



ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.6

(Submission #: HPM-6T90-0W9XH, version 3)

Details

Reference # ARG550723
Submission ID HPM-6T90-0W9XH
Submission Reason New

Form Input

Type of Permit Application

Permit Type
ARG550000 - Individual Treatment System for Domestic Waste

Is this permit for an individual homeowner?
Yes

Annual Fee (in dollars)
0

Total Fee due with Application (in dollars)
0

ARG550000: Specific Information

Exclusions

Please note that the following discharges are excluded from coverage under the ARG550000 general permit:

1. Systems with multiple discharges,
2. Facilities requiring financial assurance in accordance with Arkansas Code Annotated 8-4-203(b), and
3. Discharges that include non-domestic waste

I certify that to the best of my knowledge, this facility is not subject to the exclusions listed above.
Yes

Other Exclusions

In addition to the above exclusion, waterbody-specific exclusions and/or other exclusions may be applicable. See the permit for details:

<https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG550000.pdf>

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility:
<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

Site Map

Please attach a site map that shows the following:

1. Entrance/driveway of the facility/residence,
2. Location of the treatment system, and
3. Location of the outfall

Site Map

SusanByers-Model.pdf - 08/25/2022 02:46 PM

Comment

NONE PROVIDED

Please attach approval from the Arkansas Department of Health (typically the EHP-19 form)

byers_20220825082607.pdf - 08/25/2022 02:46 PM

Comment

NONE PROVIDED

Permittee Information

AFIN (Enter if available)

NONE PROVIDED

Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or Inc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match:

[Arkansas Secretary of State](#)

Permittee (Legal Name)

Susan Alexa Byers

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Susan	Alexa	Byers

Title

Homeowner

Phone Type	Number	Extension
Mobile	5014630179	

Email

alexabyers.ab@gmail.com

Address

11 HIGHLAND CV
CABOT, AR 72023

Is the invoice address the same as the mailing address for permit documents?

Yes

Is there an active consultant for this facility?

No

Facility/Site Information

Facility/Site Name

11 Highland Cove

Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

Facility/ Site Information

Facility/Site Contact

Prefix

NONE PROVIDED

First Name Middle Name Last Name

Susan Alexa Byers

Title

Homeowner

Phone Type Number Extension

Mobile 5014630179

Email

alexabyers.ab@gmail.com

Facility/Site Address

11 HIGHLAND CV

CABOT, AR 72023

Facility County (if the facility/site is in multiple counties, choose "other" and explain)

Lonoke

Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing

34.931369197956585,-91.99954905085679

Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
Solid Waste Landfill	4953	562212
Construction Sand and Gravel	1442	212321
Crushed and Broken Limestone	1422	212321
Crushed and Broken Stone, Not Elsewhere Classified	1429	212319
Water Supply	4941	221310
Carwashes	7542	811192

For other SIC and NAICS codes, you can search the following website:

<https://www.naics.com/search/>

Primary SIC Code

1711

Primary NAICS Code

562991

Other applicable SIC codes and/or NAICS codes

NONE PROVIDED

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

Permit Name	Permit Number	Held By
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Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

Operator Name	License Number	Municipal License Class	Industrial License Class
Robert Goff	007865	II	Basic

Discharge/Outfall Information

Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

[Aquaview](#)

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36°12'34.56", 92°12'34.56") that you need to convert?

No

Outfall Information

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check
001	34.931369	-91.999549	450	domestic onsite wastewater	Wattensaw Bayou, thence into the White River thence into the Arkansas River	Fujiclean CE5 and chlorinator	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

Responsible and Cognizant Official Information

Cognizant Official (duly authorized representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

Cognizant Official Designation

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing

reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

Cognizant Official

Prefix

NONE PROVIDED

First Name

Robert

Middle Name

NONE PROVIDED

Last Name

Goff

Title

Wastewater Operator

Phone Type

Mobile

Number

5014721624

Extension**Email**

robertlgoff@gmail.com

Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:
 - a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;
- 3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:
 - a. The chief executive officer of the agency; or
 - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

Responsible Official Information

Prefix

NONE PROVIDED

First Name

Susan

Middle Name

Alexa

Last Name

Byers

Title

Homeowner

Phone Type

Mobile

Number

5014630179

Extension**Email**

alexabyers.ab@gmail.com

CORRECTION REQUEST (CORRECTED)**Correct responsible official**

The responsible official should be the homeowner. We need a hardcopy of signed certification of eportal submission from the responsible official.

Created on 8/29/2022 9:04 AM by **Thanh Vu**

Revisions

Revision	Revision Date	Revision By
Revision 1	8/25/2022 2:44 PM	William Michael Drake
Revision 2	8/30/2022 8:59 AM	William Michael Drake
Revision 3	9/1/2022 8:29 AM	William Michael Drake



Arkansas Department of Health
Environmental Health Protection

Receipt Number

25352477

Individual Onsite Wastewater System Permit Application

Permit Type ☐ New Installation
☒ Alteration / Repair

DR Environmental ID #

0 0 0 0 0 9 2 6 5 0 0

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 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)

Disposal Method (check one)

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

1. Owner's/Applicant's Name
Susan Alexa Byers

2. Phone Number
501-463-0179

3. Mailing Address
11 Highland Cove Cabot AR 72023

4. County
Lonoke

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
Same

6. Subdivision Name
Highland Estates

7. Approval Date
7/10/1979

8. Date Recorded
11/15/1979

9. Lot Number
9

10. Lot Dimensions
272' X 380' X 284' X 382'

11. Total Area (Acres)
2.6

12. # Bedrooms # People
4

13. Daily Flow (GPD)
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Sec 32 T-4-N R-9-W

15. Water Supply (Specify supplier, if Public Water)
Ward Water

16. GPS Coordinates
34 DEG 55' 53" N 92 DEG 0' 0" W

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	NA	a. Size of Septic Tank	1000	gal	f. Trench Depth	NA	inches
Secondary Area	NA	b. Size of Dose Tank	NA	gal	g. Trench Spacing	NA	feet
Percolation Test	(min/in)	c. Absorption Area	NA	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	NA	d. Number of Field Lines	NA		SURFACE DISCHARGE	NA	in
Secondary Area	NA	e. Length of Field Lines	NA	ft	NA	NA	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 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.

[Signature]
Designated Representative Signature

DR: # 0926500

Soil Certified ☒ Yes ☐ No

Title

Bodie Drake D.R. and David Garringer DR in Training

8/12/2022

501-291-2515

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.

[Signature]
Environmental Specialist Signature

864
EHS Number

8-25-22
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 ²)
NA	10	17	NA	15	NA	MOD	SURFACE DISCHARGE
23. Soil Criteria (Secondary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
NA	9	15	NA	13	NA	NA	NA
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	10	in	CHROMA 3 DEPLETIONS				
Moderate	17	in	GREATER THAN 30% CHROMA 3 DEPLETIONS				
Long	NA	in	NA				
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	9	in	CHROMA 3 DEPLETIONS				
Moderate	15	in	GREATER THAN 30% CHROMA 3 DEPLETIONS				
Long	NA	in	NA				
Comments Soil and site not suitable for traditional system. Surface discharge near edge of pipeline right of way.							

Part 2 Installation Inspection

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

Part 3 Permit for Operation

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

* 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 #

00000926500

☒ 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 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 checked="" type="checkbox"/>
\$ 30.00	

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 11 Highland Cove Cabot AR 72023
(Address of Proposed System, City, State, Zip)

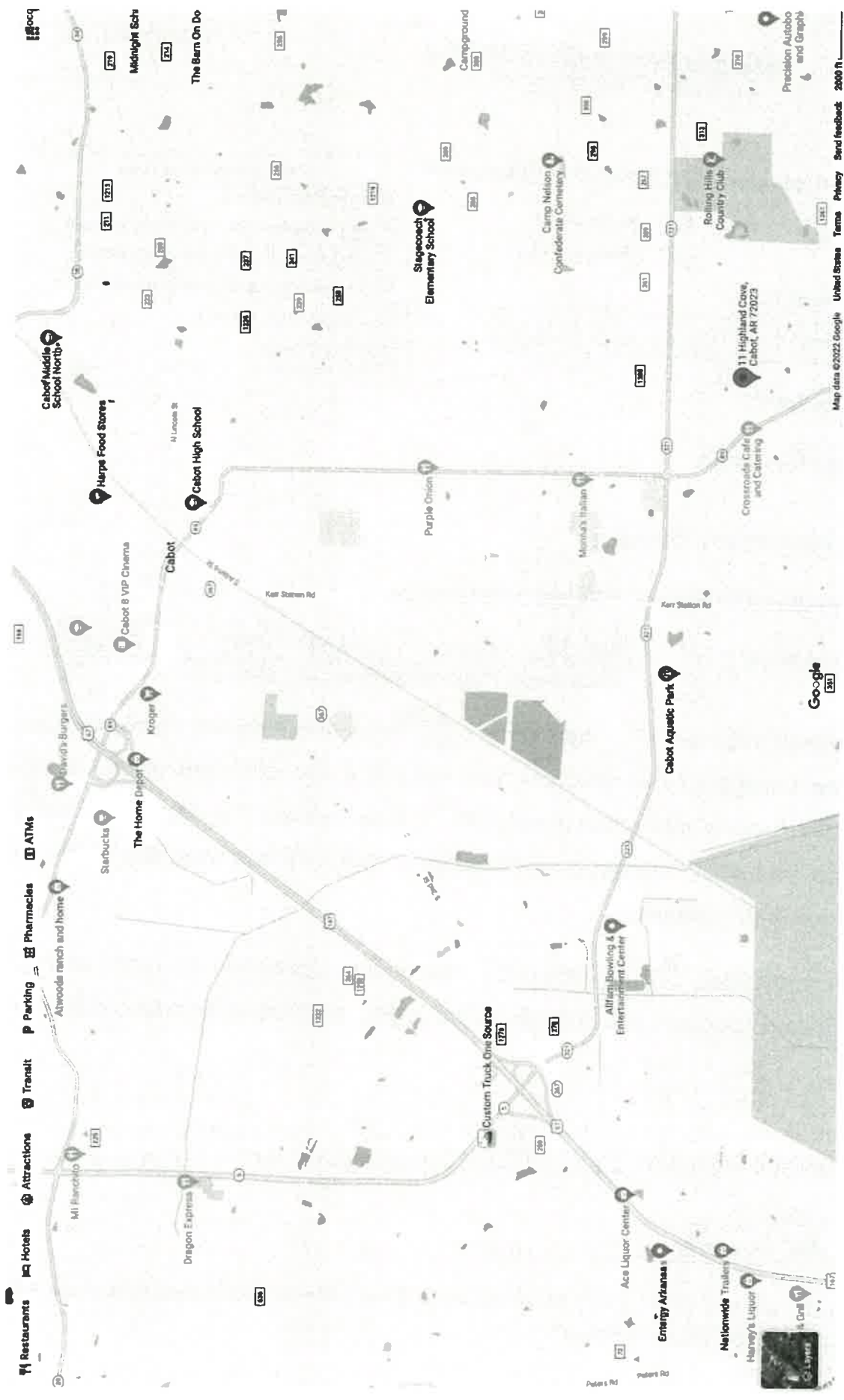
I hereby attest there are 4 bedrooms (NA number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, 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 S. Alexa Byers

Date 8/1/22

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



- Restaurants
- Hotels
- Attractions
- Transit
- Parking
- Pharmacies
- ATMs



Wastewater Plans for Susan Alexa Byers 11 Highland Cove Cabot, AR 72023 2.6 Acres

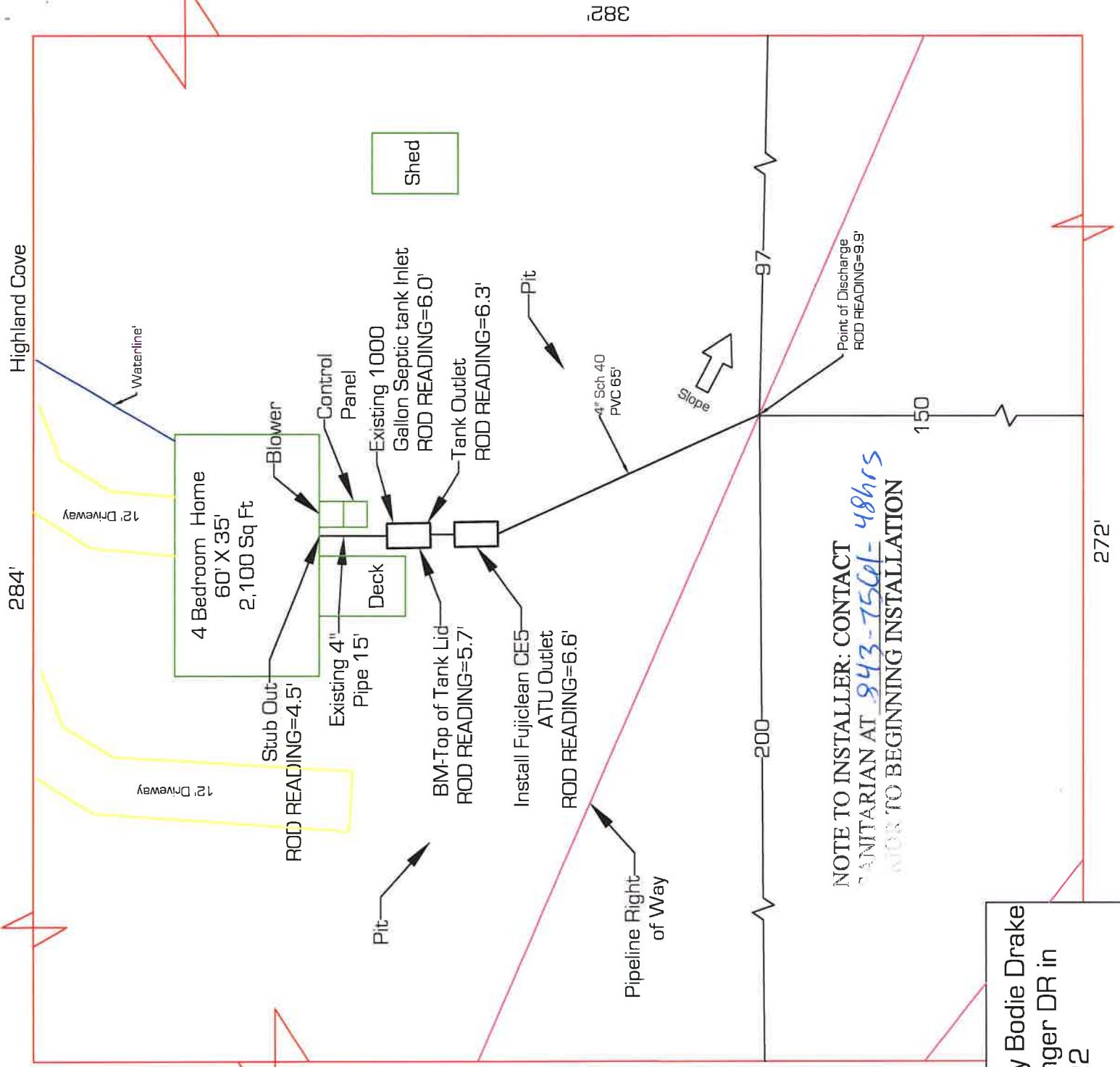


NOTES:

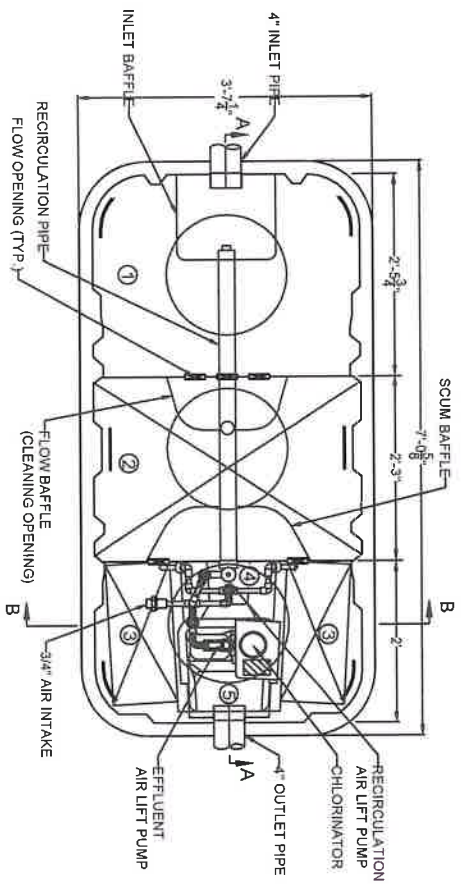
1. Install Fuji clean ATU model CE5 with chlorinator.
2. All electrical work should meet state electrical codes.
3. All measurements given in Feet and Inches unless otherwise noted.

0' 30' 60'
Scale 1"=30'

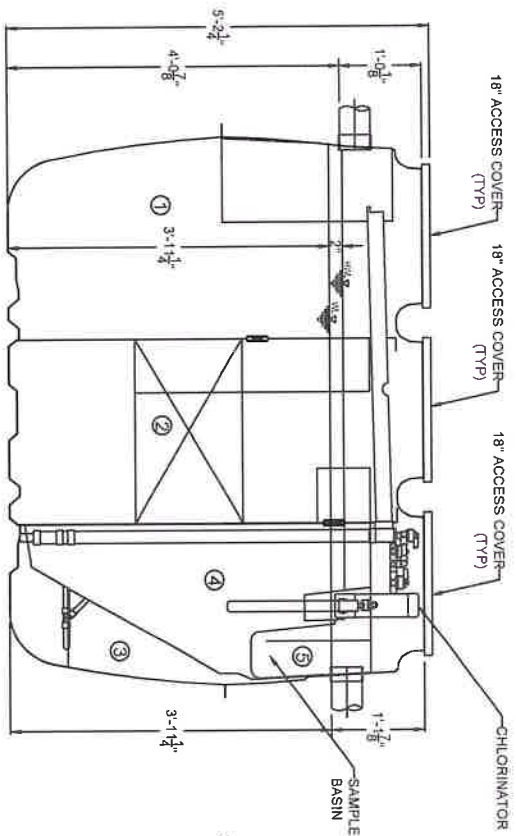
Wastewater Plans Designed by Bodie Drake
D.R.# 926500 David Garringer DR in
Training 8-12-2022



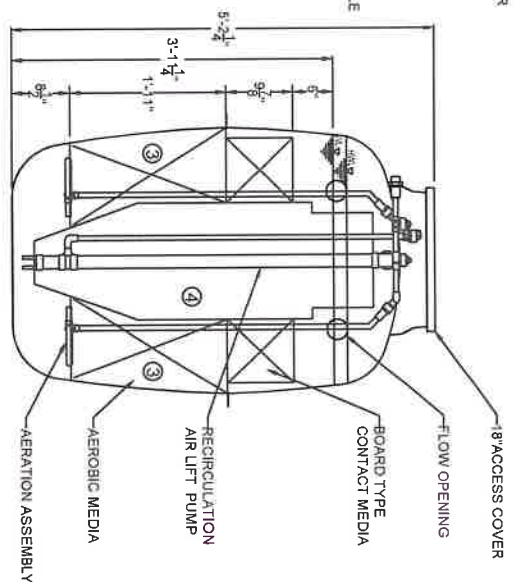
NOTE TO INSTALLER: CONTACT
SANITARIAN AT 843-7561-48hrs
BEFORE TO BEGINNING INSTALLATION



PLAN VIEW



SECTION A-A VIEW



SECTION B-B VIEW

CHAMBER	Volume (gal)
① Sedimentation Chamber	198
② Anaerobic Filtration Chamber	198
③ Aerobic Contact Filtration Chamber	95
④ Clarification Chamber	44
⑤ Disinfection Chamber	4
Total Volume	540

SPECIFICATIONS	
Anaerobic Media	PP / PE
Board Type Aerobic Media	PVC / PP / PE
Aerobic Media	PP / PE
Blower	2.8 cfm
Tank	FRP
Piping	PVC / PP / PE
Access Covers	Plastic / Cast Iron
Disinfectant (Optional)	Chlorine Tablets

Windows Ole Object

CE-5

Structural Drawing

DATE: 02/21/2020

SCALE: 1/2" = 1"



Arkansas Department of Health

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

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

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

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

SIGNED: J. Alex Byers
(Property Owner)

SIGNED: _____
(Health Department)

DATE: 8/12/22

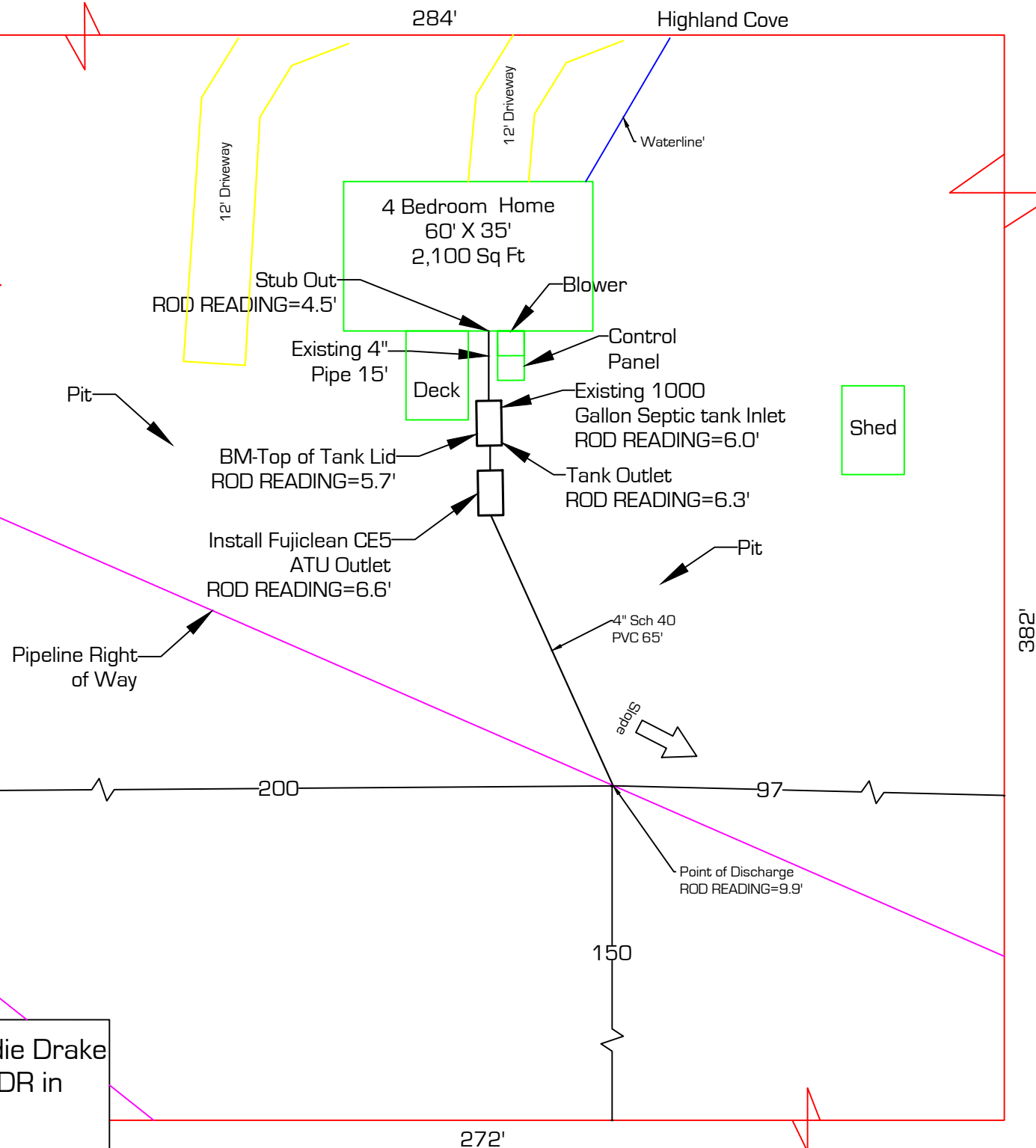
DATE: _____

Wastewater Plans for Susan Alexa Byers 11 Highland Cove Cabot, AR 72023 2.6 Acres



NOTES:

1. Install Fuji clean ATU model CE5 with chlorinator.
2. All electrical work should meet state electrical codes.
3. All measurements given in Feet and Inches unless otherwise noted.



0' 30' 60'
Scale 1"=30'

Wastewater Plans Designed by Bodie Drake
D.R.# 926500 David Garringer DR in
Training 8-12-2022