

**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): Edward Tolefree Operator Type:  
Permittee Mailing Address: 159 Bradley 18-E ☐ State ☐ Partnership  
Permittee City: Warren ☐ Federal ☐ Corporation\*  
Permittee State: Ar. Zip: 71671 ☒ Sole Proprietorship/Private  
Permittee Telephone Number: 870-820-8724 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N/A The legal name of the Permittee must be  
Permittee E-mail Address: edtolefree@yahoo.com identical to the name listed with the  
Arkansas Secretary of State.

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

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

**III. FACILITY INFORMATION**

Facility Name: Edward Tolefree ATU Facility Contact Person: Edward Tolefree  
Facility Address: 195 Bradley 18-E Telephone Number: 870-820-8724  
Facility County: Bradley Facility City, State & Zip: Warren, Ar. 71671  
Facility Latitude: 33 Deg 41 Min 08.16000Sec Facility Longitude: 092 Deg 02 Min 47.04000Sec  
Datum  
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Driveway

**IV. DISCHARGE INFORMATION**

Outfall Number: 1 Flow: 450 gpd (Gallons per Day)  
Stream Segment: 2B Hydrologic Basin Code: 8040204  
Outfall Latitude: 33 Deg 41 Min 09.60000 Sec Outfall Longitude: 092 Deg 02 Min 46.32000Sec  
Datum  
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge  
Type of Treatment: Aerobic Treatment Unit  
Receiving Stream: Ouachita River

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00N/A  
NPDES General Permit Number (If Applicable): ARG550000  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/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: Sheldon Hadley  
Operator License Number: 007836 License Class: II  
Consultant Contact Name: N/A  
Consultant Email Address: N/A  
Consultant Address: N/A City: N/A State: N/A Zip: N/A  
Consultant Phone Number: N/A Consultant Fax Number: N/A

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

### Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: [http://www.adeq.state.ar.us/disclosure\\_stmt.pdf](http://www.adeq.state.ar.us/disclosure_stmt.pdf).

## VII. CERTIFICATION OF OPERATOR

N/A (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."

N/A (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."

→ E.T. (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: Edward Tolefree

Title: Homeowner

→ Responsible Official Signature: Edward Tolefree

Date: 8-9-22

Responsible Official Email: edtolefree@yahoo.com

Cognizant Official Printed Name: N/A

Title: N/A

Cognizant Official Signature: N/A

Telephone: N/A

Cognizant Official Email: N/A

## X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No

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

Submittal of Complete NOI? ☒ ☐

Submittal of Required Permit Fee? ☐ ☒ Check Number: Private Homeowner

Submittal of AHD Form EHP-19? ☒ ☐

Submittal of Site Map? ☒ ☐

Submittal of Disclosure Statement? ☐ ☒

WATER DIVISION  
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
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Arkansas Department of Health  
Environmental Health Protection

Individual Onsite Wastewater System Permit Application

Permit Type

- ☐ New Installation  
☒ Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

Receipt Number

25128367

| 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 | \$ 60.00  | <input type="checkbox"/>            |
| Structures more than 3000 sq ft and up to 4000 sq ft | \$ 120.00 | <input type="checkbox"/>            |
| Structures more than 4000 sq ft                      | \$ 150.00 | <input type="checkbox"/>            |
| Alteration and Repair                                | \$ 30.00  | <input checked="" type="checkbox"/> |

Part 1 Application

Treatment Type (check one)

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

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

Disposal Method (check one)

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

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

1. Owner's/Applicant's Name  
EDWARD TOLEFREE

2. Phone Number  
870-820-8724

3. Mailing Address

CLAYTON HOMES (DENISE LEBLANC) 3655 JUNCTION CITY HWY, EL DORADO

4. County  
AR, 71730 BRADLEY

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
159 BRADLEY 18-E, WARREN, AR, 71671

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
356.2'X184.4'X316.8'X390.9'

11. Total Area (Acres)  
2.0 ACRES

12. # Bedrooms # People  
4

13. Daily Flow (GPD)  
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PRT OF THE, SE1/4, SE1/4 OF SEC 8, T-12-S, R-9-W.

15. Water Supply (Specify supplier, if Public Water)  
BRADLEY RURAL WATER ASSOCIATION

16. GPS Coordinates  
LAT: 33.68633 / LONG: -92.04654

17. Loading Rates (gpd/ft<sup>2</sup>)

18. System Specifications

|                  |          |                          |         |                 |                              |                 |        |
|------------------|----------|--------------------------|---------|-----------------|------------------------------|-----------------|--------|
| Primary Area     | NOLOAD   | a. Size of Septic Tank   | ATU     | gal             | f. Trench Depth              | N/A             | inches |
| Secondary Area   | NOLOAD   | b. Size of Dose Tank     | 300 MIN | gal             | g. Trench Spacing            | N/A             | feet   |
| Percolation Test | (min/in) | c. Absorption Area       | N/A     | ft <sup>2</sup> | h. Trench Media (List Below) | i. Trench Width |        |
| Primary Area Avg | N/A      | d. Number of Field Lines | N/A     |                 | NORWECO SINGULAIR GREEN/CL2  | N/A             | in     |
| Secondary Area   | N/A      | e. Length of Field Lines | N/A     | ft              | NORWECO SINGULAIR GREEN/CL2  | N/A             | in     |

TO THE OWNER

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

19. Utilization Verification

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

Owner/Applicant Signature

SEE ATTACHED EHP19-OPT-A

Date

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

Designated Representative Signature

DESIGNATED REP

Soil Certified ☒ Yes ☐ No

Title

SHELDON HADLEY

Print Name

4-26-22

Date

870-703-7165

Phone Number

21. Approval of Health Authority

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

Environmental Specialist Signature

EHS Number

Date



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number

**Individual Onsite Wastewater System Permit Application**

Permit Type ☐ New Installation  
☒ Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

| Fee Schedule for Structures                          |          | √                                   |
|--|----------|-------------------------------------|
| Structures 1500 sq ft or less                        | \$ 30.00 | <input type="checkbox"/>            |
| Structures more than 1500 sq ft and up to 2000 sq ft | \$ 45.00 | <input type="checkbox"/>            |
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| Structures more than 3000 sq ft and up to 4000 sq ft | \$120.00 | <input type="checkbox"/>            |
| Structures more than 4000 sq ft                      | \$150.00 | <input type="checkbox"/>            |
| Alteration and Repair                                | \$ 30.00 | <input checked="" type="checkbox"/> |

**Part 1 Application**

Treatment Type (check one)

Disposal Method (check one)

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

1. Owner's/Applicant's Name  
EDWARD TOLEFREE

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870-820-8724

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4. County  
AR., 71730. BRADLEY

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
159 BRADLEY 18-E, WARREN, AR. 71671

6. Subdivision Name  
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7. Approval Date  
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8. Date Recorded  
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9. Lot Number  
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10. Lot Dimensions  
356.2'X184.4'X316.8'X390.9'

11. Total Area (Acres)  
2.0 ACRES

12. # Bedrooms # People  
4

13. Daily Flow (GPD)  
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PRT OF THE, SE1/4, SE1/4 OF SEC 8, T-12-S, R-9-W.

15. Water Supply (Specify supplier, if Public Water)  
BRADLEY RURAL WATER ASSOCIATION

16. GPS Coordinates  
LAT: 33.68633 / LONG: -92.04654

| 17. Loading Rates | (gpd/ft <sup>2</sup> ) | 18. System Specifications |         |                 |                              |     |                 |
|-------------------|------------------------|---------------------------|---------|-----------------|------------------------------|-----|-----------------|
| Primary Area      | NOLOAD                 | a. Size of Septic Tank    | ATU     | gal             | f. Trench Depth              | N/A | inches          |
| Secondary Area    | NOLOAD                 | b. Size of Dose Tank      | 300 MIN | gal             | g. Trench Spacing            | N/A | feet            |
| Percolation Test  | (min/in)               | c. Absorption Area        | N/A     | ft <sup>2</sup> | h. Trench Media (List Below) |     | i. Trench Width |
| Primary Area Avg  | N/A                    | d. Number of Field Lines  | N/A     |                 | NORWECO SINGULAIR GREEN/CL2  | N/A | in              |
| Secondary Area    | N/A                    | e. Length of Field Lines  | N/A     | ft              | NORWECO SINGULAIR GREEN/CL2  | N/A | in              |

**TO THE OWNER**

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

**19. Utilization Verification**

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

Owner/Applicant Signature \_\_\_\_\_ SEE ATTACHED EHP19-OPT-A \_\_\_\_\_ Date \_\_\_\_\_

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

DESIGNATED REP \_\_\_\_\_ Soil Certified ☒ Yes ☐ No

Designated Representative Signature \_\_\_\_\_ Title \_\_\_\_\_

SHELDON HADLEY \_\_\_\_\_ 4-26-22 \_\_\_\_\_ 870-703-7165

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.

Environmental Specialist Signature \_\_\_\_\_ EHS Number \_\_\_\_\_ Date \_\_\_\_\_



**Individual Onsite Wastewater System Permit Application**

Receipt Number

Continue Part 1

|   |         |  |   |  |              |               |  |
|---|---------|--|---|--|--------------|---------------|--|
| 22. Soil Criteria (Primary Area)  |         |  |   | Indicate the depth to items a-f, if observed in the soil (designate in inches) |              |               |  |
| a. Bedrock  | b. BSWT | c. MSWT  | d. LSWT                                     | e. Adj. MSWT   | f. Adj. LSWT | g. H.C./Depth | h. Loading Rate (gpd/ft <sup>2</sup> ) |
| N/A   | 0"      | 9"   | N/A   | 6"   | N/A          | MOD           | NO LOAD                                |
| 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 <sup>2</sup> ) |
| N/A   | 0"      | 7"   | N/A   | 5"   | N/A          | MOD           | NO LOAD                                |
| 24. Seasonal Water Table (SWT) Classes Detail                               |         |  |   |  |              |               |  |
| Primary Area  |         | List Redoximorphic Features and/or Clay Content Restrictions |   |  |              |               |  |
| Brief   | 0"      | in   | DISSIMILAR COLORS ON PED SURFACE.           |  |              |               |  |
| Moderate  | 9"      | in   | CHROMA 2 ON <50% OF PED SURFACE, CLAY >35%. |  |              |               |  |
| Long  | N/A     | in   | N/A   |  |              |               |  |
| Secondary Area  |         | List Redoximorphic Features and/or Clay Content Restrictions |   |  |              |               |  |
| Brief   | 0"      | in   | DISSIMILAR COLORS ON PED SURFACE.           |  |              |               |  |
| Moderate  | 7"      | in   | CHROMA 2 ON <50% OF PED SURFACE, CLAY >35%. |  |              |               |  |
| Long  | N/A     | in   | N/A   |  |              |               |  |
| Comments MULTIPLE SOIL PITS EXCAVATED. EXISTING HOME WAS DESTROYED BY FIRE. |         |  |   |  |              |               |  |

**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<br>(check one or installer signs System Installation Verification below) |  |                               |  |
| _____<br>Signature   |  | _____<br>EHS / License Number |  |
| _____<br>Date  |  |                               |  |
| System Installation Verification<br>I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.   |  |                               |  |
| _____<br>Installer Signature   |  | _____<br>License Number       |  |
| _____<br>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 _____<br>Signature EHS Number Date  |  |                               |  |
| Comments  |  |                               |  |
| Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative<br>(check one)   |  |                               |  |
| _____<br>Signature  |  | _____<br>EHS / License Number |  |
| _____<br>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 #

5001000015

☒ Homeowner

☐ Builder/Developer

| Fee Schedule for Structures                                      | ✓                                   |
|--|-------------------------------------|
| Structures 1500 sq ft or less<br>\$ 30.00                        | <input type="checkbox"/>            |
| Structures more than 1500 sq ft and up to 2000 sq ft<br>\$ 45.00 | <input type="checkbox"/>            |
| Structures more than 2000 sq ft and up to 3000 sq ft<br>\$ 90.00 | <input type="checkbox"/>            |
| Structures more than 3000 sq ft and up to 4000 sq ft<br>\$120.00 | <input type="checkbox"/>            |
| Structures more than 4000 sq ft<br>\$150.00                      | <input type="checkbox"/>            |
| Alteration and Repair<br>\$ 30.00                                | <input checked="" type="checkbox"/> |

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 159 Bradley 18-E, Warren, Ar. 71671  
(Address of Proposed System, City, State, Zip)


I hereby attest there are 4 bedrooms (N/A 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.

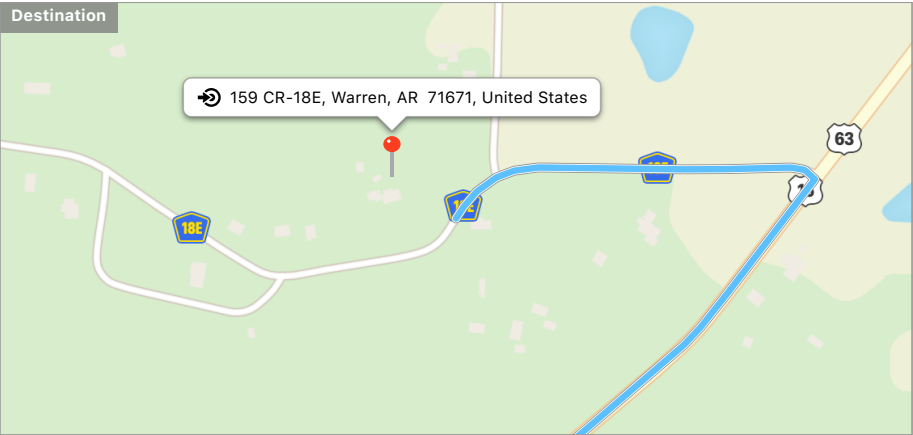
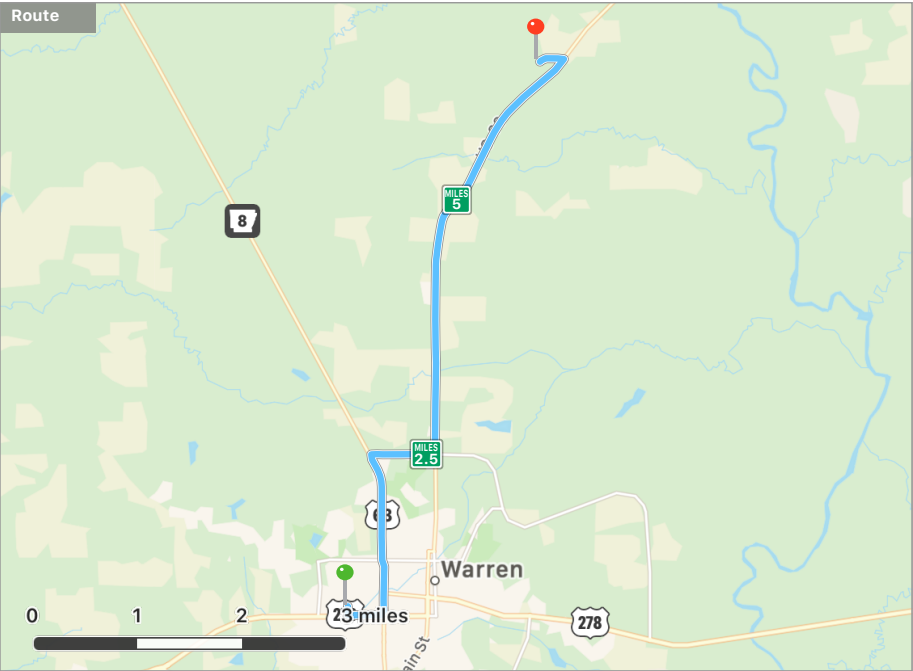
Owner/Applicant Signature Edward E. Tolfree


Date 4-30-22

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

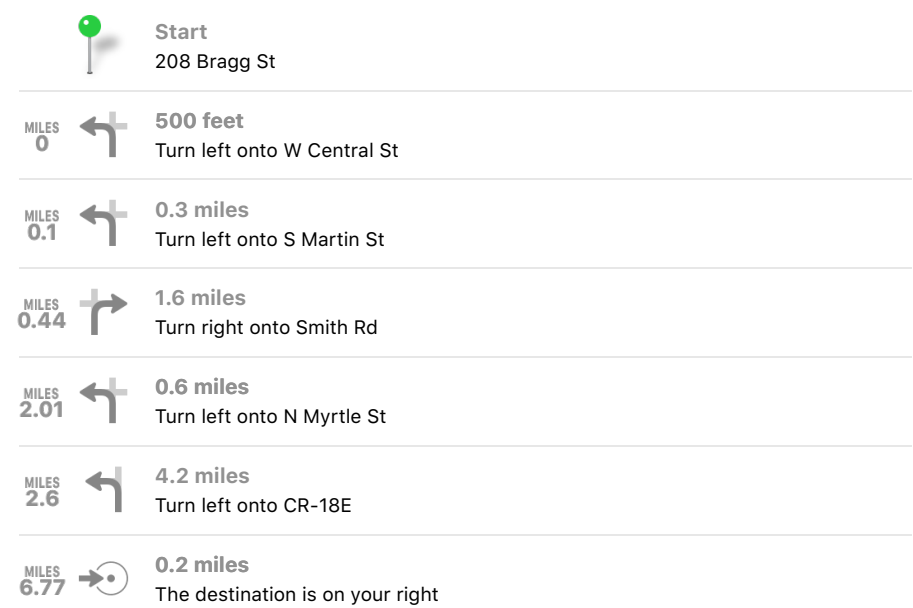
 159 CR-18E, Warren, AR 71671, United States

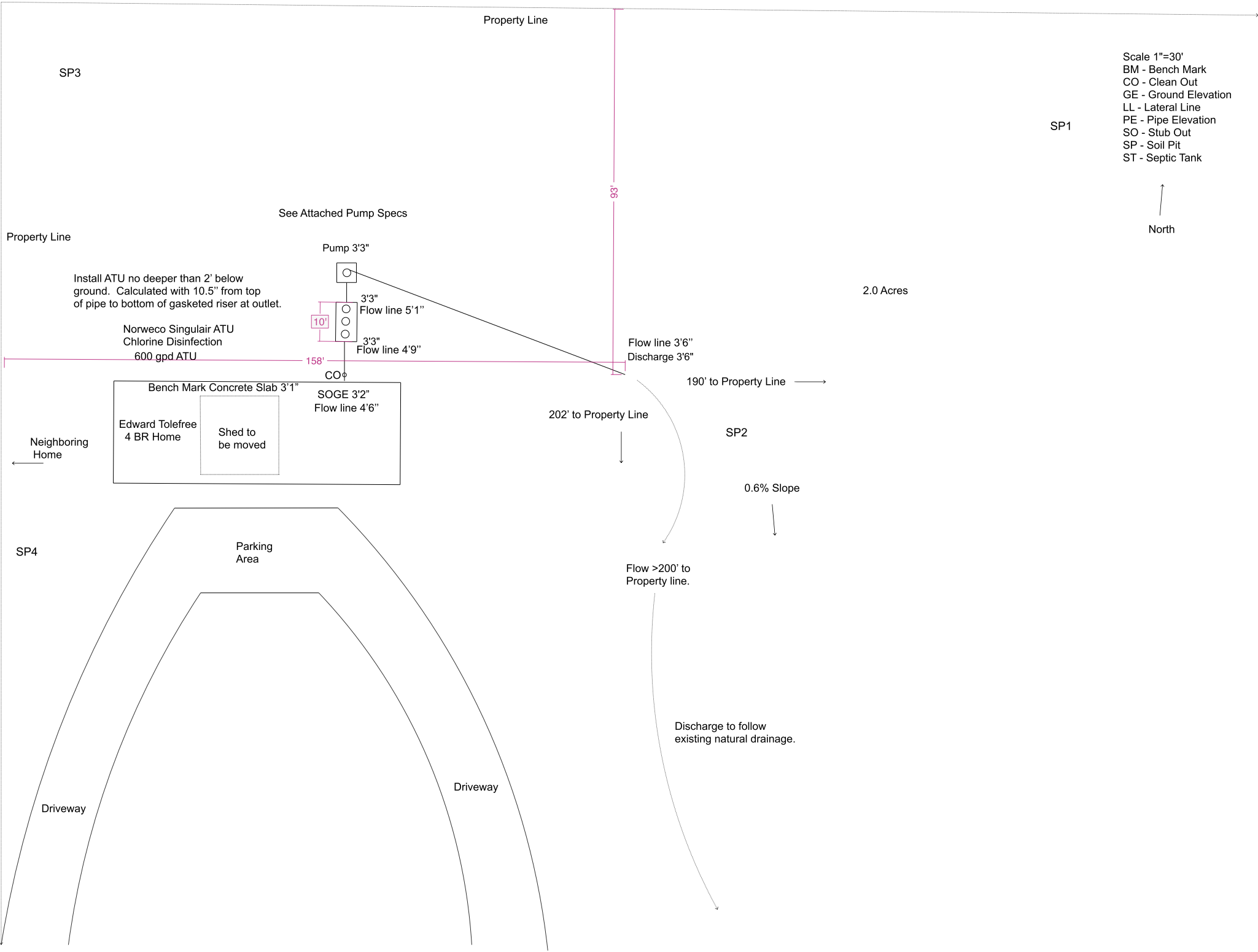
7.0 miles, 11 min



 208 Bragg St to 159 CR-18E, Warren, AR 71671, United States

7.0 miles, 11 min









## Soil Evaluation

|           |                 |
|-----------|-----------------|
| Applicant | EDWARD TOLEFREE |
| Date      | 4-26-22         |

|       |   |
|-------|---|
| Pit # | 1 |
|-------|---|

| Depth | Matrix  | Mottle (Abundance)                                    | Texture       |
|-------|---------|---|---------------|
| 0-9"  | 10YR4/3 | 5YR4/6<20%, 10YR5/4<20%                               | LOAM          |
| 9"+   | 10YR5/4 | 10YR6/2<50%   | CLAY LOAM>35% |
|       |         |   |               |
|       |         | BRIEF SWT 0"/MOD 9"/NO LOAD                           |               |
|       |         | DUE TO SHALLOW REDOXAMORPHIC FEATURES, PITS WIERE NOT |               |
|       |         | EXCAVATED TO 4 FT.                                    |               |
|       |         |   |               |

|       |   |
|-------|---|
| Pit # | 2 |
|-------|---|

| Depth | Matrix  | Mottle (Abundance)                                    | Texture       |
|-------|---------|---|---------------|
| 0-7"  | 10YR4/3 | 5YR4/6<20%, 10YR5/4<20%                               | LOAM          |
| 7"+   | 10YR5/4 | 10YR6/2<50%   | CLAY LOAM>35% |
|       |         |   |               |
|       |         | BRIEF SWT 0"/MOD 7"/NO LOAD                           |               |
|       |         | DUE TO SHALLOW REDOXAMORPHIC FEATURES, PITS WIERE NOT |               |
|       |         | EXCAVATED TO 4 FT.                                    |               |
|       |         |   |               |

|       |   |
|-------|---|
| Pit # | 3 |
|-------|---|

| Depth | Matrix  | Mottle (Abundance)                                    | Texture       |
|-------|---------|---|---------------|
| 0-4"  | 10YR4/3 | 5YR4/6<20%, 10YR5/4<20%                               | LOAM          |
| 4"+   | 10YR5/4 | 10YR6/2<50%   | CLAY LOAM>35% |
|       |         |   |               |
|       |         | BRIEF SWT 0"/MOD 4"/NO LOAD                           |               |
|       |         | DUE TO SHALLOW REDOXAMORPHIC FEATURES, PITS WIERE NOT |               |
|       |         | EXCAVATED TO 4 FT.                                    |               |
|       |         |   |               |



WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

THAT I, AUGUSTA TOLEFREE

for and in consideration of the sum of TEN AND NO/100-----

----- DOLLARS (\$ 10.00 ) AND OTHER GOOD AND VALUABLE  
CONSIDERATION

in hand paid by EDWARD E. TOLEFREE & MARTHA J. TOLEFREE the

receipt of which is hereby acknowledged, do hereby grant, bargain,

sell and convey unto the said EDWARD E. TOLEFREE & and unto  
MARTHA J. TOLEFREE

their heirs and assigns forever, the following lands

lying in the county of Bradley and State of Arkansas to-wit:

A parcel of land described as: Beginning at the  
NE Corner of the SE/4 NE/4, Section 8, Township  
12 South, Range 9 West, and run South 36 degrees  
06' West 356.2 feet, then South 80 degrees, 48'  
West 183.4 feet, then North 316.8 feet, then East  
390.9 feet to beginning point, containing 2.0 acres,  
more or less.

TO HAVE AND TO HOLD the same unto the said EDWARD E. TOLEFREE

AND MARTHA J. TOLEFREE and unto their

heirs and assigns forever, with all appurtenances

thereunto belonging.

And I hereby covenant with the said EDWARD E. TOLEFREE AND MARTHA  
J. TOLEFREE that I will forever warrant

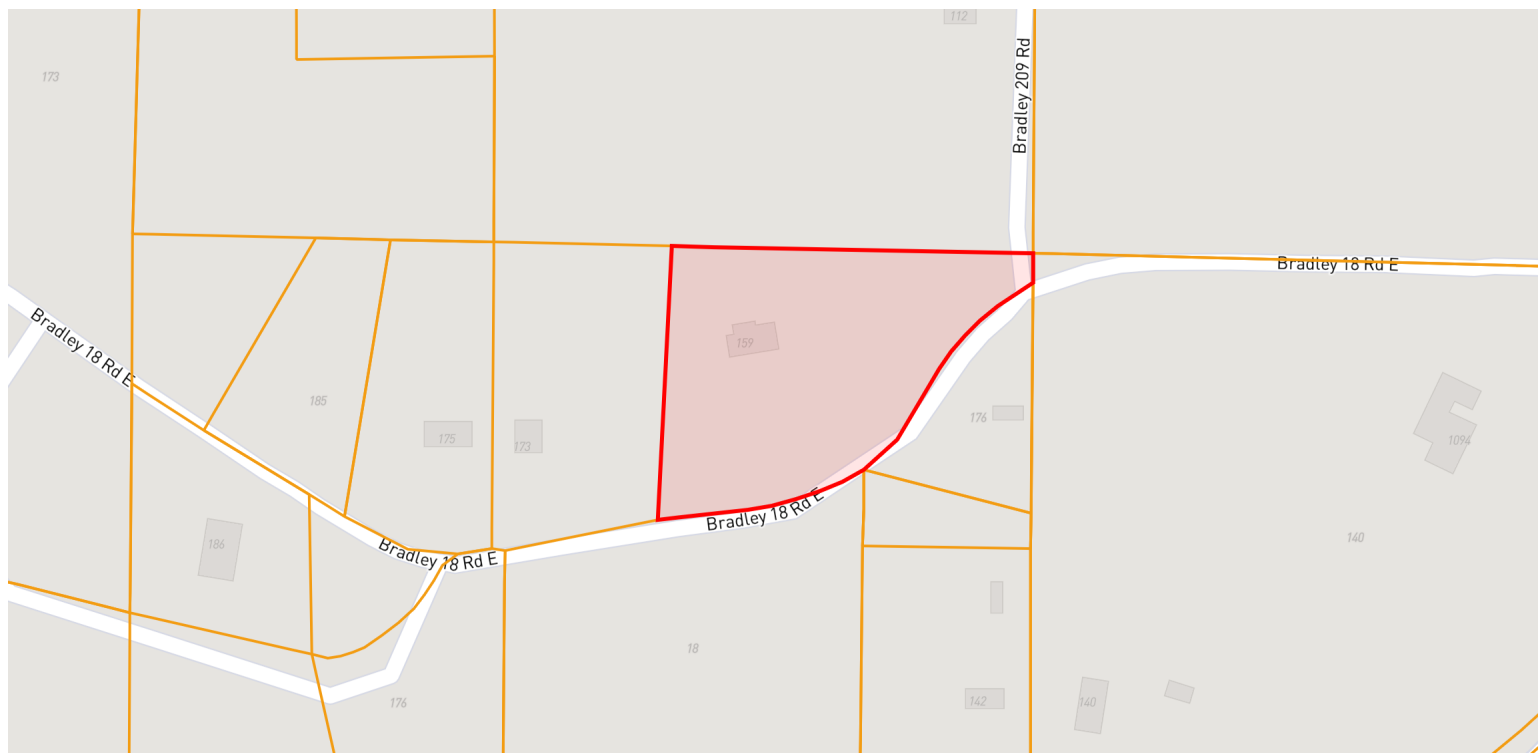
and defend the title to the said lands against all claims whatever.

WITNESS my Hand and seal on this 6th day of September

, 19 78.

Augusta Tolefree  
AUGUSTA TOLEFREE

PREPARED BY  
HUEY & VITTITOW  
Attorneys at Law  
WARREN, ARKANSAS



Neighbor Notification  
of  
Aerobic Treatment Unit Discharge

This letter is to inform any neighbor within close proximity to the proposed/current location of my home located at 159 Bradley CR-18 East, Warren, Ar. 71671, will utilize an aerobic treatment unit for on-site wastewater treatment. The use of an aerobic treatment unit requires that the treated wastewater be discharged upon the surface of the ground. With a newly constructed residence, the State of Arkansas requires a minimum of 3.0 acres of land, the discharge be a minimum of 150 feet from all property lines, 200 feet from the property line in the direction of flow, 100 feet from the discharging residence and 300 feet from any other residence. If the proposed residence On-Site Wastewater Permit is considered a repair, the setback distances can be shortened to accommodate the repair of the current septic system.

The proposed discharge location of treated wastewater will be on 2.0 acres, 93 feet from the north property line, 190 feet from the east property line, 202 from the south property line (Direction of flow) and 158 feet from the west property line. In addition, the discharge will be located approximately 75 feet from the discharging residence.

This letter, signed jointly by the resident of the neighboring home and occupant of the proposed/current home and attached to the On-site Wastewater Application (EHP19) will serve as record that the resident of the neighboring home is aware of the required minimum distance setbacks from the Point of Discharge and surrounding property lines and residences, is aware of the proposed distances of the Point of Discharge with surrounding property lines and residences and has no reservations or objections to the location of the proposed location of the Point of Discharge.

Neighboring Resident (Signed): Angela Telfree Date: 04/30/2022

Neighboring Resident (Print): Angela Telfree

Address: 173 Bradley 18-E  
WARREN, AR 71671

Phone: 501-626-5753

Proposed Resident (Signed): Edward E. Telfree Date: 4-30-22

Proposed Resident (Print): Edward E. Telfree







## 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  $\geq 3000$  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.**

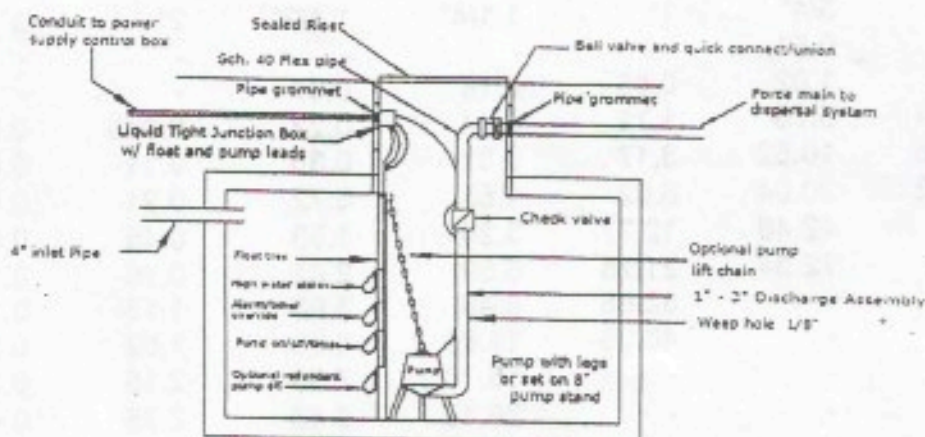
SIGNED: Edna E. Trefree SIGNED: \_\_\_\_\_  
(Property Owner) (Health Department)

DATE: 4-30-22 DATE: \_\_\_\_\_



# Standard Pump / Dose Calculation Worksheet

## Pump Tank



### To calculate Gallons per minute:

- Gallons per day + loading rate N/A sq. ft. (Example: 370 gpd ÷ .75 = 493.33 or 494 sq. ft.)
- Square footage required for system x dose rate. Specify Dose Rate N/A gal/ sq. ft. (Max dose rate is .25 gal/ sq. ft.)  
(Example: 494 sq. ft x .15 gal/sq.ft = 74.1 gal dose ) 75 gal per dose.
- Take dose rate and ÷ by number of minutes for pump run time = 20 gpm calculated. Recommended minimum pump run time is 2 minutes. Calculated pump run time 3.75 minutes per dose. Check manufacturer for best optimal run duration.  
( Example: 74.1 gal/dose ÷ 4 minutes = 18.53 or 19 gpm)

### To calculate Total Head:

- Ground elevation of distribution device 3.5" - (minus) Ground elevation pump/ dose tank 3.25' = 0.25'  
+ "Pump off" elevation in dose chamber / tank to ground (typically 4.25 ft) 4.5' = (Elevation / Static Head)
  - Distance to be pumped 75' Pipe Size: 2". Calculate Friction Loss (Use Table on back of page)  
0.76' Friction loss.
  - Add additional headloss for distribution device if not using d-box: N/A. Attach calculation sheet for the device.
  - Total Head (TDH) 5.26' (Elevation / Static Head) + Friction Loss + Distribution device (if needed) = Total Head
- Pump Selected** (brand, model) LITTLE GIANT 6EC-CIM-RF Attach pump curve and spec sheet.
- Alarm Selected** (brand, model) LITTLE GIANT 303 HWXT Attach spec sheet.

### Calculate Drawdown: Maintain enough effluent to cover the pump.

Length" x Width" x 1" ÷ 231 = Gallons per inch (Example 72" x 16" x 1" = 1152<sup>3</sup> inches ÷ 231 = 4.98 or 5 gals/ inch)

Drawdown: 11.36 gallons per inch in tank. Drawdown in inches per dose 6.6"

Set pump float and alarm float. (Maintain a minimum of 1 inch difference between the pump "on/off" float and the alarm float.

NOTE: Gallons per inch may vary between tanks/pump chambers by different manufacturers.

# Friction Loss Per 100 Feet of SCH 40 Plastic Pipe Nominal Pipe Diameter

| GPM | 1/2"  | 3/4"  | 1"    | 1 1/4" | 1 1/2" | 2"    | 3"    | 4"   |
|-----|-------|-------|-------|--------|--------|-------|-------|------|
| 1   | 2.08  | 0.51  | -     | -      | -      | -     | -     | -    |
| 2   | 4.16  | 1.02  | 0.55  | 0.14   | 0.07   | -     | -     | -    |
| 5   | 23.44 | 5.73  | 1.72  | 0.44   | 0.22   | 0.066 | 0.015 | -    |
| 7   | 43.06 | 10.52 | 3.17  | 0.81   | 0.38   | 0.11  | 0.021 | -    |
| 10  | 82.02 | 20.04 | 6.02  | 1.55   | 0.72   | 0.21  | 0.03  | -    |
| 15  | -     | 42.46 | 12.77 | 3.28   | 1.53   | 0.45  | 0.07  | -    |
| 20  | -     | 72.34 | 21.75 | 5.59   | 2.61   | 0.76  | 0.11  | 0.03 |
| 25  | -     | -     | 32.88 | 8.45   | 3.95   | 1.15  | 0.17  | 0.04 |
| 30  | -     | -     | 46.08 | 11.85  | 5.53   | 1.62  | 0.23  | 0.06 |
| 35  | -     | -     | -     | 15.76  | 7.36   | 2.15  | 0.31  | 0.08 |
| 40  | -     | -     | -     | 20.18  | 9.43   | 2.75  | 0.41  | 0.11 |
| 45  | -     | -     | -     | 25.1   | 11.73  | 3.43  | 0.51  | 0.17 |
| 50  | -     | -     | -     | 30.51  | 14.25  | 4.16  | 0.61  | 0.16 |
| 60  | -     | -     | -     | -      | 19.98  | 5.84  | 0.85  | 0.22 |
| 70  | -     | -     | -     | -      | -      | 7.76  | 1.13  | 0.31 |
| 75  | -     | -     | -     | -      | -      | 8.82  | 1.28  | 0.34 |
| 80  | -     | -     | -     | -      | -      | 9.94  | 1.44  | 0.38 |
| 90  | -     | -     | -     | -      | -      | 12.37 | 1.8   | 0.47 |
| 100 | -     | -     | -     | -      | -      | 15.03 | 2.18  | 0.58 |

\*\*\*\*\* Don't forget to add 20% for fittings\*\*\*\*\*

FORMULA: Force main + 20% + 100 x friction loss

Force main N/A' ft x .20 = N/A' + force main N/A' = equivalent pipe length N/A'

Equivalent pipe length N/A' + 100 = N/A x Friction loss N/A = Friction Headloss N/A'

Example: 125 ft of 2in SCH 40 at 25 gpm

125 ft x .20 (fitting loss) = 25 ft + 125 = 150 ft (equivalent pipe length) + 100 = 1.5 x 1.15 = 1.73 ft of Friction Headloss

Take answer and apply to front of worksheet.

Helpful conversion factors:

1 acre = 43,560 Sq. Ft. (ft<sup>2</sup>)      Inches ÷ 12 = Tenth of Foot (Ex. 6 in. ÷ 12 = 0.5 Ft.)

231 cubic inches = 1 gallon of water      1 Cu. Ft. of Water weighs = 62.4 lbs.      1 Cubic Yard = 27 Cu. Ft. (3 x 3 x 3)

1 Gallon of Water weighs = 8.34 lbs.      1 Cu. Ft. = 7.48 gallons      Volume, gallons = ft<sup>3</sup> x 7.48

Volume for a Rectangle

Volume, cu. ft. = L x W x d

(L = length; W = width; d = depth of water in tank)

Volume for a Pond

Volume, ft<sup>3</sup> = 43,560 x acres x depth

Volume for a circle

Volume, cu. ft. = 3.14 x r<sup>2</sup> x d (d=depth of water in tank)

Volume, cu. ft. = 0.785 x D<sup>2</sup> x d

VER 1.0 (10/07)



## SUMP PUMPS



Little **GIANT**

## SUMP PUMPS

### 6EC SERIES - 1/3 HP

#### APPLICATIONS

Basement sumps, dewatering, water transfer, light effluent

#### FEATURES

- Heavy-duty cast iron construction
- Permanent split capacitor (PSC) motor with thermal overload protection
- Designed for continuous duty
- Energy-saving low amp draw
- 1-1/2" FNPT discharge (38 mm)
- Handles up to 1/2" (12.7 mm) solids
- Multiple switch options for automatic operation
- 140 °F (60 °C) liquid temperature rating
- cSAus listed



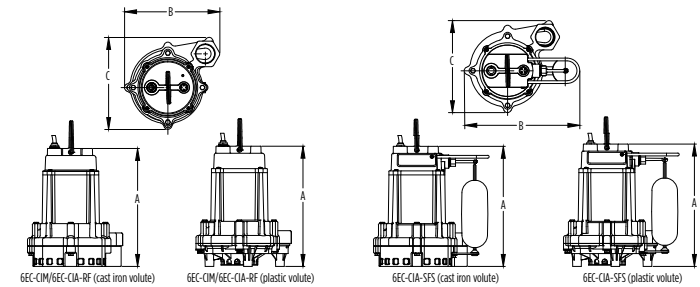
#### SERIES SPECIFICATIONS

| Volts | Hz | Amps | Watts | Performance<br>(GPM @ Height in Feet) |     |     |     | Shut-Off<br>(ft) | PSI  |
|-------|----|------|-------|---------------------------------------|-----|-----|-----|------------------|------|
|       |    |      |       | 5'                                    | 10' | 15' | 20' |                  |      |
| 115   | 60 | 5    | 600   | 53                                    | 50  | 42  | 34  | 28               | 12.1 |
| 230   | 60 | 3    | 650   | 53                                    | 50  | 42  | 34  | 28               | 12.1 |

| Item   | Model           | HP  | Volts | Base Material | Switch Type/<br>Operations | On Level                         | Off Level                      | Cord           | Weight                |
|--------|-----------------|-----|-------|---------------|----------------------------|----------------------------------|--------------------------------|----------------|-----------------------|
| 506853 | 6EC-CIA-RF      | 1/3 | 115   | Cast Iron     | Piggyback Mechanical Float | 13" - 15"<br>(33.2 cm - 38.1 cm) | 6" - 8"<br>(15.2 cm - 20.3 cm) | 10'<br>(3 m)   | 33.5 lbs<br>(15.2 Kg) |
| 506803 | 6EC-CIA-RF      | 1/3 | 115   | Polypropylene | Piggyback Mechanical Float | 13" - 15"<br>(33.2 cm - 38.1 cm) | 6" - 8"<br>(15.2 cm - 20.3 cm) | 10'<br>(3 m)   | 27.5 lbs<br>(12.5 Kg) |
| 506838 | 6EC-CIA-RF      | 1/3 | 115   | Cast Iron     | Piggyback Mechanical Float | 13" - 15"<br>(33.2 cm - 38.1 cm) | 6" - 8"<br>(15.2 cm - 20.3 cm) | 20'<br>(6.1 m) | 35.5 lbs<br>(16.1 Kg) |
| 506855 | 6EC-CIA-SFS     | 1/3 | 115   | Cast Iron     | Integral Snap-Action Float | 8" - 11"<br>(20.3 cm - 27.9 cm)  | 2" - 5"<br>(5.1 cm - 12.7 cm)  | 10'<br>(3 m)   | 34 lbs<br>(15.4 Kg)   |
| 506807 | 6EC-CIA-SFS     | 1/3 | 115   | Polypropylene | Integral Snap-Action Float | 8" - 11"<br>(20.3 cm - 27.9 cm)  | 2" - 5"<br>(5.1 cm - 12.7 cm)  | 10'<br>(3 m)   | 28 lbs<br>(12.7 Kg)   |
| 506860 | 6EC-CIA-SFS     | 1/3 | 115   | Cast Iron     | Integral Snap-Action Float | 8" - 11"<br>(20.3 cm - 27.9 cm)  | 2" - 5"<br>(5.1 cm - 12.7 cm)  | 20'<br>(6.1 m) | 35 lbs<br>(15.9 Kg)   |
| 506804 | 6EC-CIA-SFS     | 1/3 | 115   | Polypropylene | Integral Snap-Action Float | 8" - 11"<br>(20.3 cm - 27.9 cm)  | 2" - 5"<br>(5.1 cm - 12.7 cm)  | 20'<br>(6.1 m) | 29 lbs<br>(13.5 Kg)   |
| 506851 | 6EC-CIM         | 1/3 | 115   | Cast Iron     | Manual                     | —                                | —                              | 10'<br>(3 m)   | 32.5 lbs<br>(14.7 Kg) |
| 506801 | 6EC-CIM         | 1/3 | 115   | Polypropylene | Manual                     | —                                | —                              | 10'<br>(3 m)   | 26.5 lbs<br>(12 Kg)   |
| 506852 | 6EC-CIM         | 1/3 | 115   | Cast Iron     | Manual                     | —                                | —                              | 20'<br>(6.1 m) | 33.5 lbs<br>(15.2 Kg) |
| 506802 | 6EC-CIM         | 1/3 | 115   | Polypropylene | Manual                     | —                                | —                              | 20'<br>(6.1 m) | 27.5 lbs<br>(12.5 Kg) |
| 506806 | 6EC-CIM (Black) | 1/3 | 115   | Polypropylene | Manual                     | —                                | —                              | 20'<br>(6.1 m) | 27.5 lbs<br>(12.5 Kg) |
| 506854 | 6EC-CIM         | 1/3 | 115   | Cast Iron     | Manual                     | —                                | —                              | 25'<br>(7.6 m) | 34 lbs<br>(15.4 Kg)   |
| 506800 | 6EC-CIM         | 1/3 | 127   | Polypropylene | Manual                     | —                                | —                              | 20'<br>(6.1 m) | 27.5 lbs<br>(12.5 Kg) |

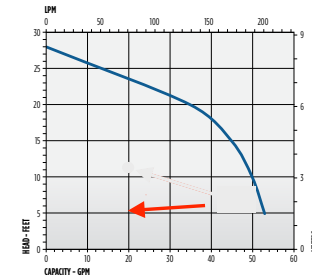
### 6EC SERIES - 1/3 HP

#### ENGINEERING DATA



| Model       | Base          | A                 | B                 | C                |
|-------------|---------------|-------------------|-------------------|------------------|
| 6EC-CIA-SFS | Polypropylene | 11.28" (286.5 mm) | 10.66" (270.8 mm) | 8.48" (215.5 mm) |
|             | Cast Iron     | 11.07" (281.2 mm) | 10.66" (270.8 mm) | 8.48" (215.5 mm) |
| 6EC-CIA-RF  | Polypropylene | 11.08" (281.5 mm) | 8.79" (223.4 mm)  | 8.48" (215.5 mm) |
|             | Cast Iron     | 10.91" (276.2 mm) | 8.79" (223.4 mm)  | 8.48" (215.5 mm) |
| 6EC-CIM     | Polypropylene | 11.08" (281.5 mm) | 8.79" (223.4 mm)  | 8.48" (215.5 mm) |
|             | Cast Iron     | 10.91" (276.2 mm) | 8.79" (223.4 mm)  | 8.48" (215.5 mm) |

#### PERFORMANCE DATA



#### CONSTRUCTION

|                       |                                       |
|-----------------------|---------------------------------------|
| Cover                 | Epoxy-coated cast iron                |
| Motor Housing         | Epoxy-coated cast iron                |
| Impeller Material     | Nylon                                 |
| Volute                | Epoxy-coated cast iron                |
| Mechanical Shaft Seal | Nitrile with carbon and ceramic faces |
| Fasteners             | Stainless steel                       |
| Shaft                 | Cold-rolled steel                     |
| Bearings              | Upper and lower ball bearings         |
| Power Cord            | SJTW, SJTOW (506854)                  |



Hotline: 1.800.701.7894 | [www.littlegiant.com](http://www.littlegiant.com)

Spec Sheet 996785

# Wastewater

## 303 HWXT

### Applications

- The Little Giant 303 HWXT Series is an ideal indoor high water alarm for use in lift pump chambers, sump pump basins, holding tanks, sewage, and wastewater removal

### Features

- Enclosure meets Type 3R water-tight standards
- Automatic alarm re-set, horn silence switch and alarm test switch
- Alarm horn sounds at 82 decibels at 10' (3 m)
- Alarm system (when installed on separate circuit) operates even if pump circuit fails
- Complete package includes mechanical float control switch with 15' (4.57 m) of cable and pipe clamp for mounting
- Extra value includes pre-mounted terminal block so enclosures can also be used as a junction box for splicing pump, pump switch and power. Meets NEC standard for junction boxes
- UL listed for indoor or outdoor use under UL standard 864

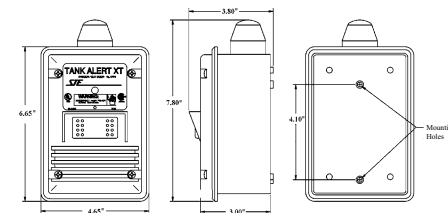
### Specifications

- Voltage: 120 VAC, 50/60 Hz, 7 watts max (alarm condition)
- Alarm Enclosure: 6.5" x 4.5" x 3.0" (16.51 x 11.43 x 7.62 cm), indoor-outdoor, weatherproof, thermoplastic and meets Type 3R water-tight standards
- Pre-mounted terminal block
- Alarm Beacon: Meets Type 3R standards
- Test/Silence Switch: Certified to IP66 and IP68 standards
- Float Switch: SJE SignalMaster® control switch with pipe clamp
- Cable: 15' (4.57 m), flexible 18 gauge, 2 conductor (UL SJOW and water-resistant (CPE)
- Float: 3.38" dia. x 4.55" long (8.58 cm x 11.56 cm), high impact, corrosion resistant PVC housing for use in sewage and non-potable water up to 140 °F (60 °C)

**LittleGIANT**

Wastewater • Water Systems • HVAC • Industrial • Engineered Products

### Engineering Data



### Specifications

| Item No. | Model No. | Primary Voltage |
|----------|-----------|-----------------|
| 513273   | 303 HWXT  | 120 V 60 Hz     |

### General Installation Instructions

#### Installing the Float Switch

- Determine desired activation level (see Figure A). Position float to activate prior to threatening liquid level condition. To adjust activation level, move pipe clamp up or down on discharge pipe.
- Place the cord into the clamp as shown in Figure B.
- Locate the clamp at the desired activation level and secure the clamp to the discharge pipe as shown in Figure B. NOTE: Do not install cord under hose clamp.
- Tighten the hose clamp using a screwdriver. Over-tightening may result in damage to the plastic clamp. Make sure the float cable is not allowed to touch the excess hose clamp band during operation.

#### Installing the Alarm

- Mount alarm box using existing holes in back of box. To ensure water-tight seal, use screws and sealing washers included with alarm. Note: Screws are to be located over wall stud or used with a wall anchor sized for a #8 x 1.25 self tapping screw.
- Determine "conduit-in" locations on alarm as shown in Figure C. Note: When used with a pump application, connect alarm to a circuit separate from the pump circuit. This allows alarm to continue to operate if the pump circuit fails.
- Drill holes for conduit entry, taking care not to damage bosses inside alarm box.
- Attach conduit. If alarm includes pre-mounted terminal block option, refer now to the Terminal Block Option Wiring Instructions.
- Bring float switch cable through conduit and wire to terminal block positions 1 and 2 as shown in Figure B.
- Wire power conductors to terminal block positions 3 and 4 and ground wire to ground termination post as shown in Figure B. Note: If terminal block option is used, attach ground wire as shown in Figure A of Terminal Block Option Wiring Instructions.
- If remote device is used, connect wires as shown in Figure B using supplied wire nuts.
- Attach alarm box cover using the four pre-installed screws.
- Turn on power. Light on switch should come on.
- Check installation by manually tipping the float. The horn and beacon should turn on.
- Push silence switch to test silence feature.
- Test unit once per week to insure proper operation.

### Typical Installation

Figure A

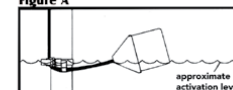


Figure B

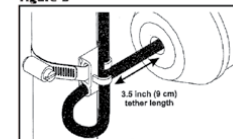
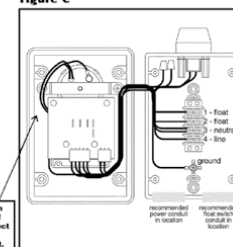


Figure C



**Franklin Electric**

P.O. Box 12010  
Oklahoma City, OK 73157-2010  
Phone: 1.800.701.7894  
www.LittleGiantPump.com

Form 995225 — 04/13



SINGULAIR GREEN® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM

MODELS 960 AND TNT WITH SERVICE PRO® CONTROL CENTER

## SPECIFICATIONS

### GENERAL SPECIFICATIONS

The contractor shall furnish and install one complete Singulair Green Bio-Kinetic wastewater treatment system with all necessary parts and equipment as described in the following specifications. Treatment of the domestic wastewater shall be accomplished by the extended aeration process with non-mechanical flow equalization, pretreatment of the influent and filtration of the final effluent. The treatment system shall provide primary, secondary and tertiary treatment of the wastewater flow, and if required, chlorination and dechlorination of the effluent prior to discharge. All treatment processes shall be contained within a single tank which shall be manufactured using high density polyethylene resin. The wastewater treatment system shall be a Singulair Green as manufactured by Norweco, Inc., Norwalk, Ohio, USA. Systems not including integral pretreatment or non-mechanical flow equalization shall not be considered for this application.



The wastewater treatment system shall include high density polyethylene tankage providing separate pretreatment, aeration and final clarification chambers. The tankage shall be furnished with a Schedule 40 PVC inlet hub, removable sealed pretreatment cover, submerged transfer ports, aerator mounting riser with removable vented cover, molded outlet coupling, Bio-Kinetic system mounting riser with removable sealed cover and Schedule 40 PVC outlet hub. Principal items of electro-mechanical equipment supplied with the Singulair Green wastewater treatment system shall be a UL Listed 1725 RPM mechanical aerator, UL Listed Service Pro electrical control center, Bio-Static sludge return and a Bio-Kinetic tertiary treatment device for flow equalization and final filtration of system effluent.

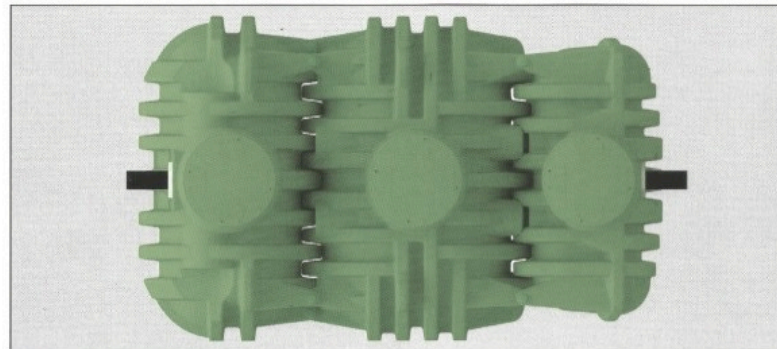
SPECIFICATION

### OPERATING CONDITIONS

The Singulair Green system shall be certified to treat up to 600 GPD (gallons per day) of domestic wastewater. Total holding capacity of the system shall provide a minimum of 48 hour retention of the daily flow. The pretreatment chamber shall provide at least 18 hour retention, the extended aeration chamber shall provide at least 24 hour retention and the clarification chamber shall provide at least 6 hour retention. The non-mechanical flow equalization device shall increase each individual chamber and total system retention time in direct proportion to loading. Design of the system shall include a compartmented tank and a non-mechanical flow equalization device to insure successful treatment performance without upset even when the significant runoff period is six hours. Hydraulic design considerations of the system and flow equalization device shall be such that intermittent peak flow factors as high as four shall not upset hydraulic reliability within the system. Capability of the system to perform as outlined shall be certified by an independent testing laboratory and approved for use by the local governing regulatory agency.

### PRETREATMENT CHAMBER

The pretreatment chamber shall be an integral part of the wastewater treatment system. All domestic wastewater shall be preconditioned and flow equalized while passing through the pretreatment chamber prior to being introduced to the extended aeration chamber. The outlet of the pretreatment chamber shall be equipped with a discharge tee that extends vertically into the liquid so that only the preconditioned equalized flow from the center area of the chamber is displaced to the extended aeration chamber. The discharge tee and transfer port shall be of adequate size to handle a peak flow factor of four without restricting the outlet and disturbing hydraulic displacement to the extended aeration chamber. A removable inspection cover shall be incorporated into the top of the pretreatment chamber to allow tank and transfer tee inspection.



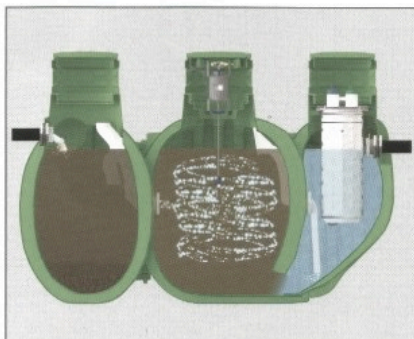
### AERATION CHAMBER

The extended aeration chamber shall provide in excess of 24 hour retention of the equalized daily flow. The chamber shall be of sufficient size to provide a minimum of 80 cubic feet of tank capacity per pound of applied BOD. The aeration chamber shall be an integral part of the system flow path and configured to insure effective mixing of microorganisms, wastewater and fresh air. No area of the chamber shall be isolated from process mixing, thereby eliminating dead or quiescent areas of the treatment chamber which are detrimental to the treatment process. Influent into the aeration chamber shall be preconditioned, equalized flow from the pretreatment chamber and settled solids via the Bio-Static sludge return.



## FINAL CLARIFICATION CHAMBER

The final clarification chamber shall consist of 5 functionally independent zones operating together to provide satisfactory settling and clarification of the equalized flow. An inlet zone shall be provided and shall dissipate transfer turbulence at the flow inlet of the clarification chamber. Its performance shall also eliminate turbulence in other zones of the clarifier. Liquid shall be hydraulically displaced from the inlet zone to the sludge return zone. Hydraulic currents shall sweep settled sludge from the hoppers and return these solids via the inlet zone to the aeration chamber. As solids are removed, liquid is displaced to the hopper zone of the clarifier. In this zone, settling by gravity takes place. Three of the four sidewalls are slanted to form a hopper which directs all settled material back to the sludge return zone. Clarified liquid from the hopper zone shall be displaced into the final settling zone to provide additional clarification of the liquid. The liquid is displaced to the outlet zone for final filtration and discharge from the system. Non-mechanical equalization of the flow, through all 5 zones, shall provide optimal settling and clarification.

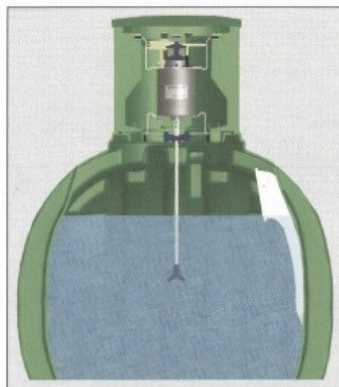


## BIO-STATIC® SLUDGE RETURN

A Bio-Static sludge return shall be mounted into the opening in the aeration/clarification chamber wall to provide positive return of settled solids. Aeration chamber hydraulic currents shall enter the sludge return and be directed through the Bio-Static device into the second zone of the clarification chamber. The Bio-Static sludge return shall accomplish resuspension and return of settled solids without disturbing the clarified liquid in the final settling zone and outlet zone.

## MECHANICAL AERATOR

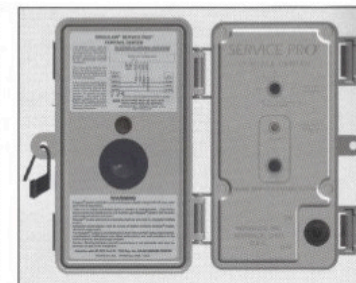
The Singlair aerator shall be installed in a rotationally molded, heavy duty, high density polyethylene aerator mounting riser above the aeration chamber. Fresh air shall be supplied through an injection molded, heavy duty, glass-filled polypropylene access cover above the aerator. The vented access cover shall be secured to the mounting riser with four fasteners. The aerator shall be UL Listed and include plated mounting brackets, NEMA 6 rated electrical connector, fractional horsepower motor, molded plastic lifting handle, molded plastic air intake screens, molded plastic foam restrictor, stainless steel aspirator shaft and molded glass-filled nylon aspirator tip. The motor shall contain precision manufactured o-ring type seals installed between the motor shell and the machined aluminum endbells to insure watertight integrity. Molded Viton elastomer shaft seals shall protect the bearings from contamination. Only the stainless steel aspirator shaft and glass-filled nylon aspirator tip shall be in contact with the liquid. There shall be no submerged electrical motors, bearings or fixed air piping in the aeration system. The Singlair aerator motor shall not exceed the motor nameplate rating when installed and operated as recommended. The fractional horsepower aerator motor shall be equipped with a foam restrictor to protect the motor against high water and foam. The motor shall be 4 pole, 1725 RPM, 115 volt, 60 hertz, single phase, ball bearing constructed with a 1.0 service factor. It shall draw 4.0 amps when operating at the rated nameplate voltage. Aerators without UL listing have not demonstrated compliance with international electrical standards for safety and reliability and shall not be considered for this application.



# BIO-KINETIC

## SERVICE PRO® CONTROL CENTER

The Service Pro electrical control center shall control all aspects of treatment plant operation using a microprocessor based platform. The prewired control center shall contain nonvolatile memory to prevent the loss of programming in the event of a power failure. For protection of wiring and components, the electrical controls shall be mounted in an injection molded, lockable, corrosion proof, NEMA rated enclosure designed specifically for outdoor use. The enclosure shall be equipped with a tamper evident seal to discourage unauthorized access. The Service Pro control center shall be a UL Listed assembly and shall include a time clock, alarm light, audible alarm, reset button and power switch. The control center shall monitor all treatment system operating conditions including aerator over current, aerator under current and open motor circuit. In the event the control center detects one of these conditions, power to the aerator shall be interrupted, a diagnostic sequence shall begin and the visual alarm shall activate. After a programmed recovery interval, an automatic restart attempt shall be initiated. If normal aerator operation does not resume during 24 programmed recovery and restart cycles, the audible alarm shall activate.



## TIME CLOCK

The aerator run cycle shall be controlled by an adjustable, prewired time clock. The minimum setting shall not permit the aerator to be "off" for more than 30 minutes per hour. It shall be adjustable in 5 minute increments and designed such that any adjustment results in additional run time up to "continuous" operation (60 minutes per hour). The Service Pro TNT controls shall include a non-adjustable time clock. Use of a time clock can seriously affect system performance and operating cost. Systems that have not been performance certified at the minimum time clock setting by an independent testing laboratory shall not be considered for this application.

## SERVICE PRO® ADVANCED CONTROLS (Optional)

Advanced system control options shall be available for all Singlair Green Bio-Kinetic wastewater treatment systems. Service Pro control center options include the Service Pro control center with Monitoring, Compliance and Diagnostic (MCD) technology and the Service Pro control center with Total Nitrogen Treatment (TNT) technology.

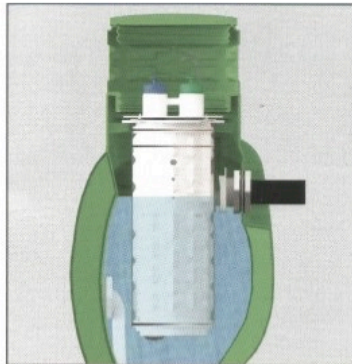
The Service Pro control center with MCD technology shall be a UL Listed assembly and shall include a time clock, integral telemetry system, main alarm light, power light, phone light, aerator alarm light, three auxiliary alarm lights, reset button and power switch. The control center shall monitor all treatment system operating conditions including aerator over current, aerator under current and open motor circuit. In the event the control center detects one of these conditions, power to the aerator shall be interrupted, a diagnostic sequence shall begin and the visual alarm shall activate. After a programmed recovery interval, an automatic restart attempt shall be initiated. If normal aerator operation does not resume during 24 programmed recovery and restart cycles, the audible alarm shall activate and the telemetry system shall report the specific condition to the Service Pro monitoring center. In the event that any of the auxiliary inputs detect abnormal operation of the treatment system auxiliary equipment, the audible and visual alarms shall immediately activate and the telemetry system shall report the alarm condition to the monitoring center.

The Service Pro TNT control center shall provide the same Monitoring, Compliance and Diagnostic functions as the Service Pro control center with MCD technology. However, the Service Pro TNT control center shall include a non-adjustable time clock. The non-adjustable time clock shall create a 60 minute aeration cycle followed by a 60 minute anoxic cycle during which the aerator shall be off. This aeration cycle shall insure Total Nitrogen Treatment of the wastewater.

# SPECIFICATIONS

## BIO-KINETIC® SYSTEM

A Bio-Kinetic system shall be installed in the mounting riser above the clarification chamber. The Bio-Kinetic system shall provide non-mechanical flow equalization through all plant processes including pretreatment, aeration, clarification, tertiary filtration, chlorination and dechlorination. The assembly shall be supplied with locking lugs and removable moisture/vapor shield and shall consist of a design flow and peak flow micronically molded filter, baffled perimeter settling zone, flow distribution deck, lifting handles, level indicator, adjustment lugs, optional chlorination feed tube, unbaffled perimeter settling zone, solids contact zone, vertical inlet zone, compartmented settling zone consisting of 42 baffled chamber plates, effluent stilling well, final discharge zone, adjustable outlet weir, optional dechlorination feed tube, outlet zone and gasketed discharge flange. All components shall be manufactured from inert synthetic materials or rubber, assembled in circular fashion and connected to a plastic outlet coupling. The outlet coupling shall accept a 4" diameter, Schedule 40 PVC pipe. The Bio-Kinetic system shall be installed with the inverts of the design flow equalization ports located at the normal liquid level of the clarifier. If intermittent flow rates exceed the capacity of the design flow ports, flow shall be held upstream until the intermittent flow dissipates. If the intermittent flow continues to increase, the liquid level may reach a pair of sustained flow equalization ports. With four ports in use, flow through the system increases while continuing to provide flow equalization to all upstream and downstream processes. Peak flow equalization ports are supplied but should not be required. Optional Blue Crystal and Bio-Max tablet feed tubes shall be positioned such that the flow-activated chemical cannot contact the liquid upstream of the feed tubes.



## FLOW EQUALIZATION

The wastewater treatment system shall include a demand use, non-mechanical, flow equalization device. The device shall control normal residential flow rates and reduce typical residential flow surges. The flow equalization rate shall be dependent upon the specific loading pattern and the duration of flow surges. At the 600 GPD (gallons per day) NSF Standard 40 design loading schedule, minimum performance of the device shall equalize daily flow an average of 50%.

## SERVICE PRO® MONITORING CENTER

The Service Pro monitoring center shall include a 128 bit encrypted password protected website for interface with the monitoring center database. Access to the secure website shall be obtained through a unique user name and password that provides tiered access to data from monitored treatment systems. Access level tiers shall include dealers, service providers, regulatory agencies and individual system owners. Dealers and service providers shall be able to create accounts, maintain service records and grant regulatory agencies access to the information. Individual system owners shall be able to view information regarding their own systems, as well as download instructional information. Integrity of stored data shall be maintained through the use of multiple servers operating in geographically isolated locations.



## BLUE CRYSTAL® CHLORINATION SYSTEM (Optional)

The Singulair Green system shall be furnished complete with a tablet feed tube and a six month supply of Blue Crystal disinfecting tablets. Blue Crystal tablets shall be specifically formulated for consistent chlorine dosage and effluent disinfection to the sustained, variable and intermittent flows that are typical of domestic wastewater treatment systems. The tablets shall be manufactured from pure calcium hypochlorite and contain a minimum of 70% available chlorine. Each tablet shall be 2 1/8" diameter, compressed to a 1" thickness, weigh approximately 5 ounces and be white in color with blue crystals for easy identification. The tablets shall dissolve in direct proportion to the flow rate, releasing controlled amounts of chlorine.

## BIO-MAX® DECHLORINATION SYSTEM (Optional)

The Singulair Green system shall be furnished complete with a tablet feed tube and a six month supply of Bio-Max dechlorination tablets. The dechlorination tablets shall contain 92% sodium sulfite as the active ingredient and shall be specially formulated to chemically neutralize both free and combined chlorine. Each tablet shall be 2 1/8" diameter, compressed to a 1 1/8" thickness, weigh approximately 5 ounces and be green in color for easy identification. The tablets shall dissolve slowly, releasing controlled amounts of chemical for the instantaneous removal of residual chlorine from the system effluent.

## WARRANTY AND EXCHANGE PROGRAM

The manufacturer shall provide a three year limited warranty for each Singulair aerator, control center, Bio-Kinetic system and any other electro-mechanical components purchased from the manufacturer. The comprehensive aerator exchange program offers a lifetime of equipment protection. The dealer shall provide warranty and exchange information to the regulatory agency, contractor and customer as required.



## EQUIPMENT MANUFACTURER

The equipment specified herein shall be the product of a manufacturer having a minimum of seven years experience in the construction of prefabricated wastewater treatment equipment and systems. Bids shall be prepared on the basis of the equipment and material specified herein for purposes of determining the low bid. This is not done, however, to eliminate other products or equipment of equal quality and efficiency. If equipment is to be substituted, approval of such substitution must be made prior to execution of any order. It is assumed that substitution will result in a reduction of cost to the contractor and that if accepted, these savings will be passed along by a reduction in the base bid.

**norweco®**  
Engineering the future of water  
and wastewater treatment

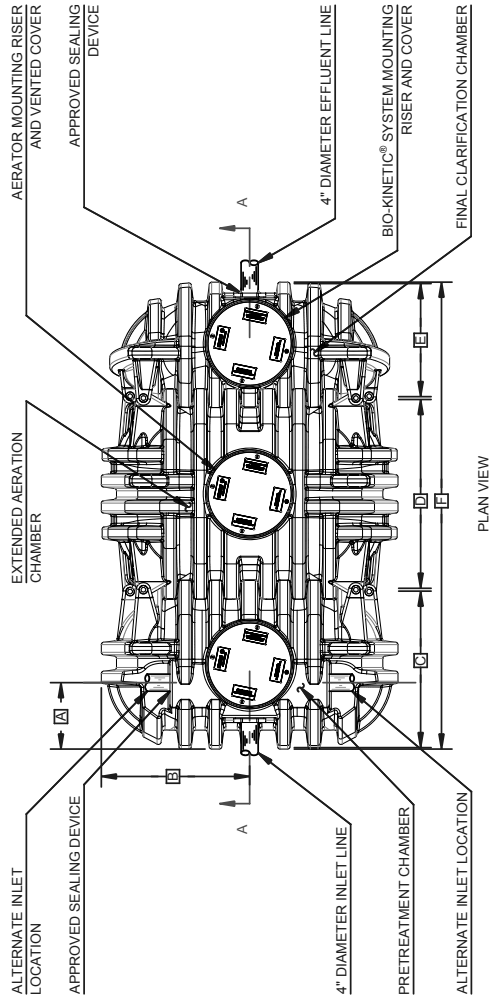
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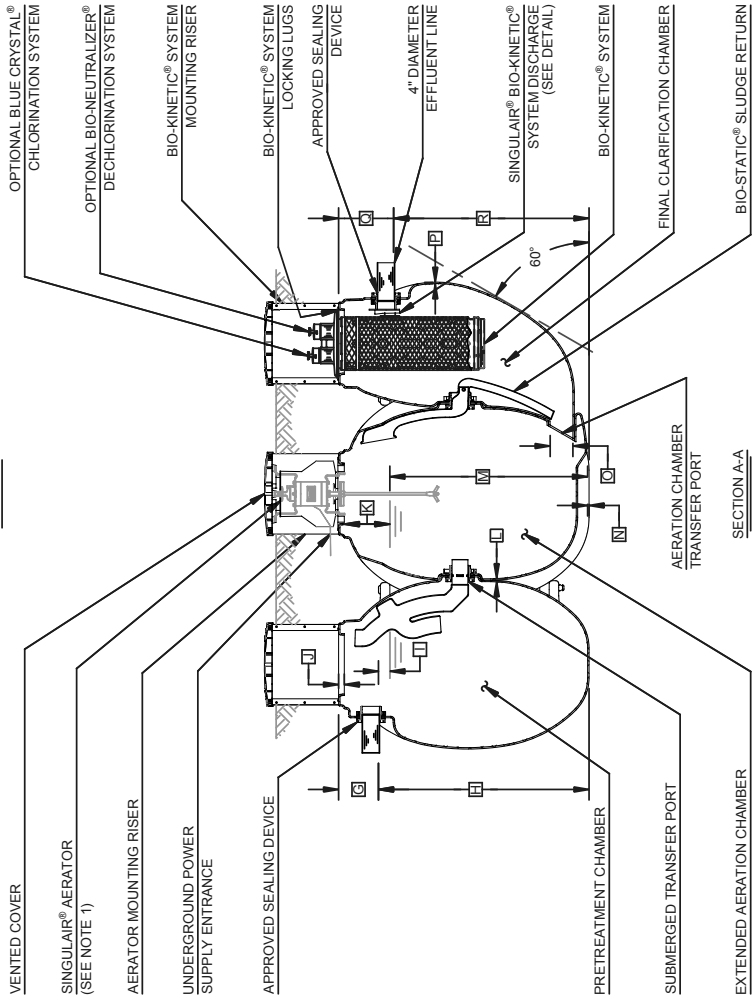
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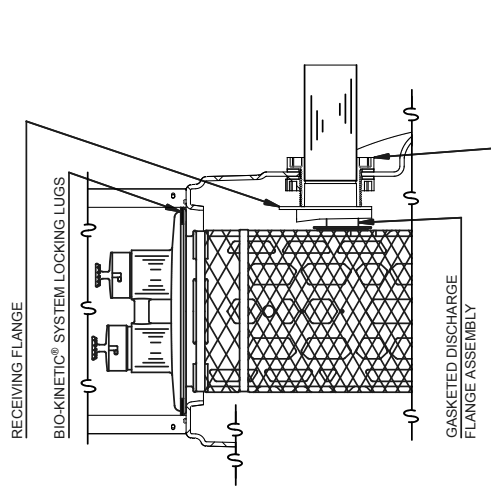




PLAN VIEW

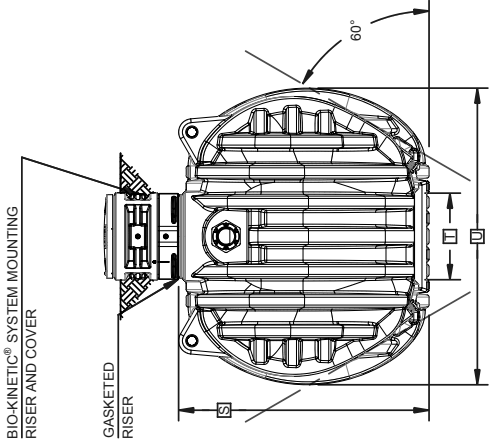


SECTION A-A



APPROVED SEALING DEVICE TO 4" DIAMETER EFFLUENT LINE

BIO-KINETIC® SYSTEM DISCHARGE DETAIL



OUTLET END VIEW

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS  
 RATED CAPACITY: 600 GALLONS PER DAY

GENERAL NOTES:

- 1 SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
- 2 FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TEN AND ONE HALF INCHES BELOW TANK TOP.
- 3 ON DEEPER INSTALLATIONS, RISERS MUST BE USED TO EXTEND AERATOR MOUNTING RISER AND BIO-KINETIC® SYSTEM MOUNTING RISER TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- 4 REMOVABLE COVERS ON RISERS ARE EACH SECURED TO PREVENT UNAUTHORIZED ACCESS.
- 5 CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

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

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

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

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

| CRITICAL DIMENSIONS |             |
|---------------------|-------------|
| A                   | 1'- 5 1/2"  |
| B                   | 3'- 3"      |
| C                   | 3'- 5 1/4"  |
| D                   | 4'- 1 3/4"  |
| E                   | 2'- 5 3/4"  |
| F                   | 10'- 3"     |
| G                   | 0'- 10 1/2" |
| H                   | 4'- 7 1/2"  |
| I                   | 0'- 3"      |
| J                   | 0'- 1 1/2"  |
| K                   | 1'- 0"      |
| L                   | 0'- 0 3/4"  |
| M                   | 4'- 4"      |
| N                   | 0'- 0 3/8"  |
| O                   | 0'- 6"      |
| P                   | 0'- 0 3/8"  |
| Q                   | 1'- 2 1/2"  |
| R                   | 4'- 3 1/2"  |
| S                   | 5'- 6"      |
| T                   | 1'- 11"     |
| U                   | 6'- 6"      |
| V                   | 0'- 3"      |
| X                   | 1'- 0"      |
| Y                   | 0'- 0 3/4"  |
| Z                   | 4'- 4"      |

U.S. AND FOREIGN PATENT PENDING

SINGULAIR® GREEN  
 990 - 500 SYSTEM

|       |          |         |        |
|-------|----------|---------|--------|
| DATE  | 04-09-12 | REVISED | A      |
| BY    | MMX      | FOR     | BOS    |
| CHKD  | JMM      | DATE    | 8-4-10 |
| APP'D | NTS      | PC      | 5-7123 |

|  |  |  |  |  |                |  |  |  |  |
|--|--|--|--|--|----------------|--|--|--|--|
| <b>INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT</b> |  |  |  |  |                |  |  |  |  |
| Applicant's Name <u>EDWARD TOLEFREE</u>                  |  |  |  |  | Permit # _____ |  |  |  |  |

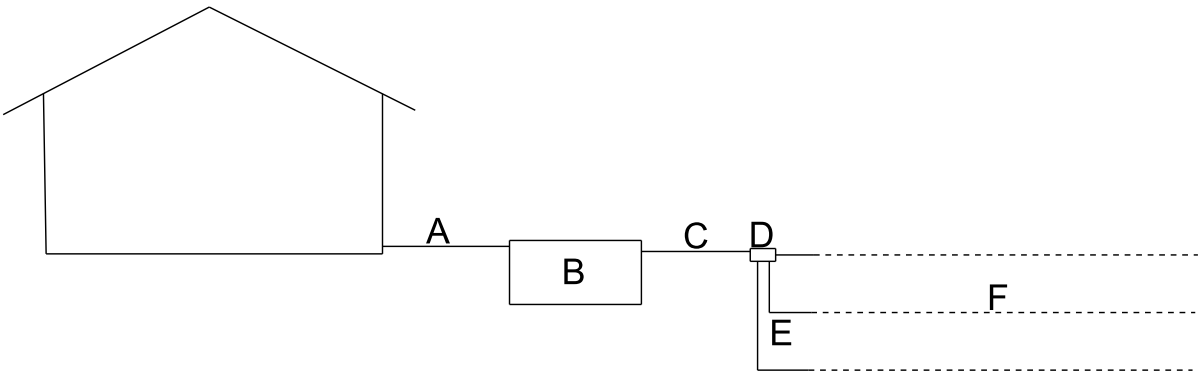
| PLAT DRAWING |  | Y | N | EHP-19                       |   | Y | N |
|--------------|--|---|---|------------------------------|---|---|---|
| 1            | Scale 1:20 or 1:30 indicated and used  | ↓ |   | 19                           | Application submitted in triplicate   | ↓ |   |
| 2            | North indicated  | ↓ |   | 20                           | Items 1-15 filled in adequately and accurately                              | ↓ |   |
| 3            | Benchmark indicated  | ↓ |   | 21                           | Vicinity Map provided   | ↓ |   |
| 4            | Slope Indicated  | ↓ |   | 22                           | Directions provided   | ↓ |   |
| 5            | Property lines defined and dimensions shown                                      | ↓ |   | 23                           | Items 17-19 filled in adequately (if applicable)                            | ↓ |   |
| 6            | Distance to two opposing property lines shown                                    | ↓ |   | 24                           | Item 20 filled in accurately  | ↓ |   |
| 7            | Structures and their dimensions shown  | ↓ |   | 25                           | Items 21 and 23 signed and dated  | ↓ |   |
| 8            | Setbacks indicated (utilities, geographic features, etc.)                        | ↓ |   | EHP-6 attached and completed |   | ↓ |   |
|              |  |   |   | <b>PUMP SYSTEMS</b>          |   | Y | N |
| 9            | Driveway and parking area dimensions shown (if applicable)                       | ↓ |   | 26                           | All pump calculations provided  | ↓ |   |
| 10           | Ground elevation shots indicated   | ↓ |   | 27                           | Pump selected has a pump curve attached                                     | ↓ |   |
| 11           | Flow-line elevation shots calculated and shown                                   | ↓ |   | 28                           | Alarm selected has a spec sheet attached                                    | ↓ |   |
| 12           | Location, elevation, and distance of well shown (100 ft)                         | ↓ |   | 29                           | Distribution device (spider valve, hydrosplitter, etc.) spec sheet attached | ↓ |   |
| 13           | Location, elevation, and distance of surrounding property's wells shown (100 ft) | ↓ |   | <b>OMP SYSTEMS</b>           |   | Y | N |
| 14           | Primary absorption area located and sized accurately                             | ↓ |   | 30                           | OPM contract signed by a certified provider                                 | ↓ |   |
| 15           | Alternate absorption area located and sized accurately                           | ↓ |   | 31                           | Aerobic unit spec sheet attached  | ↓ |   |
| 16           | Location of soil pits/perc holes shown for primary and alternate area            | ↓ |   | 32                           | Disinfection type indicated   | ↓ |   |
| 17           | Clean out and stub out shown   | ↓ |   | 33                           | Disinfection type spec sheet provided                                       | ↓ |   |
|              |  |   |   | <b>PRE-SITE REVIEW</b>       |   | Y | N |
| 18           | Unusual site conditions indicated (pond, sinkholes, etc.)                        | ↓ |   | 34                           | All system components staked and identified                                 | ↓ |   |
|              |  |   |   | 35                           | Primary area lateral lines flagged and on contour                           | ↓ |   |
|              |  |   |   | 36                           | Alternate area flagged and on contour                                       | ↓ |   |
|              |  |   |   | 37                           | Perc holes/test pits flagged  | ↓ |   |

NOTE: Justify items checked "N" in the Comments Section.

**Comments:**

|                 |                      |
|-----------------|----------------------|
| EHS Name: _____ | Assessor Name: _____ |
| EHP-19a (7/09)  | Date: _____          |

PIPE SPECIFICATIONS



|   | Name                | Pipe Approved   |
|---|---------------------|---|
| A | House Sewer Line    | Schedule 40 PVC<br>Schedule 40 ABS<br>Schedule 40 ABS Foam Core                               |
| B | Septic Tank         | Approved Sanitary T's<br>Inlet and outlet   |
| C | Effluent Line       | To solid ditch bottom, same as A.<br>Beyond that point, SDR 35<br>or ASTM 3034, or same as A. |
| D | Distribution Device | Approved device as indicated on plans.  |
| E | Solid Manifold Pipe | Same as C   |
| F | Absorption line     | Approved means of absorption<br>as indicated on plans.<br>Pipe and gravel use ASTM 2729       |



# Arkansas Department of Health

## Environmental Health Protection

Receipt No.

### Individual Onsite Wastewater System Installation Specifications

(Must be signed and returned to ADH Authorized Agent within five working days.)

|                    |           |   |
|--------------------|-----------|---|
| Name of Applicant  |           | TB = Trench Bottom Elevation<br>PE = Top of Pipe Elevation<br>GE = Ground Elevation<br>FL = Flow Line Elevation (Top of Pipe Elev. + 4")<br>TE = Tank Lid Elevation |
| Location of System |           |   |
| Name of Installer  | License # |   |

|                  |     |                |     |                            |                   |
|------------------|-----|----------------|-----|----------------------------|-------------------|
| Septic Tank Size | Gal | Dose Tank Size | Gal | Drawdown Inches            | Benchmark         |
| Type of System   |     |                |     | Number and Length of Lines | at ft             |
| Orifice Head     | ft  | Pump Run       | min | sec                        | Pump Rest min sec |

|              |    |              |
|--------------|----|--------------|
| Trench Media |    | Trench Width |
| Stub-out     | FL | GE           |

|             |    |    |    |                  |    |    |    |
|-------------|----|----|----|------------------|----|----|----|
| Tank Inlet  | FL | GE | TE | Dose Tank Inlet  | FL | GE | TE |
| Tank Outlet | FL | GE | TE | Dose Tank Outlet | FL | GE | TE |

|             |    |    |              |    |    |               |    |    |
|-------------|----|----|--------------|----|----|---------------|----|----|
| D-box Inlet | FL | GE | D-box Outlet | FL | GE | Other Devices | GE | PE |
|-------------|----|----|--------------|----|----|---------------|----|----|

#### Line 1

|             |           |        |     |
|-------------|-----------|--------|-----|
| Line Length | Beginning | Middle | End |
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

#### Line 2

|             |           |        |     |
|-------------|-----------|--------|-----|
| Line Length | Beginning | Middle | End |
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

#### Line 3

|             |           |        |     |
|-------------|-----------|--------|-----|
| Line Length | Beginning | Middle | End |
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

#### Line 4

|             |           |        |     |
|-------------|-----------|--------|-----|
| Line Length | Beginning | Middle | End |
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

Receipt No.

**Line 5**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

**Line 6**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

**Line 7**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

**Line 8**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

**Line 9**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

**Line 10**

| Line Length | Beginning | Middle | End |
|-------------|-----------|--------|-----|
|             | TB        | TB     | TB  |
|             | GE        | GE     | GE  |

Environmental Health Specialist \_\_\_\_\_ Date \_\_\_\_\_

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