



ARKANSAS
Department of Environmental Quality

NOTICE OF INTENT
NPDES GENERAL PERMIT ARG550000
INDIVIDUAL TREATMENT FACILITIES

The attached form can be used by all persons desiring coverage under NPDES general permit ARG550000 (Individual Treatment Facilities). The form should be completed and submitted to this Department no later than thirty (30) days prior to the date coverage is desired.

All information must be provided. If a question does not apply, place "NA" in that space. Do not leave questions blank.

Be sure to read the Individual Treatment Facilities General Permit, ARG550000. It describes what constitutes coverage under this permit, effluent requirements, discharge limitations, and other standard conditions that are applicable to this permit.

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if the authorization is made in writing by the applicant (or person authorized by the applicant); the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equal responsibility for environmental matters for the company; the written authorization is submitted to the Director. This Notice of Intent must be signed by a person authorized under the provisions of state and federal law, and who should be familiar with the provisions of 40 CFR 122.22 pertaining to signatory authority. Be sure to read the Certification.

If you have any questions concerning the ARG550000 permit information or Notice of Intent, please contact Permits Branch of this Department at (501) 682-0623. For the purpose of this permit a Home Owner is an individual owning a single residence.

REMEMBER THE FOLLOWING:

1. The Notice of Intent (NOI) must be complete. Do not leave any question blank; use "NA" if a question is not applicable. Outfall information must be completed; it cannot be blank or "NA".
2. A map showing the location of the discharge points must be attached to the Notice of Intent at the time of submission.
3. Read the Certification.
4. A \$200.00 Check payable to ADEQ (Re: ARG550000). (Home owners are exempt.)
5. A Disclosure form as required by ACA 8-1-106. (Home owners are exempt.)
6. **Written approval from the Arkansas Department of Health (ADH) (EHP-19Form) must be submitted with the NOI.**
7. Please call the following number if you have any questions on this Form:

<u>Topic</u>	<u>Contact person</u>	<u>Phone Number</u>
Area Map and USGS Hydrologic	Department of the Geological Survey	Interior United States 1877 Department of Health (501)661-2623
Unit Code		
Domestic Drinking		
Water Supply Intake		

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



ARKANSAS
Department of Environmental Quality
General Information

Permits Branch

(501)682-0623

INSTRUCTIONS

I. How to Determine Latitude and Longitude:

If a physical address is known go to www.terraser-ver-usa.com and proceed with the following steps:

1. Select Advanced Find
2. Select Address
3. Input address
4. Click on Aerial Photo
5. Click on the Info link at the top of the page
6. Note the Latitude and Longitude are in Decimal Coordinates.
7. Go to www.geology.enr.state.nc.us/gis/latlon.html to convert coordinates to Degrees, Minutes, and Seconds.

NOTE: If a physical address does not exist you may find the coordinates in the Legal Description of the property.

II. How to Determine the Accuracy, Method, Datum, Scale, and Description for the Facility/Outfall Latitude and Longitude:

Horizontal Accuracy Measure – This indicates the accuracy, **in meters**, of the latitude/longitude location, or how close the specific latitude/longitude location is guaranteed to be to the real-world location. It is typically a function of the method used to obtain the latitude/longitude.

Horizontal Collection Method - The text that describes the method used to determine the latitude and longitude coordinates for a point on the earth.

Address Matching-House Number	Public Land Survey-Quarter Section
Address Matching-Block Face	Public Land Survey-Section
Address Matching-Street Centerline	Classical Surveying Techniques
Address Matching-Nearest Intersection	Zip Code-Centroid
Address Matching-Digitized	Unknown
Address Matching-Other	GPS-Unspecified
Census Block-1990-Centroid	GPS with Canadian Active Control System
Census Block/Group-1990-Centroid	Interpolation-Digital Map Source (TIGER)
Census Block/Tract-1990-Centroid	Interpolation-SPOT
Census-Other	Interpolation-MSS
GPS Carrier Phase Static Relative Position	Interpolation-TM
GPS Carrier Phase Kinematic Relative Position	Public Land Survey-Eighth Section
GPS Code (Pseudo Range) Differential	Public Land Survey-Sixteenth Section
GPS Code (Pseudo Range) Precise Position	Public Land Survey-Footing
GPS Code (Pseudo Range) Standard Position (SA Off)	Zip+4 Centroid
GPS Code (Pseudo Range) Standard Position (SA On)	Zip+2 Centroid
Interpolation-Map	Loran C
Interpolation-Photo	Interpolation-Other
Interpolation-Satellite	



ARKANSAS
Department of Environmental Quality

Horizontal Reference Datum - The code that represents the reference datum used in determining latitude and longitude coordinates.

Unknown	WGS84
NAD27	NAD83

Source Map Scale - The scale used to determine the latitude and longitude coordinates.

Not Applicable	1:62,500
Unknown	1:63,000
1:15,840	1:63,350
1:20,000	1:63,360
1:24,000 (1" = 2,000')	1:100,000
1:25,000	1:250,000

Reference Point Description - The place for which geographic coordinates were established.

Facility/Station Building Entrance or Street Address	Facility Center/Centroid
Boundary Point	Intake Point
Treatment/Storage Point	Release Point
Monitoring Point	Other

III. How to Determine your Hydrologic Basin Code for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Find the Eight Digit Hydrologic Basin Code located inside the numbered segment.

IV. How to Determine your Stream Segment for the Facility/Outfall:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered Stream Segment overlaying the county. For example 2C overlays most of Saline County. 2C would be the Stream Segment for any facility located within that segment.

V. How to Determine your Ultimate Receiving Waters:

1. Locate the county of your facility on the map on Page 4.
2. Find the numbered segment overlaying the county. For example 2C overlays most of Saline County.
3. Match the number from the segment to one of the numbered Ultimate Receiving Waters. For example: A facility located in Western Saline County is in segment 2C. The "2" determines that the Ultimate Receiving Water for the project is the Ouachita River.

VI. Signatory Requirements: The information contained in this form must be certified by a **responsible official** as defined in the "signatory requirements for permit applications" (40 CFR 122.22).

Responsible official is defined as follows:

Corporation, a principal officer of at least the level of vice president, treasurer

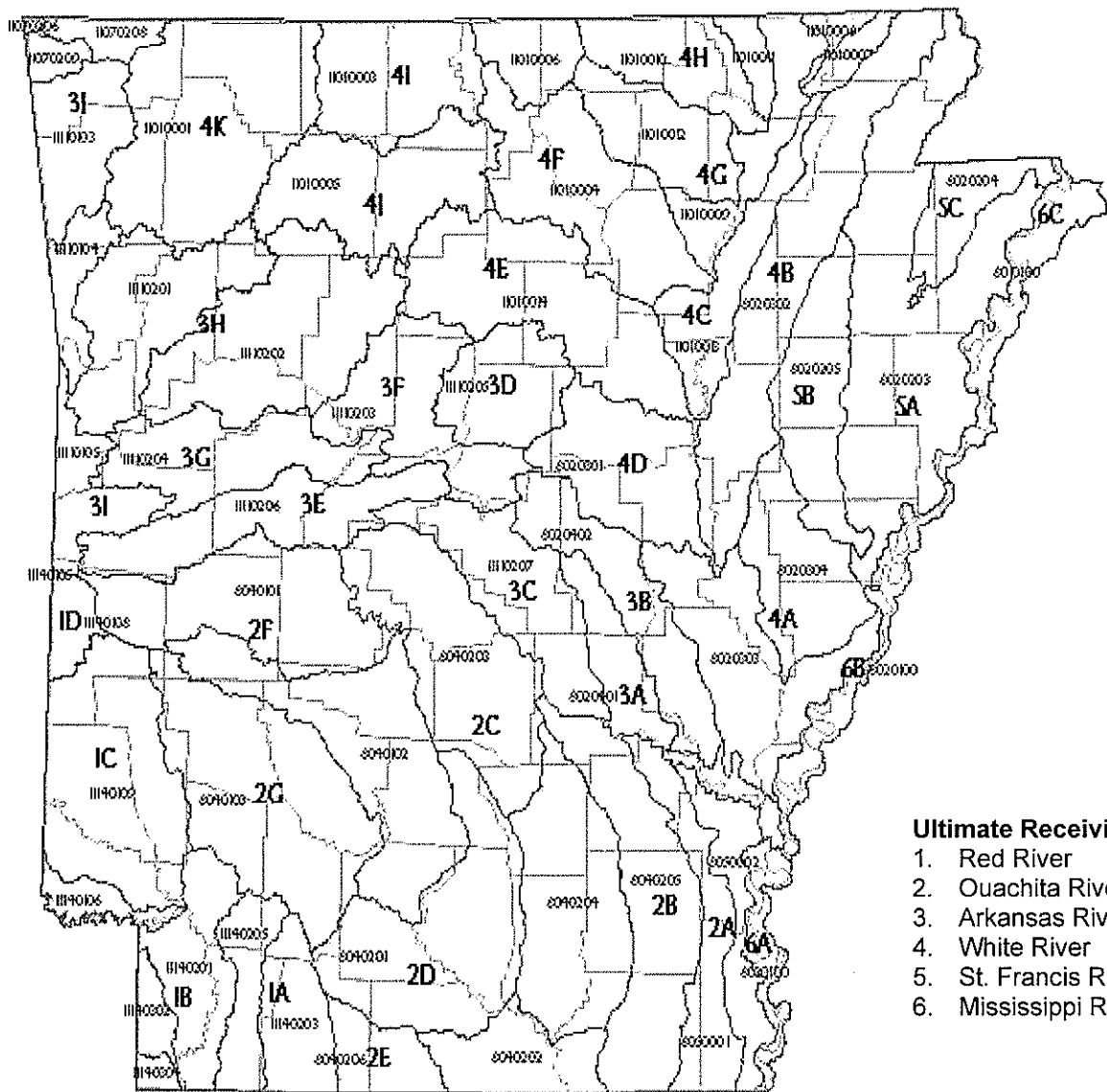
Partnership, a general partner

Sole proprietorship: the proprietor/owner

Municipal, state, federal, or other public facility: principal executive officer, or ranking elected official

ADEQ

ARKANSAS
Department of Environmental Quality



Ultimate Receiving Waters

1. Red River
2. Ouachita River
3. Arkansas River
4. White River
5. St. Francis River
6. Mississippi River

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
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**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): Roscoe Keith Evans Operator Type:
Permittee Mailing Address: 18152 Downing Rd ☐ State ☐ Partnership
Permittee City: Fayetteville ☐ Federal ☐ Corporation*
Permittee State: Arkansas Zip: 72701 ☒ Sole Proprietorship/Private
Permittee Telephone Number: (479)466-9698 *State of Incorporation: _____
Permittee Fax Number: NA The legal name of the Permittee must be
Permittee E-mail Address: evansrkeith@gmail.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: NA City: NA
Invoice Mailing Company: NA State: NA Zip: NA
Invoice Mailing Address: NA Telephone: NA

III. FACILITY INFORMATION

Facility Name: Evans Residence Facility Contact Person: Roscoe Keith Evans
Facility Address: 18152 Downing Rd. Telephone Number: (479)466-9698
Facility County: Washington Facility City, State & Zip: Fayetteville, AR 72701
Facility Latitude: 35 Deg 59 Min 48 N Sec Facility Longitude: 94 Deg 01 Min 55 W Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____

IV. DISCHARGE INFORMATION

Outfall Number: 11010001 or 11110103 Flow: 370 gpd (Gallons per Day)
Stream Segment: 31 or 4K Hydrologic Basin Code: 11010001 or 11110103
Outfall Latitude: 35 Deg 59 Min 48 N Sec Outfall Longitude: 94 Deg 01 Min 55 W Sec
Datum
Accuracy: _____ Method: _____ : _____ Scale: _____ Description: _____
Type of Treatment: Poly 10K 12" D-Box
Receiving Stream: White River/ Arkansas River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00-N/A
NPDES General Permit Number (If Applicable): ARG- N/A
State Construction Permit Number: N/A
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15-N/A

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: Piper Satterfield
Operator License Number: 008641 License Class: Class II

Consultant Contact Name: BBB Septic Service
Consultant Email Address: office@bbbseptic.com (please send final permit requirements to this address)
Consultant Address: 1271 City: Bentonville State: AR Zip: 72701
Consultant Phone Number: 479-271-0058 Consultant Fax Number: _____

Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

ADA Permit # 25120310

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

- _____(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
- _____(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: Roscoe Keith Evans Title: Home Owner
Responsible Official Signature: [Signature] Date: 7/21/22
Responsible Official Email: evansrkeith@gmail.com
Cognizant Official Printed Name: LINDA MAYO TILLEY Title: _____
Cognizant Official Signature: [Signature] Telephone: 479-466-6117
Cognizant Official Email: lmayo@yahoo.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

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

Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/> N/A	Check Number: <u>N/A</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"/>	

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PO Box _____ Zip: 72701
Consultant Address: 1271 City: Bentonville State: AR
Consultant Phone Number: 479-271-0058 Consultant Fax Number: _____

Has this treatment system been approved by AHD? Yes ☒ No ☐
ADH Permit # 25120310

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Responsible Official Printed Name: Roscoe Keith Evans Title: Home Owner
Responsible Official Signature: Roscoe Keith Evans Date: 7/21/22
Responsible Official Email: evansrkeith@gmail.com
Cognizant Official Printed Name: LINDA MAYO TILLEY Title: _____
Cognizant Official Signature: Linda Mayo Tilley Telephone: 479-466-6117
Cognizant Official Email: lmayo@yahoo.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

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

Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check Number: <u>N/A</u>
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Submittal of Site Map?	X	
	<input type="checkbox"/>	<input type="checkbox"/>
Submittal of Disclosure	X	
Statement?	<input type="checkbox"/>	<input type="checkbox"/>



8m
RECEIVED MAY 06 2022
Arkansas Department of Health
Environmental Health Protection

Receipt Number
25120310
MAY 09 2022

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

7 2 0 1 1 4 8 3 7 7

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

1. Owner's/Applicant's Name
Keith Evans **aevans@elkinsdistrict.org** **001-06018-000 Parent Tract**

2. Phone Number
479-236-4740

3. Mailing Address
18152 Downing Rd, Fayetteville, Ar 72727

4. County
Washington

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
same as above Elkins - Hwy16E to W 1st Ave T/R to Sulphur city rd veer left to downing Rd T/R to site on right in field new house unfinished

6. Subdivision Name
NA

7. Approval Date

8. Date Recorded

9. Lot Number
Tract 3

10. Lot Dimensions
1315.15X656.88X1311.7X650.30

11. Total Area (Acres)
19.71

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
SW SW 2-15-29

15. Water Supply (Specify supplier, if Public Water)
Mt Olive

16. GPS Coordinates
35.996810 N. 94.032072 E

17. Loading Rates	(gpd/ft²)	18. System Specifications					
Primary Area	Surface	a. Size of Septic Tank	AS500 P5CU	gal	f. Trench Depth	NA	inches
Secondary Area	Surface	b. Size of Dose Tank	NA	gal	g. Trench Spacing	NA	feet
Percolation Test	(min/in)	c. Absorption Area	Surface	ft²	h. Trench Media (List Below)	i. Trench Width	
Primary Area Avg		d. Number of Field Lines	1		pipe and Gravel	NA	in
Secondary Area		e. Length of Field Lines	110	ft			in

TO THE OWNER

The permit for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after approval of this permit, or if the information within this permit is inaccurate or has been found to be misrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.

19. Utilization Verification

I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

Owner/Applicant Signature

OPTA

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.

Linda Mayo Tillery

Designated Representative

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

Linda Mayo Tillery

05/03/2022

479-466-6117

Print Name

Date

Phone Number

21. Approval of Health Authority

The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

Hele Kierans

#166

6-2-22

Environmental Specialist Signature	EHS Number	Date
Individual Onsite Wastewater System Permit Application		Receipt Number
EHP-19 (R 8/13) Page 1		

Continue Part 1

22. Soil Criteria (Primary Area)								Indicate the depth to items a-f, if observed in the soil (designate in inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)		
>40"	Surface					mod	No Loading Rate		
23. Soil Criteria (Secondary Area)								Indicate the depth to items a-f, if observed in the soil (designate inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)		
48"	Surface					mod	No Loading Rate		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	0"	in							
Moderate		in							
Long		in							
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	0"	in							
Moderate		in							
Long		in							
Comments AquaSafe AS500 P5CU with chlorinator tube, 20' 6"PVC Sch40 Contact Chamber									

Part 2 Installation Inspection

Septic tank manufacturer		Pump information	
Septic tank material		Trench media and width	
Dose tank manufacturer		Depth of interceptor drain	
Dose tank material		Depth of settled fill	
Name of Installer			License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one or installer signs System Installation Verification below)			
Signature		EHS / License Number	Date
System Installation Verification I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.			
Installer Signature		License Number	Date

Part 3 Permit for Operation

The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.			
Environmental Health Specialist		Signature	EHS Number
			Date
Comments			
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)			
Signature		EHS / License Number	Date



Arkansas Department of Health

4815 West Markham, Slot 46
Little Rock, Arkansas 72205-3867

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, *ABGs), and Drip Dispersal Systems. *Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.
2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.
4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.
5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.
6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.
7. Subsurface systems with flows ≥ 3000 gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).
8. **That, on the sale of the property, the owner of the property must disclose to the perspective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.**

SIGNED: _____

(Property Owner)

SIGNED: _____

(Health Department)

DATE: _____

5/4/2022

DATE: _____

6-2-22

BBB Septic Service
PO Box 1271
Bentonville, AR 72712
(479) 271-0058

Date: May 3, 2022

Maintenance Service Contract

Onsite Maintenance Provider / Certified Monitoring Personnel:

Name: BBB Septic Service
Address: PO Box 1271
City, State, Zip: Bentonville, AR 72712
Email: office@bbbseptic.com
Phone: (479) 271-0058

Customer:

Name: Keith Evans
Address: 18152 Downing Road
City, State, Zip: Fayetteville, AR 72727
Email: evansrkeith@gmail.com
Phone: 479-466-9698

System Location:

Physical Address: 18152 Downing Road
City, State, Zip: Fayetteville, AR 72727

1. Services to be provided:

1. Bi-annual Maintenance of AS500 Treatment Tank with chlorinator.
2. Copies of the maintenance reports will be reported and provided to all necessary parties.
Copies of these reports shall be submitted to:
 1. You the Property/Business owner.
 2. Local Health Unit, Onsite Specialist.
 3. Department's Database, Little Rock.

We will also keep copies of all correspondence to the Arkansas Department of Health as well.

2. Terms of Agreement:

This agreement shall be for the period of 60 months from the date of this agreement, unless otherwise terminated or canceled by either party as granted herein.

Maintenance will be performed during normal business hours Monday through Friday (excluding holidays) and on prescheduled basis and as the Onsite Maintenance Provider deems necessary.

3. Charges

The ADH requires maintenance to be provided bi-annually. Maintenance will be provided twice yearly with documentation of the dates of the maintenance provided. A charge of \$125.00 will apply per visit.

Payment for maintenance will need to be received within 30 days of receipt of invoice by customer. We reserved the right to add late fees to invoices not paid within 30 days.

Any extra costs such as filters are not included in this contract.

BBB Septic Service will provide all the above mentioned services for a fee of \$250/year plus cost of replacement filters an/or chlorination tablets.

4. Exclusions:

This agreement does not include any repairs or maintenance issues.

5. This agreement also does not include any grounds keeping (mowing, weeding), pumping or removal of solids, or repair materials or chemicals.

6. Termination/Cancellation:

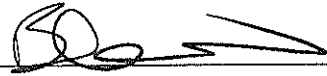
This agreement may be terminated at contracts end, or by notification of either party. This agreement is between the two parties outlined above and signed by below. this agreement cannot be assigned, or transferred by either party without prior written consent of the other Party.

Note: The ADH requires that you have samples taken routinely to utilize this type of system on your property and maintain a valid service contract. If you choose to terminate your contract with BBB Septic Service, we encourage you to obtain a valid contract through another service provider as soon as possible, since we will be required to notify the ADH upon your contract termination/cancellation.

Onsite Maintenance provider:

Company: BBB Septic Service

Name: Brook Cannedy, Certified Monitoring Personnel/Onsite Maintenance Provider

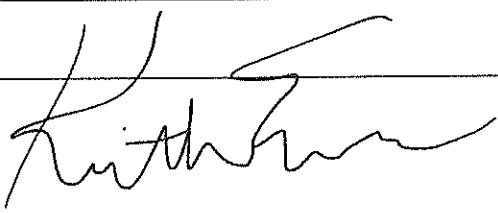
Signature:  _____

Date: _____

Property owner:

Name: Keith Evans

Signature: _____

Date:  _____

* Optional System Utilization Verification Form



Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

7201148377

☒ Homeowner

☐ Builder/Developer

Fee Schedule for Structures	✓
Structures 1500 sq ft or less \$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft \$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft \$ 90.00	<input 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"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 18152 Downing Rd Fayetteville Ar
(Address of Proposed System, City, State, Zip)


I hereby attest there are 3 bedrooms (___ number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

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

Owner/Applicant Signature Kathy E.

Date 04/13/22

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




18152 DOWNING RD
LA44-112V16, PK

107-1000

2000

Sample Ref
GT for Contact
Chambers



14

55

1800

STUDY
WAS IN
-LAW
-LAW

1947

10

KIR #166
6-2-22
#25120310

Louisa direction

4250.

2412

The American

657-4

Evans Septic System Design Specifications

Tanks

- Designed for AquaSafe AS500 ~~ASCU~~ with Chlorinator tube
- Designed for SJ Rhombus Control Panel EZ Series Simplex

Lateral Line Specs

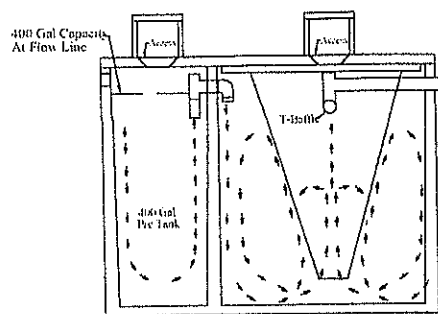
- Distance from house to Clean-out is 3ft.
- Distance from Clean out to ATU is 7ft
- Distance from Chlorinator Chamber to Contact Chamber is 10ft
- Distance from Contact Chamber to Surface Discharge is 110ft
- Bench Mark on base of electric hookup post- 2'9

Pipe Specifications

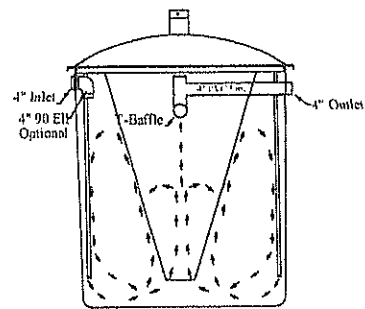
- All tight lines are PVC Schedule 40 or SDR-35
- Contact Chamber is 20ft of 6" PVC Sch40

	Ground Elevation	Flow Line Elevation
Stub Out From House	3'0	3'4
ATU Tank	3'0	3'9
ATU Tank Out	3'0	4'0
Surface Discharge point	4'0	

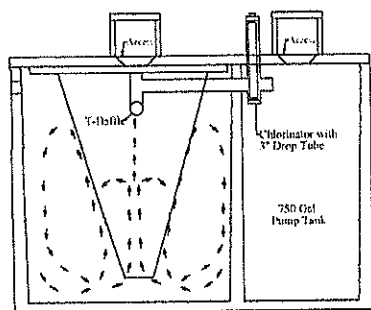
Aqua Salt Flow Diagram



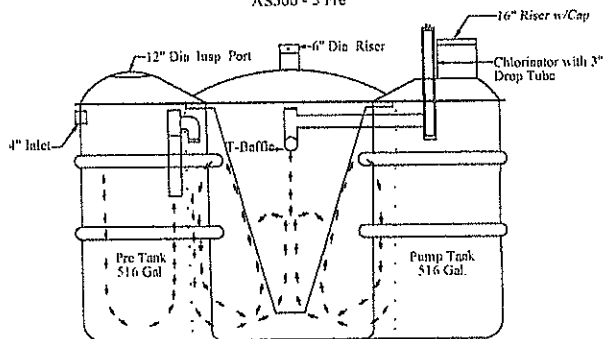
AS500 - 5 Pre



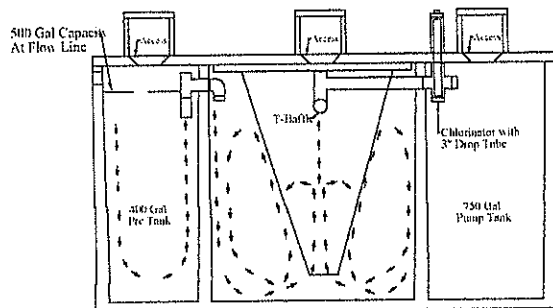
AS500, AS600, AS750, AS1000, AS1500



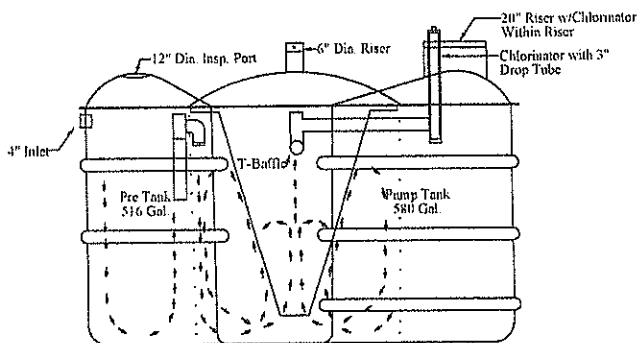
AS500 + 5 Pump



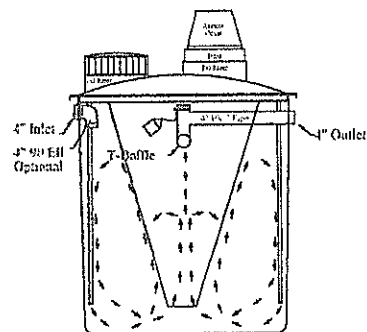
AS500 5+5



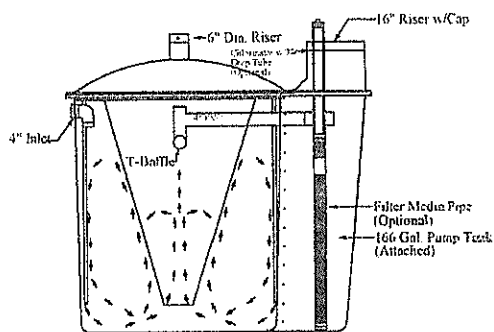
AS500 4+75



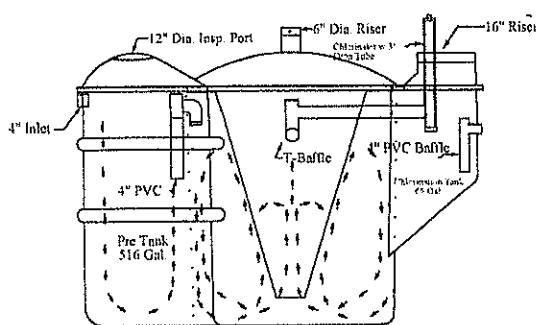
AS500 5+5 E



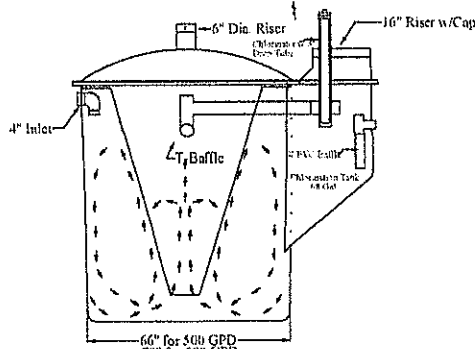
AS500, AS600, AS750, AS1000, AS1500 FZ Models



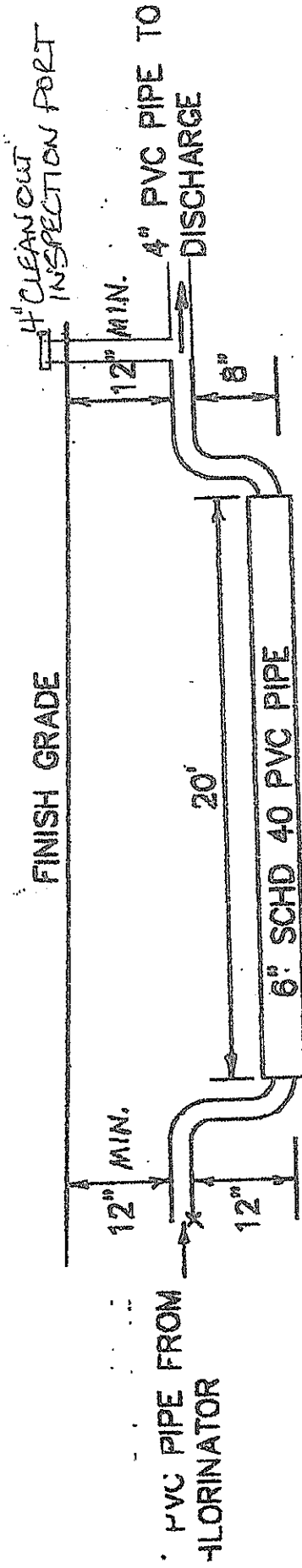
AS500-166



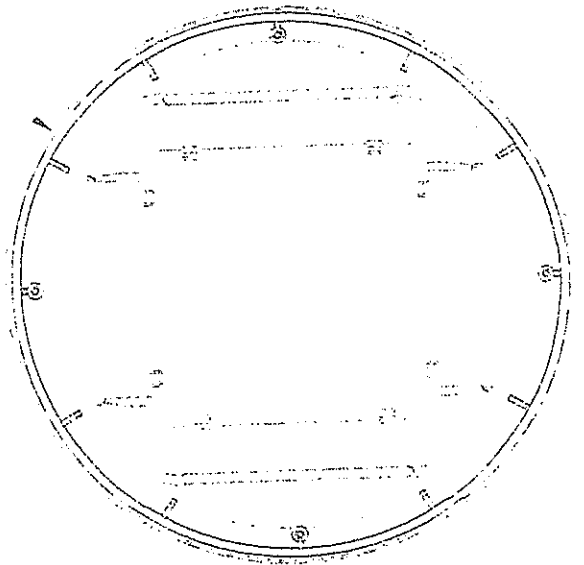
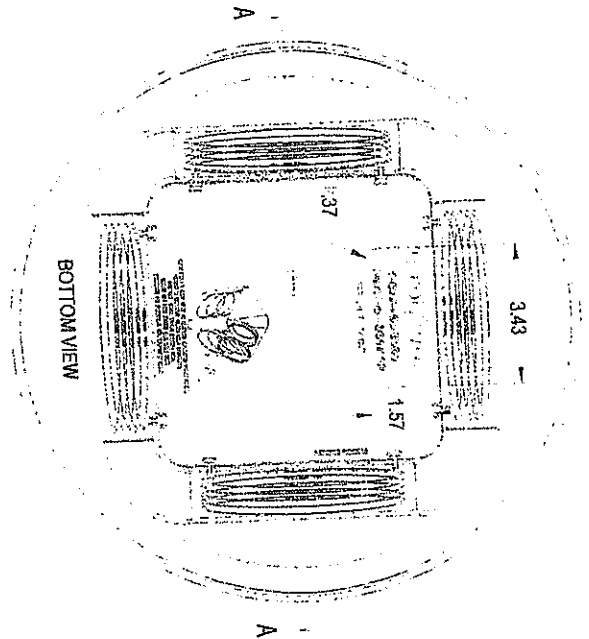
AS500 - P3CU



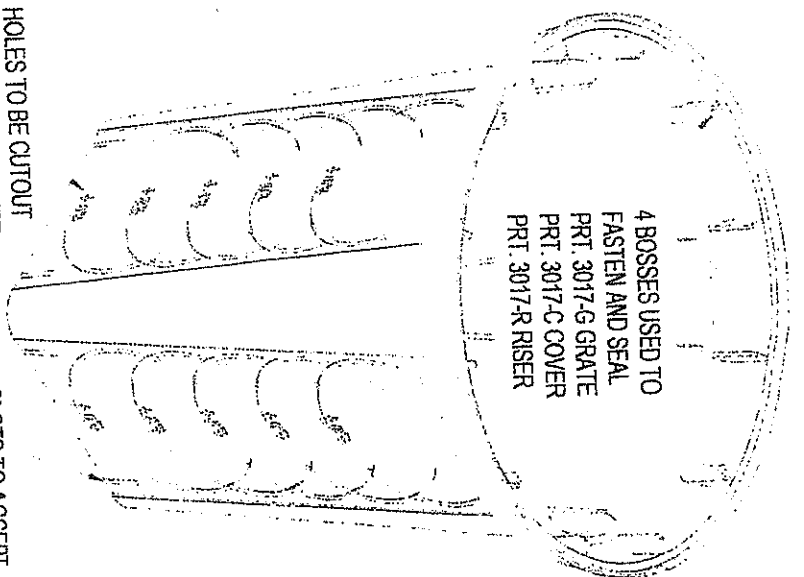
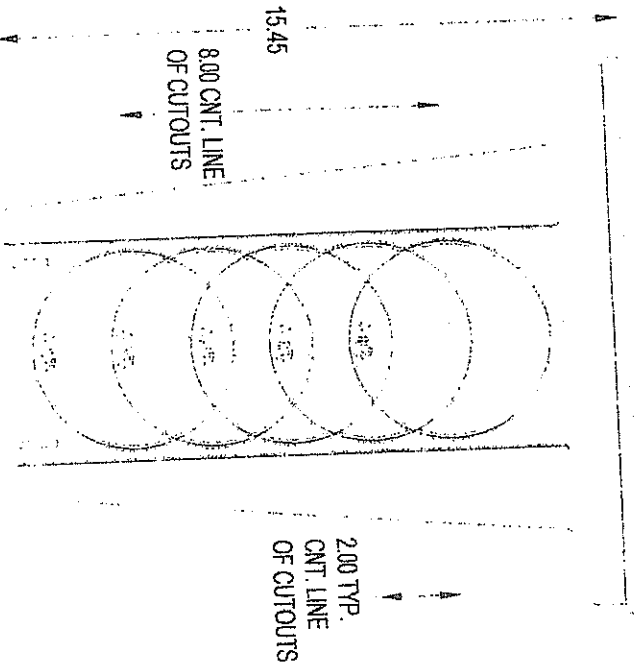
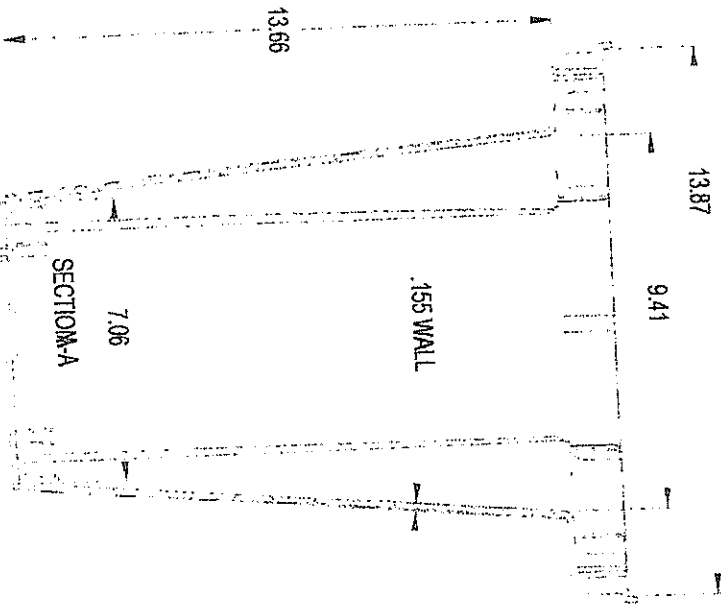
AS500 - CU



CHLORINE CONTACT CHAMBER DETAIL



Ø14.19



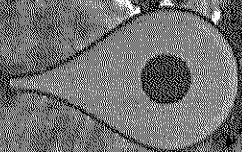
4 BOSSES USED TO
FASTEN AND SEAL
PRI. 3017-G GRATE
PRI. 3017-C COVER
PRI. 3017-R RISER

HOLES TO BE CUTOUT
AS NEEDED TO ACCEPT
POLYLOK PRI. 3001
D-BOX SEAL

SLOTS TO ACCEPT
4 LEVELING PADS
POLYLOK PRI. 3017-12F

POLYLOK 12" D-BOX
PART NO. - 3017
MATERIAL - POLYPROPYLENE
COLOR - BLACK
CAPACITY - 4 GALLONS

35°59'48"N 94°01'55"W



Carroll, Zachary

From: Evans, Amy <aevans@elkinsdistrict.org>
Sent: Friday, July 22, 2022 11:10 AM
To: Carroll, Zachary
Subject: Re: ADEQ Application forms

