

Koon, Nancy

From: John Rowe <ji.rowe@yahoo.com>
Sent: Saturday, June 25, 2022 7:34 PM
To: Water Permit Application
Subject: ARG550000 permit request
Attachments: DrmarkBryanARG550000permitapplication.pdf; Dr. Mark Bryan Norweco System.pdf; DrMarkBryanNorweco62522.pdf

Dear Sirs:

Attached are three files to fulfil the requirements for a ARG550000 permit. I can send hard copies if required, but the home owner is needing to get his system installed as soon as possible. This is a repair to an existing surface discharge system that has worn out.

Sincerely,
John Rowe
Designated Representative 50
870-949-5272

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): Dr. Mark Bryan Operator Type:
Permittee Mailing Address: 640 Columbia Rd, 405 ☐ State ☐ Partnership
Permittee City: Magnolia ☐ Federal ☐ Corporation*
Permittee State: Arkansas Zip: 71753 ☒ Sole Proprietorship/Private
Permittee Telephone Number: 870-904-8030 *State of Incorporation: _____
Permittee Fax Number: — The legal name of the Permittee must be
Permittee E-mail Address: eastridgevet@sbcglobal.net 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: Dr. Mark Bryan Facility Contact Person: Dr. Mark Bryan
Facility Address: 640 Col. Rd. 405, Magnolia, AR 71753 Telephone Number: 870-904-8030
Facility County: Columbia Facility City, State & Zip: Magnolia, AR 71753
Facility Latitude: 33 Deg 15 Min 4 Sec Facility Longitude: 93 Deg 12 Min 4 Sec
Accuracy: 21' Method: GPS Datum: NAD27 Scale: 1:62,500 Description: Release Point
Garmin GPS 76

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 450 gpd (Gallons per Day)
Stream Segment: 1A Hydrologic Basin Code: 11140203
Outfall Latitude: 33 Deg 15 Min 4 Sec Outfall Longitude: 93 Deg 12 Min 4 Sec
Accuracy: 21' Method: GPS Datum: NAD27 Scale: 1:62500 Description: Release Point
Type of Treatment: Singular Bip-Kinetic Model TNT 500 GPD
Receiving Stream: Red River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00 N/A
NPDES General Permit Number (If Applicable): ARG 550,000
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15 N/A

VI. OTHER INFORMATION:

Operator Name: Mike O'Connor
Operator License Number: 010202 License Class: II
Consultant Contact Name: Mike O'Connor
Consultant Email Address: Mike@ArkansasSeptic.com
Consultant Address: 152 Spence City: Austin State: AR Zip: 72007
Consultant Phone Number: 501-517-7198 Consultant Fax Number: —

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

N/A (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
N/A (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."
MB (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: Mark Bryan Title: Property Owner
Responsible Official Signature: Mark Bryan Date: 5/31/22
Responsible Official Email: eastridgevet@sbcglobal.net
Cognizant Official Printed Name: — Title: —
Cognizant Official Signature: — Telephone: —
Cognizant Official Email: —

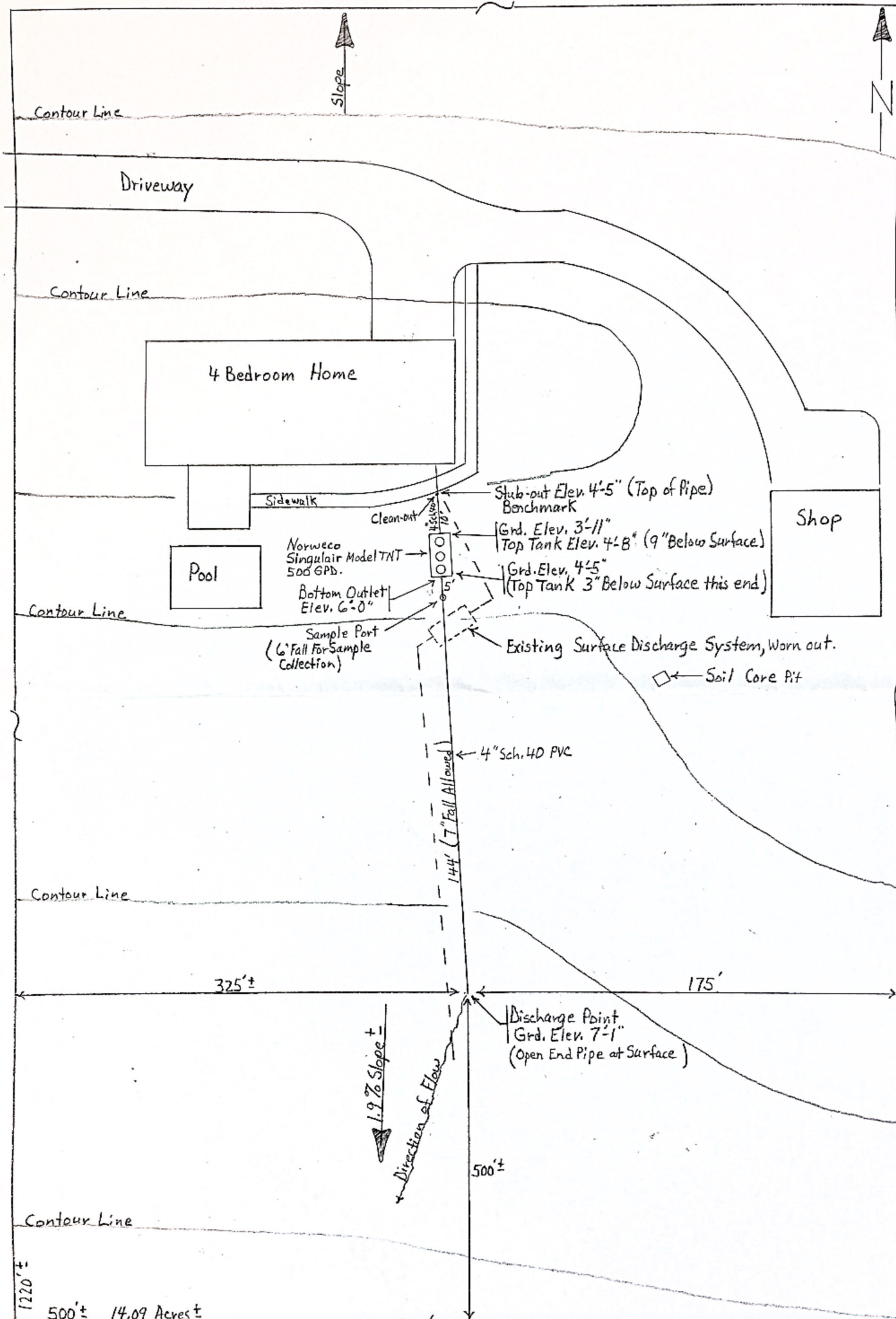
X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No * If No is answered for any of the questions, then a permit can not be issued!

Submittal of Complete NOI? ☒ ☐
Submittal of Required Permit Fee? ☐ ☒ Check Number: N/A
Submittal of AHD Form EHP-19? ☒ ☐
Submittal of Site Map? ☒ ☐
Submittal of Disclosure Statement? ☒ ☐

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



Dr. Mark Bryan	Septic System Repair	Scale: 1" = 20'
640 Col. Rd. 405, Magnolia, AR 71753	May 27, 2022	John Rowe Designated Representative 50

Date: 6/9/2022



Arkansas
Department of Health
Keeping Your Hometown Healthy

SEPTIC TANK PERMIT

Customer Name: ROWE JOHN
Customer No: 0029000050

465 So. Columbia Rd. 33
Waldo, AR 71770
870-949-5272

Transaction Date: 6/9/2022
Transaction No: 25190626

Created By: krcooper

Amount Received: \$30.00

Payment Method: Check No. 1026

Paid By: John Irvin Rowe

Owner's Name:	Dr. Mark Bryan
Site Location:	640 Columbia Road 405 Magnolia, AR 71753
Subdivision:	N/A
Lot Number:	N/A
Designated Rep:	50 JOHN ROWE
Sanitarian:	Basco, Kim

Thank you for your payment

Columbia County Health Unit -
Magnolia
207 S Jefferson

Magnolia AR 71753



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

June 17, 2022

Dr. Mark Bryan
640 Columbia Road 405
Magnolia, AR 71753
Permit # 25190626

The plans and specifications for the above captioned project have been received and reviewed. Please be advised that as the owner you are responsible for the following:

1. All costs relating to the operation and maintenance of the system.
2. Meeting all effluent requirements.
3. Financial responsibility for effluent monitoring and sampling by a Certified Maintenance Person.
4. Filing for the National Pollutant Discharge Elimination System (NPDES) General Permit (ARG550000) permit with the Arkansas Department of Environmental Quality before any construction begins.
5. Any changes from the specified design will require a new maintenance contract and a resubmission of the permit.
6. This approval is for an on-site retention scheme for all effluent generated from the specified residence on the permit on 14.09 acres near 640 Columbia Road 405 Magnolia, AR in Columbia County. Any off-site discharge or further subdivision of the property may void this approval. Additional measures to ensure on-site retention of all sewage effluent generated may be required at a later date should the discharge leave the property.

This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the discharge of sewage effluent.

If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely

David Wilson, EHS
Southwest Region Onsite Specialist
Arkansas Department of Health
870-260-6851

IMPORTANT NOTICE TO PROPERTY OWNER

The Arkansas Department of Health's approval of a surface discharging sewage system does not relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. The final approval to operate your system will not be signed off until the Department receives verification of the receipt of the National Pollutant Discharge Elimination System (NPDES) permit from the Arkansas Department of Environmental Quality.

Please be advised that all wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality
ATTN: Permits Branch
5301 North Shore Drive
North Little Rock, AR 72118

Phone Number: 501-682-0623

Web Site: www.adeq.state.ar.us



Arkansas Department of Health
Environmental Health Protection

Receipt Number

25190626

Individual Onsite Wastewater System Permit Application

Permit Type

☐ New Installation

☒ Alteration / Repair

DR Environmental ID #

0029000050

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 Dr. Mark Bryan 2. Phone Number 870-904-8030

3. Mailing Address 640 Columbia Rd. 405, Magnolia, AR 71753 4. County Columbia

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
640 Col. Rd. 405 see Attached Map

6. Subdivision Name — 7. Approval Date — 8. Date Recorded — 9. Lot Number —

10. Lot Dimensions 500'± X 1220'± 11. Total Area (Acres) 14.09 12. # Bedrooms # People 4 13. Daily Flow (GPD) 450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
NE 1/4 NW 1/4 S20 T17S R20W

15. Water Supply (Specify supplier, if Public Water) Magnolia City 16. GPS Coordinates 33°15'4"N 93°12'4"W

17. Loading Rates (gpd/ft²)	18. System Specifications	<u>Soil Not Suitable, Norweco Singulair, Model/TNT500GPD.</u>	
Primary Area <u>0</u>	a. Size of Septic Tank <u>—</u> gal	f. Trench Depth <u>—</u> inches	
Secondary Area <u>0</u>	b. Size of Dose Tank <u>—</u> gal	g. Trench Spacing <u>—</u> feet	
Percolation Test (min/in) <u>—</u>	c. Absorption Area <u>—</u> ft²	h. Trench Media (List Below)	i. Trench Width
Primary Area Avg <u>—</u>	d. Number of Field Lines <u>—</u>	<u>Surface Discharge</u>	<u>—</u> in
Secondary Area <u>—</u>	e. Length of Field Lines <u>—</u> ft	<u>—</u>	<u>—</u> 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 Mark Bryan Date 5/31/22

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.

John I. Rowe Designated Representative 50 Soil Certified ☒ Yes ☐ No
Designated Representative Signature Title

John I. Rowe May 31, 2022 870-949-5272
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.

Daniel Wilson 331 6-17-22
Environmental Specialist Signature EHS Number 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)
-	-	11"	12"	-	11"	Long	.01
23. Soil Criteria (Secondary 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)
-	-	-	-	-	-	-	-
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	a-3	in	10 YR 5/3 fsl 2 mgr				
Moderate	11	in	2.5 YR 4/6 C210 YR 6/1 SCL				
Long	12	in	2.5 YR 4/6 C210 YR 6/1 C				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	-	in	Repair -				
Moderate	-	in					
Long	-	in					
Comments SCS Soil Survey Map 30 Shows #4 Angie fsl but it looks like Sacul fsl. This is a repair to an existing Surface Discharge System that has worn out. Proposing to use Norweco Singlair Model TNT 500 GPD, Mike O'Conner, Monitor							

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

Dr. Mark Bryan
640 Col. Rd. 405
Magnolia, AR 71753

Magnolia

1 Mile



Columbia Rd 406

Columbia Rd 406

Columbia

Columbia Rd 405

Crump Plumbing
& Heating

Columbia Rd 405

Google





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: Mark Byrnes
(Property Owner)

SIGNED: David Wilson
(Health Department)

DATE: 5/31/22

DATE: 6-17-22

NORWECO Waste Treatment Systems Service Contract

In consideration of prepayment of the Service Contract cost indicated below, this authorized NORWECO service company agrees to the following:

During the service period specified, make 8 inspection calls on the NORWECO system located at the follow address: Dr. Mark Bryan

640 Columbia Rd. 405 879 904-8030
(Street) (Phone)
Magnolia AR 71753 Columbia
(City) (State) (Zip) (County)

Inspection calls will include:

- An effluent quality inspection consisting of a visual check for color and examination for odors.
- Adjustment and servicing of any mechanical and electrical components that are out of order.
- Periodic sampling of the settled solids in the aeration chamber.
- Additional service: _____

- If any improper operation is observed, which cannot be corrected at that time, the user shall be notified in writing of the conditions and the estimated date of correction.


The cost of this Service Contract will be 100 PER VISIT and is to be effective from July 2022 to July 2023

Additional service (as ordered), replacement of out-of-warranty components, laboratory test work, pumping c or pre-tank will be done upon written authority from the customer and at an additional charge.

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by phoning:

- ☒ INITIAL 2 YEAR WARRANTY
☐ CONTINUING SERVICE AGREEMENT


Signature of Owner
6-1-2022
Date

GENERAL NOTES:

- ① SINGULAR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 80 MINUTES ON / 80 MINUTES OFF.
- ② FALL THROUGH SINGULAR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- ④ TANK REINFORCED PER ACI STD. 318-02.
- ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- ⑥ CONTACT THE LOCAL, LICENSED SINGULAR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
(I/WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION:
(I/WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CRITICAL DIMENSIONS

A	1'-0"	2	0'-3"
B	2'-8"	3	0'-8"
C	2'-8"	4	0'-2 1/2"
D	3'-7"	5	1'-4"
E	2'-3"	6	4'-8"
F	9'-3"	7	6'-0"
G	1'-0"	8	1'-0"
H	8'-0"	9	8'-8"
I	0'-3"	10	0'-3"
J	1'-0"	11	0'-2"
K	0'-2"	12	4'-8"

NOTED

U.S. AND FOREIGN PATENTS PENDING

U.S. PATENT NO. 5,123,456

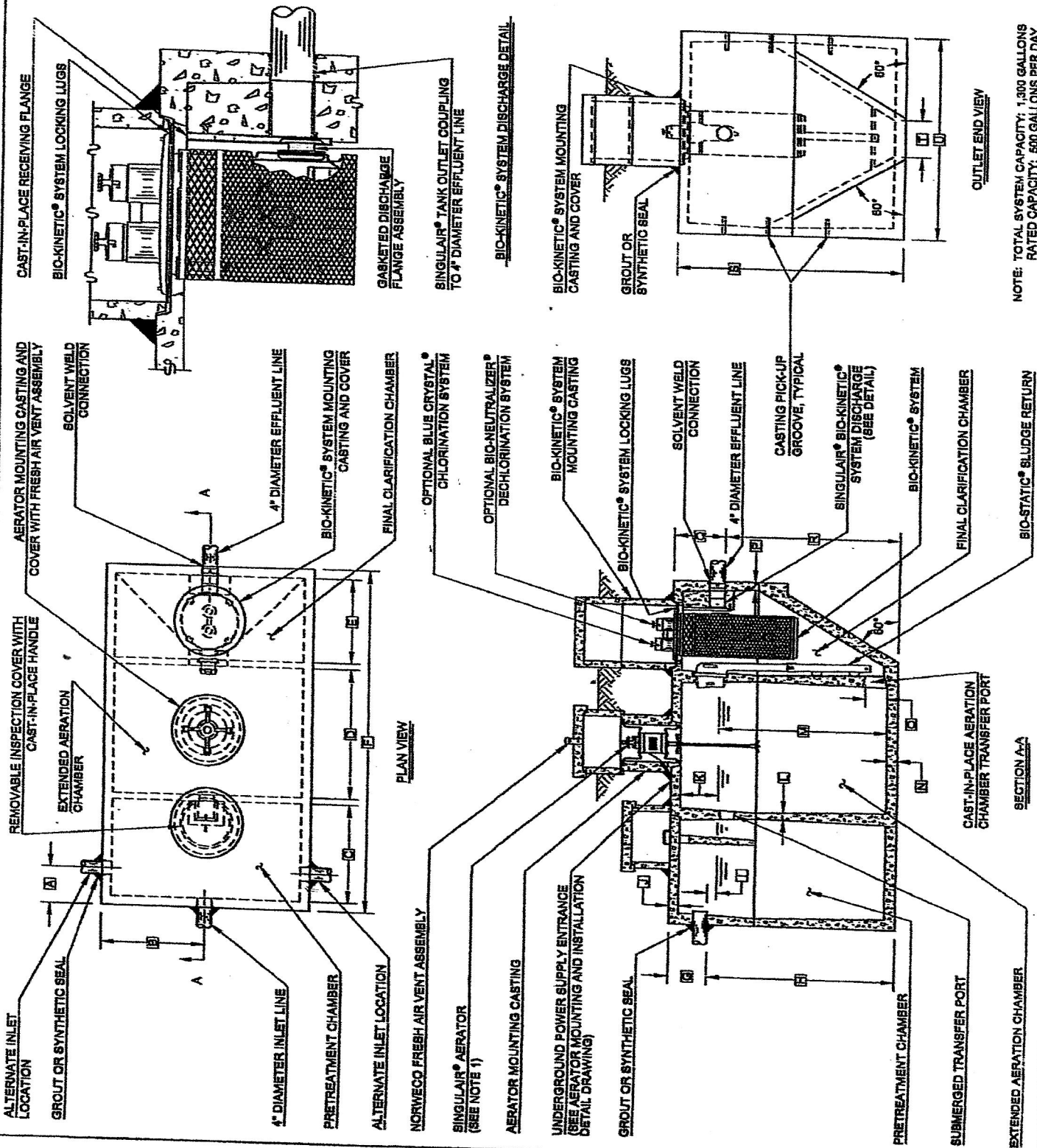
FOREIGN PATENT NO. 1-23-08

INVENTOR: SINGULAR BROTHERS, INC.

ATTORNEY: J.M. 1-23-08

DATE: 1-23-08

PC-5-1089



NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
RATED CAPACITY: 500 GALLONS PER DAY