

**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): Chelsey Cotton Operator Type:  
Permittee Mailing Address: 472 Grant 65 ☐ State ☐ Partnership  
Permittee City: Sheridan ☐ Federal ☐ Corporation\*  
Permittee State: Arkansas Zip: 72150 ☒ Sole Proprietorship/Private  
Permittee Telephone Number: 870-723-5670 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: NA The legal name of the Permittee must be  
Permittee E-mail Address: chelseywoodall@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: \_\_\_\_\_  
Invoice Mailing Company: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Invoice Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**III. FACILITY INFORMATION**

Facility Name: Cotton Residence Facility Contact Person: NA  
Facility Address: 472 Grant 65 Telephone Number: 870-723-5670  
Facility County: Grant Facility City, State & Zip: Sheridan, Ar, 72150  
Facility Latitude: 34 Deg 17 Min 11.68 Sec Facility Longitude: 92 Deg 23 Min 25.89 Sec  
Datum  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ : \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_

**IV. DISCHARGE INFORMATION**

Outfall Number: 001 Flow: 450 gpd (Gallons per Day)  
Stream Segment: 2C Hydrologic Basin Code: 8040203  
Outfall Latitude: 34 Deg 17 Min 13.91 Sec Outfall Longitude: 92 Deg 23 Min 24.33 Sec  
Datum  
Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ : \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
Type of Treatment: Bio Microbics Microfast 0.5 with UV and Post Aeration  
Receiving Stream: Ouachita River

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): AR00  
NPDES General Permit Number (If Applicable): ARG  
State Construction Permit Number: \_\_\_\_\_  
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

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

**VI. OTHER INFORMATION:**

Operator Name: David Meins  
Operator License Number: 009055 License Class: III  
  
Consultant Contact Name: David Meins  
Consultant Email Address: david@meinsconsultingwater.com  
Consultant Address: route 1211 City: Bryant State: AR Zip: 71009  
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-831-4049

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

**Disclosure Statement:**

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.aadeq.state.ar.us/disclosure\\_form.pdf](http://www.aadeq.state.ar.us/disclosure_form.pdf).

**VII. CERTIFICATION OF OPERATOR**

U (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
U (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."  
U (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: \_\_\_\_\_ Title: Owner  
Responsible Official Signature: Chelsey Cotton Date: 7/25/12  
Responsible Official Email: cecotton@mainlinehealth.net  
Cognizant Official Printed Name: David Meins Title: Class III Operator  
Cognizant Official Signature: \_\_\_\_\_ Telephone: 501-804-0837  
Cognizant Official Email: david@meinsconsultingwater.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

Submission of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submission of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Submission of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submission of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submission of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Check Number: \_\_\_\_\_

WATER DIVISION  
4301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-632-0680  
[www.aadeq.state.ar.us](http://www.aadeq.state.ar.us)



Arkansas Department of Health  
Environmental Health Protection

ATU surface discharge

Receipt Number  
24820153

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

6 3 0 1 1 1 7 0 1 1

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)

- ☐ 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

- ☐ 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  
Chelsey Cotton

2. Phone Number  
870-723-5670

3. Mailing Address  
#9 Carolyn Road, Sheridan, AR 72150

4. County  
Grant

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
472 Grant 65, Sheridan, AR 72150

6. Subdivision Name  
Bella Acres Subdivision

7. Approval Date  
n/a

8. Date Recorded  
n/a

9. Lot Number  
3

10. Lot Dimensions  
See Attached Plat

11. Total Area (Acres)  
4.05

12. # Bedrooms # People  
4

13. Daily Flow (GPD)  
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
SW1/4 NW1/4 S14-T5S-R13W

15. Water Supply (Specify supplier, if Public Water)  
South Sheridan Water

16. GPS Coordinates  
34.2878710, -92.3906236

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

18. System Specifications

Primary Area	n/a	a. Size of Septic Tank	500/1250 ATU	gal	f. Trench Depth	n/a	inches
Secondary Area	n/a	b. Size of Dose Tank	n/a	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		n/a	n/a	in
Secondary Area	n/a	e. Length of Field Lines	n/a	ft	n/a	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 OPT A attached

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.

Scott Krupicki  
Designated Representative Signature

Designated Representative

Soil Certified ☒ Yes ☐ No

Title

Scott Krupicki

12-15-2021

501-776-7702

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.

Ganna Krupicki  
Environmental Specialist Signature

836

EHS Number

12-29-2021

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> )		
48"	Surface	Surface	18"	n/a	n/a	mod/48"	Not Loadable		
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> )		
48"	Surface	Surface	18"	n/a	n/a	mod/48"	Not Loadable		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	depletions and concentrations							
Moderate	in	chroma 2							
Long	in	chroma 2>50%							
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	in	depletions and concentrations							
Moderate	in	chroma 2							
Long	in	chroma 2>50%							
Comments: No loadable soil found on property. ATU with surface discharge required									

## 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

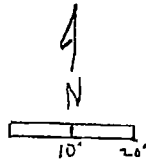
## Part 3 Permit for Operation

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
Comments		Date	
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)			
Signature		EHS / License Number	Date

- 555' -

(E)

(E)



4  
150'  
1

(E)

4 150' -

Path of Discharge  
- 225' ->

- 600' -

- Grant 65 -  
- 700' -

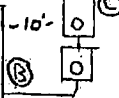
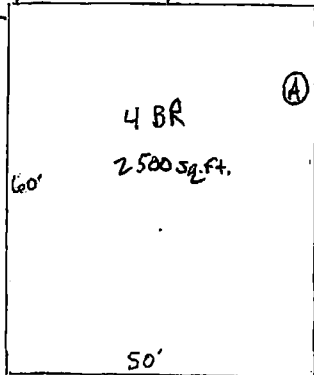
(K)

15' Driveway



25'

- 50' -



(A)

(B)

(C)

110'

(D)

450'  
b

(E)

(E)

#### Drawing notes

A = House sewer stub out location

B = 4" two way clean out installed outside of structure

C = 500 gallon trash tank and ATU

D = Point of discharge

E = Unsuitable soil pits

J = Proposed water service line. Must be 10' away from any part of the septic system

K = Benchmark is *ground at power pole*

#### Pipe Specifications

Use 4" schedule 40 from house stub out to tank inlet and from tank outlet to point of discharge

Elevations (ground/installed flow line or trench bottom)

Stub out = 7'6"/9'0"

500g inlet = 7'7"/9'3"

500g outlet = 7'7"/9'6"

ATU inlet = 7'7"/9'7"

ATU outlet = 7'7"/10'6"

POD = 11'5"

Benchmark = 5'4"

\* 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

DE Environmental ID #

6361117011

☒ Homeowner

☐ Builder/Developer

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

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 472 Grant GS, Sheridan, AR 72150  
(Address of Proposed System, City, State, Zip)

I hereby attest there are 4 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 Chelsey Cestm

Date 12-9-2021

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

[illegible]

1.31	1.3175 100	54.54
1.32	1.3175 100	52.52
1.33	1.3175 100	78.78
1.34	1.3175 100	111.11
1.35	1.3175 100	101.01
1.36	1.3175 100	94.94
1.37	1.3175 100	11.11
1.38	1.3175 100	10.10
1.39	1.3175 100	10.10
1.40	1.3175 100	10.10
1.41	1.3175 100	10.10
1.42	1.3175 100	10.10
1.43	1.3175 100	10.10
1.44	1.3175 100	10.10
1.45	1.3175 100	10.10
1.46	1.3175 100	10.10
1.47	1.3175 100	10.10
1.48	1.3175 100	10.10
1.49	1.3175 100	10.10
1.50	1.3175 100	10.10
1.51	1.3175 100	10.10
1.52	1.3175 100	10.10
1.53	1.3175 100	10.10
1.54	1.3175 100	10.10
1.55	1.3175 100	10.10
1.56	1.3175 100	10.10
1.57	1.3175 100	10.10
1.58	1.3175 100	10.10
1.59	1.3175 100	10.10
1.60	1.3175 100	10.10
1.61	1.3175 100	10.10
1.62	1.3175 100	10.10
1.63	1.3175 100	10.10
1.64	1.3175 100	10.10
1.65	1.3175 100	10.10
1.66	1.3175 100	10.10
1.67	1.3175 100	10.10
1.68	1.3175 100	10.10
1.69	1.3175 100	10.10
1.70	1.3175 100	10.10
1.71	1.3175 100	10.10
1.72	1.3175 100	10.10
1.73	1.3175 100	10.10
1.74	1.3175 100	10.10
1.75	1.3175 100	10.10
1.76	1.3175 100	10.10
1.77	1.3175 100	10.10
1.78	1.3175 100	10.10
1.79	1.3175 100	10.10
1.80	1.3175 100	10.10
1.81	1.3175 100	10.10
1.82	1.3175 100	10.10
1.83	1.3175 100	10.10
1.84	1.3175 100	10.10
1.85	1.3175 100	10.10
1.86	1.3175 100	10.10
1.87	1.3175 100	10.10
1.88	1.3175 100	10.10
1.89	1.3175 100	10.10
1.90	1.3175 100	10.10
1.91	1.3175 100	10.10
1.92	1.3175 100	10.10
1.93	1.3175 100	10.10
1.94	1.3175 100	10.10
1.95	1.3175 100	10.10
1.96	1.3175 100	10.10
1.97	1.3175 100	10.10
1.98	1.3175 100	10.10
1.99	1.3175 100	10.10
2.00	1.3175 100	10.10

**CERTIFICATION OF FINAL PLAT APPROVAL**

**CERTIFICATE OF FINAL SURVEYING ACCURACY**

I, Charles W. Dwyer, hereby certify that the above described plat has been carefully examined by me and is in accordance with the laws and regulations of the State of Michigan, and that the same is a true and correct representation of the original survey and is in accordance with the laws and regulations of the State of Michigan.

Dated: July 1, 1901

Charles W. Dwyer  
Surveyor General and Surveyor  
for the State

**CERTIFICATE OF FINAL PLAT APPROVAL**

I, James H. Dwyer, City of Detroit, hereby certify that the above described plat has been carefully examined by me and is in accordance with the laws and regulations of the State of Michigan, and that the same is a true and correct representation of the original survey and is in accordance with the laws and regulations of the State of Michigan.

Dated: July 1, 1901

James H. Dwyer  
City Surveyor

**CERTIFICATE OF OWNER**

I, James H. Dwyer, hereby certify that the above described plat has been carefully examined by me and is in accordance with the laws and regulations of the State of Michigan, and that the same is a true and correct representation of the original survey and is in accordance with the laws and regulations of the State of Michigan.

Dated: July 1, 1901

James H. Dwyer  
City Surveyor



### BASIS OF BEARING

- ### NOTES
1. Significant variables that affect the overall quality of life of the people living in the city are
  2. These variables are categorized into three main categories:
    - a. Physical environment
    - b. Socio-economic environment
    - c. Cultural environment
  3. The physical environment includes the following factors:
    - a. Air quality
    - b. Water quality
    - c. Noise level
    - d. Land use
  4. The socio-economic environment includes the following factors:
    - a. Income level
    - b. Education level
    - c. Employment level
    - d. Health status
  5. The cultural environment includes the following factors:
    - a. Religion
    - b. Language
    - c. Customs
    - d. Values
  6. All these factors are interrelated and affect the overall quality of life of the people living in the city.
  7. Therefore, it is important to consider all these factors when planning for the future of the city.

**LEGEND**

- FOUND MONUMENT
- SILL POSTER / CAP
- △ COMPLETED POINT
- CONTROLLING POINT

SUNJUN  
BUILDING LINE  
"EASTERN"  
"EASTERN"  
ROAD  
RIGHT OF WAY  
SECTION LINE

**SOUTH POINT SURVEYING, P.L.C.**  
 12345 Main Street, Suite 100  
 Phoenix, AZ 85001  
 (602) 555-1234  
 southpoint@spsurvey.com

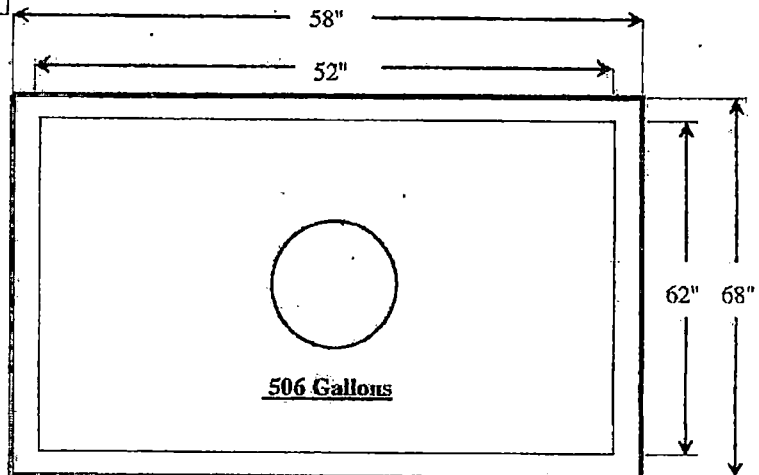
Project Name	Location	Type	Issued On
Phoenix Industrial A	Scottsdale	Residential	01/15/2024
Tempe High School	Tempe	Commercial	02/01/2024
Phoenix City Center	Phoenix	Public Works	03/10/2024



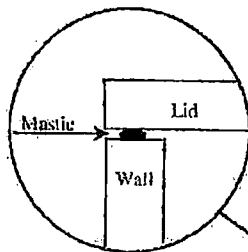
# 500 - Gallon Pump Tank

## TOP VIEW

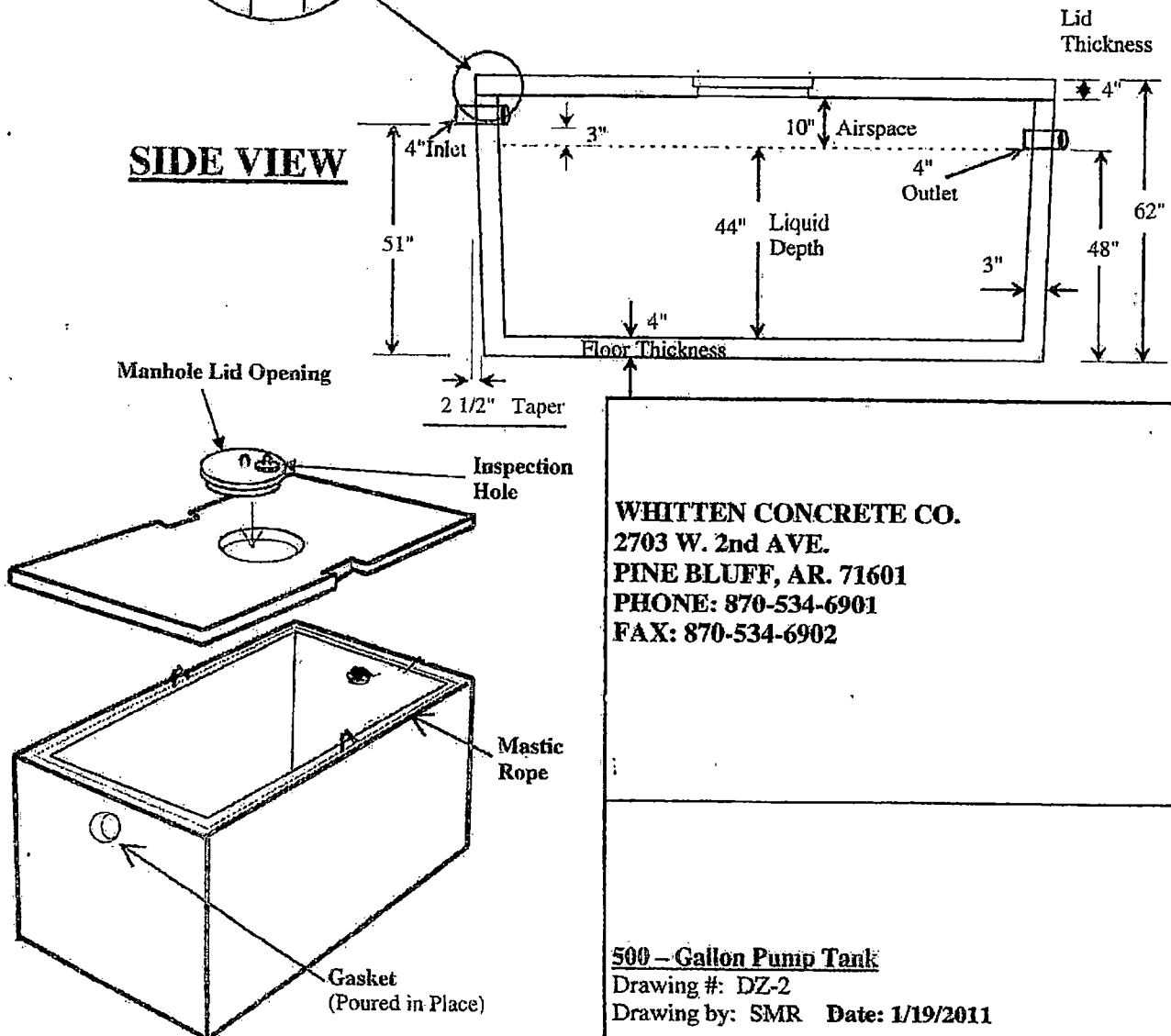
Drawings Not To Scale



### Enlarged Detail



## SIDE VIEW

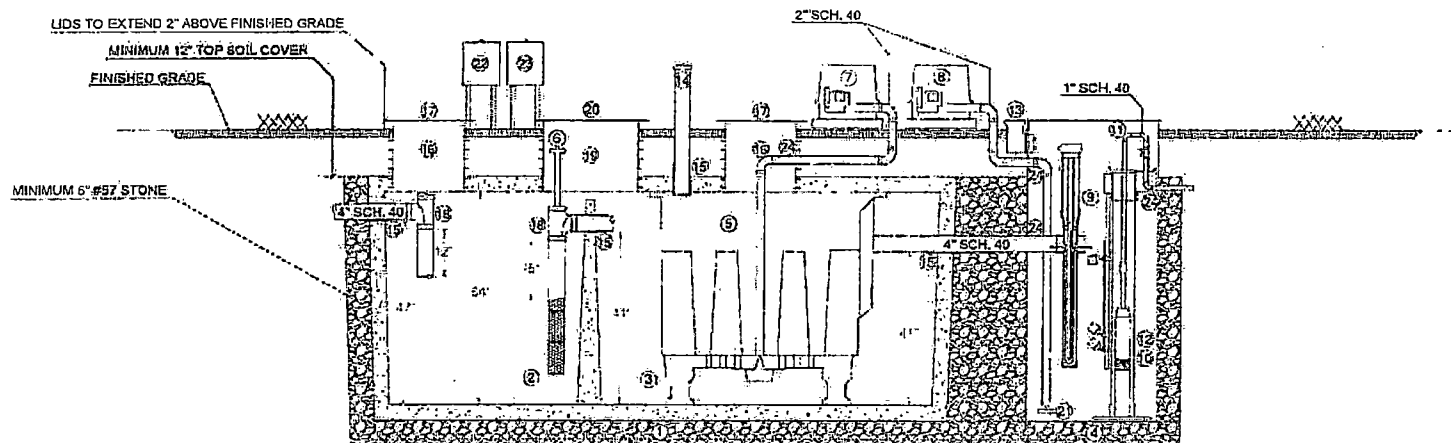


WHITTEN CONCRETE CO.  
2703 W. 2nd AVE.  
PINE BLUFF, AR. 71601  
PHONE: 870-534-6901  
FAX: 870-534-6902

### 500 - Gallon Pump Tank

Drawing #: DZ-2

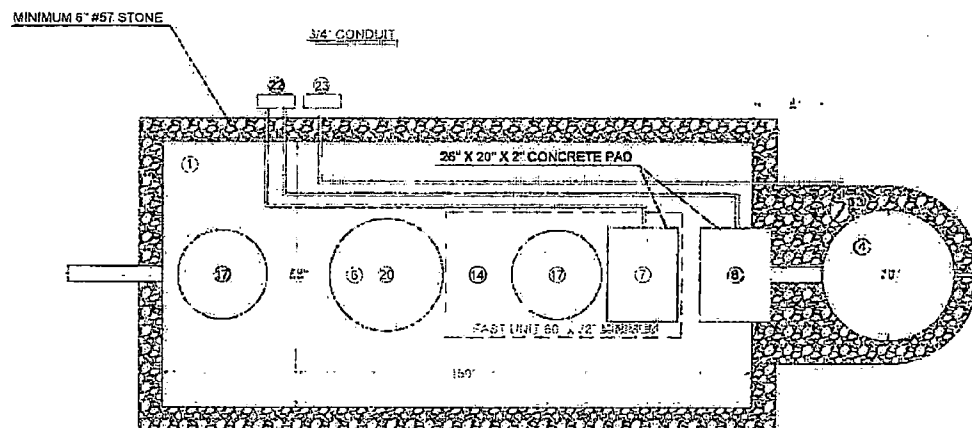
Drawing by: SMR Date: 1/19/2011



SECTION VIEW

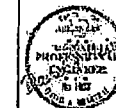
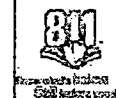
### EQUIPMENT AND PARTS LIST

1. WHITTEN CONCRETE TANK OR EQUIVALENT, VOLUME 1500 GALLONS
2. SETTLING TANK, 500 GALLONS
3. TREATMENT TANK VOLUME, 1000 GALLONS
4. STEEL PLASTICS PUMP BASIN, 30" X 72" (STEEL PLASTICS BA30X072TA & CVF30SLDRT) OR EQUIVALENT
5. MICROFAST TREATMENT UNIT, (BIOMICROBICS MFC 0.5)
6. EFFLUENT FILTER, (BIOMICROBICS SANITEE-418)
7. BLOWER, (BIOMICROBICS FUJI ½ HP 1PH VCF30) & HOUSING, (BIOMICROBICS 250-BBHSFL)
8. BLOWER, (BIOMICROBICS FUJI ½ HP 1 PH VCF20) & HOUSING, (BIOMICROBICS 250-BBHSFL)
9. UV DISINFECTION UNIT, (SALCOR 3G)
10. DISCHARGE PUMP, (ORENCO PF100511) OR EQUIVALENT
11. DISCHARGE ASSEMBLY, 1"
12. UNIVERSAL FLOW INDUCER, (ORENCO FIT D 60) OR EQUIVALENT
13. EXTERNAL SPLICE BOX, (ORENCO SB4EX) OR EQUIVALENT
14. VENT CAP, 4", (GIZMO ENGINEERING) OR EQUIVALENT
15. BOOT SEAL, (POLYLOK 3005-CE)
16. RISER, ULTRA-RIB, 18"
17. FIBERGLASS LID, 18", (ORENCO FLD18G) OR EQUIVALENT
18. SANITARY "T", 4" SCHEDULE 40
19. RISER, ULTRA-RIB, 24"
20. FIBERGLASS LID, 24", (ORENCO FLD24G) OR EQUIVALENT
21. DIFFUSER, (FINE BUBBLE, 10 SCFM, 304 SS) OR EQUIVALENT
22. CONTROL PANEL, (BIOMICROBICS 110V AMI)
23. CONTROL PANEL, POST AIR
24. GROMMET, MATCH DIAMETER OF PIPE



PLAN VIEW

**ETS** ENVIRO-TECH SOLUTIONS, LLC  
ENGINEERING CONSULTING  
1233 SOUTH SPLASH DRIVE  
PAYETTEVILLE, MD 21779  
410-604-0558

BIOMICROBICS WASTEWATER  
TREATMENT SYSTEM  
ARKANSAS

**mainco**  
WASTEWATER SYSTEMS  
1005 SPANISH CANYON AVE. SUITE 1000 EL PASO, TX 79907

**BIOMICROBICS  
WASTEWATER  
TREATMENT  
SYSTEM  
MICRO FAST  
FLOW=500 GPD**

1957-1958	1959-1960
1960-1961	1961-1962
1962-1963	1963-1964
1964-1965	1965-1966
1966-1967	1967-1968
1968-1969	1969-1970
1970-1971	1971-1972
1972-1973	1973-1974
1974-1975	1975-1976
1976-1977	1977-1978
1978-1979	1979-1980
1980-1981	1981-1982
1982-1983	1983-1984
1984-1985	1985-1986
1986-1987	1987-1988
1988-1989	1989-1990
1990-1991	1991-1992
1992-1993	1993-1994
1994-1995	1995-1996
1996-1997	1997-1998
1998-1999	1999-2000
2000-2001	2001-2002
2002-2003	2003-2004
2004-2005	2005-2006
2006-2007	2007-2008
2008-2009	2009-2010
2010-2011	2011-2012
2012-2013	2013-2014
2014-2015	2015-2016
2016-2017	2017-2018
2018-2019	2019-2020
2020-2021	2021-2022
2022-2023	2023-2024
2024-2025	2025-2026
2026-2027	2027-2028
2028-2029	2029-2030
2030-2031	2031-2032
2032-2033	2033-2034
2034-2035	2035-2036
2036-2037	2037-2038
2038-2039	2039-2040
2040-2041	2041-2042
2042-2043	2043-2044
2044-2045	2045-2046
2046-2047	2047-2048
2048-2049	2049-2050
2050-2051	2051-2052
2052-2053	2053-2054
2054-2055	2055-2056
2056-2057	2057-2058
2058-2059	2059-2060
2060-2061	2061-2062
2062-2063	2063-2064
2064-2065	2065-2066
2066-2067	2067-2068
2068-2069	2069-2070
2070-2071	2071-2072
2072-2073	2073-2074
2074-2075	2075-2076
2076-2077	2077-2078
2078-2079	2079-2080
2080-2081	2081-2082
2082-2083	2083-2084
2084-2085	2085-2086
2086-2087	2087-2088
2088-2089	2089-2090
2090-2091	2091-2092
2092-2093	2093-2094
2094-2095	2095-2096
2096-2097	2097-2098
2098-2099	2099-2100
2100-2101	2101-2102
2102-2103	2103-2104
2104-2105	2105-2106
2106-2107	2107-2108
2108-2109	2109-2110
2110-2111	2111-2112
2112-2113	2113-2114
2114-2115	2115-2116
2116-2117	2117-2118
2118-2119	2119-2120
2120-2121	2121-2122
2122-2123	2123-2124
2124-2125	2125-2126
2126-2127	2127-2128
2128-2129	2129-2130
2130-2131	2131-2132
2132-2133	2133-2134
2134-2135	2135-2136
2136-2137	2137-2138
2138-2139	2139-2140
2140-2141	2141-2142
2142-2143	2143-2144
2144-2145	2145-2146
2146-2147	2147-2148
2148-2149	2149-2150
2150-2151	2151-2152
2152-2153	2153-2154
2154-2155	2155-2156
2156-2157	2157-2158
2158-2159	2159-2160
2160-2161	2161-2162
2162-2163	2163-2164
2164-2165	2165-2166
2166-2167	2167-2168
2168-2169	2169-2170
2170-2171	2171-2172
2172-2173	2173-2174
2174-2175	2175-2176
2176-2177	2177-2178
2178-2179	

10-M131

## Specifications for MicroFAST 0.50 Wastewater Treatment System

### 1. GENERAL

The contractor shall furnish and install (1) MicroFAST@0.50 treatment system as manufactured by Bio-Microbics, Inc. The treatment system shall be complete with all needed equipment as shown on the drawings and specified herein.

The principal items of equipment shall include the FAST@ system insert, blower assembly, blower controls and leg extensions or lid. All other items will be provided by others. The MicroFAST 0.50 unit shall be situated within a 450 Gallon (1700L) minimum compartment as shown on the drawings. Suggested maximum settling zone is (1) X the daily flow. Tank must provide adequate pump out access and conform to local, state, and all other applicable codes. The contractor shall coordinate the proper fabrication of the tank between the FAST system and tank supplier with regard to fabrication of the tank, installation of the FAST unit, and delivery to the job site.

### 2. OPERATING CONDITIONS

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

### 3. MEDIA

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

### 4. BLOWER

The MicroFAST 0.50 unit shall come equipped with a regenerative type blower capable of delivering 17-25 CFM [31-46 m3/hr]. The blower assembly shall include an inlet filter with metal filter element. The blower shall be mounted outside the tank on a contractor supplied concrete base. Blower piping to the tank shall use non-corrosive material (PVC, Galvanized, or stainless Steel). Do not run galvanized pipe inside the treatment tank. Refer to Installation Manual for further details.

### 5. REMOTE MOUNTED BLOWER

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

### 6. ELECTRICAL

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

### 7. CONTROLS

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

### 8. INSTALLATION AND OPERATING INSTRUCTIONS

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

### 9. FLOW AND DOSING

FAST@ systems have been successfully designed, tested and certified receiving gravity, demand-based influent flow. When influent flow is controlled by pump or other means to help with highly variable flow conditions, then multiple dosing events should be used to maximize performance. The flow rate shall not exceed 5 gpm (19 Lpm) with a maximum hourly flow not to exceed 10% of the design daily flow (50 gph (190 LPH)).

### 10. WARRANTY

Bio-Microbics, Inc. warrants all new residential FAST@ models (MicroFAST@ 0.50, 0.625, 0.75, 0.90, and 1.5) against defects in materials and workmanship for a period of two years after installation or three years from date of shipment whichever ever occurs first. All other FAST@ system models are warranted for a period of one year after installation or eighteen months from date of shipment, whichever occurs first. All are subject to the following terms and conditions below:

During the warranty period, if any part is defective or fails to perform as specified when operating at design conditions, and if the equipment has been installed and is being operated and maintained in accordance with the written instructions provided by Bio-Microbics, Inc., Bio-Microbics, Inc. will repair or replace at its discretion such defective parts free of charge. Defective parts must be returned by owner to Bio-Microbics, Inc.'s factory postage paid, if so requested. The cost of labor and all other expenses resulting from replacement of the defective parts and from installation of parts furnished under this warranty and regular maintenance items such as filters or blower shall be borne by the owner. This warranty does not cover general system misuse, aeration components which have been damaged by flooding or any components that have been disassembled by unauthorized persons, improperly installed or damaged due to altered or improper wiring or overload protection. This warranty applies only to the treatment plant and does not include any of the structure wiring, plumbing, drainage, septic tank or disposal system. Bio-Microbics, Inc. reserves the right to revise, change or modify the construction and/or design of the FAST system, or any component part or parts thereof, without incurring any obligation to make such changes or modifications in present equipment. Bio-Microbics, Inc. is not responsible for consequential or incidental damages of any nature resulting from such things as, but not limited to, defect in design, material, or workmanship, or delays in delivery, replacements or repairs.

THIS WARRANTY IS IN LIEU OF ALL OTHER WARRANTIES EXPRESS OR IMPLIED. BIO-MICROBICS SPECIFICALLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NO REPRESENTATIVE OR PERSON IS AUTHORIZED TO GIVE ANY OTHER WARRANTY OR TO ASSUME FOR BIO-MICROBICS, INC., ANY OTHER LIABILITY IN CONNECTION WITH THE SALE OF ITS PRODUCTS. Contact your local distributor for parts and service.

DO NOT SCALE

UNLESS NOTED  
DIMENSIONS  
ARE IN INCHES  
[CENTIMETERS]  
TOLERANCES  
± 0.02 IN/IN  
[± 0.05 CM/CM]

**BIO MICROBICS**

BETTER WATER. BETTER WORLD.®

MicroFAST 0.50 FAST Unit

WEIGHT	10	SIZE	A	DRAWING NUMBER	
NAME	DATE				
DRAWN	CTC	12/18/2006		MicroFAST@ 0.50 Specifications	SHEET 3 OF 4
CHECKED	PF	9/18/2013		REVISED 9/18/2013	REV. IN-05-V

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF BIO-MICROBICS INC. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF BIO-MICROBICS INC. IS PROHIBITED. DESIGN AND INVENTION RIGHTS ARE RESERVED. IN THE INTEREST OF TECHNOLOGICAL ADVANCEMENT, ALL PRODUCTS ARE SUBJECT TO DESIGN AND OR MATERIAL CHANGE WITHOUT NOTICE.

BIO-MICROBICS © 2014

# MODEL AT 1500

## UV DISINFECTION SYSTEM

### INSTALLATION AND OPERATION MANUAL

The Model AT 1500 UV disinfection system is listed with Underwriters Laboratories (UL) under Standard 979 as a residential treatment device. The installer should provide a power disconnect switch mounted to the exterior of the facility being served to de-energize power to the unit during maintenance. Electrical work must be performed in accordance with the latest edition of the National Electrical Code, as well as all applicable local codes. The Model AT 1500 UV disinfection system conforms to the applicable provisions of the Code of Federal Regulations (CFR) requirements including Title 21, Chapter 1, Subchapter J, Radiological Health. **CAUTION: DO NOT LOOK DIRECTLY AT THE UV LAMP OR EXPOSE SKIN DURING OPERATION. PERMANENT EYE DAMAGE AND SKIN BURNS WILL OCCUR FROM UV RADIATION EXPOSURE. UV BLOCKING SAFETY GLASSES MUST BE WORN DURING INSTALLATION, SERVICE OR ANY TIME THE LAMP MAY BE ILLUMINATED. UV BLOCKING SAFETY GLASSES ARE AVAILABLE FROM NORWECO.**

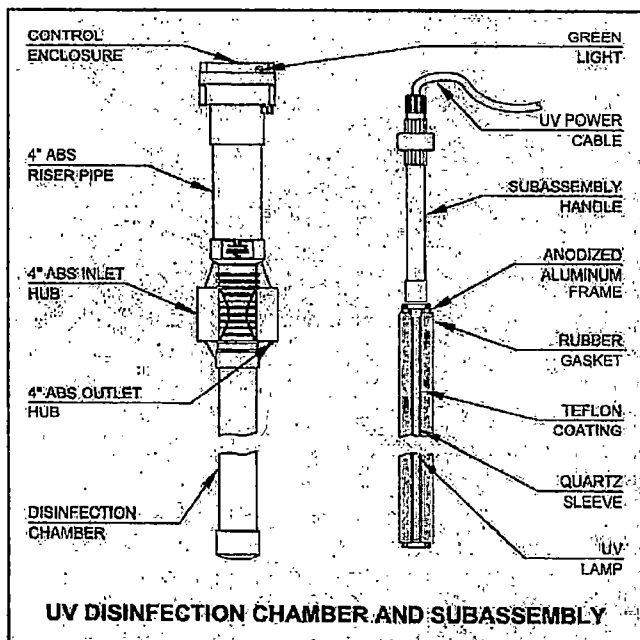
#### COMPONENTS

The Model AT 1500 UV disinfection system consists of the following components:

- |   |   |
|---|---|
| 1) Control enclosure                            | 5) Power cable with female twist lock connector         |
| 2) 4" ABS riser pipe                            | 6) UV subassembly with quartz sleeve and Teflon coating |
| 3) Disinfection chamber with turbulence inducer | 7) Subassembly handle                                   |
| 4) UV lamp (bulb) with male connector           |   |

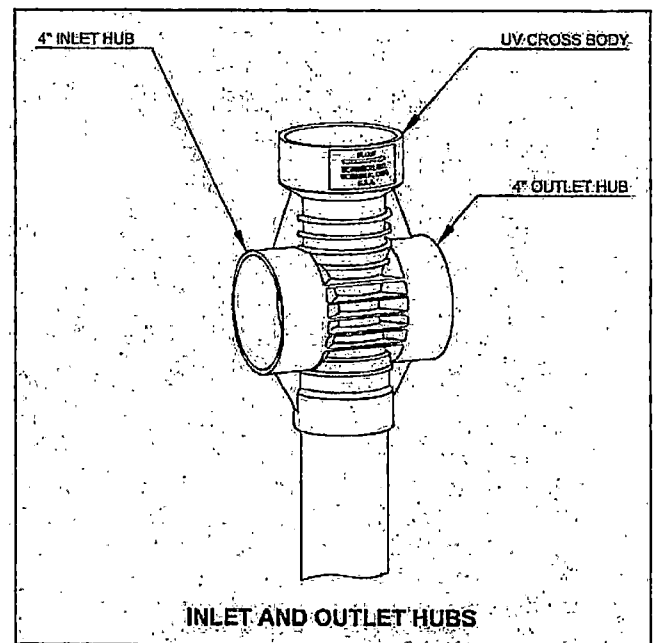
The components should be supplied by the installer:

- |                        |                               |
|------------------------|-------------------------------|
| 1) Disconnect switch   | 6) Isopropyl alcohol          |
| 2) Solvent cement      | 7) #14/2 AWG cable            |
| 3) Hacksaw             | 8) Conduit and fittings       |
| 4) Glycerin (optional) | 9) Flat head screwdriver      |
| 5) Clean, soft cloth   | 10) Phillips head screwdriver |



#### INSTALLATION INSTRUCTIONS

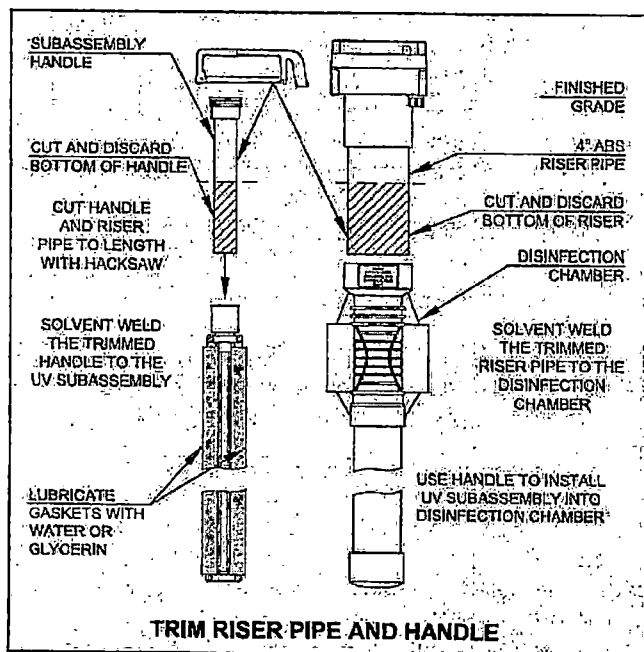
1. The excavation for the upstream wastewater treatment system should include an additional 3 feet of length to allow for installation of the Model AT 1500.
2. Carefully unpack the Model AT 1500 system. Remove and properly discard all packaging materials from the system components. The UV lamp should remain in the protective shipping sleeve until it is installed.
3. Flow direction indicator arrows are molded into the disinfection chamber. When installing the disinfection chamber, be sure to orient the chamber correctly with the flow arrows pointing towards the effluent plumbing.



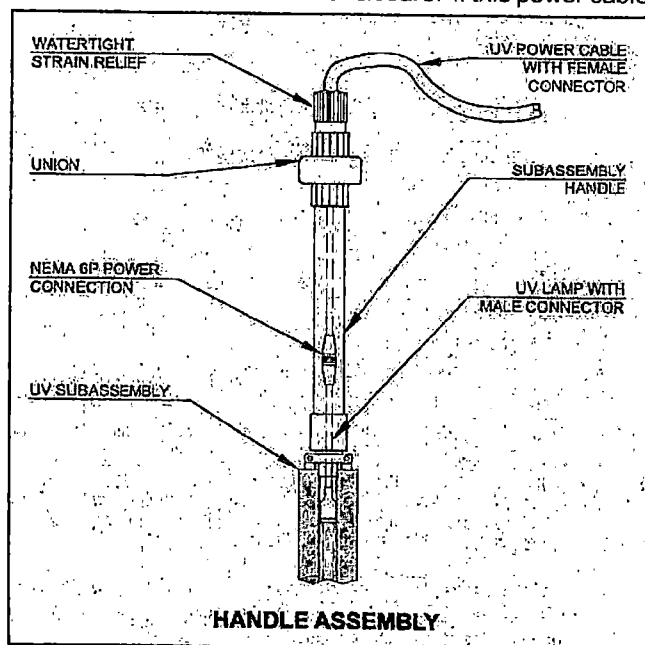
4. Solvent weld the effluent line of the upstream treatment system to the 4" inlet hub of the Model AT 1500. Next, solvent weld the 4" outlet hub to the final effluent line. Cover the open top of the disinfection chamber and backfill up to the bottom of the plumbing.

## AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)

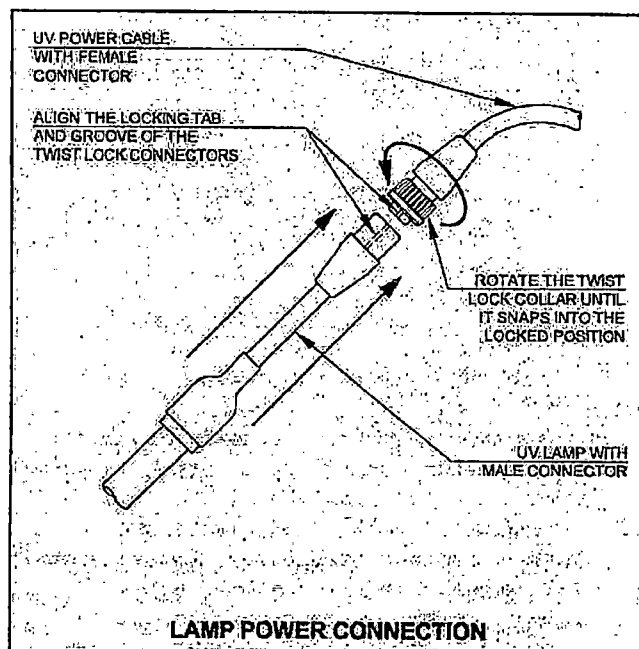
- The control enclosure should be completely above grade in the finished installation. The riser pipe and subassembly handle are purposely manufactured longer than necessary and must be trimmed. Fit the riser pipe into the top of the disinfection chamber and mark a trim line on the bottom. Mark the subassembly handle on the bottom to trim the same amount.



- Disassemble the union on subassembly handle and set aside the top portion with UV power cable.
- Use a hacksaw to cut along the trim line on both the riser pipe and handle to make them the proper length.
- Solvent weld the riser pipe to the disinfection chamber and solvent weld the handle to the UV subassembly.
- The Model AT 1500 is shipped with the UV power cable connected to the control enclosure. If this power cable



has become disconnected, it must be reconnected at this time. To do so, remove the gasketed cover from the control enclosure. Connect the lead labeled "ONE" on the UV power cable to the terminal block marked "1". Connect the lead labeled "TWO" to the terminal block marked "2". Connect the lead labeled "THREE" to the terminal block marked "3". Connect the yellow/green lead to the terminal marked "Y/G".



- Remove the threaded access plug from the riser pipe.
- Match the alignment tab on the male connector from the UV lamp to the alignment groove in the female twist lock connector on the UV power cable. Push the two connectors together until the male connector is fully seated in the female connector. Rotate the twist lock collar until it snaps into the locked position.
- Insert the UV lamp and power cable into the handle assembly until the base of the lamp is seated in the bottom of the quartz sleeve. Rotate the power cable if the lamp becomes misaligned.
- Lower the union onto the handle assembly, making sure to pull any slack cable through the strain relief connector. Assemble and tighten the union and strain relief to insure a watertight seal.
- Use water or glycerin to lubricate the rubber gaskets located on both sides of the UV subassembly.
- Do not touch the Teflon coating or allow excess glycerin to contact it. Use a clean, soft cloth and isopropyl alcohol to thoroughly clean the coating.
- Fill the disinfection chamber with clean water.

MANUFACTURED BY

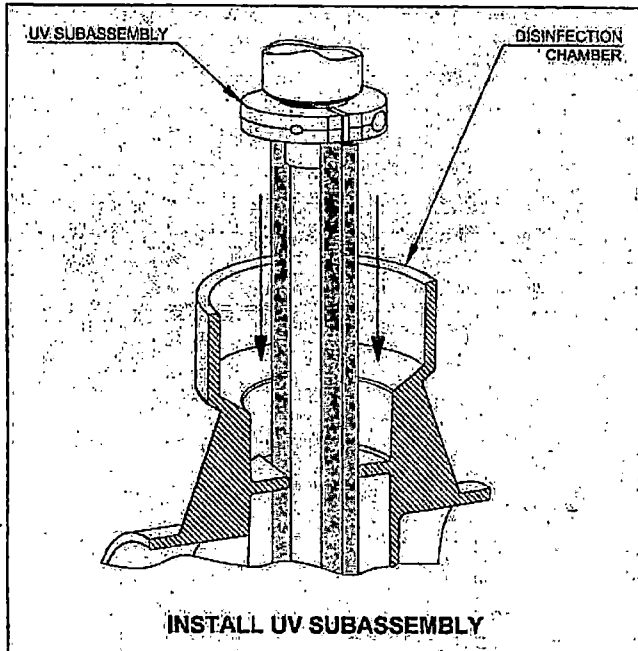
**norweco**

*Engineering the future of water  
and wastewater treatment*

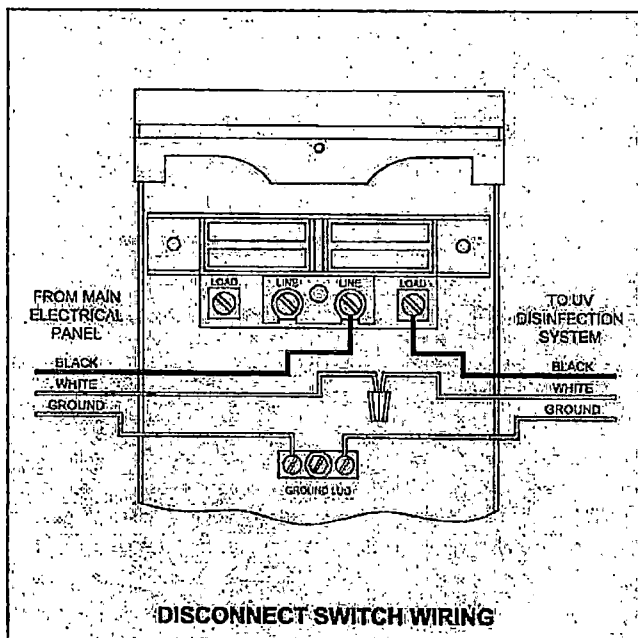
**NORWECO, INC.**  
**NORWALK, OHIO**  
**U.S.A. 44857**

[www.norweco.com](http://www.norweco.com)

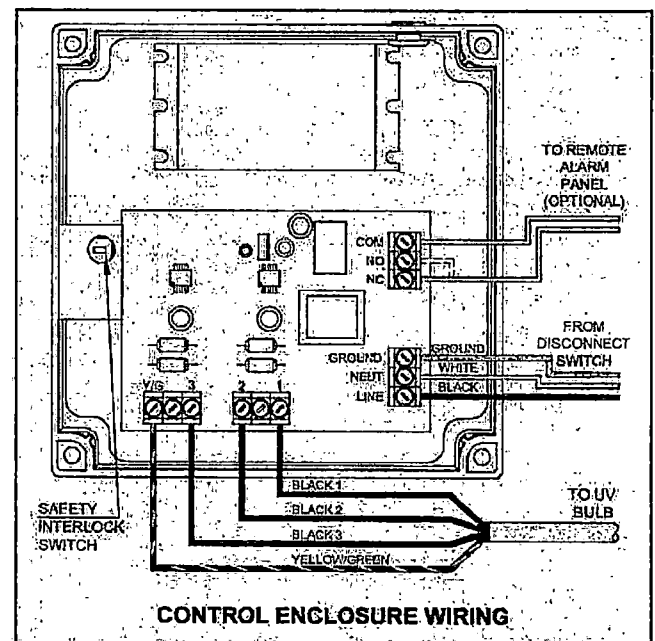
## AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)



17. Align the rubber gaskets with the rectangular opening and lower the UV subassembly into the disinfection chamber.
18. Tuck the excess power cable into the riser pipe.
19. Use a dedicated 115 volt AC single phase 15 amp circuit in the main electrical panel for the AT 1500. **NOTE:** Make sure the breaker is off before proceeding.
20. Use a disconnect switch to de-energize power during service. Mount directly to the facility being served.
21. Install a #14/2 AWG cable from the dedicated breaker in the main electrical panel to the disconnect switch.
22. In the disconnect switch enclosure, connect the hot (black) lead from the main electrical panel to the "LINE" terminal. Connect the black lead from the UV system to the "LOAD" terminal. Wire nut both white leads together. Connect ground leads to the ground lug.



23. Remove the control enclosure cover and black electrical insulator. Install a #14/2 AWG cable from the disconnect switch to the control enclosure. Insure the connection to the UV system is made in conduit, solvent welded to the conduit fitting provided. A watertight connection is critical for proper operation and safety.
24. Attach the incoming hot (black) lead to the terminal block marked "LINE". Attach the common (white) lead to the terminal block marked "NEUT". Attach the incoming ground lead to the terminal block marked "GROUND".
25. If a remote alarm panel is required, the alarm leads should be installed in a separate conduit, solvent welded to the second conduit fitting provided. Connect one alarm lead to either the normally open (NO) terminal or the normally closed (NC) terminal. Choose the correct terminal for the type of signal required by the remote alarm panel. Connect the other lead to the common (COM) terminal.
26. Solvent weld a conduit plug into any unused fittings.
27. Apply thread sealant to the access plug and install plug in the riser opening. Tighten to insure a watertight seal.



28. Reinstall the electrical insulator and four thumb screws. Make sure that the cutout for the safety interlock switch is positioned correctly over the switch.
29. Reinstall the control enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the four screws on the cover to insure a watertight seal. **NOTE:** If the switch is not aligned with the post, the UV lamp will not operate and the green light on the side of the enclosure will not illuminate.
30. Backfill around the disinfection chamber and riser pipe. Finished grade should be below the control enclosure to prevent the entry of surface water.
31. Turn on power at the disconnect switch and main service panel. Confirm the green light on the enclosure is illuminated indicating proper operation.

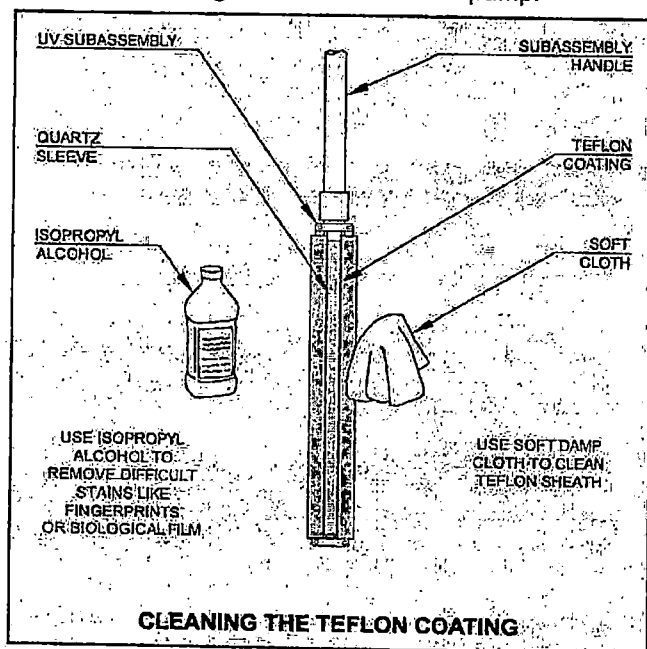


# AT 1500 UV DISINFECTION INSTALLATION AND OPERATION (Cont.)

## MAINTENANCE AND SERVICE

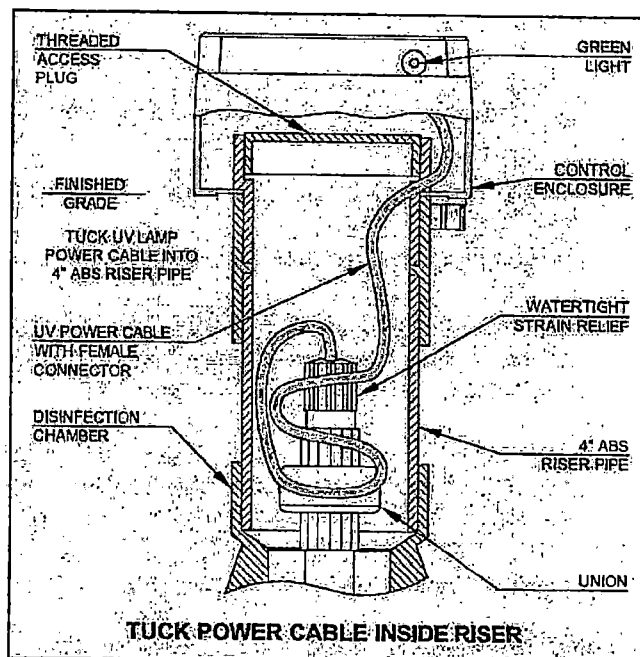
UV protective eyewear must be worn during service or any time the lamp may be illuminated. It is recommended that the subassembly be removed and serviced every six months to insure proper disinfection. To inspect and clean the Teflon coating:

1. Turn off power to the UV system at the disconnect switch and/or main service panel. Confirm that the green light on the side of the enclosure is off.
2. Remove the control enclosure cover and access plug.
3. Carefully remove the UV subassembly from the disinfection chamber
4. Inspect the quartz sleeve and Teflon coating for signs of damage or an accumulation of biological film. If the quartz sleeve has been damaged, the UV subassembly must be replaced. If biological film is present on the surface of the Teflon coating, the coating must be cleaned to insure proper disinfection.
5. Use a soft damp cloth to carefully and thoroughly clean the Teflon coating.
6. Use isopropyl alcohol on a soft cloth to carefully remove difficult stains like fingerprints or biological film.
7. Remove all accumulated solids from the disinfection chamber using a vacuum or service pump.



It is recommended that the UV lamp be replaced every two years to insure proper disinfection of the treatment system effluent. The green light on the side of the control enclosure will no longer illuminate when the lamp needs replaced. To replace the lamp:

1. Repeat steps 1, 2 and 3 above.
2. Disassemble the union on the subassembly handle and remove the UV lamp using the power cable.
3. Disconnect the UV lamp from the UV power cord by rotating the twist lock collar  $\frac{1}{4}$  turn.



4. Connect new lamp and carefully lower into the UV subassembly. Make sure the lamp is fully seated in the quartz sleeve.
5. Reassemble union and tighten strain relief.
6. Lower the subassembly into the disinfection chamber.
7. Reinstall the threaded access plug into the riser.
8. Reinstall the enclosure cover, insuring that the safety interlock post is aligned with the safety interlock switch. Tighten the four screws to insure a watertight seal.
9. Turn on power at the disconnect switch or main service panel. Verify that the green light on the side of the control enclosure is illuminated.

**NOTE:** UV lamps contain mercury which is harmful to the environment. Recycle old UV lamps at an authorized center.

## ALARM CIRCUIT

The Model AT 1500 system is equipped with a current sensing circuit to monitor the UV lamp performance. If the UV lamp output drops below an acceptable level for proper disinfection, the alarm circuit will turn off the green light on the enclosure. When connected to the Service Pro control center, the service provider can be immediately notified that maintenance to the UV system is required. For more information regarding connection of the Model AT 1500 UV disinfection system alarm to a Service Pro control center, please refer to the Service Pro Control Center with MCD Technology Installation and Operation Instructions.

<p><b>MANUFACTURED BY</b></p> <p><b><i>norweco</i></b></p> <p><small>Engineering the future of water and wastewater treatment</small></p>	<p><b>NORWECO, INC.</b></p> <p><b>NORWALK, OHIO</b></p> <p><b>U.S.A. 44857</b></p> <p><b><a href="http://www.norweco.com">www.norweco.com</a></b></p>
---	---

# SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Chelsey Cotton, ("Client"), referred to individually as a "Party" and collectively as the "Parties."
2. **Service Location.** This is a Contract for septic system service and maintenance services provided by Meinco for Client located at 472 Grant 65, Sheridan, AR 72150 hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco one hundred (\$130) for septic system service and maintenance specifically work performed every 3 months and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
  - A) ☐ This paragraph is inapplicable.
  - B) ☒ Client agrees that Meinco will use a third party laboratory, Environmental Services Inc for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$ 150 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
  - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
  - B)
    - I. ☒ This paragraph is inapplicable.
    - II. ☐ Necessary sampling and submission of paperwork every    month(s) or as required to comply with the Arkansas Department of Health Onsite Maintenance Program.
  - C) Necessary paperwork every 6 month(s) as required to comply with the Arkansas Department of Health and/or the Arkansas Department of Environmental Quality.
  - D)
    - I. ☐ This paragraph is inapplicable.
    - II. ☒ Sampling of discharge every 6 month(s) in coordination with a 3rd party laboratory for required laboratory tests.
7. **Contract Duration.** This contract shall be for a period of 24 month(s) from the date this Contract is executed by the parties on page 2.
8. **Flow Requirements.** This contract shall be null and void if septic system flow exceeds 500 gallons per day.
9. **Modification to System.** If the septic system is modified, abused, mis-used, or altered, then Meinco's responsibility to service or maintain the septic system is terminated. Meinco may remedy such conditions by replacing parts or correcting defects. If Meinco makes such changes to the septic system, then it may charge to client the costs of repairs, modifications, parts, and labor. Meinco may, at its discretion, seek payment in advance of making any repairs or modifications to the septic system. In such event, Meinco shall not be responsible for any damage or adverse effects for its delay in making repairs or modifications to the septic system.
10. **Access to System.** Client agrees to provide Meinco access to the septic system as well as its parts and components.
11. **Termination by Client.** Client may terminate this contract by providing thirty (30) days written notice to Meinco.
12. **Termination by Meinco.** Notwithstanding, and in addition to, any other provision or term in this Contract, **MEINCO MAY TERMINATE THIS CONTRACT AT ANY TIME AND WITHOUT PREVIOUS NOTICE TO CLIENT.**
13. **Solid Removal.** Solid removal is not a covered service and shall incur an additional fee. If Meinco removes solids from the septic system, then it may charge to client the costs of solid removal. In any event, Meinco shall not be responsible for any damage or adverse effects for any delay in removing solids.
14. **Indemnity.** To the fullest extent permitted by law, Client shall indemnify, hold harmless, and defend Meinco and any agent or employees of Meinco from and against all injuries, claims, damages, losses, and expenses, including, but not limited to, attorneys' fees, arising directly or indirectly out of the obligations herein undertaken or resulting out of operations related to the Service Work or Service Site conducted by Meinco, Meinco's agents, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such injury, claim, damage, losses, or expenses is caused in part by a party indemnified. Such obligation shall not negate, abridge, or otherwise reduce the rights or obligations of indemnity which would otherwise exist to a party or person described in this paragraph.

# SERVICE AND MAINTENANCE CONTRACT

1. **Parties.** This contract ("Agreement" or "Contract") is between Meinco Septic Systems, Inc., ("Meinco") and Chelsey Cotton, ("Client"), referred to individually as a "Party" and collectively as the "Parties."
2. **Service Location.** This is a Contract for septic system service and maintenance services provided by Meinco for Client located at 472 Grant 65, Sheridan, AR 72150 hereinafter referred to as the "Service Site."
3. **Service Fees.** Client agrees to pay Meinco one-hundred (\$130) for septic system service and maintenance specifically work performed every 3 months and described more specifically below (hereinafter referred to as "Service Work"). Meinco and Client agree that the invoiced amount is good consideration for this Contract and the services set forth below and reflects the bargained for terms of this agreement.
4. **Materials Charges.** During regular maintenance Meinco will replace materials necessary to keep the septic system operating efficiently (chlorine tablets, UV light bulbs, floats, filters, etc.). Meinco and Client agree that Meinco shall submit to client the costs of maintenance parts and materials and Client will promptly pay the same.
5. **Laboratory Fees.**
  - A) ☐ This paragraph is inapplicable.
  - B) ☒ Client agrees that Meinco will use a third party laboratory, Environmental Services Inc, for any sampling that is required under this Contract. In such event, Meinco shall submit to Client a laboratory fee of \$150 and Client will promptly pay the same.
6. **Services Provided.** Meinco agrees to provide the following Service Work to the Client and the Service Site:
  - A) Maintenance requirements, including review of system components and their working condition, monitoring of solid levels to determine system efficiency, and periodic cleaning of system filters or media.
  - B)
    - I. ☒ This paragraph is inapplicable.
    - II. ☐ Necessary sampling and submission of paperwork every     month(s) or as required to comply with the Arkansas Department of Health Onsite Maintenance Program.
  - C) Necessary paperwork every 6 month(s) as required to comply with the Arkansas Department of Health and/or the Arkansas Department of Environmental Quality.
  - D)
    - I. ☐ This paragraph is inapplicable.
    - II. ☒ Sampling of discharge every 6 month(s) in coordination with a 3rd party laboratory for required laboratory tests.
7. **Contract Duration.** This contract shall be for a period of 24 month(s) from the date this Contract is executed by the parties on page 2
8. **Flow Requirements.** This contract shall be null and void if septic system flow exceeds 500 gallons per day.
9. **Modification to System.** If the septic system is modified, abused, mis-used, or altered, then Meinco's responsibility to service or maintain the septic system is terminated. Meinco may remedy such conditions by replacing parts or correcting defects. If Meinco makes such changes to the septic system, then it may charge to client the costs of repairs, modifications, parts, and labor. Meinco may, at its discretion, seek payment in advance of making any repairs or modifications to the septic system. In such event, Meinco shall not be responsible for any damage or adverse effects for its delay in making repairs or modifications to the septic system.
10. **Access to System.** Client agrees to provide Meinco access to the septic system as well as its parts and components.
11. **Termination by Client.** Client may terminate this contract by providing thirty (30) days written notice to Meinco.
12. **Termination by Meinco.** Notwithstanding, and in addition to, any other provision or term in this Contract, **MEINCO MAY TERMINATE THIS CONTRACT AT ANY TIME AND WITHOUT PREVIOUS NOTICE TO CLIENT.**
13. **Solid Removal.** Solid removal is not a covered service and shall incur an additional fee. If Meinco removes solids from the septic system, then it may charge to client the costs of solid removal. In any event, Meinco shall not be responsible for any damage or adverse effects for any delay in removing solids.
14. **Indemnity.** To the fullest extent permitted by law, Client shall indemnify, hold harmless, and defend Meinco and any agent or employees of Meinco from and against all injuries, claims, damages, losses, and expenses, including, but not limited to, attorneys' fees, arising directly or indirectly out of the obligations herein undertaken or resulting out of operations related to the Service Work or Service Site conducted by Meinco, Meinco's agents, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such injury, claim damage, losses, or expenses is caused in part by a party indemnified. Such obligation shall not negate, abridge, or otherwise reduce the rights or obligations of indemnity which would otherwise exist to a party or person described in this paragraph.

15. **Assignment.** Client agrees that even though this is a contract for services, Meinco may assign this Contract to any third party without written notice to Client.

16. **Bilateral Contract.** Meinco and client specifically agree that Client is seeking Meinco's promise to perform and not its performance.

17. **Claims Against Meinco.** Client shall give Meinco written notice of all claims within five (5) days of Client's knowledge of facts giving rise to the event for which claim is made. Otherwise, such claims shall be deemed waived by Client. All unresolved claims, disputes, and other matters in question between Meinco and Client shall be resolved in the manner provided for in this Agreement.

18. **Rights Upon Breach.** If Client breaches this Agreement with Meinco, Meinco may stop all work, including all Service Work. Additionally, Client will be liable to Meinco for consequential, incidental, and reliance damages as well as attorneys' fees and court costs. Such liability upon Client shall extend to petitions for and orders of contempt as well as any attempts by Meinco to collect upon any debt or damages owed to it by Client, including those entered by court of law or other dispute resolution proceeding.

19. **Direct Discussion.** If a dispute arises out of or relates to this Agreement, the Parties shall endeavor to settle the dispute through direct discussion before advancing to any dispute resolution proceeding.

20. **Joint Drafting.** The Parties expressly agree that this Agreement was jointly drafted and that this Agreement shall be construed neither against nor in favor of either Party. Instead, this Agreement shall be construed in a neutral manner.

21. **Choice of Law.** The Parties expressly agree that any dispute or claim filed or heard in any jurisdiction concerning or relating to this Agreement or work performed as a result of this Agreement shall be governed by the laws of the State of Arkansas.

22. **Forum Selection and Choice of Venue.** The Parties expressly agree that any dispute or claim arising from, filed, or heard concerning or relating to this Agreement or work performed as a result of this Agreement shall be heard in Saline County, Arkansas, and no other forum. If this clause is penetrated and the hearing

concerning the dispute removed to the United States federal court system, then the Parties expressly agree that the dispute shall be heard in the United States District Court for the Eastern District of Arkansas, Western Division, at the Richard Sheppard Arnold United States Courthouse in Little Rock, Arkansas.

23. **Waiver of Agreement Terms.** Meinco, at its sole discretion and leisure, may waive any term in this Agreement. Such waiver shall not, under any conditions or circumstances, constitute a modification of this Agreement. Additionally, such waiver shall not, under any conditions or circumstances, constitute a course of performance, course of dealings, or trade usage between Meinco and Client. Any waiver by Meinco shall be limited to a single incident or event. No waiver of any term of this Agreement is valid unless it is in writing, signed by Meinco, and attached to this Agreement as an addendum. It is the responsibility and duty of Client to draft any written waiver and to present it to Meinco for Meinco's approval and signature.

24. **Force Majeure.** Neither Party shall be in breach of its obligations under this Agreement (other than payment obligations) or incur any liability to the other Party for any losses or damages of any nature whatsoever incurred or suffered if and to the extent that the other party it is prevented from carrying out its obligations by, or such losses or damages are caused by, a *force majeure* event. For purposes of this paragraph, the failure of the state of Arkansas or the United States of America to act according to current practices, procedure, or law at the time of the making of this Contract shall be considered a *force majeure* event. Such event by the government shall be in addition to any current or commonly accepted definition of *force majeure* event.

25. **Merger and Integration.** Meinco and Client agree that this Agreement represents a full, final, and complete memorial of their Agreement for the Service Work and that this Agreement does not rely upon any term or promise not otherwise specified within the four corners of this Agreement.

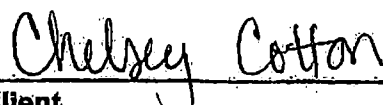
26. **No Oral Modification.** Meinco and Client agree that this Agreement shall not be subject to oral modification. The Parties agree that any modification made or agreed to by the Parties shall be in writing, signed by both Parties, and attached to this Agreement as an Addendum.

By signing this Agreement below, I indicate that I have read this Agreement and its terms, consisting of two (2) pages, excluding any Addendum or Addenda, and that these express terms are both acceptable and agreeable to me. I further declare that these terms do not represent an undue hardship, are not illusory, and are not unconscionable as I have expressly bargained for these terms in consideration of entering into this Contract for the value specified in paragraph three (3).

  
Meinco Septic Systems, Inc.

10/21/2021

Date

\*   
Client

12/09/21  
Date



## Arkansas Department of Health

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


### MEMORANDUM OF AGREEMENT

#### SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

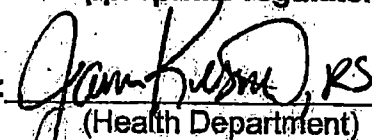
This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

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  $\geq 3000$  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.

★

 Chelsey Cotton  
(Property Owner)

SIGNED:

 Jan K. Smith, RS  
(Health Department)

 12/9/21

DATE:

12-29-2021

## YOUR TRIP TO:

472 County Road 65

Scan this QR code for  
directions on your mobile  
device:



5 MIN | 2.3 MI

Est. fuel cost: \$0.26

Trip time based on traffic conditions as of 3:01 PM on December  
16, 2021. Current Traffic: Moderate



Print a full health report of your car with HUM  
vehicle diagnostics (800) 906-2501



1. Start out going **east** on W Vine St/AR-35 toward N Rose St.

Then 0.32 miles

0.32 total miles



2. Take the 3rd **right** onto N Rock St/US-167 Bus S/AR-35.

*N Rock St is just past N Main St.*

*If you are on School St and reach Longbell Dr you've gone about 0.1 miles too far.*

Then 1.51 miles

1.82 total miles



3. Turn **left** onto County Road 65.

*County Road 65 is just past Janie Dr.*

*If you reach County Road 167054 you've gone about 0.1 miles too far.*

Then 0.41 miles

2.23 total miles



4. Take the 1st **right** to stay on County Road 65.

*If you reach Grant County 67 you've gone about 0.5 miles too far.*

Then 0.05 miles

2.28 total miles



5. 472 COUNTY ROAD 65 is on the **left**.

*If you reach the end of County Road 65 you've gone about 1 mile too far.*

Save to My Maps

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



