## 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  | redewar [] (refilm # ARG55)  |
| Permittee (Legal Name): John Provan  | Operator Type:   |
| Permittee Mailing Address: 3055 Redrock Road   | State Partnership  |
| Permittee City: Little Rock  | Federal  |
| Permittee State: AR  | Zip: 72210 Sole Proprietorship/Private                             |
| Permittee Telephone Number: (630) 431 21 20  | *State of Incorporation:   |
| Permittee Fax Number:  | The legal name of the Permittee must be                            |
| Permittee E-mail Address: john.provan@gmail  | identical to the name listed with the Arkansas Secretary of State. |
| II. INVOICE MAILING INFORMATION (Home or   | wners are exempt.)   |
| Invoice Contact Person: N/A  | City:  |
| Invoice Mailing Company:   | State: Zip:  |
| Invoice Mailing Address:   | Telephone:   |
| Facility Name: Provan Residence  Facility Address: 3055 Redrock Road  Facility County: Saline  Facility Latitude: 34 Deg 45 Min 14.18 Sec  Accuracy: Method: | Facility Longitude: -92 Deg 36 Min 15 89 Sec                       |
| IV. DISCHARGE INFORMATION  |  |
| Outfall Number: 001  | Flow: 450 and (Gallons per Day)                                    |
| Stream Segment: 2C   | Flow: 450 gpd (Gallons per Day) Hydrologic Basin Code: 8040203     |
| Outfall Latitude: 34 Deg 45 Min 10.51 Sec  | Outfall Longitude: -92 Deg 36 Min 16.79 Sec                        |
| Accuracy: Method:  | Scale: Description.  |
| Type of Treatment: Bio Microbics Microfast 0.5 with U  | IV and Post Aeration   |
| Receiving Stream: Ouachita River   |  |
| V. FACILITY PERMIT INFORMATION   |  |
| NPDES Individual Permit Numb   | per (If Applicable): AR00  |
| NPDES General Permit Numb  | per (If Applicable): ARG on Permit Number:                         |
| NPDES General Construction Stormwater Permit Numb  | on Permit Number:  |

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

| VI.                 | OTHER INFORMATION:  |  |  | .0.   |
|---------------------|---|--|--|---|
|                     | _   |  | d Mai  | ints  VIII  License Glass: III  |
|                     | O   | Davi<br>0090   | -  | MALLO OM  |
|                     | 1 was stated i validor.   |  | 33   | Meense Glass: III   |
|                     |   |  |  | ROOS  |
|                     | Consultant Contact Name:  | Davi   | d Mei  | nts   |
|                     | Consultant Email Address:   |  |  | incowastewater.com  |
|                     | Consultant Address: Consultant Phone Number:  | PO Bo  |  | City: Bryant State: AR Zip: 72089   |
| Has this            |   |  |  | 301 021 7078  |
|                     | treatment system been app   | roved  | by Al  | HD? Yes 🖾 No 🗌  |
|                     | re Statements:  |  |  |   |
| statemen<br>without | at with their applications. The sone. You must submit a new   | filing of<br>disclos   | of a dis<br>sure st  | Arkansas Department of Environmental Quality (ADEQ) file a disclosure sclosure statement is mandatory. No application can be considered complete statement even if you have one on file with the Department. The form may deq.state.ar.us/disclosure_stmt.pd. |
| Respondence Cogn    | representative under the understand that the Depitial) "I certify under penalty supervision in accordate evaluate the information gathering the information and complete. I am ay | partme of lavance when submon, the ware the mprison of lavance when submon, the ware the mprison of lavance when submon submon, the ware the mprison of lavance when submon submo | vision nt wil w that with a mitted informat the onmen a Provent of Meridan Mer | Date: 7/6/22  an@gmail.com  ints  Title: Class III Operator  Telephone: 501-804-0837  |
|                     | RMIT REQUIREMENT VE   |  |  |   |
| Plea                | se check the following to veri  | fy com<br>Yes  | pletio<br>No   | n of permit requirements.  * If No is answered for any of the questions, then a permit can not be issued!   |
| Submit              | ttal of Complete NOI?   |  | П  | answered for any of the questions, then a permit can not be issued!   |
|                     | ttal of Required Permit Fee?  |  |  | Charle Namehou  |
|                     | ttal of AHD Form EHP-19?  |  | -  | Check Number:   |
|                     |   |  |  |   |
| Submit              | ttal of Site Map?   | $\boxtimes$  |  |   |
| Statem              |   |  | $\boxtimes$  |   |

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



## Arkansas Department of Health

Environmental Health Protection

## Individual Onsite Wastewater System Permit Application

|   |   | ,                | ,                       | ir Abb                                 | meatio                          | 711                                    |  |   | Fee Schedul   | e for Struc                                       | tures                         |   | TV             |
|---|---|------------------|---|--|---------------------------------|--|--|---|---|---|-------------------------------|---|----------------|
| Permit Type   |   | New Installation |   |  | Structures 1500 sq ft or less   |  |  |   |   | 6 30 00   | 1                             |   |                |
|   | •   |                  | Alteration / Re   | nair                                   |                                 |  | Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.0 |   |   |   | \$ 45.00                      | 一   |                |
| DR Environmental ID #   |   |                  | Structures more than 2000 sq ft and up to 3000 sq ft \$ 90 no |  |                                 |  | 占  |   |   |   |                               |   |                |
|   |   |                  |   |  |                                 |  | Structu  | res more                                      | than 3000 sq ft ar  | d up to 40  | 000 sq ft                     | \$120.00  | 7              |
| 7 6 0   | 2 1   | 3                | 2 0 9   | 0                                      |                                 | 1                                      | Structu  | res more                                      | than 4000 sq ft   |   |                               | \$150.00  | -              |
| David A M   |   |                  |   |  |                                 | L                                      | Alteration   | on and R                                      | lepair  |   |                               | \$ 30.00  | =              |
| Part 1 Applica  | tion  | reatr            | ment Type (ch   | eck or                                 | ne)                             |  |  |   | Disposal Mark   | la - 1 ( )  |                               |   |                |
| L ISF ≃ Intermittent  | Sand Filter   | TAN V.           | TU = Aerobic Trea<br>SF = Re-circulatin                       | tmant D                                | Mant                            | □ ST                                   | D = Star   | ndard Ab                                      | Disposal Met<br>sorption Field  | noa (che  | eck one)                      | ssure Distributio   |                |
| ☐ PMF = Proprietary ☐ OTH = Other (Dec  | Madia Filton  | LIK              | Gr = Re-circulatin  | a Grave                                | riiter<br>I Filter              | I LE SU                                | JR = Sun<br>F = Cap  | face Disc                                     | charge  | LJ HLD  | = Holding                     | Tank  | n              |
| 1. Owner's/Applic   | ant's Name  | H                | LD = Holding Tank   | (                                      |                                 | TO                                     | H = Oth  | et<br>bud Lili                                |   | LISRE   | = Serial DI<br>= Drip Irrig   | efribution  |                |
| Mark  | Shower  | 4                |   |  |                                 |  |  |   | 2. Phone Num  | ber   |                               |   |                |
| <ol><li>Mailing Address</li></ol>   | 3   |                  | 1   |  |                                 |  |  |   | 501-7   | 317.  | 6600                          | 2   |                |
| P.O. Bo   | X 1114  | 7                | Benton.   | Ar                                     | 2                               | 720                                    | 10   |   | T. County   | = 0   | ,                             |   |                |
| 5. Address of Prop  | osed System   | (If a S          | 911 address is n  | ot avai                                | lable, a                        | ttach de                               | tailed d   | lirection                                     | s or man)   | للەن  | ine                           |   |                |
| 6. Subdivision Nan  | ne -  | ≺ed              | rock 1  | <u>_144</u>                            | 10, 1                           | cont                                   | A  | E.  | 7200;   | 2   |                               |   |                |
| 1.205   | cliffe.   | 77               | TT  | 7. A                                   | oproval                         |  |  | 8. Dat  | e Recorded  | ~   | 9. Lot No                     | mber  |                |
| 10. Lot Dimensions  |   |                  |   | 41 7                                   | 201                             | 6                                      |  |   | 2016  |   | QC                            |   |                |
| See .   | Dlat'   |                  | ĺ   |  |                                 | a (Acre                                | . ,  | 12. # E                                       | Bedrooms # Ped  | ple   | 13. Daily                     | Flow (GPD)  |                |
| 14. Brief Legal Desc  | ription of Pro  | perty            | (Attach a separa  | ate she                                | et of pa                        | per if n                               | 90900  | n.1   | 4   |   |                               | 50  |                |
|   |   |                  |   | 3- 6                                   | ي الم                           | PO1, 11 11                             | осозза   | · <b>y</b> )                                  |   |   |                               |   | ************** |
| 15. Water Supply (S   | pecify suppli   | er, if F         | Public Water)   |  |                                 | 16. GP                                 | S Coor   | dinates                                       |   |   |                               |   |                |
| 1   | aleun   | 7                |   |  |                                 |  |  |   | 557219  | . 0   | 100.1                         |   |                |
| 17. Loading Rates   | (gpd/ft²)   | 18.              | System Specifi  | cations                                |                                 |  |  |   | 001011  |   | 2.594                         | 3421  |                |
| Primary Area  | NA  | ſ                | Size of Septic Ta   |  | 7                               | ·~                                     | T  | T   |   |   |                               |   |                |
| Secondary Area  | NA  | ł                |   |  | 125                             |  | gai  | f. Tr   | ench Depth  |   | JA                            | inches  |                |
| Percolation Test  | ,   | !                | Size of Dose Tan  | k '                                    | 25                              | 0                                      | gal  | g. Tr   | ench Spacing  |   | 7)4                           | feet  |                |
|   | (min/in)  | c, A             | bsorption Area  | ······································ | 1                               | A                                      | U5   | h. Tre  | ench Media (List  | Below   | 44                            |   |                |
| Primary Area Avg  | X   | d. N             | umber of Field L  | ines                                   | <b>L</b> 2                      | IA                                     |  | 1   | 12.0  | DCIOW)  |                               | I.Trench W  | /idth          |
| Secondary Area  | X   | e. Le            | ength of Field Li   | nee                                    | . ^                             | ) 1                                    |  | <del> </del>                                  | $\longrightarrow$   |   |                               |   | in             |
| TO THE OWNER  |   |                  |   |  |                                 | //=                                    | ft   |   | /\  |   |                               |   | in             |
| The permit for construsoil conditions have misrepresented. App system was designed Systems, unless there approval. The authoriz 19. Utilization Verifica I hereby attest the utilize the designe understand the lay | and installed<br>are exceptioned agent mustion<br>at item 12, the<br>d individual of<br>out, installation | acco             | ording to the Ari<br>deviations note<br>alidate a permit r    | kansas<br>d in the<br>more the         | guarar<br>Departs<br>comman one | ntee that<br>ment onents. A<br>(1) yea | t the sif Health<br>A Permit old pri                         | ystem (<br>h, Rules<br>it for Co<br>lor to th | will function prop<br>s and Regulation<br>onstruction is vale<br>e start of any con | perly. The serial pertain lid for one obstruction | ne approving to Coe (1) year. | peen found to<br>al states that<br>posite Wastew<br>r from the date | the<br>ater    |
| 20. I certify that I have   | conducted   | 20 - 10          | -   | 4                                      |                                 |  |  |   | Date  |   |                               |   |                |
| 20. I certify that have Arkansas Departm  | ent of Health   | Bules            | ove tests and the   | at the a                               | above lis                       | sted info                              | ormation   | n is in a                                     | ccordance with t  | he latest   | requirem                      | onto of the   | _              |
|   | . //  | 7                |   | is reita                               | aming to                        | Onsite                                 | Waste  | water S                                       | systems.  |   | 1040116111                    | ents of the   |                |
| Designati   | 10  | ele.             | lun   |  |                                 |  |  | D.F   | ₹.  | Soil Ce   | م طافات ما                    | F21   | -              |
| Josephan  | ed Representati   |                  |   |  |                                 |  |  | Title   | 9   |   | rimea                         | ⊠ Yes □ No  | 2              |
|   | KEVIN CAS   | TLEB             | ERRY  |  |                                 |  |  |   |   |   |                               |   |                |
| 21. Approval of Health  | Print I<br>Authority  | -                |   |  |                                 |  |  | Date  | 9   |   | 870-69                        | 2-5742  |                |
| ne information and  |   | s in th          | e application ha  | s been                                 | review                          | ഒർ മമപ                                 | found  |   |   |   | Phone I                       | number  | _              |
| Health Rules and Re   | gulations Pe  | rainin           | g To Onsite Wa  | stewat                                 | er Syste                        | ems. A                                 | PERM   | T FOR   | the requirements  | of the A  | rkansas [                     | Department of   |                |
| //  | MM  | 771              | 1 1   | _                                      |                                 |  |  | 20  | - 211011100110  | rivis nere<br>⊘                                   | any issue                     | u.  |                |
|   | nmental Special   | ist Sigi         | nature  |  |                                 |  |  | HS Num  | iber  | 1-0   | <u> 23-1</u>                  | 8   | 1              |
| EHP-19 (R 8/13) Page 1  |   |                  |   |  |                                 |  |  | - 10111                                       |   |   | Date                          |   | _              |

Receipt Number

## Individual Onsite Wastewater System Permit Application

Receipt Number

| Continue Part 1  |   | η, Δτος                                 | 1                 | Indicate the dept      | h to items a-f, if                      | observed in the soil                  | (designate in inche   | s)                        |  |  |  |
|--|---|---|-------------------|------------------------|---|---------------------------------------|-----------------------|---------------------------|--|--|--|
|  | 22. Soll Official ( Manual Land Land Land Land Land Land Land Land  |   |                   |                        |   |                                       |                       | h. Loading Rate (gpd/ft²) |  |  |  |
| a. Bedrock   | b. BSW  |   | c. MSWT           |                        | 8 × × × × × × × × × × × × × × × × × × × | 10                                    | Low 24                |                           |  |  |  |
| X  | Sur   | ace                                     | 12                | 24<br>Indicate the den | th to items a-f, if                     | observed in the soil                  | (designate inches)    |                           |  |  |  |
| 23. Soil Criter  |   |   |                   | d. LSWT                | e. Adj. MSWT                            | f. Adj. LSWT                          | g. H.C./Depth         | h. Loading Rate (gpd/ft²) |  |  |  |
| a. Bedrock   | b. BSW  | T                                       | c. MSWT           |                        |   | 1                                     | 10                    | NA                        |  |  |  |
| X  | N   |   | (~                | La Detail              | <u></u>                                 |                                       |                       |                           |  |  |  |
|  | 24. Seasonal Water Table (SWT) Classes Detail  List Redoximorphic Features and/or Clay Content Restrictions |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  | Primary Arton   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Brief (  | <u> </u>  |   | 2511              |                        |   |                                       |                       |                           |  |  |  |
| Moderate   | 12  | ín                                      | 15                |                        | 0/16 6/3                                |                                       |                       |                           |  |  |  |
|  | 24  | in                                      | >50               | °10 10412              | Cold                                    | Features and/or Cla                   | v Content Restriction | ons                       |  |  |  |
| Second   | lary Area   |   |                   | , Fiel                 | Redoximorphic                           | reacures andror ord                   | y Goricon Troomer     |                           |  |  |  |
| Brief  |   | in                                      | 1                 |                        |   |                                       |                       |                           |  |  |  |
| Moderate   |   | in                                      |                   | AME                    |   |                                       |                       |                           |  |  |  |
| Long   |   | in                                      |                   |                        |   |                                       |                       |                           |  |  |  |
| Comments   |   | 1                                       |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   | · · · · · · · · · · · · · · · · · · · |                       |                           |  |  |  |
| Part 2 Ins   | stallatio   | n Ins                                   | pection           |                        |   | Pump Information                      |                       |                           |  |  |  |
| Septic tank r  | nanufactu   | rer                                     |                   |                        |   |                                       |                       |                           |  |  |  |
| Septic tank r  | Septic tank material Trench media and width   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Į.   |   | er                                      |                   |                        |   | Depth of interceptor                  | drain                 |                           |  |  |  |
|  | Dose tank manufacturer  Depth of settled fill   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  | Dose tank material  |   |                   |                        |   |                                       |                       | License Number            |  |  |  |
| Name of Ins  | Name of Installer   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Environmental Health Specialist Designated Representative  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Installation 1   | nspected  | by                                      | Environr          | nental Health Spe      | ecialist o                              | Designated Represe                    | entauvo               |                           |  |  |  |
| (check one or  | installer si  | gns Sy                                  | stem installation | /erification below)    |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   | EHS / Li                              | cense Number          | Date                      |  |  |  |
|  | -ll-tion V  | S                                       | ignature          |                        |   |                                       |                       | Lucitas Suntama           |  |  |  |
| I have insta   | lled this s   | ystem                                   | as designed ar    | nd in compliance       | with all Rules an                       | d Regulations Pertai                  | ining to Onsite Was   | stewater bystems.         |  |  |  |
| System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  | License Number Date   |   |                   |                        |   |                                       |                       | Date                      |  |  |  |
| Installer Signature  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Part 3 Permit for Operation  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| 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. |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Health, THE PERIVIT FOR OF LIGHTON OF MIND STATES  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
| Environmental Health Specialist Signature EHS Number Date  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   | - Opec                                  |                   | Signature              |   | EHS No                                | JITIDEL               |                           |  |  |  |
| Comments   |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   |   |                   |                        |   | allat                                 | Designated Re         | presentative              |  |  |  |
| Site Revali  | dation cor  | nducte                                  | d by              | Environmen             | tal Health Speci                        | anst                                  | D Dooigilatou No      |                           |  |  |  |
| (check one)  |   |   |                   |                        |   |                                       |                       |                           |  |  |  |
|  |   | *************************************** | Signature         |                        |   | EHS/Lic                               | ense Number           | Date                      |  |  |  |

## \* Optional System Utilization Verification Form



## Arkansas Department of Health Environmental Health Protection

| Receipt Number |  |  |
|----------------|--|--|
|                |  |  |
|                |  |  |

| Individual Onsite Wastewater System Permit Application  | Fee Schedule for Structures  | 1     |
|---|--|-------|
| Permit Type   | Structures 1500 sq ft or less<br>\$ 30,00  |       |
| ☐ Alteration / Repair                                   | Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.00  |       |
| DR Environmental ID#                                    | Structures more than 2000 sq ft and up to 3000 sq ft<br>\$ 90.00   |       |
|   | Structures more than 3000 sq ft and up to 4000 sq ft<br>\$120.00   |       |
| 7602132090  | Structures more than 4000 sq ft<br>\$150.00<br>Alteration and Repair   |       |
| ☐ Homeowner   | \$ 30.00   |       |
| / nomeowiei   |  |       |
| Builder/Developer                                       |  |       |
| · ·   |  |       |
| TO THE DOODEDTY OWNER                                   |  |       |
| TO THE PROPERTY OWNER                                   |  |       |
| Onsite Wastewater System Utilization Verification       |  |       |
| Property location: Lot 202 Wester (Address of Proposed  | OFFE Plane VII   |       |
| (Address of Proposed                                    | System, City, State, Zip)  |       |
| I hereby attest there are bedrooms (                    |  | and   |
| the square footage of the structure that will           | utilize the designed engits wester   | aria. |
|   |  |       |
| system in this permit application is accurate. It       |  |       |
| understand the layout, installation, maintenance        | e, operation and expense(s) that ma  | y be  |
| associated with this system.                            |  |       |
|   |  |       |
| As Developer/Builder, I hereby attest that the a        | above information is correct and price   | or to |
| the sale of the property, I will convey, to the be      | uyer, all information associated with  | this  |
| system.   |  |       |
| 11.47   |  |       |
| Owner/Applicant Signature                               | Kill in the second of the seco |       |
| Owner/Applicant Signature *                             |  |       |
| 13  |  |       |
| Date/-30-2018   |  |       |
| This document must be submitted with the permit applica | ation, if the Owner/Applicant Signature Sect   | ion   |

(number 19 on the EHP-19) is not signed.

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



### ONSITE WASTEWATER PROGRAM WAIVER REQUEST

| Part 1: To be completed by the Environmental Specialis     | t Requesting the waive   | er (Please Print or Type) |
|--|--|---------------------------|
| Name of Permit Applicant                                   |  | Permit Receipt Number     |
| Mark Shepard   |  | 22022241                  |
|  |  |                           |
| Address of Property  | City   | County                    |
| Lot#202 Redrock Westcliffe VII                             | Little Rock  | Saline                    |
|  |  |                           |
|  |  |                           |
| Environmental Specialist Requesting the Waiver             | Regional Environmer  | tal Leader                |
| Robbie Crocker   | Tamara Almand  |                           |
|  |  |                           |
| Justification (Must reference applicable Section of Act 40 | 2 or Onsite Wastewat   | er Rules and Regulations) |
| System does not meet setbacks for alternate systems as     |  |                           |
| Pertaining to Onsite Wastewater Systems. This is new c     |  |                           |
| waivers before due to lot design. The request is to wiave  |  |                           |
| point is about 250 feet from the residence but will flow a |  |                           |
|  | ,  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  | *                         |
|  |  |                           |
|  |  |                           |
|  |  |                           |
| Attach a copy of the permit application                    | on plat denulus and  | iniultu mara              |
| Actuen a copy of the permit application                    | on, piat arawing ana v   | јстку тар.                |
| Part 2: To be completed by the Environmental Coeff St      | off Mambar raviousing  |                           |
| Part 2: To be completed by the Environmental Section St    |  | the waiver request        |
|  | Waiver Not Granted   |                           |
| Justification  |  |                           |
| No tom within 3.0th  | Die A  | Fh.)                      |
| The form within 30012                                      | Direction  | 1 000                     |
|  | '  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
|  |  |                           |
| Λ  |  |                           |
|  |  |                           |
| Director, Onsite Wastewater Section                        |  | Date                      |
| 100  | was were removed as a supplied of the contract | 2-23-18                   |
| • / / •  |  | ,                         |

## Elevations:

| B.M.        | ນ. ລັ  |      |
|-------------|--------|------|
| -1 , (      | GE.    | F.L. |
| stub out    | 15.8   | 16.8 |
| Clean out   | 15.8   | 16.8 |
| Tank Dy     | 15.2   | 17.0 |
| Tank out    | 16.2   | 17.3 |
| Discharge P | t: 5.8 |      |

## Notes:

- · Install Bio Microbies 0.5 FAST Unit in a 1500 gallon 3. Compartment tank.
- · Install Baleon U.V. disinfection Unit Model 3 G
- · Install Zoeller BU 57 Dump along with Zoeller 10-0023
- · Pump Treated effluent to discharge point.



#### ENVIRONMENTAL

Zoeller Family of Water Solutions

13.0 feet

200 feet 1 1/2 inches SCH 40

No.

1 1/2 inches

1 1/2 inches

1 1/2 inches

Yes

15 % of Pipe Loss

Non-Pressunzed

3/16"

Specify Flow

Requirement?

Static Head Information Static Head - elevation difference

from low water to outfall
System high point above outfall?

Friction Head Information
Pipe
How many different pipes in the
system (not counting laterals)?

Pipe 1 Length Pipe 1 Size Pipe 1 Class

Pipe 2 Langth
Pipe 2 Sins
Pipe 2 Class
Pipe 3 Class
Pipe 3 Size
Pipe 3 Class
Pressurized Laterals?

Size of lateral Class of lateral

Weep Hole

Add-In Friction

System Type

ezing (ab)

Number of Onfrices Size of Offices Spider Velve Office Sizes Catta organizate from Spider valve

now many are dosed at once?

Fittings & Discharge Assemblies Type Check Valve

Gate Valve (full open)

Special Friction Considerations

Operating Head Information

Automatic Multizone Valve? Pressure Filter?

90 Elbow

## **Zoeller Company**



## **System Head Curve and Pump Selection Tool**

| Clarus Pump<br>Flow Scrinol<br>Clarus Pump | Onice?         |           |             | -                |             | ect Data     |            |                |   |
|--|----------------|-----------|-------------|------------------|-------------|--------------|------------|----------------|---|
|  | ronmental Puri | 60 Hz Fre | quency      | Operating Points |             |              | _          | Curve Zoom Ran |   |
| <br>                                       | 1              | NOTE: THE | DISPLAYED P |                  |             | DJUSTED TO A | CCOUNT FOR | THE EFFECT O   | F THE WEEP HOLE                             |
| 0  | 5              | 10        | 15          | 20<br>Flow (     | 25<br>GD##\ | 30           | 35         | 40             | 45  |
| 0  |                |           |             |                  |             |              |            |                |   |
| 5  |                |           |             |                  |             |              |            | $\searrow$     |   |
| 10   |                |           |             |                  |             |              | <u> </u>   |                |   |
| 15   |                | ~         | <u> </u>    | ₹.               |             |              |            |                |   |
| 20   |                |           |             | $\nearrow$       |             |              |            |                |   |
| 25   |                |           |             |                  | /           |              |            |                | Operating Point                             |
| 30   |                |           |             |                  |             | $\nearrow$   |            |                | Clarus Pump 2Zoeller Pump 1Zoeller Pump 2   |
| 35   |                |           |             |                  |             |              | /-         | -              | - High Point Elev                           |
| 40   |                |           |             |                  |             | 1            |            | /              | System Curve Static & Friction Design Point |
|  |                |           |             |                  |             |              |            |                |   |

 Factors and Coefficients

 Hazen-Williams C Factor
 130

 Discharge Coefficient (Cd)
 0.61

 Lateral Design Mode
 Off

303.62 113.08

#### **Castleberry Septic Systems** SEPTIC SYSTEM MONITORING AND SERVICE AGREEMENT

| Liboriu                                 | Construction   |  |
|---|--|--|
|   |  | ("Customer") agrees to contract with Casileberry Septic Systems ("Company"), who   |
| wasic                                   | water treatment s  | nanagement and related services that are defined within the scope of services for the septic and/or onsite system owned by Liberty Construction and located at   |
|   | Westcliffe Phase VII, (F   | ("Property").  |
| at the                                  | end of this agree  | period of two (2) years, beginning on Move in Date and ending on (24 months later) with the option to extend ment.   |
| 2. Ad will be 3. The per 4. If a agreen | ditional services produced in an a "Customer" agr formed every thre nother agreement nent is prepared,  lidation of Prope. In signing this | Agreement, the "Customer" does validate ownership to the Property, or responsibility for the management of   |
| b,                                      | Further, the "C<br>demands, actio  | s well as the septic or onsite wastewater treatment system that is subject of this Agreement.  Sustomer" agrees to defend, indemnify and hold the "Company" harmless from and against any and all ons, claims and damages, including without limitation the reimbursement of the Company's reasonable, arising out of or relating to Customer's breach of its representation and warranty of ownership of the  |
| 6. Tern                                 | n and Terminatio   |  |
| a.                                      | portou or - A  | s Agreement shall commence on the date of the Initial Inspection, and continue in full force and effect for a rear(s) (the "Initial Term").  |
| b.                                      | Term"), unless Term or any Re  | shall renew automatically for successive 2 year periods without further action by the parties ("Renewal either party sends written notice to the other party not less than 90 days prior to the expiration of the Initial enewal Term.   |
| c.                                      | The "Company reasons.  | " may also terminate this Agreement, upon 30 days notice to the "Customer," for any of the following   |
|   | manne  |  |
|   | ()   | reach by the "Customer" of any of the provisions contained in this Agreement and the Contract Documents.  Customer" fails to follow any of the recommendations made by the "Company" regarding the management,   |
| d.                                      | repair,  | maintellance, of replacement of the senife or oneite wastewater treatment existence on its comment   |
|   | and an equipme   | nt or other materials then located at the Property owned by the Company.   |
| ę,                                      | within a reason  | able time after receipt or delivery of the notice of termination, the "Customer" agrees to provide the haccess to the Property to remove such equipment or other materials.  |
| Exclude                                 | d Services.  | the state of the s |
|   | a. Th  | e services contained in this agreement shall NOT include:  i. an initial inspection, review or analysis of the physical or structural condition of the septic or onsite wastewater treatment system or its component parts; and/or  ii. any inspection, analysis, review, recommendation, or opinion relative to, or in connection with, the sale or transfer of the Property to any third party to this Agreement.  e Customer recognizes and agrees that any third party has no right or obligation to rely upon the services formed by the Company pursuant to this Agreement.  |
| Custome                                 | r Ohligation and   | l Responsibility   |

Customer Obligation and Responsibility.

In signing this Agreement, the "Customer" acknowledges that they are obligated to responsibly operate the system according to instructions,

The "Customer" agrees to have the "Company" provide the services as agreed upon and in conjunction with the Scope of Services:

a. To have the system serviced on a regular schedule,

- b. To perform all maintenance, repairs, replacements,
- c. To obtain other services deemed necessary for the proper operation and management of the septic or onsite wastewater treatment system.

Specifically, and without limitation, the "Customer" understands and agrees that the septic or onsite wastewater treatment system is designed and constructed to treat only a specified volume of water per day, and that an increase in the volume of water used by the system can cause damage to or failure of the system.

The "Customer" must operate and maintain the system in a manner consistent with the recommendations of the manufacturer, the original designer/contractor, and/or the "Company," including not to exceed the design specifications of the system as directed by these entities.

The "Customer" also understands that the discharging of chemicals (drain cleaners, anti-bacterial soaps, bleach, etc.) or other foreign material (tampons, feminine napkins, paper towels, plastics, or other non-biodegradable material) into the system which kill bacteria and cause premature system failure, will be paid for on a time and material basis.

| Company | <b>Obligation</b> | and Res | ponsibility. |
|---------|-------------------|---------|--------------|
|---------|-------------------|---------|--------------|

- a) Service calls meet BIO-MICROBICS 0.5 specifications and regulations.
- b) Four service calls (one each quarter).
- c) Completion of onsite maintenance program profile form EHP-71, where applicable.
- d) All samples will be retrieved and tested by an approved lab as a part of this agreement. In such event, "Company" shall submit to "Customer" a labratory fee of \_\_\_\_\_ which the "Customer" will promptly pay.
- e) Sludge build up in the treatment plant will be monitored during the service calls. Homeowner will be advised when sludge reaches maximum levels for safe and/or efficient operation of the system. (See part (a) under Customer Obligations and Responsibilities)
- f) Customer will be advised if there are any parts of the system that need to be replaced/repaired and the cost of said parts/labor prior to the replacement/repair of the parts. Any repairs outside of the regular maintenance or warranty will be billed to the end user. \*note: warranties do not cover labor charges outside of one year from date of installation (if installed by Custom Septic Installation Services LLC)

This Agreement does not require the "Company," to, and expressly excludes, any repair and/or replacement of any component part of the septic or onsite wastewater treatment system that is under guarantee by the manufacturer. In the event the "Company" identifies a defect or other problem in the septic, or onsite wastewater treatment system, or otherwise recommends the performance of repairs, maintenance or any other work associated with the septic or onsite wastewater treatment system, the "Company" shall not be required to perform any such additional work, repair or maintenance unless, and until a separate written agreement is prepared.

The separate agreement will identify the specific work tasks to be completed, and additional compensation to be paid to the "Company," and signed by authorized representatives of the "Customer" and the "Company."

Disclaimer of Warranties and Limitation of Liability. CUSTOMER UNDERSTANDS AND AGREES THAT <u>NEITHER</u> THIS AGREEMENT, <u>NOR</u> ANY INSPECTIONS, REPORTS, OR RECOMMENDATIONS PROVIDED BY THE COMPANY, ARE A GUARANTEE OR WARRANTY OF ANY KIND REGARDING THE SEPTIC SYSTEM, ONSITE WASTEWATER SYSTEM, OR THEIR COMPONENTS, AND ANY SUCH WARRANTIES, EXPRESS OR IMPLIED, ARE HEREBY DISCLAIMED BY THE COMPANY.

THE CUSTOMER UNDERSTANDS AND AGREES THAT TRUCKS AND EQUIPMENT HAVE TO ACCESS THE PROPERTY TO MAINTAIN THE ONSITE WASTEWATER TREATMENT SYSTEM. THE COMPANY WILL NOT BE HELD RESPONSIBLE FOR THE DRIVEWAY OR APRON SHOULD ANY DAMAGE OCCUR.

CUSTOMER SPECIFICALLY UNDERSTANDS AND AGREES THAT THE COMPANY WILL NOT UNDER ANY CIRCUMSTANCES BE LIABLE FOR REPAIR, MAINTENANCE, OR REPLACEMENT OF THE SEPTIC OR ONSITE WASTEWATER TREATMENT SYSTEM, OR ANY OF ITS COMPONENTS, DIMINUTION IN VALUE OF THE PROPERTY, OR ANY OTHER CONSEQUENTIAL, INCIDENTAL, PROPERTY OR ECONOMIC DAMAGES ARISING OUT OF OR RELATING TO ANY SERVICES PERFORMED BY THE COMPANY PURSUANT TO THIS AGREEMENT, INCLUDING WITHOUT LIMITATION, THE COMPANY'S FAILURE TO INSPECT, IMPROPER INSPECTION, FAILURE TO REPORT, OR IMPROPER REPORTING. THE DAMAGES AND CLAIMS FOR WHICH THE COMPANY SHALL NOT BE LIABLE INCLUDE, BUT ARE NOT LIMITED TO, FAILURE OF THE SEPTIC OR ONSITE WASTEWATER TREATMENT SYSTEM OF ANY KIND.

CUSTOMER AGREES TO DEFEND, INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LOSSES, COSTS, LIABILITIES OR EXPENSES ASSERTED BY ANY THIRD PARTIES TO

THIS AGREEMENT RELATING TO ANY WORK, RECOMMENDATIONS OR OTHER SERVICES FURNISHED BY THE COMPANY PURSUANT TO THIS AGREEMENT.

CUSTOMER FURTHER AGREES THAT THE MAXIMUM LIABILITY OF THE COMPANY ARISING OUT OF THIS AGREEMENT, THE SERVICES PERFORMED BY THE COMPANY, OR THE RECOMMENDATIONS MADE BY THE COMPANY, SHALL BE EQUAL TO THE ANNUAL FEE SET FORTH IN THE CONTRACT DOCUMENTS, OR \$500, WHICHEVER IS GREATER. A HIGHER LIMIT OF LIABILITY IS AVAILABLE ONLY WITH AN EXPRESS AGREEMENT IN WRITING AND THE PAYMENT OF AN ADDITIONAL FEE BY THE CUSTOMER.

#### Integrated Agreement.

This Agreement constitutes the entire arrangement between the parties, and there are no Agreements, understandings, restrictions, warranties or representations between the parties other than those set forth herein or herein provided for. All prior or contemporaneous negotiations, Agreements, understandings, statements, representations and warranties are merged into the terms hereof and are superseded hereby.

| Choice | of i | Law. |
|--------|------|------|
|--------|------|------|

The interpretation and enforcement of this Agreement shall be governed by the laws within the State of AR.

#### Amendment, Modification and Waiver.

This Agreement may be modified or amended only in writing signed by the" Company" and the "Customer."

#### Third Party Beneficiaries.

The rights, responsibilities, and obligations of this Agreement are personal and specific to each of the parties, and shall not be binding upon or inure to the benefit of any third party. The "Customer" and "Company" agree that they do not intend, by their performance of this Agreement, to confer any benefit, right, or entitlement upon any third party. The "Company" assumes no responsibility for any third party's reliance on any of the services, analysis, review, or recommendations provided by the "Company" pursuant to this Agreement.

#### Mediation and Arbitration.

The 'Customer" and "Company" agree that, at the sole option of the "Company" any claims or controversies, demands or causes of action of any kind or description arising under or relating to this Agreement, or relating to the interpretation of this Agreement, shall be resolved through mediation and then, if necessary, binding arbitration in accordance with the Construction Industry Rules of the American Arbitration Association.

Upon signing this agreement, the parties hereto have caused this instrument to be signed and sealed on the day and date written below and at the address first written above:

1 31 18

Date

1-30-2018

Custome



Zoeller Corp.

Company Profile

Service Stations

Comments

What's New

Products

Home Page

Related Links

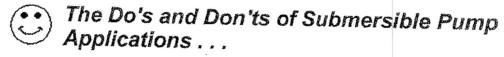
Contact Info Pump Sizing Program.

Extended Warranty Literature Index

Order Info Technical Support

Technical Briefs

## Technical Briefs by Zoeller Professionals



1. Do thoroughly read all installation material provided with the pump.

Do inspect pump for any visible damage caused by shipping. Contact dealer if pump appears to be damaged.

Do clean all built up debris in sewage pit if debris can obstruct the pumps initial start up. Be sure that the pump will have a hard, flat surface beneath it.

Do be sure that the pit is large enough to allow proper clearance for the pumps float switch.

5. Do Always Disconnect Pump From Power Source Before Handling. Do always connect to a separately protected and properly grounded circuit.

6. Do always connect to a separately processor.
7. Don't ever cut, splice or damage the power cord.

8. Don't carry or lift the pump by its power cord.

9. Don't use an extension cord with a sewage pump. 10. Do install a check valve and a union in the discharge line.

11. Don't use a discharge pipe smaller than the pumps discharge size.

Do drill a 3/16" weep hole between the check valve and the pump housing.

13. Do review all applicable local and national codes and verify that the installation conforms to

14. Do consult manufacturer for clarifications or questions.

15. Do consider a Two Pump System with an alarm where an installation may become overloaded or primary pump failure would result in property damage.

16. Don't flush any items that are not biodegradable such as paper towels, feminine hygiene products, condoms, or other items that could jam the pump impeller. A moderate amount of tissue paper in a system is acceptable.

Don't pour chemicals into the pump system such as acid's, floor wax, paints, or any degreasing chemicals. Common household soaps and detergents are acceptable. Contact the manufacturer with any chemical questions.

18. Do keep all warranty information, installation instructions, and receipts for future use.

19. Do size the pump to the proper capacity of the home. In a two-pump system each pump should be sized to meet the homes pumping requirements.

20. Do verify that the sewage pit is gas tight and well vented to prevent odors.

## "QUALITY PUMPS SINCE 1939"

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Basic Electrical Information for Septic Systems Using Pumps, Floats, and Warning Alarms or Control Panels

\*ALL Aspects of the wiring and electrical system must meet the current National Electrical Code\*.

- All components of a pumped septic system including: pump vaults, pump chambers, tank draw-downs, pumps, floats and alarms, controls, wiring, conduit, all electrical connections and breakers must be specified with examples included in the design by Designated Representative.
- All septic system electrical work must be performed by an Arkansas licensed Septic System Installer, or an Arkansas licensed Master Electrician.
- Any electrical work inside a building must be performed by the property owner, or an Arkansas licensed Master Electrician.
- All enclosures, panels, breaker boxes or other housings must be NEMA-4X rated with gas-proof and waterproof gaskets and seal offs.
- No exposed plug-in electrical cords are allowed, they must be entirely sealed in a NEMA-4X enclosure to be both gas resistant and water resistant.
- All wire splices and connections must be made with heat shrink-butt connectors, or silicone encapsulated wire nuts.
- All conduit opening s into control boxes, splice boxes, or alarm and breaker boxes must have gel-filled seal off kits or plugs.
- All power cable or wire must be UF (underground rated) and of correct gauge for the total amperage and total length of run.
- Any power cable or wire buried 12-inches or less deep must be entirely inside UF (underground rated)
   conduit of correct size to allow for heat dispersal of the wire.
- The pump must have an individual breaker of correct amperage in line of site to its location.
- The float/alarm set up must have an individual breaker of correct amperage in line of site to its location.
- The main breaker for the entire septic system set up must have amperage at least equal to pump, alarm, or control breakers coming to the main breaker. This main breaker must be labeled and its location noted on the septic system permit/design.
- No deviations from the approved design may be made without prior approval of Designated Representative and Environmental Health Specialist.



## Wire Gauge Calculation Chart

|  | <ul> <li>Indicates</li> </ul> | wire is | insufficient | to | carry lo | aď |  |
|--|-------------------------------|---------|--------------|----|----------|----|--|
|--|-------------------------------|---------|--------------|----|----------|----|--|

\*Information provided by Whelen Engineering, Inc.

#### Maximum Current Draw

| W-t     | 5 Amps  | 10 Amps | 15 Amps | 20 Amp | s 25 Amps                             | s 30 Amns | 35 Amn  | dan amns     | AF Amn       | 50 Amps    |
|---------|---|---------|---------|--------|---------------------------------------|-----------|---------|--------------|--------------|------------|
| 22 AWG  | 6   | 3       |         |        | , , , , , , , , , , , , , , , , , , , |           | 1007410 | - 10 Milips  | STO AITIP    | Sun Amps   |
| 20 AWG  | 9.5   | 5       | 3       |        | <u> </u>                              | -         |         | <del> </del> | -            |            |
| 18 AVVG | 15  | 7.5     | 5       | 4      | 3                                     |           | -       |              | ļ            |            |
| 18 AVVG | 24.5  | 12      | 8       | 6      | 5                                     | 4         | 3.5     | 3            | <del> </del> |            |
| 14 AWG  | 39  | 19.5    | 13      | 9.5    | 8                                     | 6.5       | 5.5     | 5            | 4.5          | 4          |
| 12 AVVG | 62  | 31      | 20.5    | 15.5   | 12.5                                  | 10.5      | 8       | 7.5          | 7            | 6          |
| 10 AWG  | 98  | 49      | 32.5    | 24.5   | 19.5                                  | 16.5      | 14      | 12.5         | 11           | 10         |
| 8 AWG   | 156   | 78      | 52      | 39     | 31                                    | 26        | 22.5    | 19.5         | 17.5         | 15.5       |
| 6 AWG   | 248.5   | 124     | 82.5    | 62     | 49.5                                  | 41.5      | 35.5    | 31           | 27.5         |            |
| 4 AWG   | 395   | 197.5   | 131     | 98.5   | 79                                    | 66        | 56.5    | 49.5         | 44           | 25<br>39.5 |
| 2 AWG   | 629   | 314     | 208     | 157    | 125.5                                 | 104.5     | 89.5    | 78.5         | 69.5         |            |
|         | 525   514   255   157   125.5   104.5   89.5   78.5   69.5   63 |         |         |        |                                       |           |         |              |              |            |

Maximum wire length - measured in feet.

|   | 55 Amp | 60 Amps | 85 Amp | 70 Amp | s 75 Amps    | 80 Amns                                 | 85 Amns  | dan Amna | DE Amo   | s 100 Amps  |
|---|--------|---------|--------|--------|--------------|---|----------|----------|----------|-------------|
| 22 AWG                                  |        | 1       | 7.     | 1      |              | 100111111111111111111111111111111111111 | aco Ampa | Too Amps | 190 WILL | si iuu Amps |
| 20 AWG                                  |        | 1       |        | 1      | 1            | -                                       |          |          | ļ        | -           |
| 18 AVVG                                 |        |         | 1      |        | <del></del>  |   |          | <u> </u> | -        |             |
| 16 AWG                                  | 1      |         |        |        |              |   |          |          |          |             |
| 14 AVVG                                 | 3.5    | 3       | 3      | 3      | <del> </del> | *************************************** |          |          |          | ļ ·         |
| 12 AWG                                  | 5.5    | 5       | 5      | 4.5    | 4            | 4                                       | 3.5      | 3.5      | 2.5      |             |
| 10 AWG                                  | 9      | 8       | 7.5    | 7      | 6.5          | 6                                       | 8        | 5.5      | 3.5<br>5 | 3           |
| 8 AWG                                   | 14     | 13      | 12     | 11     | 10.5         | 10                                      | 9        | 8.5      |          | 5           |
| 6 AWG                                   | 22.5   | 20.5    | 19     | 17.5   | 18.5         | 15.5                                    | 14.5     | 14       | 8 10     | 8           |
| 4 AWG                                   | 36     | 33      | 30.5   | 28     | 28.5         | 24.5                                    | 23       |          | 13       | 12.5        |
| 2 AWG                                   | 57     | 52.5    | 48.5   | 45     | 42           | 39                                      | ~~~      | 22       | 21       | 19.5        |
| *************************************** |        |         |        | 10     | 72           | 28                                      | 37       | 35       | 33       | 31.5        |

## American Wire Gauge (AWG) - diameter in inches

|        | Diamet |
|--------|--------|
| Gauge  | er     |
| 000000 | 0.5800 |
| 00000  | 0.5165 |
| 0000   | 0.4600 |
| 000    | 0.4096 |
|        | 0.3648 |
| 0      | 0.3249 |
| 1      | ע טאמט |

|       | Diamet  |
|-------|---------|
| Gauge | er      |
| 7     | 0.1443  |
| 8     | 0.1285  |
| 9     | 0.1144  |
| 10    | 0.1019  |
| 11    | 0.0907  |
| 12    | 0.0808  |
| 12    | מודרת ח |

|       | Diamet |
|-------|--------|
| Gauge | er     |
| 19    | 0.0359 |
| 20    | 0.0319 |
| 21    | 0.0285 |
| 22    | 0.0253 |
| 23    | 0.0226 |
| 24    | 0.0201 |
| 2     | UMAZO  |

|       | Diamete |
|-------|---------|
| Gauge | r       |
| 31    | 0.0089  |
| 32    | 0.0079  |
| 33    | 0.0071  |
| 34    | 0.0063  |
| 35    | 0.0056  |
| 36    | 0.0050  |
| ro-rr | 0.00    |

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





SECTION: 4.10.110 FM0732 0706

Model 10-0623

Supersedes 0705

MAIL TO: P.O. BOX 16347 · Louisville, KY 40256-0347 SHIP TO: 3649 Cane Run Road . Louisville, KY 40211-1961 (502) 778-2731 • 1 (800) 928-PUMP • FAX (502) 774-3624

visit our web site: www.zoeller.com

## A-PAK - ALARM SYSTEMS

#### INDOOR/OUTDOOR ALARM SYSTEM FEATURES

- Indoor & Outdoor use per UL 864.
- UL Listed and CSA Certified.
- · Alarm system (horn & light) operates to warn of a high water condition.
- Hom is rated 82 decibels at 10'.
- Alarm Test and Horn Silence Switch with auto reset.
- Terminal connections for a pump & float switch.

#### Standard Model (P/N 10-0623) Includes:

15 ft. float switch.

#### Deluxe Model (P/N 10-0682) Includes:

- 20 ft. float switch.
- 6 ft. power cord plugs into 115V outlet.
- Watertight cord connectors.

## "A-PAK" ALARM SYSTEM FEATURES

- 10-1494 (115V/1Ph/9V DC) · Auto reset solid state alarm.
- · 9 Volt battery back-up (battery not included).
- NEMA 1 non-corrosive enclosure for indoor use.
- Manual shut off.
- Float operates on 12 VAC.
- Float switch with 15' cable included.
- 6 ft. power cord plugs into 115V outlet.
- · Hom is rated at 86 decibels at 10'.

## "A-PAK II" ALARM SYSTEM FEATURES

- 10-0126 (115V/1Ph)
- NEMA 4X thermoplastic alarm panel.
- Hom & light warn of high liquid levels
- Test and silence switch.
- Auxiliary dry high level alarm contacts 5 amps.
- Operates on separate circuit from pump 115 VAC.
- · UL Listed for US & Canada.
- Float switch with 15 ft. cable included.
- Can be used with liquids to 140°F (60°C).
- Horn is rated at 88 decibles at 10'.

#### 10-0015 (115V) / 10-0016 (230V)

- Non-enclosed model.
- 6" magnetic bell with transformer.
- Mount on standard utility box (not included).
- Operates with 10-0743 float switch or mechanical alternator (not included).

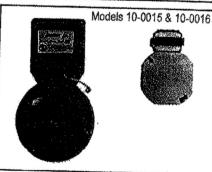








Note: All variable level float switches in this section are mechanically activated and do not contain mercury.





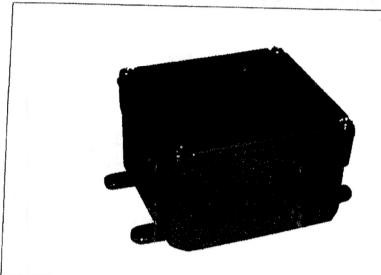
**ENVIRONMENTAL** 

Zoeller Family of Water Solutions

3649 Cane Run Road Louisville, KY 40211-1961 phone: 1-800-928-7867 fax: 1-502-774-3624 www.clarusenvironmental.com Your Peace of Mind is Our Top Priority®

CL0121 Updated 1111 Supersedes 0210

## **Junction Boxes**

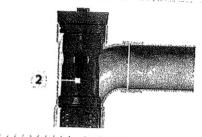


UL listed and CSA certified high impact, corrosion resistant, weatherproof thermoplastic enclosure with flexible PVC gasket and brass screws. Presassembled at the factory for convenience and ease of installation.



|             | Junction Boxes CL0625                                   |         |
|-------------|---|---------|
| Part Number | Description   | ******* |
| 10-1398     | 4"x4"x4" J-Box w/ 0.75" hub, 4 small cord grips, 1 plug |         |
| 10-1399     | 4"x4"x4" J-Box w/ 1.5" hub, 4 small cord grips, 1 plug  |         |
| 10-1402     | 6"x6"x4" LBox w/ 1 5" but 4 small cord grips, 1 plug    |         |
| 10-1403     | 6"x6"x4" J-Box w/ 1.5" hub, 4 small cord grips, 1 plug  | -       |
| 10-1710     | 6"x6"x4" J-Box w/ 2.0" hub, 5 small cord grips, 1 plug  |         |
| 10 1710     | 6"x6"x4" J-Box w/ 2.0" hub, 6 small cord grips, 1 plug  |         |

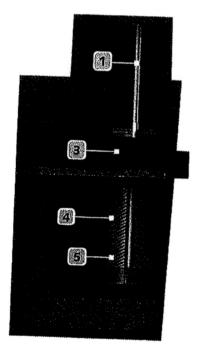




in the Interest of technological progress, all products are subject to design change without notice.

## **Unique Design Characteristics**

- (1) Self-Cleaning Screen and Swab Feature The smooth exterior surface of the SaniTEE® promotes the deflection of solids back into the septic tank. Any solids that become trapped in the angled slots can be easily dislodged with a simple swab of the screen.
- Keyhole Weirs Surge flows are common in normal residential applications due to simultaneous discharge from many fixtures in the home (i.e. laundry day). The patented keyhole weirs provide flow attenuation to dampen these surge flows that otherwise may scour solids out of the septic tank with the effluent.
- Custom Diverter Used in 8" and 16" SaniTEE applications, the diverter acts as a custom-engineered outlet tee to prevent scum and gas-lifted solids from being discharged into the drainfield. Once the custom diverter is secured to the tank walf and connected to the outlet pipe, the SaniTEE screen easily slips into the diverter like a sword in a sheath.
- Angled Slots Angled slots, similar to those used in industrial well screens, are used because they resist blinding (clogging) better than mesh-type screening devices. The appropriate slot width does not allow nuisance solids to be discharged. Additionally, it has been found that most solids suspended in a tank float horizontally, like a leaf at the water surface. Therefore, the angled orientation of the slots is most likely to block the entrance of most solids.
- Gas-lifted Solids Deflection It is well known that solids are lifted by various gasses present in septic tanks. These gas-lifted solids often rise into the end of the outlet tee and are discharged with the effluent. When SaniTEE is utilized, flow must enter from the side, not the bottom, so the escape of gas-lifted solids is virtually eliminated.



| Model Sizes  | Screen Diameter                     | Screening Level                               | Flow Range   |
|--|-------------------------------------|---|--|
| SNT416<br>SNT418<br>SNT818<br>SNT838<br>SNT1618<br>SNT1638 | 4 inch 4 inch 8 inch 8 inch 16 inch | 1/16 inch 1/8 inch 1/8 inch 3/8 inch 3/8 inch | Up to 1000 GPD  Up to 2000 GPD  Up to 6000 GPD  Up to 10,000 GPD  Up to 10,000 GPD |

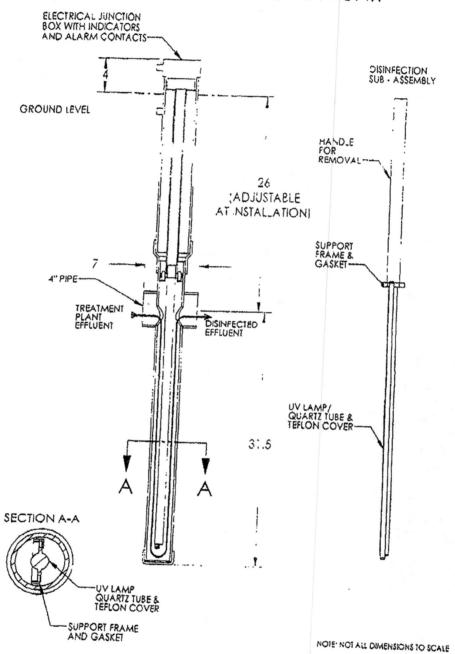
## Simple Installation and Maintenance

The installation of SaniTEE consists of dropping it inside a standard septic tank outlet tee or custom diverter. When cleaning the SaniTEE, simply move the swab handles forcefully up and down to pass the swab through the center or exterior of the screen. This swabbing action will dislodge any debris that might be trapped in the angled slots. If inspection is required, SaniTEE can be removed easily by simply lifting the screen out of the outlet tee or diverter.

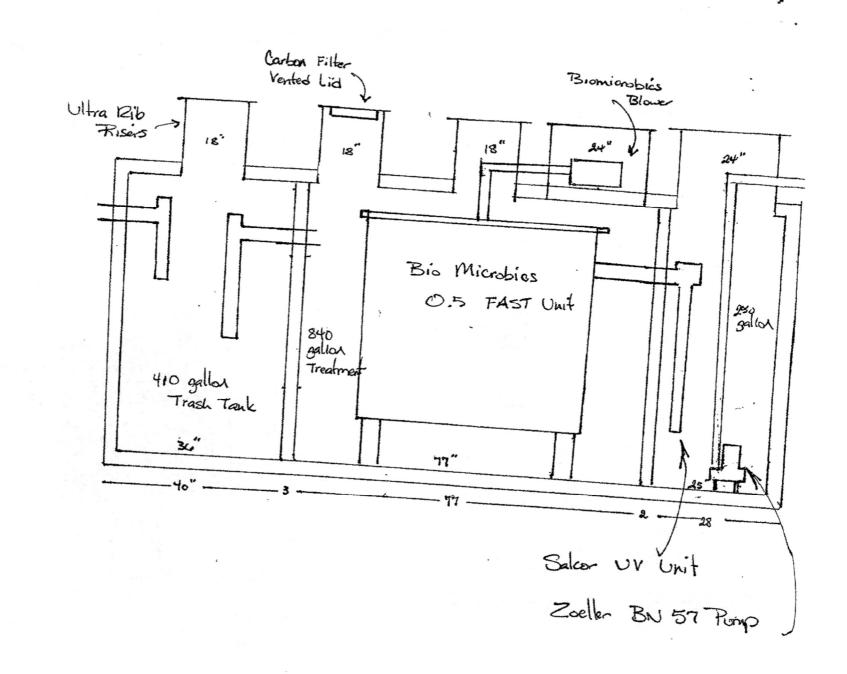


Better Water. Better World.

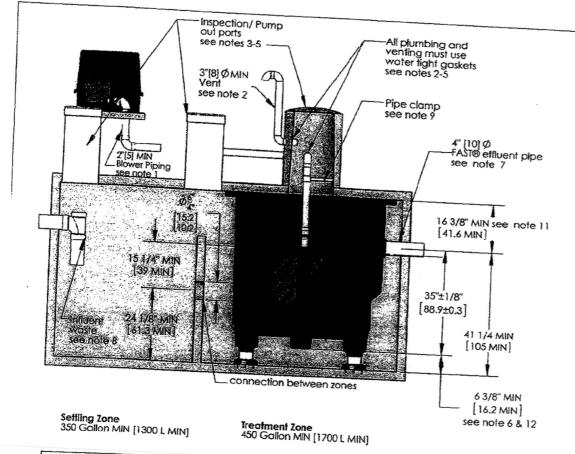
## SALCOR UV DISINFECTION UNIT



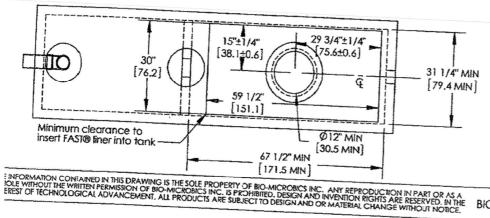
# 1500 gallon 3 Compartment FAST Unif



. . [



- NOTES Airline piping to FAST® may not exceed 100 FT [30m] total length and have a maximum of 4 elbows in the piping system. For distances greater than 100 FT [30m] consult factory. Blower must be located above flood levels on a concrete base 26" X 20" X 2" [65 X 50 X 5cm]
- Vent to desired location and cover opening with a vent grate with at least 7 sq in.[45 sq. cm] open surface area. Secure with stainless steel screws. Vent piping must not allow condensate build up or create back pressure. Vent must be above finished grade or higher (see
- 3. All appurtenances to FAST® (e.g. tanks, access ports, electrical, etc.) must conform to all applicable country, state, province, and local plumbing and electrical codes. Pump out access shall be adequate
- 4. All inspection, viewing and pump out ports must be secured to prevent accidental or unauthorized access.
- 5. Tank piping, conduit, etc. are provided by others. Blower control system by Bio-Microbics, Inc. See Installation Manual.
- 6. If less than the specified minimums are considered necessary, consult
- 7. All piping and ancillary equipment installed after FAST must not impede or restrict free flow of effluent.
- 8. The tank(s) shall be designed to prevent air passage between the settling zone/tank and the treatment zone and preventing an air lock Examples include a baffle wall sealed to the lid or treatment zone intel line with a pipe cap. Consult factory for guidance.
- 9. The air supply line into the FAST® unit must be secured to prevent vibration induced damage. The air supply line should be secured with a non-corrosive clamp every 2' min [60 cm]. See alternate air supply
- 10. Specialized treatment levels may require specific features to be incorporated into the design. Consult factory for guidance.
- 11. Min. height may be reduced, consult factor and reference "Low Profile Module Procedure.pdf"
- 12. Refer to sheet 4 of 4 for leg extensions requirements.



DO NOT SCALE **UNLESS NOTED** DIMENSIONS ARE IN INCHES [CENTIMETERS] TOLERANCES ± 0.02 IN/IN [± 0.05 CM/CM]

BETTER WATER BETTER WORLD

MicroFAST 0.50 FAST Unit

WEIGHT IP BIO-MICROBICS © 2014 NAME DATE DRAWN CIC 12/18/2006 CHECKED PF 9/18/2013

DRAWING NUMBER MicroFAST® 0.50 with feet REVISED 9/18/2013 REV. INI-05-V

SHEET 2 OF 4 Specifications for MicroFAST 0.50 Wastewater Treatment System

The contractor shall furnish and install (1) MicroFAST®0.50 treatment system as manufactured by Bio-Microbics, Inc. The treatment system shall be complete with all needed equipment as

The principal items of equipment shall include the FASI® system insert, blower assembly, blower controls and leg extensions or lid. All other items will be provided by others. The MicroFAST 0.50 unit shall be situated within a 450 Gallon [1700L] minimum compartment as shown on the drawings. Suggested maximum settling zone is (1) X the daily flow. Tank must system and tank supplier with regard to fabrication of the tank, installation of the FAST unit, and delivery to the job site.

The MicroFAST 0.50 treatment system shall be capable of treating the wastewater produced by typical family activities (bath, laundry, kitchen, etc.) ranging from (1) one to (8) eight people and not to exceed 500 US Gallons per day (1800 LPD) provided the waste contains nothing that will interfere with biological treatment. The FAST system is a biological

The FAST® media shall be manufactured of rigid PVC, polyethylene, or polypropylene and it shall be supported by the polyethylene insert. The media shall be fixed in position and contain no moving or wearing parts and shall not corrode. The media shall be designed and installed to ensure that sloughed solids descend through the media to the bottom of the septic tank.

The MicroFAST 0.50 unit shall come equipped with a regenerative type blower capable of delivering 17-25 CFM [31-46 m3/hr]. The blower assembly shall include an inlet filter with metal filter element. The blower shall be mounted outside the tank on a contractor supplied concrete base. Blower piping to the tank shall use non-corrosive material (PVC, Galvanized, or stainless 5. REMOTE MOUNTED BLOWER

The blower shall be placed on a contractor supplied concrete base. The blower must not sit in standing water and its elevation must be higher than the tank and normal flood level. A two-piece, rectangular housing shall be provided. The discharge air line from the blower to the MicroFAST® System shall be provided and installed by the contractor.

o. ELECTRICAL
The electrical source should be within 150 feet [45 meters] of the blower consult local codes for longer wiring distances. All wiring must conform to all applicable codes (IEC, NEC, etc.).
Wiring distances must prevent significant voltage loss, input power on 60Hz electrical systems 110/220VAC, 1Ø, 3.5/1.7 FLA, on 50 Hz electrical systems 220VAC, 1Ø, 1.9 FLA, Other voltages and phase are also available. Actual power consumption varies with site conditions. All conduit and wiring shall be supplied by contractor.

The control panel provides power to the blower and contains an alarm system consisting of a visual and audible alarm capable of signaling blower circuit failure and high water conditions. The control panel is equipped with SFR® (Sequencing Fixed Reactor) timed control feature. A manual alarm silence button is included.

#### 8. INSTALLATION AND OPERATING INSTRUCTIONS

All work must be done in accordance with local codes and regulations. Installation of the FAST 0.50 shall be done in accordance with the written instructions provided by the manufacturer. Manuals shall be furnished, which will include a description of system installation, operation, and maintenance procedures. 9. FLOW AND DOSING

FAST® systems have been successfully designed, tested and certified receiving gravity, demand-based influent flow. When influent flow is controlled by pump or other means to help with highly variable flow conditions, then multiple dosing events should be used to maximize performance. The flow rate shall not exceed 5 gpm (19 Lpm) with a maximum hourly flow not to

#### 10.WARRANTY

8io-Microbics, Inc. warrants all new residential FAST® models (MicroFAST® 0.50, 0.625, 0.75, 0.90, and 1.5) against defects in materials and workmanship for a period of two years after installation or three years from date of shipment which ever occurs first. All other FAST® system models are warranted for a period of one year after installation or eighteen months from date

During the warranty period, if any part is defective or fails to perform as specified when operating at design conditions, and if the equipment has been installed and is being operated and maintained in accordance with the written instructions provided by Bio-Microbics, Inc., Bio-Microbics, Inc., will repair or replace at its discretion such defective parts must be returned by owner to Bio-Microbics, Inc., is fortory postage posit, if so requested. The cost of labor and all other sepenses resulting from replacement of the defective parts and from installation of parts furnished under this warranty and regular maintenance items such as components that have been also seembled by unauthorized persons, improperly installed or damaged due to altered or improper wring or overflood protection. This warranty applies only to the treatment plant and does not include any of the structure wiring, plumbing, drainage, septic tank or disposal system. Bio-Microbics, Inc. to make such changes or modify the construction and/or design of the EAST system, or any component part or parts thereof, without incurring any obligation such things as, but not similarly to defect in design, material, or workmanship, or delays in delivery, replacements or repairs.

THIS WARRANTY IS IN UEU OF ALL OTHER WARRANTIES EXPRESS OR IMPUED, BIO-MICROBICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FINESS FOR A PARTICULAR PURPOSE.

NO REPRESENTATIVE OR PERSON IS AUTHORIZED TO GIVE ANY OTHER WARRANTY OR TO ASSUME FOR BIO-M-CROBICS, INC., ANY OTHER LIABILITY IN CONNECTION WITH THE SALE OF ITS PRODUCTS. Confact your local distributor for parts and service.

DO NOT SCALE **UNLESS NOTED** DIMENSIONS ARE IN INCHES **ICENTIMETERS**1 BETTER WATER BETTER WORLD TOLERANCES

MicroFAST 0.50 FAST Unit

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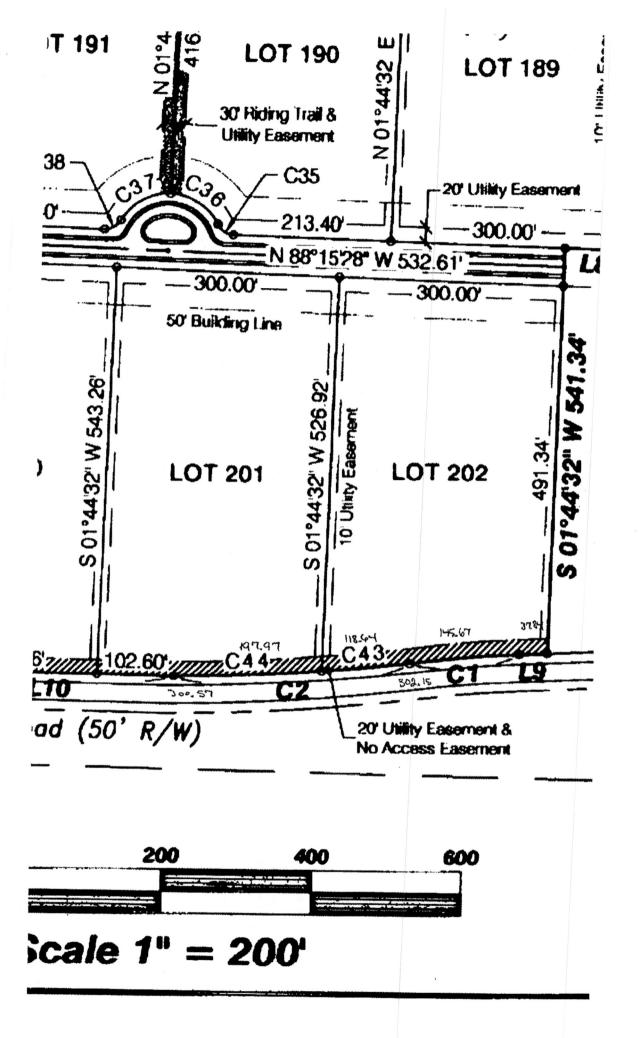
BIO-MICROBICS © 2014

WEIGHT lb SIZE NAME DATE DRAWN CTC 12/18/2006 CHECKED PF 9/18/2013

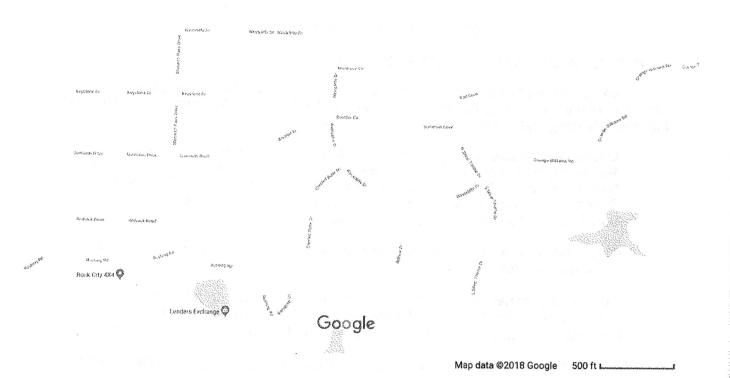
± 0.02 IN/IN [± 0.05 CM/CM]

> DRAWING NUMBER MicroFAST® 0.50 Specifications REVISED 9/18/2013 REV. INI-05-V

SHEET 3 OF 4



## Google Maps





### 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.
- The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
- 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.
- 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.
- 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).

That, on the sale of the property, the owner of the property must disclose

| to the perspective buyer notice of the requirements. The buyer is to sign change forms and submit these do | his agreement and any permit<br>memoranda, contracts or permit name<br>cuments to the appropriate regulatory |
|--|--|
| agency.  | SIGNED: Miller Cur   |
| (Property Owner)   | (Health Department)  |
| DATE: # 2-26-18  | DATE: 3-2-18   |

EHP-35 (R 1/13)

DATE: X 2-26-18



## ONSITE WASTEWATER PROGRAM WAIVER REQUEST

| Part 1: To be completed by the Environmental Speciali Name of Permit Applicant   | Permit Receipt Number |              |  |  |  |  |
|--|-----------------------|--------------|--|--|--|--|
| Mark Shepard   |                       | 22022241     |  |  |  |  |
| Addings of December  | Tar                   |              |  |  |  |  |
| Address of Property  | City                  | County       |  |  |  |  |
| Lot#202 Redrock Westcliffe VII   | Little Rock           | Saline       |  |  |  |  |
|  |                       |              |  |  |  |  |
| Environmental Specialist Requesting the Waiver   | Regional Environm     | ental Leader |  |  |  |  |
| Robbie Crocker   | Tamara Almand         |              |  |  |  |  |
| Pertaining to Onsite Wastewater Systems. This is new construction in which they have evidently granted waivers before due to lot design. The request is to wiave the setback from the neighbors house, the dischapoint is about 250 feet from the residence but will flow away from the residence. |                       |              |  |  |  |  |
|  |                       |              |  |  |  |  |
|  |                       |              |  |  |  |  |
|  |                       |              |  |  |  |  |
|  |                       |              |  |  |  |  |
| Attach a copy of the permit application, plat drawing and vicinity map.  |                       |              |  |  |  |  |

| Part 2: 10 be   | completed by the Environi | mental Section S   | staff Member reviewin | g the waiver request |
|-----------------|---------------------------|--|-----------------------|----------------------|
| Disposition     | Waiver Granted            |  | Waiver Not Granted    |                      |
| Justification   |                           | and the second s |                       |                      |
| No              | How within                | 3.0th  | Director e            | 1 FbW                |
|                 |                           |  |                       |                      |
|                 |                           |  |                       |                      |
|                 |                           |  |                       |                      |
|                 |                           | Λ <i>(</i> )   |                       |                      |
| Director, Onsit | te Wastewater Section     | 141  |                       | Date<br>2-23-18      |
|                 | • /                       | 1  |                       | ,                    |



PO Box 1001 \* Bryant, AR 72089





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ADEQ WATER PERMITS 5301 North Shore DR North Little ROCK, AR 72118