

**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): <u>Mark Stowers</u>	Operator Type:
Permittee Mailing Address: <u>125 Angel Walk Ln.</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>DeQueen</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71832</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-279-5677</u>	*State of Incorporation: _____
Permittee Fax Number: <u>N/A</u>	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee E-mail Address: <u>debistowers@yahoo.com</u>	

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

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

III. FACILITY INFORMATION

Facility Name: <u>Mark Stowers ATU</u>	Facility Contact Person: <u>Mark Stowers</u>
Facility Address: <u>125 Angel Walk Ln.</u>	Telephone Number: <u>870-279-5677</u>
Facility County: <u>Sevier</u>	Facility City, State & Zip: <u>DeQueen, Ar. 71832</u>
Facility Latitude: <u>34 Deg 02Min 40.920Sec</u>	Facility Longitude: <u>094 Deg 23 Min 34.44Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>

IV. DISCHARGE INFORMATION

Outfall Number: <u>1</u>	Flow: <u>720</u> gpd (Gallons per Day)
Stream Segment: <u>1C</u>	Hydrologic Basin Code: _____
Outfall Latitude: <u>34 Deg 02 Min 41.640Sec</u>	Outfall Longitude: <u>094Deg 23 Min 35.88Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>
Type of Treatment: <u>NORWECO Singulair Green CL2 disinfection</u>	
Receiving Stream: <u>Red River</u>	

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): <u>AR00N/A</u>	
NPDES General Permit Number (If Applicable): <u>ARG550000</u>	
State Construction Permit Number: <u>N/A</u>	
NPDES General Construction Stormwater Permit Number (If Applicable): <u>ARR15N/A</u>	

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

VI. OTHER INFORMATION:

Operator Name: Sheldon Hadley
Operator License Number: 007836 License Class: II
Consultant Contact Name: N/A
Consultant Email Address: N/A
Consultant Address: N/A City: N/A State: N/A Zip: N/A
Consultant Phone Number: N/A Consultant Fax Number: N/A

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."

 (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 Stowers Title: Home Owner
Responsible Official Signature:  Date: 6/29/22
Responsible Official Email: debistowers@yahoo.com
Cognizant Official Printed Name: N/A Title: N/A
Cognizant Official Signature: N/A Telephone: N/A
Cognizant Official Email: N/A

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Check Number: <u>Private Home Owner</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 type="checkbox"/>	<input checked="" type="checkbox"/>	Private Home Owner

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5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
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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

August 19, 2021

Dustin Hennard
125 Angel Walk LN.
DeQueen, AR. 71832
Permit# 24532878

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 3.37 acres near 125 Angle Walk Ln. near DeQueen, Arkansas in Sevier 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

Kelly Riley
SWR Environmental Onsite Program Specialist
870 285 3154 (Office)



Arkansas Department of Health
Environmental Health Protection

Receipt Number
2453 2878

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

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 checked="" 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 type="checkbox"/> ISF = Intermittent Sand Filter
<input type="checkbox"/> PMF = Proprietary Media Filter
<input type="checkbox"/> OTH = Other (Describe) | <input checked="" type="checkbox"/> ATU = Aerobic Treatment Plant
<input type="checkbox"/> RSF = Re-circulating Sand Filter
<input type="checkbox"/> RGF = Re-circulating Gravel Filter
<input type="checkbox"/> HLD = Holding Tank | <input type="checkbox"/> STD = Standard Absorption Field
<input checked="" type="checkbox"/> SUR = Surface Discharge
<input type="checkbox"/> CPF = Capping Fill
<input type="checkbox"/> OTH = Other | <input type="checkbox"/> LPD = Low Pressure Distribution
<input type="checkbox"/> HLD = Holding Tank
<input type="checkbox"/> SRL = Serial Distribution
<input type="checkbox"/> DRP = Drip Irrigation |
|--|--|--|---|

1. Owner's/Applicant's Name
DUSTIN HENNARD (MARK STOWERS HOME)

2. Phone Number
501-944-3452

3. Mailing Address
PO BOX 22640, LITTLE ROCK, AR. 72221

4. County
SEVIER

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
125 ANGEL WALK LN. DEQUEEN, AR. 71832

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
312.5'X583.88'X312.5'X470.0'

11. Total Area (Acres)
3.37 ACRES

12. # Bedrooms # People
4

13. Daily Flow (GPD)
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
PRT OF THE NE 1/4, SW 1/4, OF SEC 27, T-8-S, R-32-W.

15. Water Supply (Specify supplier, if Public Water)
SEVIER COUNTY WATER ASSOCIATION

16. GPS Coordinates
LAT: 34.04418 / LONG: -94.39356

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	NOLOAD	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/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		NORWECO SINGULAIR GREEN		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	NORWECO SINGULAIR GREEN		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 ATTACHED EHP19-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.

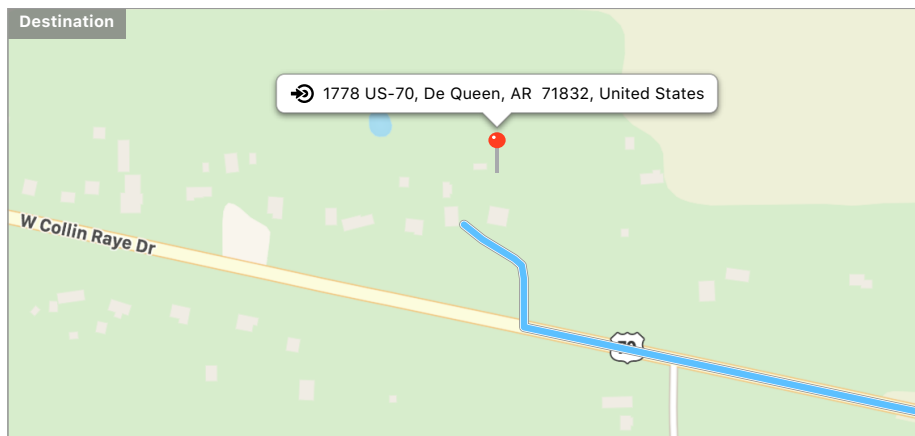
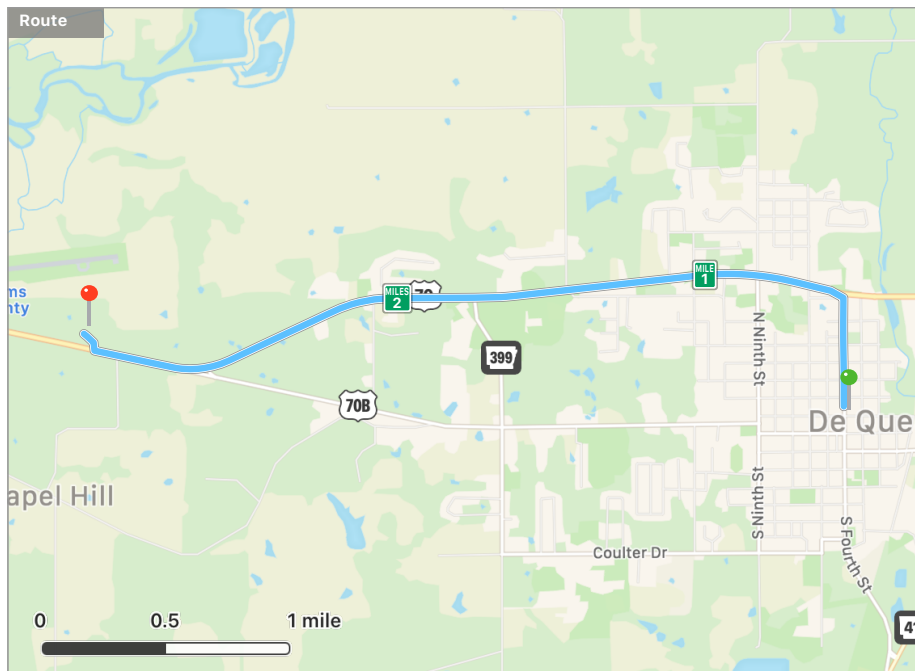
Sheldon Hadley
Designated Representative Signature
DESIGNATED REP
Title
SHELDON HADLEY
Print Name
7-12-21
Date
870-703-7165
Phone Number

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.


[Signature]
Environmental Specialist Signature
268
EHS Number
8-19-21
Date

 1778 US-70, De Queen, AR 71832, United States





3.6 miles, 7 min



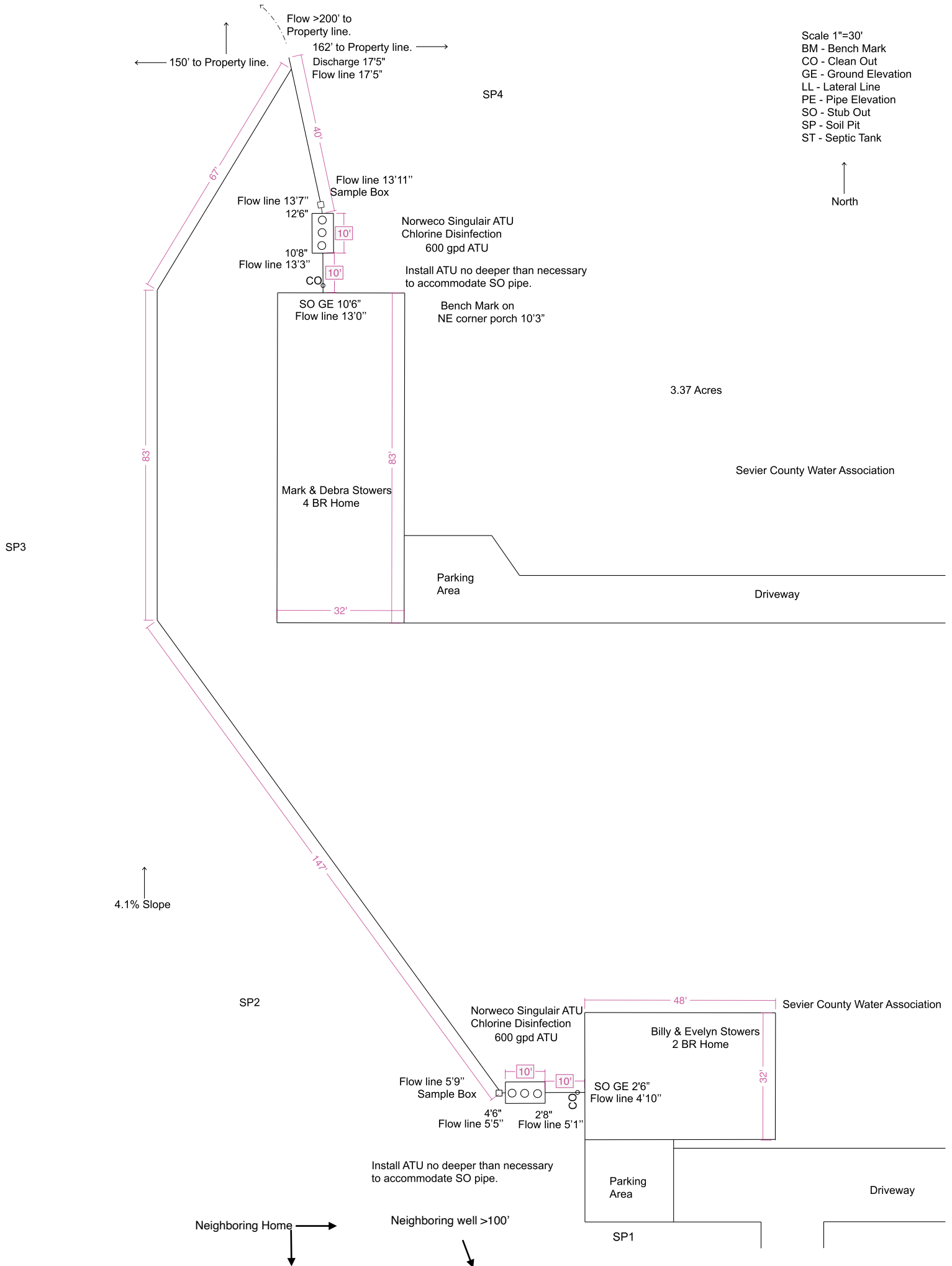
1 of 2

 304 N Fourth St to 1778 US-70, De Queen, AR 71832, United States

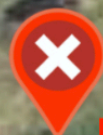
3.6 miles, 7 min

-  **Start**
304 N Fourth St
-  **0.5 miles**
Turn left onto W Collin Raye Dr
-  **3.0 miles**
Turn right
-  **450 feet**
The destination is on your left

2 of 2



100 ft
420 ft elevation



DISCHARGE

ATU 1



ATU 2

