

**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): <u>Christian Williams</u>	Operator Type:
Permittee Mailing Address: <u>169 Lockie Rd.</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Gurdon</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71743</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-292-8732</u>	*State of Incorporation: _____
Permittee Fax Number: <u>N/A</u>	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee E-mail Address: <u>christiandeonwilliams@gmail.com</u>	

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

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

**III. FACILITY INFORMATION**

Facility Name: <u>Christian Williams ATU</u>	Facility Contact Person: <u>Christian Williams</u>
Facility Address: <u>169 Lockie Rd.</u>	Telephone Number: <u>870-292-8732</u>
Facility County: <u>Clark</u>	Facility City, State & Zip: <u>Gurdon, Ar. 71743</u>
Facility Latitude: <u>33Deg 57Min 54.36000Sec</u>	Facility Longitude: <u>093Deg 07Min 14.40000Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>

**IV. DISCHARGE INFORMATION**

Outfall Number: <u>1</u>	Flow: <u>370</u> gpd (Gallons per Day)
Stream Segment: <u>1B</u>	Hydrologic Basin Code: <u>11140201</u>
Outfall Latitude: <u>33Deg 57Min 51.69600Sec</u>	Outfall Longitude: <u>093Deg 07Min 16.14000Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>
Type of Treatment: <u>NORWECO Singulair Green CL2 disinfection</u>	
Receiving Stream: <u>Red River</u>	

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): <u>AR00N/A</u>	
NPDES General Permit Number (If Applicable): <u>ARG550000</u>	
State Construction Permit Number: <u>N/A</u>	
NPDES General Construction Stormwater Permit Number (If Applicable): <u>ARR15N/A</u>	

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

## VI. OTHER INFORMATION:

Operator Name: Sheldon Hadley  
Operator License Number: 007836 License Class: II  
Consultant Contact Name: N/A  
Consultant Email Address: N/A  
Consultant Address: N/A City: N/A State: N/A Zip: N/A  
Consultant Phone Number: N/A Consultant Fax Number: N/A

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

### Disclosure Statements:

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

## VII. CERTIFICATION OF OPERATOR

N/A (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
N/A (Initial) "I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant."  
→ CW (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: Christian Williams Title: Home Owner  
→ Responsible Official Signature: [Signature] Date: 8-8-22  
Responsible Official Email: christianeonwilliams@gmail.com  
Cognizant Official Printed Name: N/A Title: N/A  
Cognizant Official Signature: N/A Telephone: N/A  
Cognizant Official Email: N/A

## X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

	Yes	No	* If No is answered for any of the questions, then a permit can not be issued!
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check Number: <u>Private Home Owner</u>
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Private Home Owner

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5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118  
PHONE 501-682-0623 / FAX 501-682-0880  
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Date: 8/9/2022



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

**SEPTIC TANK PERMIT**

Customer Name: HADLEY SHELDON  
Customer No: 2901109140

Transaction Date: 8/9/2022  
Transaction No: 25322076      Created By: msschalea

Amount Received: \$30.00      Payment Method: Check No. 914

Paid By: Hadley Environmental LLC

Owner's Name:	Christian Williams	
Site Location:	169 Lookie Rd. Gurdon, AR 71743	
Subdivision:	N/A	
Lot Number:	N/A	
Designated Rep:	1521050	SHELDON HADLEY
Sanitarian:	Morgan, John	

**Thank you for your payment**

Hot Spring County Health Unit -  
Malvern  
2204 E Sullenberger Ave

Malvern      AR 72104



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

October 6, 2022

Christian Williams  
169 Lockie Rd.  
Gurdon, AR 71743  
Permit # 25322076

The plans and specifications for the above captioned project have been received and reviewed. Please be advised that as the owner you are responsible for the following:

1. All costs relating to the operation and maintenance of the system.
2. Meeting all effluent requirements.
3. Financial responsibility for effluent monitoring and sampling by a Certified Maintenance Person.
4. Filing for the National Pollutant Discharge Elimination System (NPDES) General Permit (ARG550000) permit with the Arkansas Department of Environmental Quality before any construction begins.
5. Any changes from the specified design will require a new maintenance contract and a resubmission of the permit.
6. This approval is for an on-site retention scheme for all effluent generated from the specified residence on the permit on 1.42 acres with an easement to discharge on 3.33 acres near 169 Lockie Rd. Gurdon, Arkansas in Clark County. Any off-site discharge or further subdivision of the property may void this approval. Additional measures to ensure on-site retention of all sewage effluent generated may be required at a later date should the discharge leave the property.

This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the discharge of sewage effluent.

If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely

David Wilson, EHS  
Southwest Region Onsite Specialist  
Arkansas Department of Health  
870-260-6851





Arkansas Department of Health  
Environmental Health Protection

Receipt Number  
**25322076**

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	<input checked="" 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 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 = Setaal Distribution  
☐ OTH = Other (Describe) ☐ HLO = Holding Tank ☐ OTH = Other ☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name  
CHRISTIAN WILLIAMS

2. Phone Number  
870-292-8732

3. Mailing Address  
169 LOCKIE RD., GURDON, AR. 71743

4. County  
CLARK

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
169 LOCKIE RD., GURDON, AR. 71743

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
141.0'X439.41'

11. Total Area (Acres)  
1.42 ACRES

12. # Bedrooms # People  
3

13. Daily Flow (GPD)  
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PRT OF THE SW1/4, SW1/4 OF SEC. 11, T-09-S, R-20-W

15. Water Supply (Specify supplier, if Public Water)  
GURDON CITY WATER

16. GPS Coordinates  
LAT: 33.96436 / LONG: -93.121150

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

TO THE OWNER

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

19. Utilization Verification

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

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

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

<i>Sheldon Hadley</i> Designated Representative Signature	DESIGNATED REP	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SHELDON HADLEY	Title	
7-20-22	Date	870-703-7165
	Phone Number	
21. Approval of Health Authority	The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.	
<i>[Signature]</i> Environmental Specialist Signature	0697 EHS Number	10-6-2022 Date

# Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

22. Soil Criteria (Primary Area)								Indicate the depth to items a-f, if observed in the soil (designate in inches)	
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )		
N/A	N/A	0"	7"	N/A	6"	LOW	NO LOAD		
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 <sup>2</sup> )		
N/A	N/A	0"	7"	N/A	6"	LOW	NO LOAD		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	N/A	in	N/A						
Moderate	0"	in	CHROMA 3 >20% OF PED SURFACE.						
Long	7"	in	CHROMA 2 >50% OF PED SURFACE, CLAY >50%						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	N/A	in	N/A						
Moderate	0"	in	CHROMA 3 >20% OF PED SURFACE.						
Long	7"	in	CHROMA 2 >50% OF PED SURFACE, CLAY >50%						
Comments MULTIPLE SOILS PITS EXCAVATED, NONE RESULTED IN SUITABLE SOILS FOR SUBSURFACE ABSORPTION. PROPERTY SURROUNDED BY FAMILY LAND. NEIGHBORING HOME NOTIFICATION LETTERS TO BE SIGNED AND ATTACHED TO EHP-19 DUE TO NOT ABLE TO MEET MINIMUM SETBACK REQUIREMENTS FROM PROPERTY LINES.									

## 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

