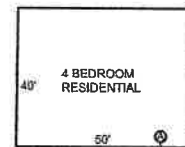


PATH OF DISCHARGE

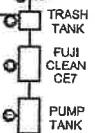
WATER

SEWAGE

FORD REPLAT
LOT 2



PARKING



395'

Spec Sheet and Flowlines

References are found in the Arkansas State Board of Health Rules and Regulations Pertaining to Onsite Wastewater Systems Effective 12/1/2014.

Zone A : LEGEND TO AutoCAD DRAWING

- A Sewer stub out location. Maximum depth of flow line from existing grade is 24" (Shop) 12" (House). Show this drawing to your plumber (Reference 11.8).
- B 2-way clean out location. Install clean out and sewer popper at or above grade (Reference 8.13). Fall to inlet of septic tank can be no less than 1/8" per foot, and no more than 1/4" per foot (Reference 4.1).
- C Septic tank location. Risers to grade over inlet and outlet, minimum 18" diameter (Reference 10.7.8). Effluent filter required - Orenco Filter FTS0436-28 (Reference 10.7.6). Bed and backfill septic tank with 3/4" or smaller gravel (Reference 10.4). Septic tank must meet or exceed manufacturer requirements, 5000 psi, aged 28 days minimum (Reference 10.7.3 – 10.7.5.1)
- D Aerobic Treatment Unit location. Disinfection required. Refer to included spec sheet for precise model.
- E Pump Basin
- F Point of Discharge (POD). POD meets all setbacks required. (Reference 9.8)
- G Soil pit location, if applicable. Not used due to shallow seasonal water tables or contour issues.
- H Proposed water line. Water line must be installed 10' from any part of wastewater system (Reference 6.2.8).
- I Benchmark location.

PIPE SPECIFICATIONS

House stub out to septic tank inlet: 4" Schedule 40 Pipe
Septic Tank to Aerobic Treatment Unit: 4" Schedule 40 Pipe
Aerobic Treatment Unit to Pump Basin: 4" Schedule 40 Pipe (if applicable)
Pump Basin to Point of Discharge: 1 1/4" Schedule 40 Pipe (if applicable)

TANK SPECIFICATION

Manufacturer: Concrete 500 Gallon Septic Tank
Concrete 1000 Gallon Pump Tank

TREATMENT UNIT SPECIFICATION

Fuji Clean CE7

EFFLUENT STRENGTH

Biochemical oxygen demand < 300 mg/L
Total suspended solids < 300 mg/L
Fats, oil, and grease < 25 mg/L
(Reference 9.41 and Appendix B, Footnotes)

Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.

Spec Sheet and Flowlines

GROUND AND INSTALLED ELEVATIONS (feet & inches)

Component	Ground	Flow Line	Fall
Stub Out House	06-08"	07-08"	12"
Stub Out Shop	06-08"	08-08"	24"
Septic Tank Inlet	06-08"	09-00"	4"
Septic Tank Outlet	06-08"	09-03"	3"
ATU Inlet	06-08"	09-04"	1"
ATU Outlet	06-08"	09-06"	2"
Pump tank Inlet	06-08"	09-07"	1"
Pipe out of riser		08-07"	-12"
Point of Discharge	07-04"	07-04"	-15"
Benchmark	03-07"	Base of NE Survey Stake (See Drawing)	

NOTES

NPDES permit required on all surface discharging wastewater systems. (*Reference 9.6 and 11.1*)

Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. (*Reference 12*)

Spec Sheet and Flowlines

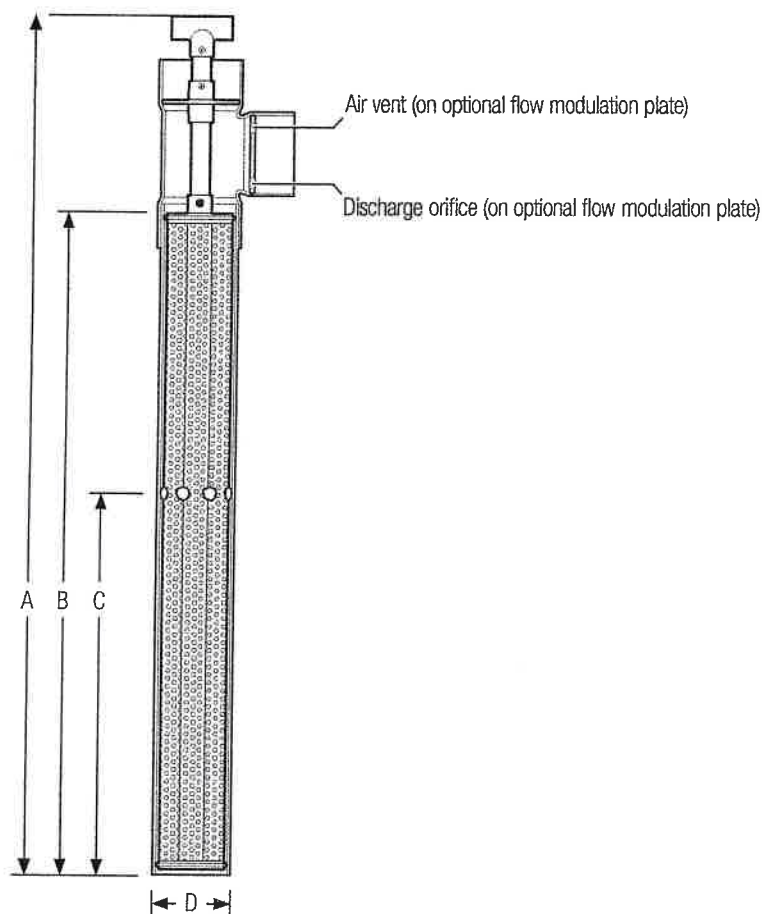
GROUND AND INSTALLED ELEVATIONS (feet & inches)

Component	Ground	Flow Line	Fall
Stub Out House	06-08"	07-08"	12"
Stub Out Shop	06-08"	08-08"	24"
Septic Tank Inlet	06-08"	09-00"	4"
Septic Tank Outlet	06-08"	09-03"	3"
ATU Inlet	06-08"	09-04"	1"
ATU Outlet	06-08"	09-06"	2"
Pump tank Inlet	06-08"	09-07"	1"
Pipe out of riser		08-07"	-12"
Point of Discharge	07-04"	07-04"	-15"
Benchmark	03-07"	Base of NE Survey Stake (See Drawing)	

NOTES

NPDES permit required on all surface discharging wastewater systems. (*Reference 9.6 and 11.1*)

Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. (*Reference 12*)



Specifications

Model	FTS0444-36, FTW0444-36	FTS0436-28, FTW0436-28
A - Vault height, in. (mm)	44.00 (1118)	36.00 (914)
B - Cartridge height, in. (mm)	36.00 (915)	28.00 (710)
C - Inlet hole height,* in. (mm)	21.25 (540)	19.25 (489)
D - Nominal diameter, in. (mm)	4.00 (100)	4.00 (100)
Number of inlet holes	8	8
Inlet hole diameter, in. (mm)	1.13 (29)	1.13 (29)
Discharge orifice diameter, in. (mm)	4.00 (100)	4.00 (100)
Discharge coupling diameter, in. (mm)	4.00 (100)	4.00 (100)
Filter surface area,† ft² (m²)	5.1 (0.50)	3.9 (0.40)
Flow area,** ft² (m²)	1.5 (0.15)	1.2 (0.12)
Flow Modulation Plate (Optional)		
Number of discharge orifices	2	
Discharge orifice diameter, in. (mm)	0.50 (12.7)	
Number of air vents	1	
Air vent diameter, in. (mm)	0.50 (13)	

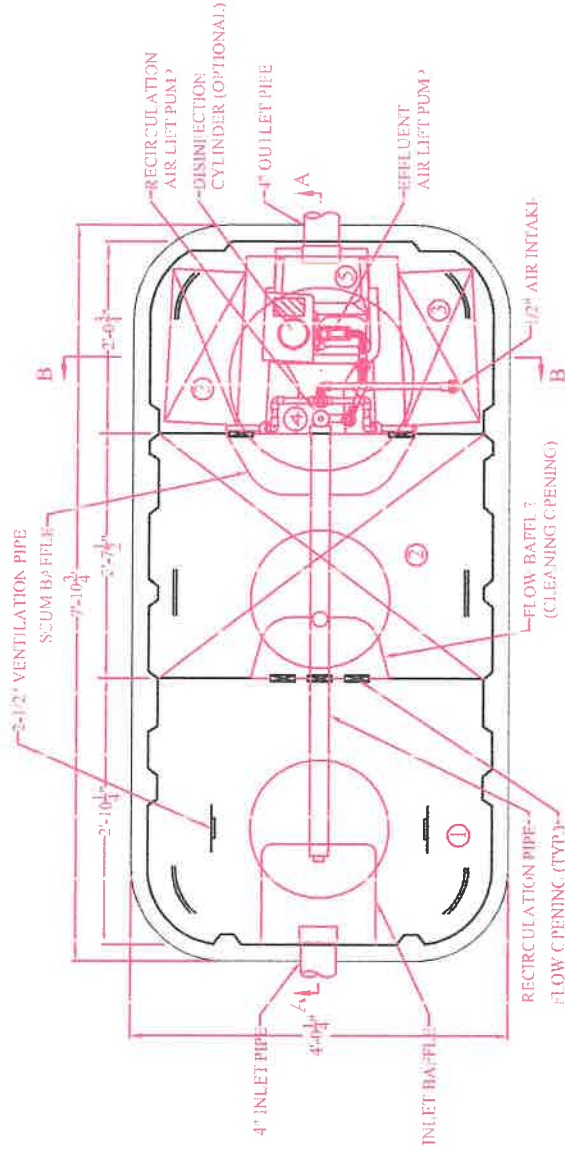
* Inlet hole height can vary depending on the configuration of the tank. Optimum hole height is 70% of the minimum liquid level.

† Filter area is defined as the total surface area of all individual Biotubes® within the filter cartridge.

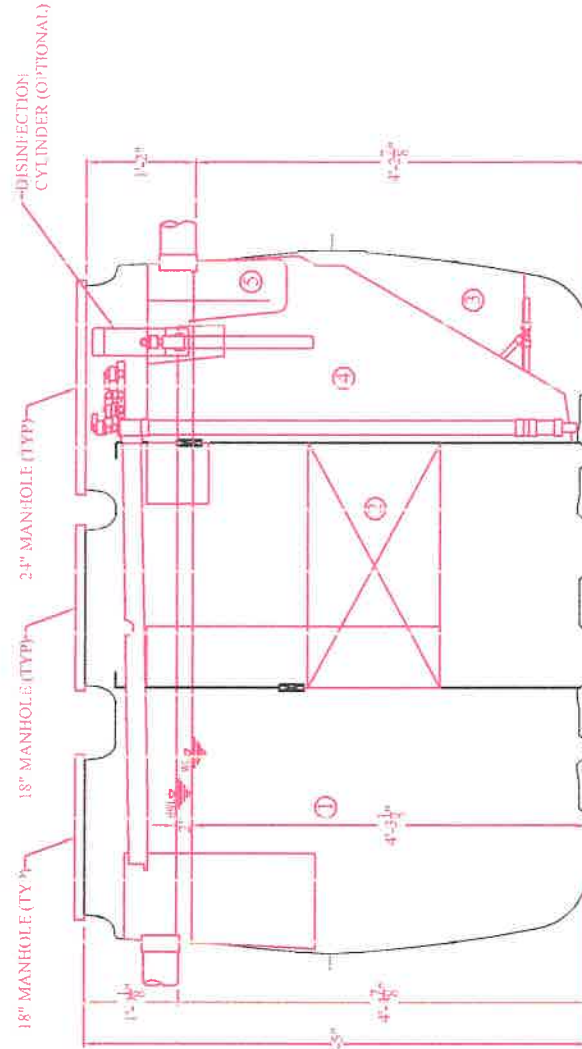
** Flow area is defined as the total open area (or area of the mesh openings) of all the individual Biotubes within the filter cartridge.

CHAMBER		Volume (gal)
①	Sedimentation Chamber	277
②	Anaerobic Filtration Chamber	278
③	Aerobic Contact Filtration Chamber	127
④	Storage Chamber	63
⑤	Disinfection Chamber	4
Total Volume		749

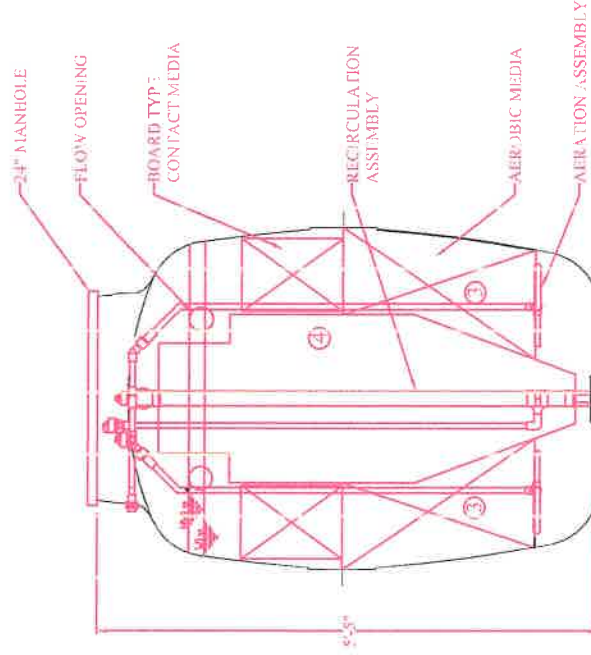
SPECIFICATIONS				
Anaerobic Media	PP / PE	Filling Rate	32%	
Board Type Aerobic Media	PVC / PP / PE	Filling Rate	16%	
Aerobic Media	PP / PE	Filling Rate	57%	
Blower	2.8 cfm			
Tank	FRP			
Piping	PVC / PP / PE			
Access Covers	Plastic / Cast Iron			
Disinfectant (Optional)	Chlorine Tablets			



PLAN VIEW



SECTION A-A VIEW



SECTION B-B VIEW

Your Peace of Mind is Our Top Priority®

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



PUMP COMPANY

Zoeller Family of Water Solutions

SECTION: 2.15.020

FM2778

0515

Supersedes

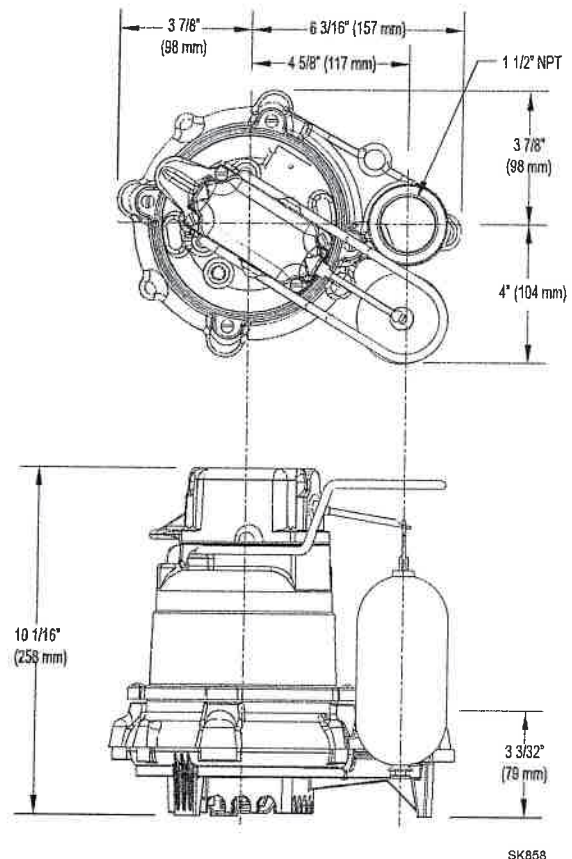
0315

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
	Motor Protection	Auto reset thermal overload
MATERIALS	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



SK858

NOTE: See model comparison chart for specific details.

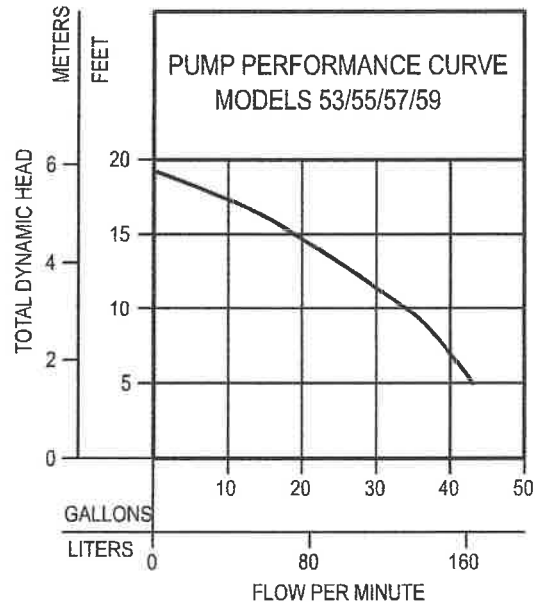


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TOTAL DYNAMIC HEAD FLOW PER MINUTE

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)	



009897

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.

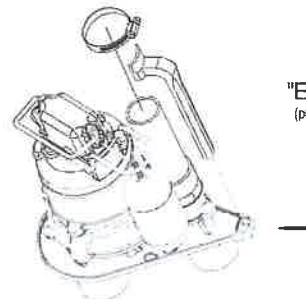
Optional pump stand (P/N 10-2421).

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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ENVIRONMENTAL
Zoeller Family of Water Solutions

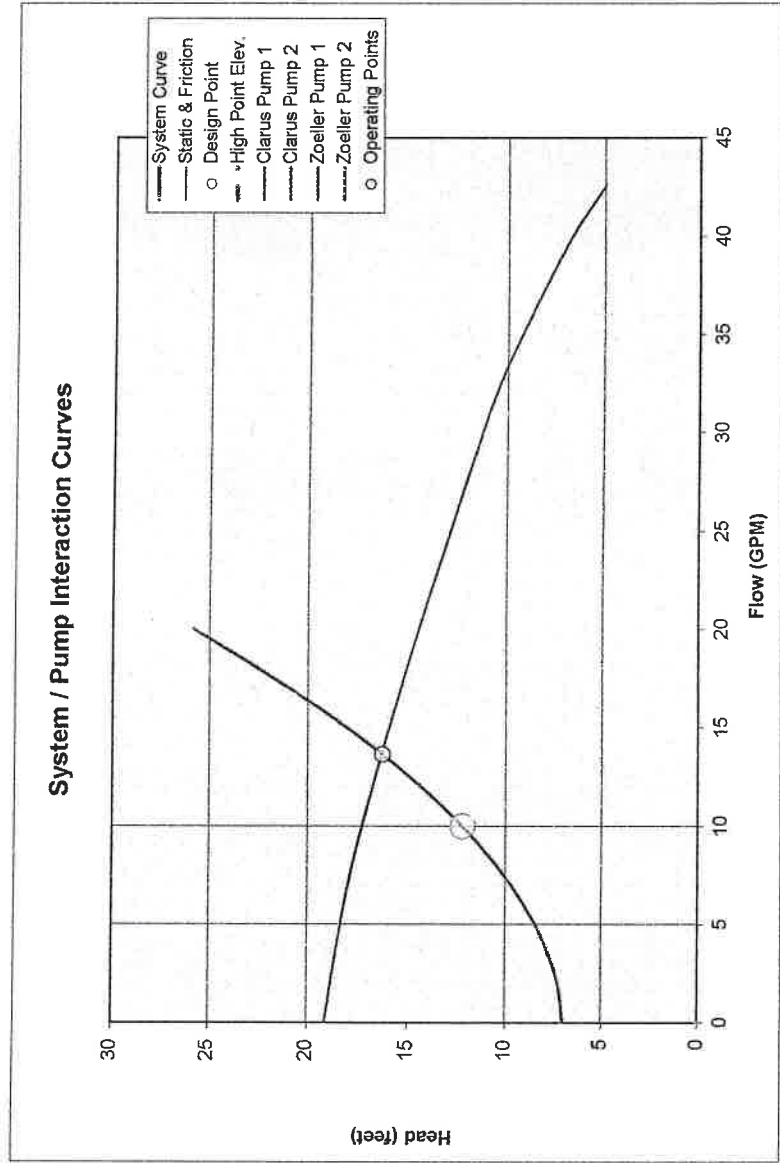
Zoeller Company

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	7.0 feet	
System high point above outfall?	No	
Friction Head Information		
Pipe	1	
How many different pipes in the system (not counting laterals)?	200 feet	
Pipe 1 Length	1 1/4 inches	
Pipe 1 Size	SCH 40	
Pipe 1 Class		
Pressurized Laterals?	No	
Fittings & Discharge Assemblies		
Type	Size	Quantity
Discharge Assembly	1 1/4 inches	
Special Friction Considerations		
Weep Hole	Yes	1/8"
Add-In Friction	No	
Automatic Multizone Valve?	No	
Pressure Filter?	No	
Operating Head Information		
System Type	Non-Pressurized	Specify Flow Requirement?
		Yes
Factors and Coefficients		
Hazen-Williams C Factor	130	
Discharge Coefficient (Cd)	0.61	
Lateral Design Mode	Off	



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

Flow Requirement 10.0 GPM

Design Point
10.0 GPM
@ 12.2' TDH

Curve Zoom Range 20 GPM

Pump Selection	
Clarus Environmental Pumps	Frequency
Clarus Pump 1	
Clarus Pump 2	
Operating Points	
Zoeller Pump Company Pumps	
Zoeller Pump 1	13.6 GPM @ 16.3'
Zoeller Pump 2	13.6 GPM @ 16.3'

Project Data	Trevor & Cara Johnston	Notes
Project Name:	Lot 2 Ford Replat CR 381	1 1/4" discharge assembly
Project Address	Bono, AR 72416	1 1/4" transport line
Contact Info:	Shayna Brooks	
	870-316-6046	

Control/Alarm Panel Options*

Fuji Clean Model	A	A1	C	X	D	RI	E	M	KG
Features									
Description	Basic Alarm Panel	Basic Alarm Panel w/ Current Sensor	Basic Alarm w/ Comm. Contact & Time Meter	Basic Alarm with 24-Hour Timer (Night Spray)	Duplex Time Dosing	Simplex Time Dosing	Duplex Dosing Control w/ Data Logging	Basic Large System Control w/ 2 Current Sensors	CE6KG Control with 4 Current Sensors
SIE Rhombus Model #	1041972	1064558	1045040	1029522	IFS41W914 X5A8AC10E 27D	IFS11W114 H6A8AC15 A17G27D w/current sensor	IFM41W914X 6A8AC10E2 7D	1059296	BP2833
NEMA 4X Weather Proof Enclosure	X	X	X	X	X	X	X	X	X
120 Volt AC Breakers (Pump, Air Blower, Alarm)	3	3	3	3	3	3	3	4	5
Alarm/Test/Normal/Silence Switch	X	X	X	X	X	X	X	X	X
Air Blower Low Pressure Alarm Switch	X		X	X	X				
Current Sensor Alarm Switch		X				X	X	X (2)	X (4)
Communication Contacts (Alarm Aux)			X		X	X	X	X	X
Elapsed Time Meter			X		X	X	X		
Duplex Pump Demand or Timed Dosing Control					X	X	X		
24-Hour Timer				X					
Dual Alarm Beacons				X					
Data Logging Panel via USB Port to Flash Drive							X		
UL Listed to Meet and/or Exceed Industry Safety Standards					X	X	X		
Dual Safety Certification for U.S. and Canada					X	X	X		

* Control panel customization is also available to match unique site or job requirements. Please consult Fuji Clean USA for details.



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: C. [Signature]
(Property Owner)

SIGNED: [Signature]
(Health Department)

DATE: 03/06/22

DATE: 3-22-22

EarthTech, Inc.
PO Box 73
Vilonia, AR 72173
robertlgoff@gmail.com
(501) 472 -1624

WASTEWATER MAINTENANCE AGREEMENT

FOR: Trevor & Cara Johnson
6047 Beaver Run Lane
Jonesbor, AR 72404
(870) 323-5324 carajohn5324@gmail.com

LOCATION: 216 CR 381
Bono, AR 72416

SERVICES TO BE PERFORMED:

Inspect/Service Fujiclean and other components quarterly
Collect Samples and deliver to lab
Submit Discharge Monitoring Reports (DMR's) twice a year as required
Add chlorine as needed

\$600 per year + cost of chlorine used

TERMS:

Owner acknowledges having received and read the attached "**Prohibited Items**" sheet.
This agreement may be terminated by either party with a written notice.
Owner will not modify system or cover access lids and valve boxes with soil.
All parts of the system must be accessible for service.
Owner assumes responsibility of preventing fire ants from damaging electrical components.
Owner is responsible for keeping site weeded/mowed.
Repairs or parts not under warranty are not included in this agreement.
No repairs will be made or parts replaced without approval.
This agreement does not include pumping/solids removal.
User acknowledges that using a garbage disposal may cause more frequent service/tank pumping which could lead to service calls.
Only domestic wastewater and toilet paper will be flushed or put down a drain. (see attachment)
Service Calls will be billed at \$75/hr. with a 2 hour minimum.
Lab fees are not a part of this agreement. You will be billed separately by the lab for analysis.



Robert L. Goff, President
Earthtech, Inc.
Date: 3/8/22

DocuSigned by:

DDE6619EA3E841B...
(signature)
Trevor or Cara Johnson
Date: 3/9/2022

Contact for Service Call:

Ethan (501) 269-7531 Caleb (501) 339-5552

Prohibited Items

The following items will harm the organisms in your FujiClean wastewater system and should not be flushed or put down a drain:

- Excessive Bleach (dilute as instructed on the container)
- Fabric Softeners
- Paint and Paint Thinners
- Motor Oil
- Antifreeze
- Antibiotics
- Chemical De-clogging agents (Drano)
- Septic Tank Additives (like RidX)
- Water Softener Backwash
- Cleaning Solutions containing Quaternary Ammonium
- Sanitary Napkins
- Feminine Products
- Baby/Hand Wipes
- Cigarette Butts
- Dental Floss
- Condoms
- Kitty Litter
- Paper Towels
- Cooking Grease
- Coffee Grounds
- Fruit and Vegetable Peelings
- Condensate from HVAC system
- Floor Drains should not drain to the wastewater system

Garbage Disposals inject heavy and inconsistent organic loads to the system, which can interfere with normal processing.

Well Disinfection: If the home is on a well and chlorine is used for disinfection, flush the disinfectant through outside hydrants to prevent killing organisms in the FujiClean.

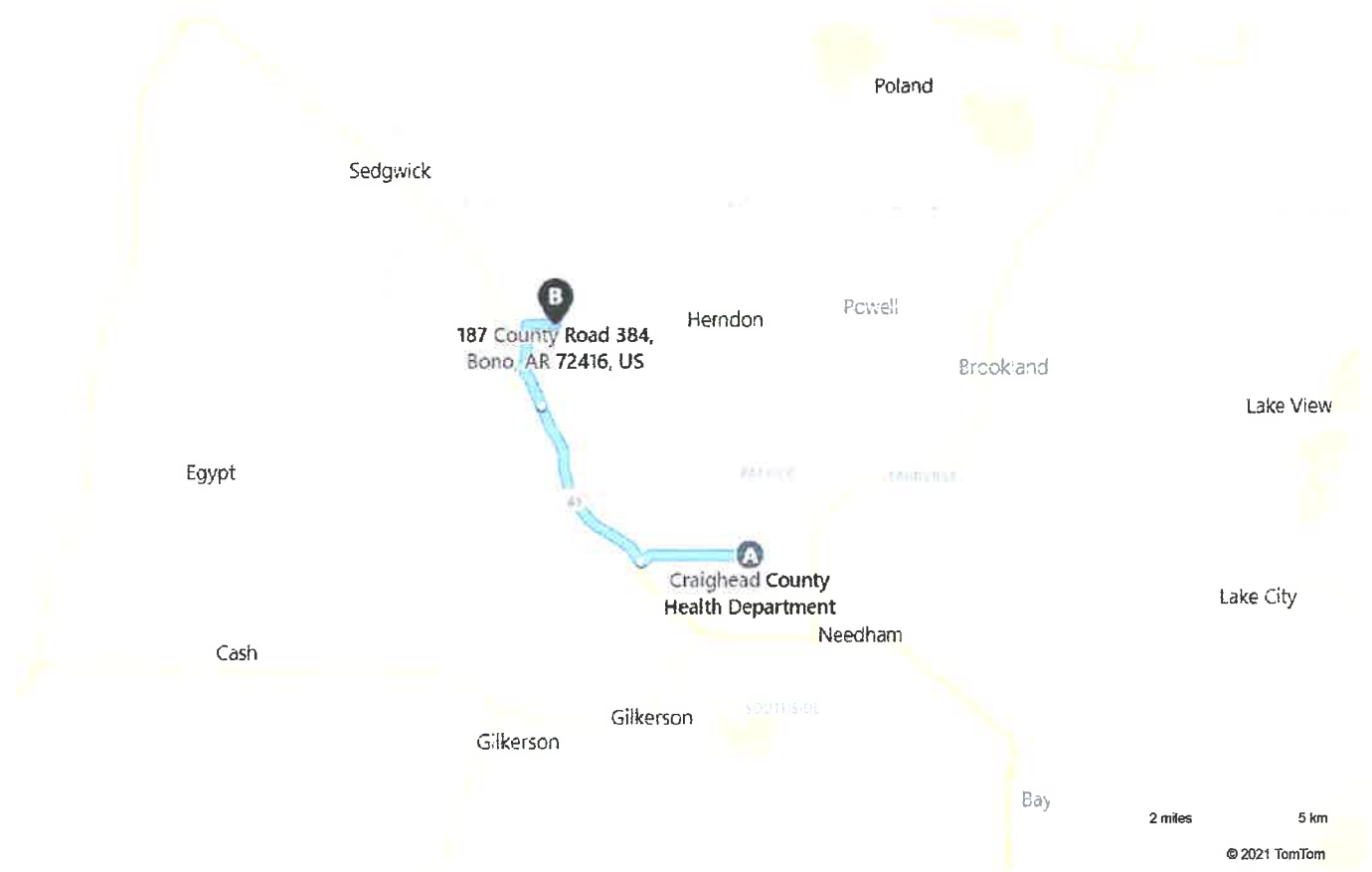
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- Cigarette Butts
- Dental Floss
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A Craighead County Health Department, 61...

B 187 County Road 384, Bono, AR 72416, US



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A Craighead County Health Department, 611 E Washington Ave Ste B,
Jonesboro, AR 72401

19 min , 10.8 miles

Light traffic

Via W Washington Ave, US-63 N

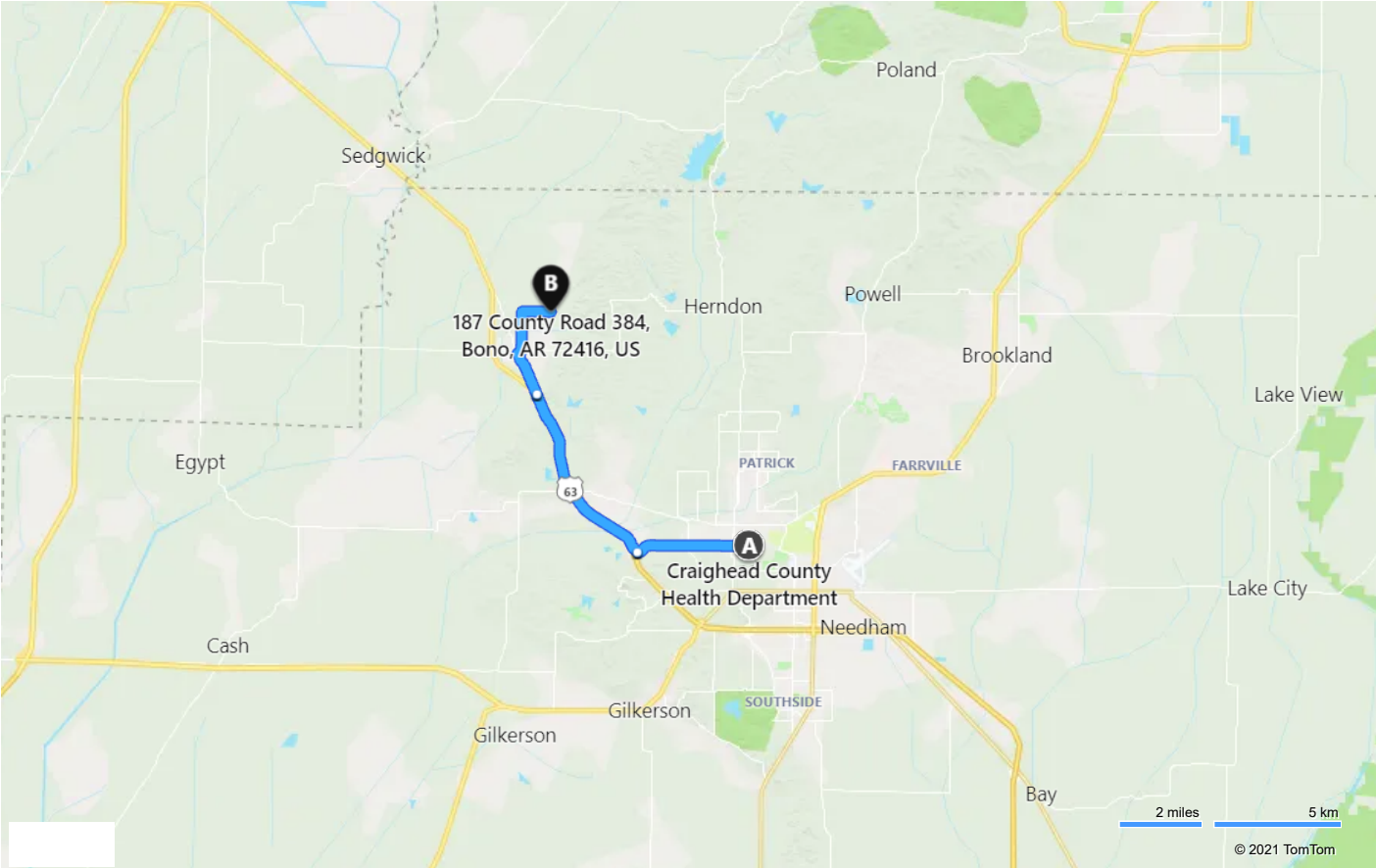
B 187 County Road 384, Bono, AR 72416, US

Last lot on the right side of the road.

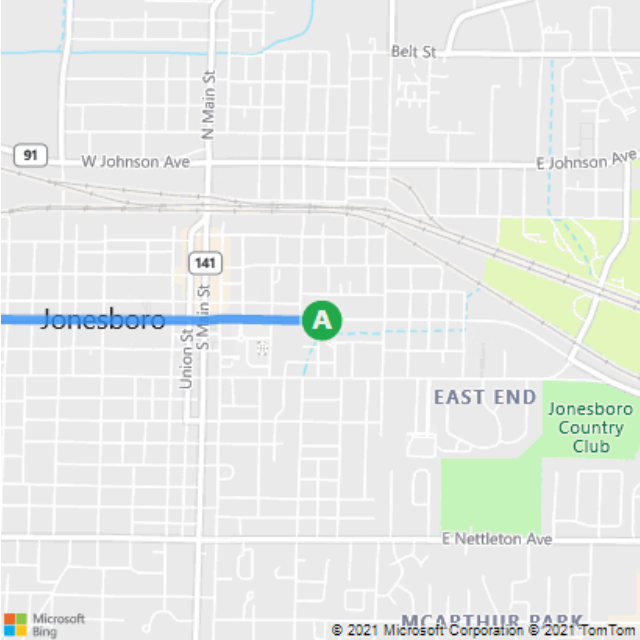
A Craighead County Health Department

↑	1.	Head west on E Washington Ave toward S Bridge St	0.4 mi
↑	2.	Road name changes to W Washington Ave	2.5 mi
	3.	Take the ramp on the right for US-63 North / AR-18 West and head toward Hardy / WALNUT RIDGE	4.9 mi
I↑	4.	Keep right , heading toward US-63 N Bus / US Highway 63 Business	0.1 mi
↑	5.	Keep straight to get onto US-63 N Bus / US Highway 63 Business	1.0 mi
↗	6.	Turn right onto W College St	0.1 mi
↶	7.	Turn left onto N Main St	0.5 mi
↑	8.	Road name changes to County Road 328	0.5 mi
↗	9.	Turn right onto County Road 380	0.5 mi
↑	10.	Keep straight to get onto County Road 384	0.2 mi
	11.	Arrive at County Road 384 on the left The last intersection before your destination is County Road 380	

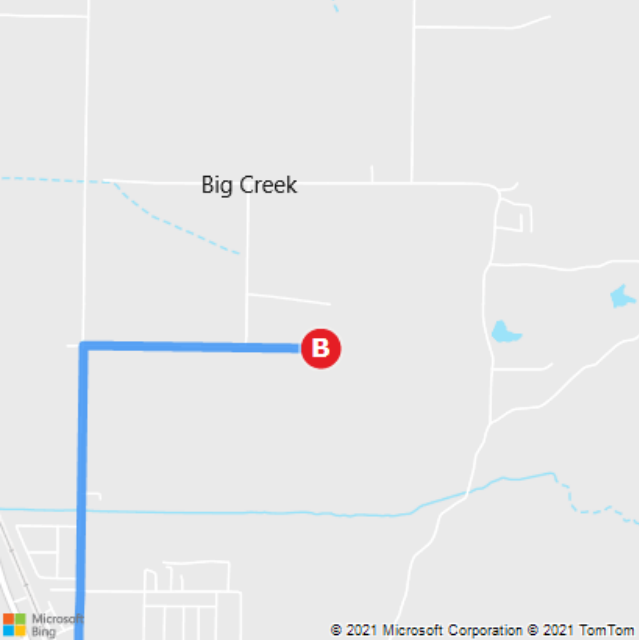
B 187 County Road 384, Bono, AR 72416, US



A Craighead County Health Department, 61...



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