

# ARG550000 Checklist

ARG550725

☒ New

☐ Renewal

☐ Modification

Business: ☐

Individual Homeowner: ☒

Permit Fee: ☐

(homeowners are exempt)

Disclosure Statement:

☐ Yes

☐ N/A

(homeowners are exempt)

Sec. of State Check:

☐ OK

☐ N/A

(homeowners are exempt)

Financial Assurance Required?

☐ No

☐ Yes

(homeowners are exempt)

Discharge Path: Unnamed tributary of Lost Creek, thence into Lost Creek, thence into Big Creek Ditch, thence to Bayou De View, thence into Cache River

HUC: 08020302

Stream Segment (Planning Segment): 4B

Potential Losing Stream Area:

☒ No

☐ Yes

Natural/Scenic Water:

☒ No

☐ Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

Extraordinary Resource Water:

☒ No

☐ Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

Ecologically Sensitive Waterbody:

☒ No

☐ Yes: \_\_\_\_\_ Distance: \_\_\_\_\_

303 (d) list Impaired: ☐ None

☒ Category 5 – Waterbody: Lost Creek Source/Cause: CI Distance: 0.5 miles

☐ Category 4 – Waterbody: \_\_\_\_\_ Source/Cause: \_\_\_\_\_ Distance: \_\_\_\_\_

☐ Pathogens ☐ Nutrients ☐ DO

Operator Name: Robert Goff

License #: 007865

License Class: II

ADH Approval (EHP-19 Form): ☒

Multiple Discharges: ☒ No ☐ Yes

Less than 1500 GPD: ☐ No ☒ Yes

Actual/Projected Wastewater Flow: 450 GPD

Site Map:

☒ Location

☒ Treatment System

☒ Outfalls

Approved Treatment System:

CE5/CE7/CE10/CEN5/CEN7/CEN10 w/ UV re-aeration

Treatment System Notes: FujiClean CE5 w/chlorine disinfection

Other Comments: \_\_\_\_\_

## Treatment System

	Company Name	System Name	Design Flow (gpd)
<input type="checkbox"/>	Orenco Systems, Inc.	AdvanTex AX15-2N / AX15-3N with disinfection and re-aeration	800, 1200
<input type="checkbox"/>	Orenco Systems, Inc.	AdvanTex AX20 (such as AX20N, AX20-2N, AX20-3N, AX20RTN, AX20RTN 2 pod, or AX20RTN 3 pod with disinfection and re-aeration)	500, 600, 1200, 1500
<input type="checkbox"/>	Orenco Systems, Inc.	AdvanTex AX25RTN or AX25RTN 2 pod with disinfection and re-aeration	750, 1500
<input type="checkbox"/>	Ecological Tank, Inc.	AquaSafe 500	500
<input type="checkbox"/>	Norweco, Inc.	Norweco (Singulair) 960	500, 1000
<input type="checkbox"/>	Norweco, Inc.	Norweco (Singulair) TNT-500	500
<input type="checkbox"/>	Clearstream Wastewater Systems, Inc.	<ul style="list-style-type: none"> <li>• 500 Series (500N, 500NC, 500NC2, 500NC3, 500NCS, 500NS, and 500NU)</li> <li>• 600 Series (600N, 600NC, 600NC2, 600NC3, and 600NU)</li> <li>• 750 Series (750N, 750NC, and 750NC2)</li> <li>• 800 Series (750N, 750NC, and 750NC2)</li> <li>• 1000 Series (1000N, 1000N-B, 1000NC, 1000NC-B, 1000NCD, 1000ND, and 1000NSD)</li> <li>• 1200 Series (1200NCD and 1200ND)</li> <li>• 1500 Series (1500N, 1500N-B, 1500NC, 1500NC-B, 1500NCD, and 1500ND)</li> </ul> <p>All of the included systems in the list must include either a Clearstream Model 1100 Spin Filter or a post aeration tank. Systems without built-in disinfection must include a supplementary disinfection unit.</p>	500, 600, 750, 800, 1000, 1200, 1500
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	MultiFlo FTB-0.5	500
<input type="checkbox"/>	EnviroGuard	ENV-0.75	750
<input type="checkbox"/>	Consolidated Treatment Systems, Inc.	Nyadic M6-A	500
<input type="checkbox"/>	Bio-Microbics, Inc.	MicroFast ® 0.5/With UV Disinfection and Post Aeration	500
<input type="checkbox"/>	Bio-Microbics, Inc.	MicroFAST 0.625, 0.75, 0.9, and 1.5 with Disinfection and Re-aeration	625, 750, 900, and 1500
<input type="checkbox"/>	Bio-Microbics, Inc.	BioBarrier 0.5, 1.0, and 1.5 with Disinfection and Re-aeration	500, 1000, and 1500
<input type="checkbox"/>	Jet, Inc.	Jet BAT Media 1500-Series Plants with Jet 952 UV Device and Jet 954 Re-Aeration Device	500
<input type="checkbox"/>	Aero-Tech	AT-500 Treatment System with UV Disinfection	500
<input checked="" type="checkbox"/>	Fuji Clean USA, LLC	CE5, CE7, CE10, CEN5, CEN7, and CEN10 with UV disinfection and re-aeration	450, 630, and 900
<input type="checkbox"/>	Fuji Clean USA, LLC	CE14 and CEN14 with UV disinfection and re-aeration	1350
<input type="checkbox"/>	Other system	Some systems (for example, Orenco AX100) may be allowed on a case-by-case basis if the projected wastewater flow (not necessarily system design flow) is 1500 gpd or less; may require additional information and certification to be approved for ARG55 coverage	≤1500



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

version 1.13

(Submission #: HPM-VWJT-DG35T, version 2)

## Details

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Reference # ARG550725

Submission ID HPM-VWJT-DG35T

## Form Input

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### Type of Permit Application

#### Permit Type

ARG550000 - Individual Treatment System for Domestic Waste

#### Is this permit for an individual homeowner?

Yes

#### Initial 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

[Map.pdf - 09/21/2022 10:20 AM](#)

##### Comment

NONE PROVIDED

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

[Jackson\\_Clint\\_1672 CR 730\\_Lot 4\\_ATU\\_Approved.pdf - 09/21/2022 10:21 AM](#)

##### 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)

Clint Jackson

#### Permittee Type

Individual Homeowner

#### Permittee Mailing Information

##### Prefix

NONE PROVIDED

##### First Name

Clint

##### Middle Name

NONE PROVIDED

##### Last Name

Jackson

##### Title

NONE PROVIDED

##### Phone Type

Home

##### Number

8702736790

##### Extension

##### Email

clint@customihome.com

##### Address

1672 CR 730

Jonesboro, AR 72405

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

Yes

Is there an active consultant for this facility?

Yes

## Consultant Information

**Prefix**

NONE PROVIDED

**First Name**

Robert

**Middle Name**

NONE PROVIDED

**Last Name**

Goff

**Title**

WWII Operator

**Consulting Firm Name**

EarthTech, Inc

**Phone Type**

Business

**Number**

5014721624

**Extension****Email**

robertlgoff@gmail.com

**Address**

PO Box 73

Vilonia, AR 72173

United States

## Facility/Site Information

**Facility/Site Name**

Jackson Residence

**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**

Clint

**Middle Name**

NONE PROVIDED

**Last Name**

Jackson

**Title**

Homeowner

**Phone Type**

Home

**Number**

8702736790

**Extension****Email**

clint@customihome.com

**Facility/Site Address**

1672 CR 730

Jonesboro, AR 72405

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

Craighead

**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**

35.884006,-90.668212

**Common SIC & NAICS Codes**

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320

Facility Type	SIC Code	NAICS Code
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**

4952

**Primary NAICS Code**

221320

**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
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## 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
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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	35.883466	-90.668300	450 GPD	Treated domestic wastewater	Unnamed tributary of Lost Creek, thence into Lost Creek, thence into Big Creek, thence into Cache River	FujiClean CE5 w/chlorine disinfection	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 Middle Name Last Name

Robert NONE PROVIDED Goff

#### Title

WWII Operator

#### Phone Type Number Extension

Business 5014721624

#### 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**      **Middle Name**      **Last Name**

Clint              NONE PROVIDED      Jackson

**Title**

Homeowner

**Phone Type**      **Number**                      **Extension**

Mobile              8702736790

**Email**

clint@customihome.com

## Revisions

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Revision	Revision Date	Revision By
Revision 1	9/21/2022 10:19 AM	Shayna Brooks
Revision 2	12/20/2022 11:09 AM	Shayna Brooks



Date: 9/9/2022



**Arkansas**  
**Department of Health**  
Keeping Your Hometown Healthy

**SEPTIC TANK PERMIT**

Customer Name: SHAYNA OWEN

Customer No: 6301015386

Transaction Date: 9/9/2022

Transaction No: 25390386

Created By: klmilton

Amount Received: \$45.00

Payment Method: Check No. 1228

Paid By: Shayna Brooks

Owner's Name: Clint Jackson

Site Location: 1672 CR 730  
Jonesboro, Ar 72405

Subdivision: Jackson Replat

Lot Number: 4

Designated Rep: 1013210 SHAYNA BROOKS

Sanitarian: Wilson, Taylor

**Thank you for your payment**

Craighead County Health Unit -  
Jonesboro  
611 E Washington Ave Ste B

Jonesboro AR 72401



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number  
**25390386**

**Individual Onsite Wastewater System Permit Application**

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

A D H 1 3 0 1 3 8 4 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 checked="" 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 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 Unit  
☐ 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  
Clint Jackson

2. Phone Number  
(870) 273-6790

3. Mailing Address  
4902 East Nettleton Jonesboro, AR 72401

4. County  
Craighead

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
1672 CR 730 Jonesboro, AR 72405

6. Subdivision Name  
Jackson Replat

7. Approval Date  
n/a

8. Date Recorded  
n/a

9. Lot Number  
4

10. Lot Dimensions  
742' x 491' x 512' x 559'

11. Total Area (Acres)  
5.00

12. # Bedrooms # People  
4

13. Daily Flow (GPD)  
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PT NW 1/4 SW 1/4 Section 33 Township 15 North Range 4 East, Craighead County

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

16. GPS Coordinates  
HM35.884006, -90.668212 POD35.883466, -90.668326

17. Loading Rates (gpd/ft²)

18. System Specifications

Primary Area	n/a	a. Size of Septic Tank	ATU	gal	f. Trench Depth	n/a	inches
Secondary Area	n/a	b. Size of Dose Tank	500	gal	g. Trench Spacing	n/a	feet
Percolation Test	(min/in)	c. Absorption Area	n/a	ft²	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 See 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.

*Shayna Brooks* *Sam K*

Designated Representative

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

Shayna Brooks/Lamon Kaiser

08/23/2022

870-316-6046

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.

*John H. Hester*  
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> )
>48"	Not Obsv	Surface	12"	n/a	n/a	Mod/48"	Unsuitable
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"	Not obsv	Surface	15"	n/a	n/a	Mod/48"	Unsuitable
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	Not Observed					
Moderate	in	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.					
Long	in	Depletions noted on more than 50% of ped surface or interior. Depletion <= chroma 2.					
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	Not Observed					
Moderate	in	Depletions noted on less than 50% of ped surface or interior. Depletion <= chroma 2.					
Long	in	Depletions noted on more than 50% of ped surface or interior. Depletion <= chroma 2.					
Comments Primary and secondary sites will be ATU with surface discharge, NPDES permit required. Fuji Clean CE5 w/chlorine disinfection. Install in dry conditions. If system is not installed within a year of the date approved, a revalidation fee may be 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 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 #

A D H 1 3 0 1 3 8 4 0

☐ Homeowner

☒ Builder/Developer

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

**TO THE PROPERTY OWNER**

**Onsite Wastewater System Utilization Verification**

Property location: 1688 CR 730 Jonesboro, AR 72405  
(Address of Proposed System, City, State, Zip)

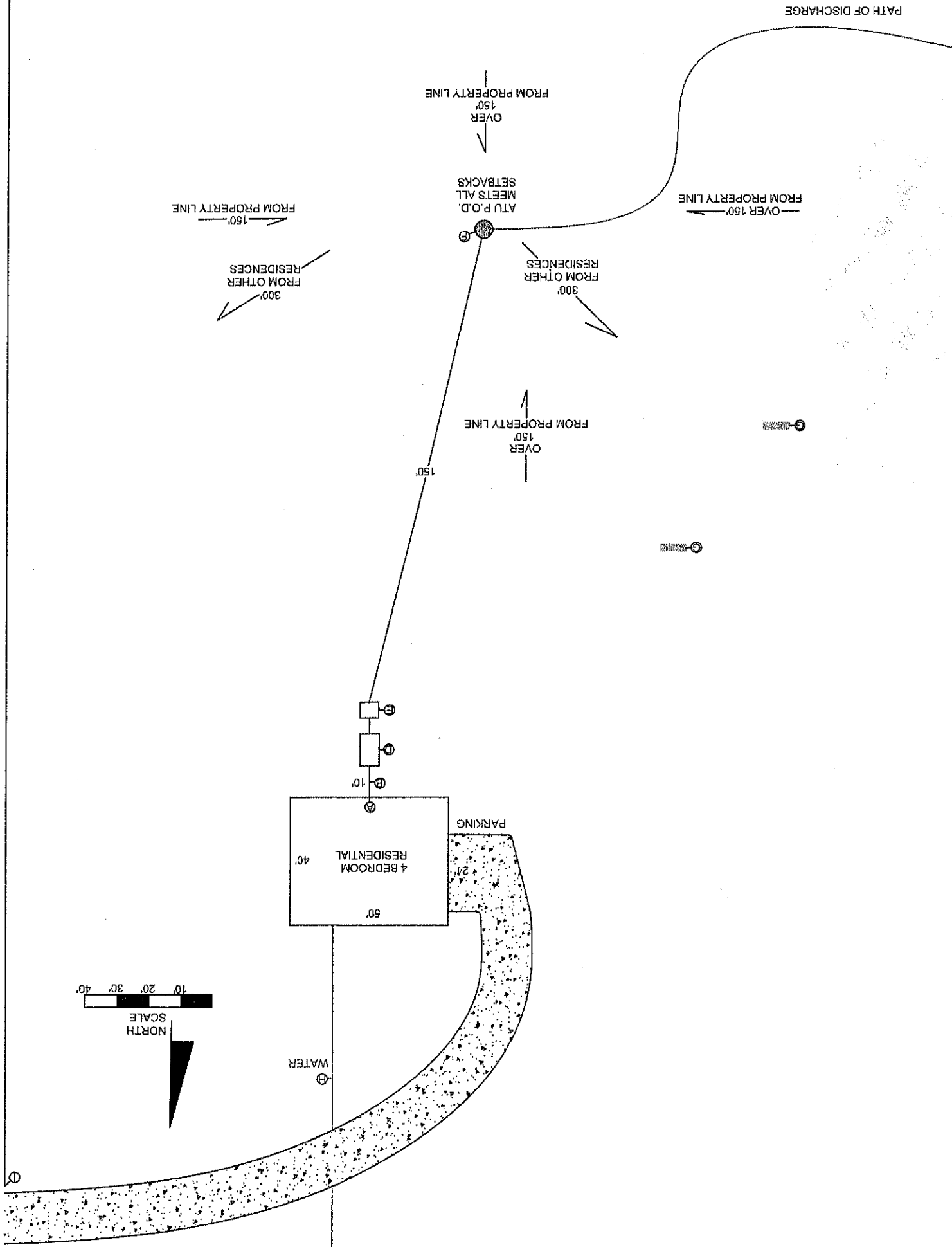
I hereby attest there are 4 bedrooms (\_\_\_\_ number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

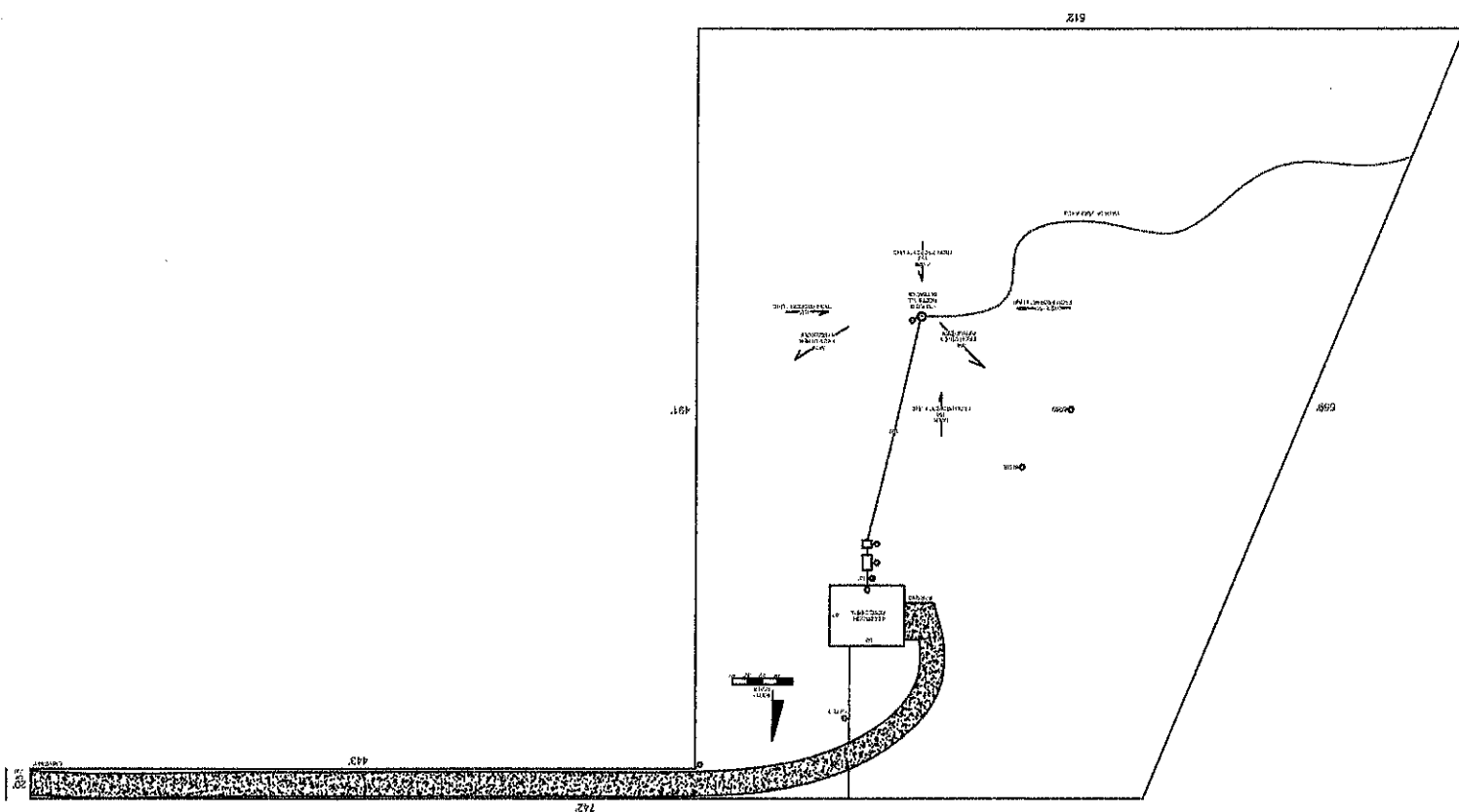
As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature

Date 08/23/2022

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





## ***Spec Sheet and Flowlines***

References are found in the Arkansas State Board of Health Rules and Regulations Pertaining to Onsite Wastewater Systems Effective 12/1/2014.

### **Zone A : LEGEND TO AutoCAD DRAWING**

- A Sewer stub out location. Maximum depth of flow line from existing grade is 24". Show this drawing to your plumber (*Reference 11.8*).
- B 2-way clean out location. Install clean out and sewer popper at or above grade (*Reference 8.13*). Fall to inlet of septic tank can be no less than 1/8" per foot, and no more than 1/4" per foot (*Reference 4.1*).
- C Septic tank location. Risers to grade over inlet and outlet, minimum 18" diameter (*Reference 10.7.8*). Effluent filter required - Orenco Filter FTS0436-28 (*Reference 10.7.6*). Bed and backfill septic tank with 3/4" or smaller gravel (*Reference 10.4*). Septic tank must meet or exceed manufacturer requirements, 5000 psi, aged 28 days minimum (*Reference 10.7.3 – 10.7.5.1*)
- D Aerobic Treatment Unit location. Disinfection required. Refer to included spec sheet for precise model.
- E Pump Basin
- F Point of Discharge (POD). POD meets all setbacks required. (*Reference 9.8*)
- G Soil pit location, if applicable. Not used due to shallow seasonal water tables or contour issues.
- H Proposed water line. Water line must be installed 10' from any part of wastewater system (*Reference 6.2.8*).
- I Benchmark location.

### **PIPE SPECIFICATIONS**

House stub out to septic tank inlet: 4" Schedule 40 Pipe  
Septic Tank to Aerobic Treatment Unit: 4" Schedule 40 Pipe  
Aerobic Treatment Unit to Pump Basin: 4" Schedule 40 Pipe (if applicable)  
Pump Basin to Point of Discharge: 1 1/4" Schedule 40 Pipe (if applicable)

### **TANK SPECIFICATION**

Manufacturer: Septic Tank is Built into Unit  
Concrete 500 Gallon Pump Tank

### **TREATMENT UNIT SPECIFICATION**

**Fuji Clean CE5**

### **EFFLUENT STRENGTH**

Biochemical oxygen demand < 300 mg/L  
Total suspended solids < 300 mg/L  
Fats, oil, and grease < 25 mg/L  
(*Reference 9.41 and Appendix B, Footnotes*)

Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.

## ***Spec Sheet and Flowlines***

### **GROUND AND INSTALLED ELEVATIONS (feet & inches)**

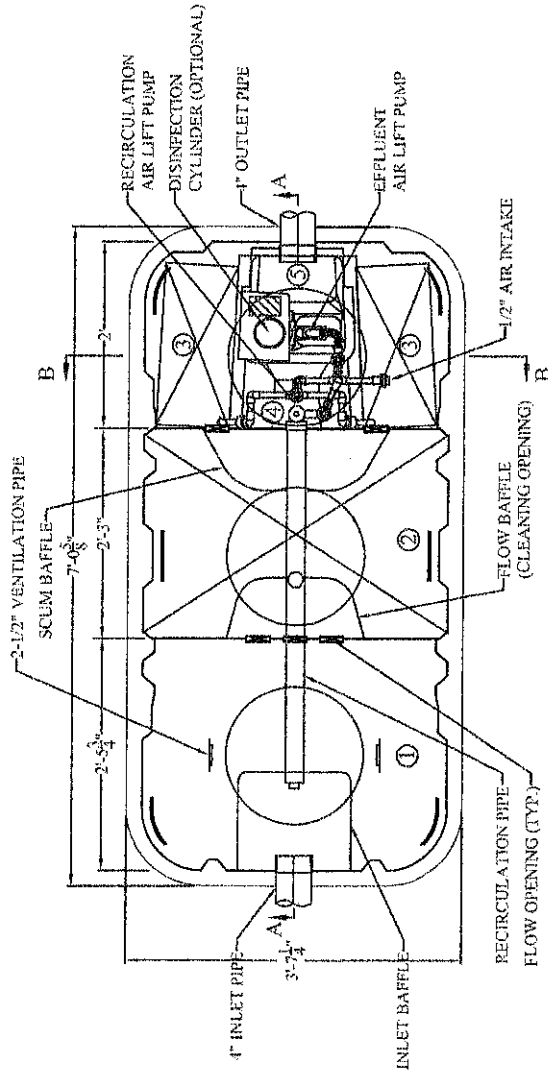
Component	Ground	Flow Line	Fall
Stub Out	05-02"	07-02"	24"
ATU Inlet	05-02"	07-06"	4"
ATU Outlet	05-02"	07-09"	3"
Pump tank Inlet	05-02"	07-10"	1"
Pipe out of riser		06-10"	-12"
Point of Discharge	05-07"	05-11"	-11"
Benchmark	03-08"	Base of NE Property Corner (See Drawing)	

### **NOTES**

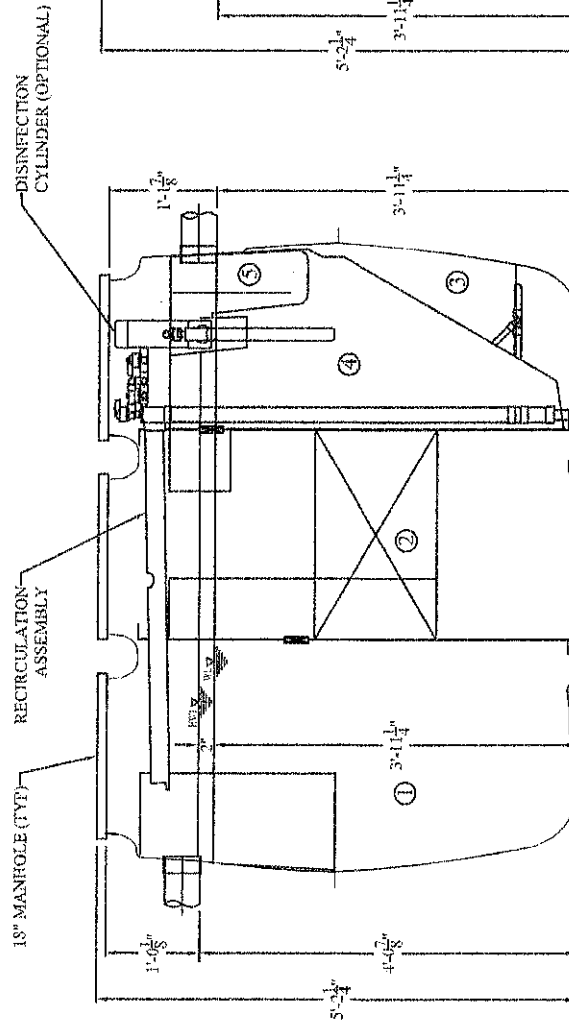
NPDES permit required on all surface discharging wastewater systems. (*Reference 9.6 and 11.1*)

Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. (*Reference 12*)

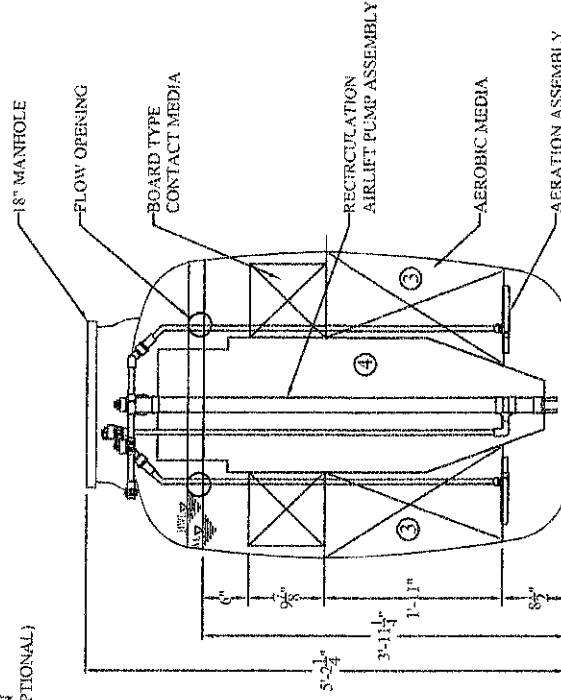




PLAN VIEW



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 Storage Chamber	44
⑤ Disinfection Chamber	4
Total Volume	540

SPECIFICATIONS			
Anaerobic Media	PP / PE	Filling Rate	31%
Board Type Aerobic Media	PVC / PP / PE	Filling Rate	16%
Aerobic Media	PP / PE	Filling Rate	55%
Blower	2.8 cfm		
Tank	FRP		
Piping	PVC / PP / PE		
Access Covers	Plastic / Cast Iron		
Disinfectant (Optional)	Chlorine Tablets		

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



**PUMP COMPANY**

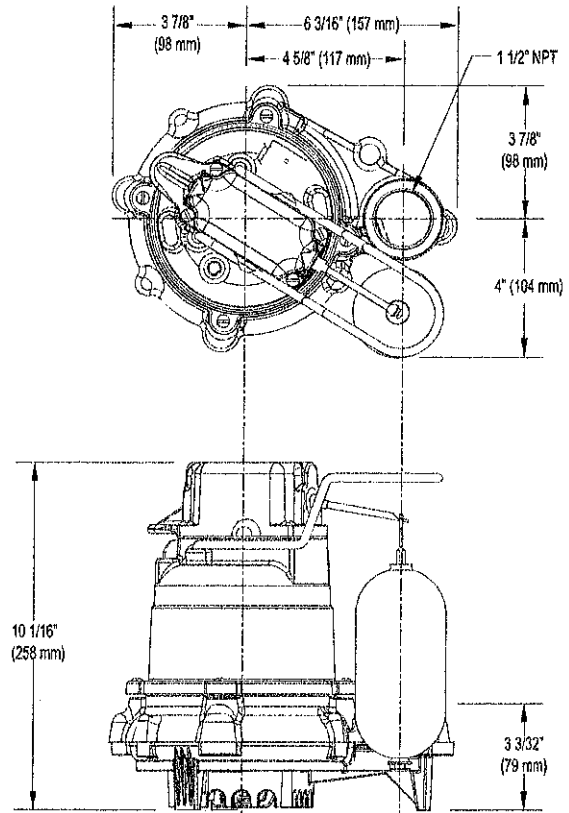
Zoeller Family of Water Solutions™

## TECHNICAL DATA SHEET MIGHTY-MATE SERIES

*Cast Iron Models 53, 57 and Bronze Models 55, 59  
Submersible Effluent / Dewatering Pumps*

### PRODUCT SPECIFICATIONS

<b>MOTOR</b>	Horse Power	3/10
	Voltage	115 or 230
	Phase	1 Ph
	Hertz	60 Hz
	RPM	1550
	Type	Shaded pole
	Insulation	Class B
	Amps	4.8 - 9.7
<b>PUMP</b>	Operation	Automatic or nonautomatic
	Auto On/Off Points	7-1/4" (18.4 cm) / 3" (7.6 cm)
	Discharge Size	1-1/2" NPT
	Solids Handling	1/2" (12 mm) spherical solids
	Cord Length	9' (3 m) automatic, 15' (5 m) nonautomatic
	Cord Type	UL listed, 3-wire, grounded plug
	Max. Head	19.25' (5.9 m)
	Max. Flow Rate	43 GPM (163 LPM)
	Max. Operating Temp.	130° F (54° C)
<b>MATERIALS</b>	Cooling	Oil filled
	Motor Protection	Auto reset thermal overload
	Cap	Cast iron or bronze
	Motor Housing	Cast iron or bronze
	Pump Housing	Cast iron or bronze
	Base	Cast iron, bronze or engineered thermoplastic
	Upper Bearing	Sleeve bearing
	Lower Bearing	Sleeve bearing
	Mechanical Seals	Carbon and ceramic
	Impeller Type	Non-clogging vortex
	Impeller	Plastic, cast iron or bronze
	Hardware	Stainless steel
	Motor Shaft	AISI 1215 cold rolled steel
	Gasket	Neoprene



SK659

NOTE: See model comparison chart for specific details.

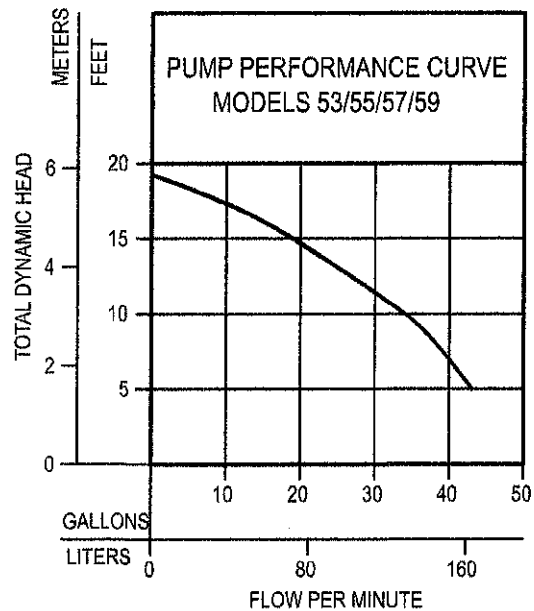


Tested to Standard UL 778 and  
Certified to CSA  
Standard C22.2 No. 108



## TOTAL DYNAMIC HEAD FLOW PER MINUTE

MODEL		53/55/57/59	
Feet	Meters	Gal.	Liters
5	1.5	43	163
10	3.0	34	129
15	4.6	19	72
Shut-off Head:		19.25 ft.(5.9m)	



009897

Model	MODEL COMPARISON										
	Seal	Mode	Volts	Ph	Amps	HP	Hz	Lbs	Kg	Simplex	Duplex
M53/M55	Single	Auto	115	1	9.7	3/10	60	23	10	1	---
N53/N55	Single	Non	115	1	9.7	3/10	60	23	10	2	3 & 4
* BN53	Single	Auto	115	1	9.7	3/10	60	25	11	*	---
* BE53/BE57	Single	Auto	230	1	4.8	3/10	60	24 / 30	11 / 13	*	---
D53	Single	Auto	230	1	4.8	3/10	60	23	10	1	---
E53/E55	Single	Non	230	1	4.8	3/10	60	22	10	2	3 & 4
M57/M59	Single	Auto	115	1	9.7	3/10	60	29 / 33	13 / 15	1	---
N57/N59	Single	Non	115	1	9.7	3/10	60	28 / 29	12 / 13	2	3 & 4
* BN57	Single	Auto	115	1	9.7	3/10	60	30	13	*	---
D57/D59	Single	Auto	230	1	4.8	3/10	60	30 / 33	13 / 15	1	---
E57/E59	Single	Non	230	1	4.8	3/10	60	28 / 29	12 / 13	2	3 & 4
E59	Single	Non	230	1	4.8	3/10	60	29	13	2	3 & 4

\* Single piggyback switch included.

## SPECIAL MODEL FEATURES

Additional cord lengths are available in 15' (5 m), 25' (8 m) and 35' (11 m). 50' (15 m) cord lengths available for 230 V units only.

BE and BN models include a piggyback variable level pump switch.

Model 53: cast iron switch case, motor and pump housing, a plastic impeller and base. Model 57: all cast iron construction with a cast iron impeller. Model 55: bronze switch case, motor and pump housing, a plastic impeller and base. Model 59: bronze construction with a bronze impeller.

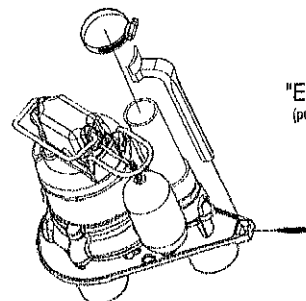
Optional pump stand (P/N 10-2421).

## SELECTION GUIDE

1. Integral float-operated mechanical switch, no external control required.
2. Single piggyback variable level float switch or double piggyback variable level float switch. Refer to FM0477.
3. See FM0712 for correct model of Electrical Alternator.
4. Variable level control switch 10-0743 used as a control activator with electrical alternator (3) or (4) float system.

### OPTIONAL PUMP STAND P/N 10-2421

- Reduces potential clogging by debris
  - Replaces rocks or bricks under the pump
  - Made of durable, noncorrosive ABS
  - Raises pump 2" (5 cm) off bottom of basin
  - Provides the ability to raise intake by adding sections of 1½" or 2" (DN40 or DN50) PVC piping
  - Attaches securely to pump
  - Accommodates sump, dewatering and effluent applications
- NOTE: Make sure float is free from obstruction.



"Easy assembly"  
(pump & discharge pipe  
not included.)



All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

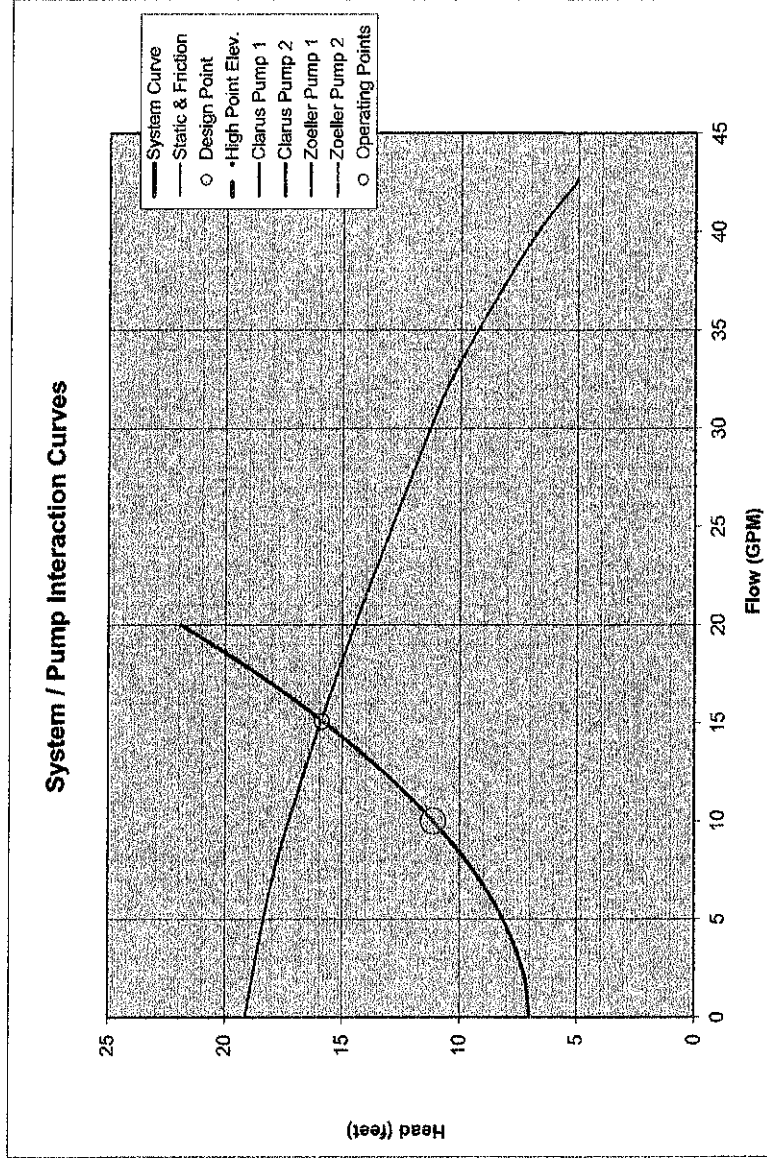
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502-778-2731 | 800-928-7867 | 3649 Cane Run Road | Louisville, KY 40211-1961 | [www.zoeller.com](http://www.zoeller.com)

# Zoeller Company

## System Head Curve and Pump Selection Tool

<b>Static Head Information</b> Static Head - elevation difference from low water to outfall System high point above outfall?		7.0 feet No
<b>Friction Head Information</b> Pipe How many different pipes in the system (not counting laterals)?		
Pipe 1 Length	1	
Pipe 1 Size	150 feet	
Pipe 1 Class	1 1/4 inches	
	SCH 40	
Pressurized Laterals? No		
<b>Fittings &amp; Discharge Assemblies</b> Type Discharge Assembly Size 1 1/4 inches Quantity		
Special Friction Considerations Weep Hole Yes 1/8" Add-In Friction 15 % of Pipe Loss Automatic Multi-zone Valve? No Pressure Filter? No		
<b>Operating Head Information</b> System Type Non-Pressurized Specify Flow Requirement? Yes		
<b>Factors and Coefficients</b> Hazen-Williams C Factor 130 Discharge Coefficient (Cd) 0.61 Lateral Design Mode Off		



NOTE: THE DISPLAYED PUMP CURVES HAVE BEEN ADJUSTED TO ACCOUNT FOR THE EFFECT OF THE WEEP HOLE

Flow Requirement 10 GPM

Design Point  
10.0 GPM  
@ 11.1' TDH

Curve Zoom Range 20 GPM

Pump Selection		60 Hz	Frequency
Clarus Environmental Pumps			
Clarus Pump 1			
Clarus Pump 2			
Zoeller Pump Company Pumps			
Zoeller Pump 1		53/55/57/59	0.3hp, 60Hz
Zoeller Pump 2		15.1 GPM @ 15.9'	

Project Data	Project Name	Clarus Jackson	Notes:
	Project Address	CR 730	1 1/4" discharge assembly
		Jonesboro, AR 72405	1 1/4" transport line
	Contact Info:	Shayna Brooks	
		870-316-6046	

## Control/Alarm Panel Options\*

Fuji Clean Model	A	A1	C	X	D	R	E	M	KG
Features									
Description	Basic Alarm Panel	Basic Alarm Panel w/ Current Sensor	Basic Alarm w/ Comm. Contact & Time Meter	Basic Alarm with 24-Hour Timer (Night Spray)	Duplex Time Dosing	Simplex Time Dosing	Duplex Dosing Control w/ Data Logging	Basic Large System Control w/ 2 Current Sensors	CE6KG Control with 4 Current Sensors
SJE Rhombus Model #	1041972	1064558	1045040	1029522	IFS41W614 X6ABAC10C 27B	IFS11W114 H6ABAC15 A17G27D w/current sensor	IFR41W914X 6ABAC10E2 7D	1059296	BP2833
NEMA 4X Weather Proof Enclosure	X	X	X	X	X	X	X	X	X
120 Volt AC Breakers (Pump, Air Blower, Alarm)	3	3	3	3	3	3	3	4	5
Alarm/Test/Normal/Silence Switch	X	X	X	X	X	X	X	X	X
Air Blower Low Pressure Alarm Switch	X		X	X	X				
Current Sensor Alarm Switch		X				X	X	X (2)	X(4)
Communication Contacts (Alarm Aux)			X		X	X	X	X	X
Elapsed Time Meter			X		X	X	X		
Duplex Pump Demand or Timed Dosing Control					X	X	X		
24-Hour Timer				X					
Dual Alarm Beacons				X					
Data Logging Panel via USB Port to Flash Drive							X		
UL Listed to Meet and/or Exceed Industry Safety Standards					X	X	X		
Dual Safety Certification for U.S. and Canada					X	X	X		

\* Control panel customization is also available to match unique site or job requirements. Please consult Fuji Clean USA for details.

**EarthTech, Inc.**

PO Box 73  
Vilonia, AR 72173  
robertlgoff@gmail.com  
(501) 472 -1624

**WASTEWATER MAINTENANCE AGREEMENT**

FOR: Clint Jackson  
4902 East Nettleton  
Jonesboro, AR 72401  
(870) 273 - 6790 [clint@customihome.com](mailto:clint@customihome.com)

LOCATION: 1672 CR 730  
Jonesboro, AR 72405

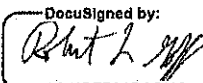
**SERVICES TO BE PERFORMED:**

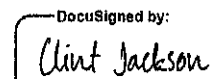
Inspect/Service Fajiclean and other components quarterly  
Collect Samples and deliver to lab  
Submit Discharge Monitoring Reports (DMR's) twice a year as required  
Add chlorine as needed

\$600 per year + cost of chlorine used

**TERMS:**

Owner acknowledges having received and read the attached "**Prohibited Items**" sheet.  
This agreement may be terminated by either party with a written notice.  
Owner will not modify system or cover access lids and valve boxes with soil.  
All parts of the system must be accessible for service.  
Owner assumes responsibility of preventing fire ants from damaging electrical components.  
Owner is responsible for keeping site weeded/mowed.  
Repairs or parts not under warranty are not included in this agreement.  
No repairs will be made or parts replaced without approval.  
This agreement does not include pumping/solids removal.  
User acknowledges that using a garbage disposal may cause more frequent service/tank pumping which could lead to service calls.  
Only domestic wastewater and toilet paper will be flushed or put down a drain. (see attachment)  
Service Calls will be billed at \$100/hr. with a 2 hour minimum.  
If quarterly maintenance is not sufficient additional fees will incur.  
Lab fees are not a part of this agreement. You will be billed separately by the lab for analysis.

DocuSigned by:  
  
CC46BFF2CBC540D...  
Robert L. Goff, President  
Earthtech, Inc.  
Date: 9/7/2022 | 7:33 AM PDT

DocuSigned by:  
  
B943923FE21F411...  
Clint Jackson  
Date: 9/7/2022 | 10:13 AM CDT

**Contact for Service Call:**

Ethan (501) 269-7531      Caleb (501) 339-5552

## **Prohibited Items**

The following items will harm the organisms in your FujiClean wastewater system and should not be flushed or put down a drain:

- Excessive Bleach (dilute as instructed on the container)
- Fabric Softeners
- Paint and Paint Thinners
- Motor Oil
- Antifreeze
- Antibiotics
- Chemical De-clogging agents (Drano)
- Septic Tank Additives (like RidX)
- Water Softener Backwash
- Cleaning Solutions containing Quaternary Ammonium
- Sanitary Napkins
- Feminine Products
- Baby/Hand Wipes
- Cigarette Butts
- Dental Floss
- Condoms
- Kitty Litter
- Paper Towels
- Cooking Grease
- Coffee Grounds
- Fruit and Vegetable Peelings
- Condensate from HVAC system
- Floor Drains should not drain to the wastewater system

**Garbage Disposals** inject heavy and inconsistent organic loads to the system, which can interfere with normal processing.

**Well Disinfection:** If the home is on a well and chlorine is used for disinfection, flush the disinfectant through outside hydrants to prevent killing organisms in the FujiClean.



## 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: \_\_\_\_\_  
(Property Owner)

SIGNED: \_\_\_\_\_  
(Health Department)

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

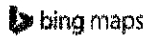
DATE: 9-19-22





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✕



**A** Craighead County Health Department, 611 E Washington Ave Ste B,  
Jonesboro, AR 72401

12 min , 5.1 miles

Light traffic (Leave at 9:28 AM)

Via N Patrick St, Magnolia Rd

**B** 1662 County Road 730, Jonesboro, AR 72405

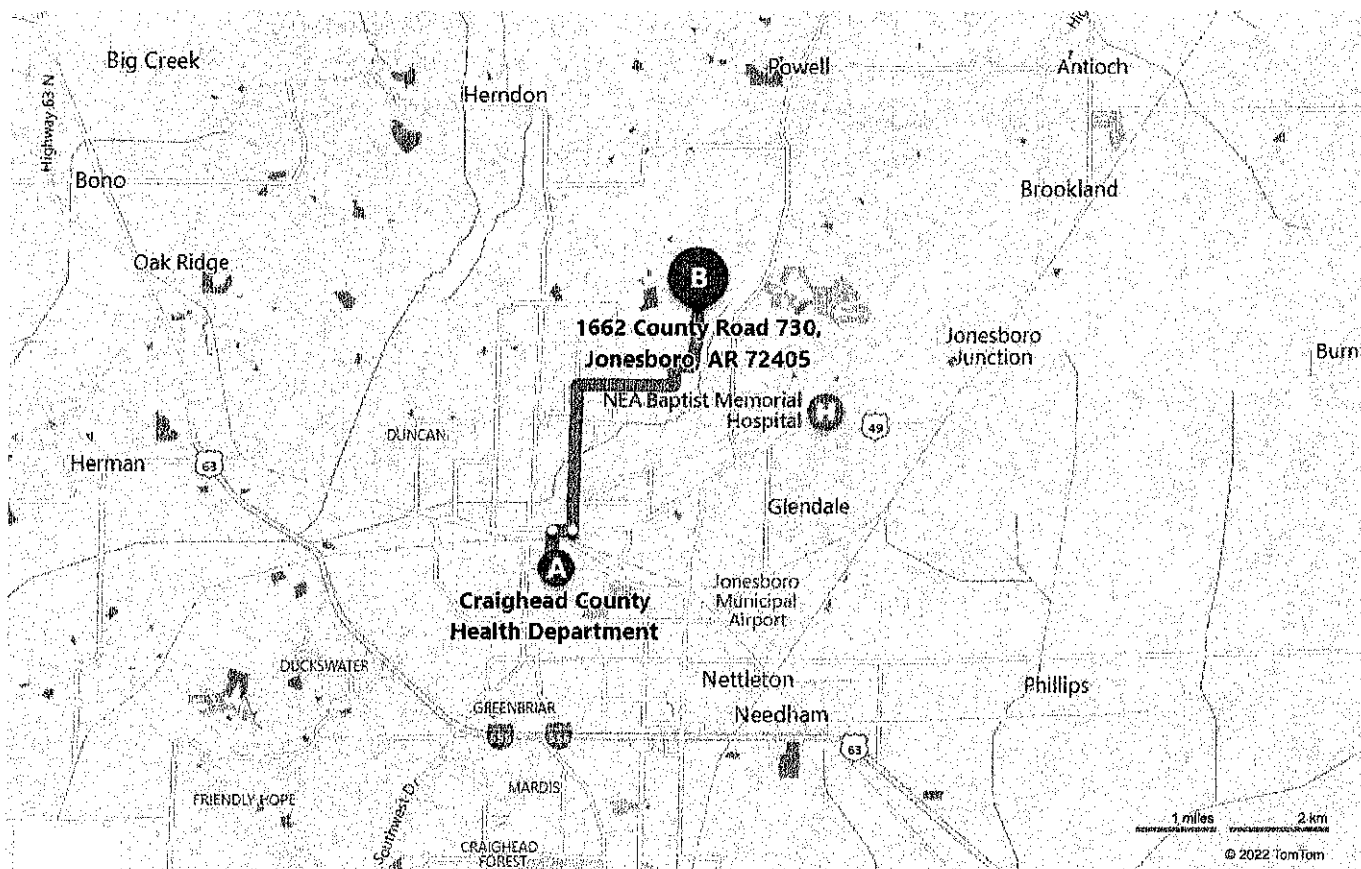
· Local roads

Last lot on left before brick home.

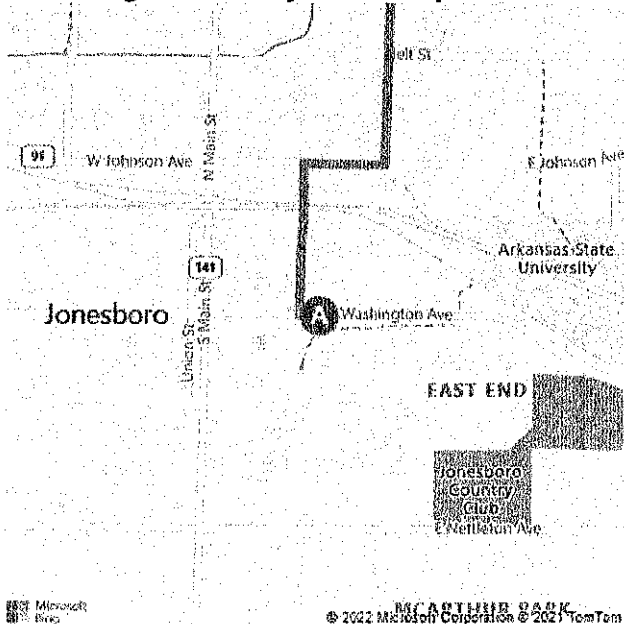
### A Craighead County Health Department

↑	1.	Head <b>west</b> on <b>E Washington Ave</b> toward S Bridge St	344 ft
↗	2.	Turn <b>right</b> onto <b>S Bridge St</b>	0.4 mi
↑	3.	Road name changes to <b>N Bridge St</b>	0.1 mi
↗	4.	Turn <b>right</b> onto <b>AR-91 / E Johnson Ave</b>	0.3 mi
↖	5.	Turn <b>left</b> onto <b>N Patrick St</b>	1.8 mi
↗	6.	Turn <b>right</b> onto <b>Magnolia Rd</b>	1.3 mi
↖	7.	Turn <b>left</b> to stay on <b>Magnolia Rd</b>	0.5 mi
↖	8.	Turn <b>left</b> onto <b>County Road 730</b>	0.7 mi
Arrive at <b>County Road 730</b>			
	9.	The last intersection before your destination is Magnolia Rd If you reach County Road 751, you've gone too far	

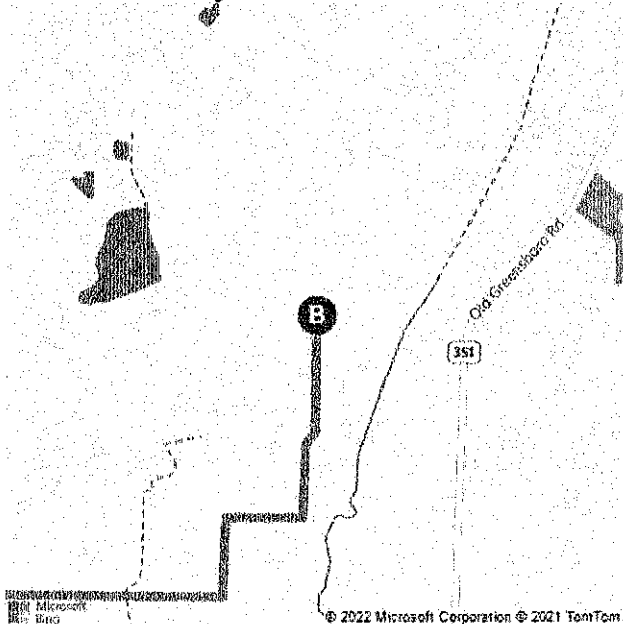
### B 1662 County Road 730, Jonesboro, AR 72405



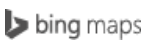
**A** Craighead County Health Department, 61...



**B** 1662 County Road 730, Jonesboro, AR 72...



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- A

Craighead County Health Department, 611 E Washington Ave Ste B,  
Jonesboro, AR 72401
- B

1662 County Road 730, Jonesboro, AR 72405
- 12 min , 5.1 miles

Light traffic (Leave at 9:28 AM)

Via N Patrick St, Magnolia Rd

· Local roads

Second lot on right.

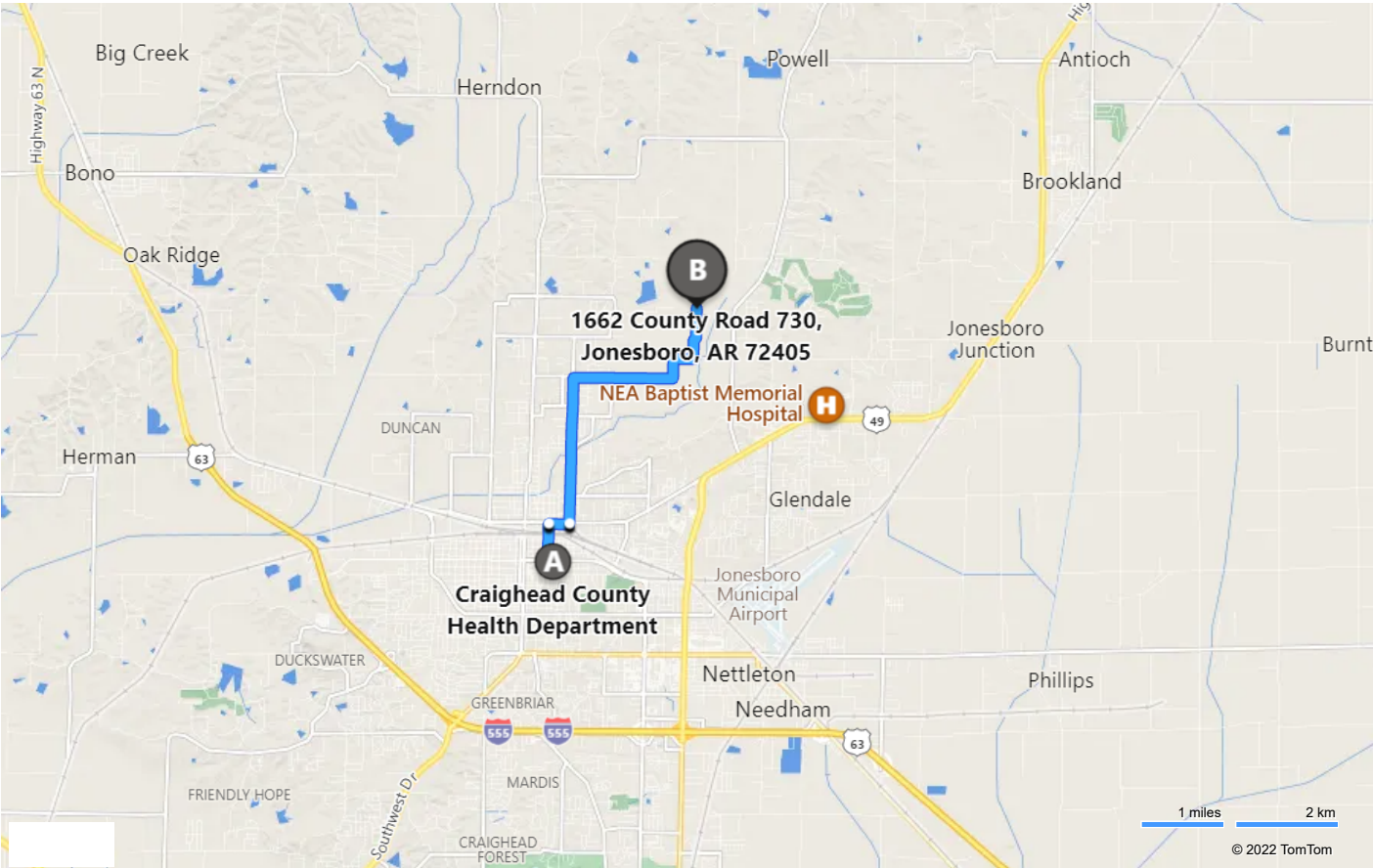
A

Craighead County Health Department

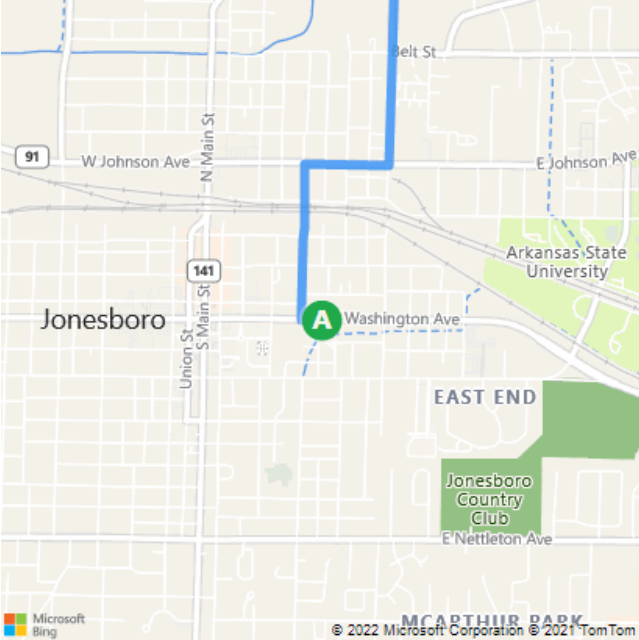
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B

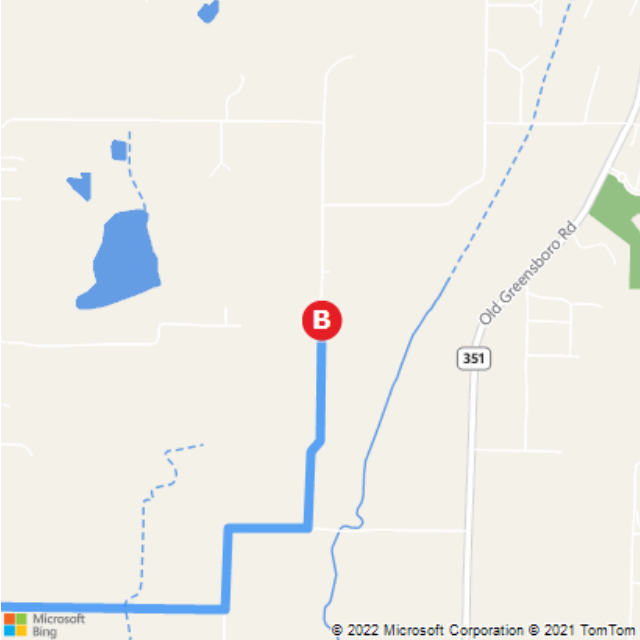
1662 County Road 730, Jonesboro, AR 72405



**A** Craighead County Health Department, 61...



**B** 1662 County Road 730, Jonesboro, AR 72...



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