# ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

# INDIVIDUAL TREATMENT FACILITIES NPDES GENERAL PERMIT ARG550000

New 🖂 Renewal (Permit # ARG55 **Application Type:** PERMITTEE/OPERATOR INFORMATION I. Permittee (Legal Name): Christian Williams Operator Type: Permittee Mailing Address: 169 Lockie Rd. ☐ State Partnership ☐ Federal Permittee City: Gurdon Carnaration\* X Sole Proprietorship/Private Permittee State: Ar. Zip: 71743 Permittee Telephone Number: 870-292-8732 \*State of Incorporation: The legal name of the Permittee must be Permittee Fax Number: N/A identical to the name listed with the Permittee E-mail Address: christiandeonwilliams@gmail.com Arkansas Secretary of State. П. **INVOICE MAILING INFORMATION (Home owners are exempt.)** Invoice Contact Person: N/A City: N/A Invoice Mailing Company: N/A State: N/A Zip: N/A Invoice Mailing Address: N/A Telephone: N/A III. FACILITY INFORMATION Facility Name: Christian Williams ATU Facility Contact Person: Christian Williams Facility Address: 169 Lockie Rd. Telephone Number: 870-292-8732 Facility County: Clark Facility City, State & Zip: Gurdon, Ar. 71743 Facility Latitude: 33Deg 57Min 54.36000Sec Facility Longitude: 093Deg 07Min 14.40000Sec Datum Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge IV. DISCHARGE INFORMATION Outfall Number: 1 Flow: 370 gpd (Gallons per Day) Hydrologic Basin Code: 11140201 Stream Segment: 1B Outfall Longitude: 093Deg 07Min 16.14000Sec Outfall Latitude: 33Deg 57Min 51.69600Sec Datum Accuracy: 20m : NAD83 Scale: N/A Description: Discharge Method: GPS Type of Treatment: NORWECO Singulair Green CL2 dissinfection Receiving Stream: Red River **FACILITY PERMIT INFORMATION** NPDES Individual Permit Number (If Applicable): AR00N/A NPDES General Permit Number (If Applicable): ARG550000 State Construction Permit Number: N/A NPDES General Construction Stormwater Permit Number (If Applicable): ARR15N/A

> WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

VI. OTHER INFORMATION				
Operator Name:				
Operator License Number: Consultant Contact Name:	007836		License Class: I	I
Consultant Email Address:	N/A N/A		Breense Class, 1	1
Consultant Address:	NI/A	N/A		
Consultant Phone Number:	N/A	_	State: N/A ax Number: N/A	Zip: N/A
Has this treatment system been app Disclosure Statements	roved by AHD? Yes	No [	ax Number: N/A	
actifetits.				
Arkansas Code Annotated Section 8-certification or operational authority is statement with their applications. The without one. You must submit a new be obtained from ADEQ web site at: https://doi.org/10.1001/journal.2019.1001/j	fing of a disclosure state disclosure statement eve tp://www.adeq.state.ar.u	ment is mandators	No analianti	of any permit, license ADEQ) file a disclosure be considered complete artment. The form may
N/A(Initial) "I certify that, if thisN/A(Initial) "I certify that the corepresentative under the understand that the Dep (Initial) "I certify under penalty supervision in accordance valuate the information gathering the information and complete. I am away possibility of fine and in	e provisions of 40 CFR artment will accept report of law that this docume acce with a system design a submitted. Based on the part that there are significant are that there are significant	122.22(b). If not signed only by nt and all attachmed to assure that my inquiry of the tted is, to the best tent penalties for	thon is qualified to a cognizant official lithe Applicant." nents were prepared it qualified personne person or persons d	ct as a duly authorized has been designated, I under my direction or el properly gather and irectly responsible for
Responsible Official Printed Name:	Christian Williams	Title:	Home Owner	
Responsible Official Signature:	10/11	Date:	8-8-22	
Responsible Official Email:	christiandeonwilliams@	gma		
Cognizant Official Printed Name:	N/A		Title: N/A	
Cognizant Official Signature:	N/A	Tele	phone: N/A	
Cognizant Official Email: _1	J/A			
X. PERMIT REQUIREMENT VERI		. 12/21		
Please check the following to verify of Yes	s No * If No is ans	uirements. wered for any of th	e questions, then a perr	nit can not be issued!
Submittal of Complete NOI?				
Submittal of Required Permit Fee?		er:	Private Hom	e Owner
Submittal of AHD Form EHP-19?				
Submittal of Site Map? Submittal of Disclosure Statement?	Private Home	Owner		

WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

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: msschales

Amount Received:

\$30.00

Payment Method: Check No. 914

Paid By:

Hadley Environmental LLC

Owner's Name:

Christian Williams

Site Location:

169 Lockie Rd.

Gurdon, AR 71743

Subdivision:

N/A

Lot Number:

N/A

Desiginated Rep:

SHELDON HADLEY

Sanitarian:

Morgan, John

1521050

#### 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

25322076

System was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.  19. Utilization Verification  I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.  Owner/Applicant Signature  SEE ATTACHED EHP19-OPT-A  Date  20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.  DESIGNATED REP  Soil Certified  Yes No  Designated Representative Signature  Title  SHELDON HADLEY  7-20-22  870-703-7165  Final Name	10											2.1	
Alteration / Ropal   Alterat	Individual Onsite	Wastewate	er Sysi	t <mark>em</mark> Permi	Applic	ation		-		Fee Schedule (	or Structures		1
Alteration / Repair   Structures more than 2000 as pt and up to 3000 as pt \$ 50.00	Permit Type	×	Ne Ne	w Installatio	1					CONTRACTOR CONTRACTOR		\$ 30.00	Ø
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Part 1 Application   Treatment Type (chock one)   STD - Standard Sepilit Tonk   ATU Acrobic Treatment Plant   STD - Standard Sepilit Tonk   ATU Acrobic Treatment Plant   STD - Standard Sepilit Tonk   ATU Acrobic Treatment Plant   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Sepilit Tonk   ATU Acrobic Treatment Plant   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Absorption Field   IFD = Low Pressure Distribution   STD - Standard Absorption Field   IFD = Low Pressure Distribution   IFD = Low Pressure D			In	1   6									-
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STD - Standard Septic Tank   SSR * Rev Controlled South Fland   SSR * Rev Controlled South Sou		n Tre	eatmer	nt Type (ch	eck one	)				Disposal Meth	od (check one)		
A. County C.ARK  S. Address of Proposed System (if a 911 address is not available, attach detailed directions or map)  15. Address of Proposed System (if a 911 address is not available, attach detailed directions or map)  15. Lot Number NIA  10. Lot Dimensions 11. Total Area (Acres) 12. # Bedroome # People 13. Daily Flow (GPD) 370  14. Brief Legal Description of Property (Attach a separate shade of paper, if necessary)  14. Brief Legal Description of Property (Attach a separate shade of paper, if necessary)  14. Brief Legal Description of Property (Attach a separate shade of paper, if necessary)  15. Water Supply (Speally supplier, if Public Water) 16. GPS Coordinates GURDON CITY WATER  17. Loading Reles (pdfit*) 18. System Specifications  18. Secondary Area NUA b. Size of Dose Tank 300 MIN. gsi d. Trench Specing N/A fogt  19. Fercolation Test (min/lin) c. Absorption Area N/A ft² h. Trench Media (List Below) L.Trench Width  19. Percolation Test (min/lin) c. Absorption Area N/A ft² h. Trench Media (List Below) L.Trench Width  19. Fercolation Test (min/lin) c. Absorption Area N/A ft² h. Trench Media (List Below) L.Trench Width  19. Trench Welde (List Below) L.T	☐ ISF = Intermittent Sa ☐ PMF = Proprietary M ☐ OTH = Other (Descri	olic Tenk [ and Filter [ ledia Filter [ be) [	⊠ ATU : □ RSF : □ RGF :	≈ Aerobic Trea × Re-circulatin = Re-circulatir	itment Plai g Sand Fill g Gravel F	nl ter	SUF	R = Sun F = Cap	face Disc ping Fill	sorplion Field	☐ LPO = Lpw Pres☐ HLD = Holding T☐ SRL = Sedal Dis	ank tribullon	in
169 LOCKIE RD., GURDON, AR. 71743  6. Subdivision Name N/A  7. Approval Date N/A  N/A  7. Approval Date N/A  N/A  N/A  10. Lot Dimensions  11. Total Area (Acres) 12. # Bedrooms # People 13. Daily Flow (GPD) 170 Dimensions  14. Total Area (Acres) 14. Wide Supply (Spacify supplier, if Public Water) 15. Water Supply (Spacify supplier, if Public Water) 15. Water Supply (Spacify supplier, if Public Water) 16. QRDON CITY WATER 17. Loading Reles 18. System Specifications 18. System Specifications 19. Loading Reles 19. No Load 19. System Specifications 19. Loading Reles 19. Load						,,,						****	
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PRI OF THE SW1/4, SW1/4 OF SEC. 11, T-09-8, R-20-W  15. Water Supply (Spacify supplier, if Public Water)  17. Loading Rales  17. Loading Rales  18. Open Supply (Spacify supplier, if Public Water)  18. Water Supply (Spacify supplier, if Public Water)  19. System Specifications  19. Primary Area  19. NOLOAD  10. System Specifications  19. Primary Area  19. NOLOAD  10. Size of Dose Tank  19. ATU  19. G. Trench Depth  19. N/A  19. G. Trench Spacing  19. N/A  19. Trench Media (List Below)  19. Trench Width  19. Primary Area Avg  19. N/A  19. NORWECO SINGULAIR GREEN/CL2  19. N/A  19. TO THE OWNER  19. 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 installad according to the Arkansaco Department of Health, Rules and Regulations Pertaining to Onate 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 submirized appears in this permit application, is accurate. I have reviewed the permit application and unlitization Verification  19. Utilization malter than the conducted in the above tests and that the above listed information is in accordance with the lettest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.  20. Locatify that I have conducted the above tests and tha	141.0'X439.41'				1.42 A	CRES			3	Bedrooms # Peo		Flow (GPD)	
AT: 33,96436 / LONG: -93,121150  17. Loading Rates (gpd/ft*) 18. System Specifications  Primary Area NOLOAD a, Size of Septic Tank ATU gal f. Trench Depth N/A inches  Secondary Area N/A b, Size of Dose Tank 300 MiN, gal g, Trench Spacing N/A feet  Percolation Test (min/in) c, Absorption Area N/A ft² h, Trench Media (List Below) L, Trench Width  Primary Area Avg N/A d, Number of Field Lines N/A 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 predity. The approval states that the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onalise 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 size of any construction.  19. Utilization Verification  1 hereby attest that tiem 12, the number of bedrooms (number of parsons 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 parmit 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  SEE ATTACHED EHP19-OPT-A  DesignATED REP  Soil Certified X yes No  DesignAted Regulations Pertaining to Onsite Wastewater Systems.  Phan Name  DesignAted Regulations Pertaining to Phane Surpharment of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.  Phan Name  Design	PRI OF THE SW1/4,	SW1/4 OF S	SEC. 11	, T-09-S, R-	rale shee 20-W	el of pa	per, if n	ecessa	ary)		9-1-1		
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20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.  DESIGNATED REP Soil Certified Yes No Designated Representative Signature  Title  SHELDON HADLEY  7-20-22  870-703-7165  Phone Number  21. Approval of Health Authority Thy 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 good Wastewater Systems. A PERMITTER CONSTRUCTION is hereby issued.	The parmit for construsoil conditions have misrepresented. App system was designed Systems, unless therapproval. The authorization Verifica I hereby attest the utilize the design.	proval for ope and installe are excepti are agent mu ation at item 12, lh	er appi eration d accor ons or est reva e numb	does not co rding to the deviations n lidate a perm per of bedroo	permit, institute a Arkansa oted in th nit more a oms (num	or it it a guar s Depa ne com han or this or	antee the artment ments. The (1) ye persons	nat the of Head A Person of the control of the cont	n within system elth, Ru rmit for prior to prior to	this permit is in will function pro- les and Regulation Construction is vother start of any colarly and square for the start of the sta	paccurate or has perly. The appropriate Pertaining to alid for one (1) ye onstruction.	been found oval states it Onsite West ear from the o	to be hat the ewater date of
DESIGNATED REP Soil Certified Yes No  Designated Representative Signature  SHELDON HADLEY  7-20-22  870-703-7165  Phone Number  Thy information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Partaring To good Wastewater Systems. A PERMITTER CONSTRUCTION is hereby issued.	Owner/Applicant Sign	ature	SE	E ATTACHE	D EHP19-	OPT-A	1			Date			
Designated Representative Signature  SHELDON HADLEY  7-20-22  870-703-7165  Final Name  21. Approval of Health Authority  Thy information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Portaring To good Wastewater Systems. A PERMITTER CONSTRUCTION is hereby issued.	<ol> <li>I certify that I have Arkansas Departe</li> </ol>	ve conducted ment of Healt	the abo	ove tests and and Regula	d that the ations Pe	above rtaining	listed in g lo Ons	nforma site Wa	ition is I istewate	n accordance with er Systems.	the latest require	ments of the	
Designated Representative Signature  SHELDON HADLEY  7-20-22  870-703-7165  Fing Name  21. Approval of Health Authority  Thy 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 good Wastewater Systems. A PERMITTER CONSTRUCTION is hereby issued.	4	Turk L	16						DESIG	NATED REP	Soil Certified	⊠ Yes □	] No
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 pack Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.	Designa	aled Represent	ative Sig	inature					77.5	Title			
Thy information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Hyalih Rules and Regulations Pertaining To position Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.													
	The information a	Authority nd specifications Regulations	ons in	he applications to describe	has be Wastew	en rev øter S	iewed ai ystems,	nd fou A PE	nd lo m	est the requireme	ata of the Arkenne	as Departmer sued.	11 of 2

### Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Parl					
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22, Soil Cri	teria (Prin	nary Ar	ea)	Indicate the d	epth to items a-f, if o	bserved in the soil	(designate in inche	s)	
a. Bedrock	b. BS	WT	c. MSWT	g. n.c./beptii   n. Loading Rate (gpg/n-)					
N/A	N/A		0"	7"	N/A	6"	LOW	NO LOAD	
23. Soil Cri	teria (Sec	ondary	Area)	Indicate the c	lepth to items a-f, if	bserved in the soi	I (designate inches)		
a. Bedrock	b. BS	WT	c. MSWT	d. LSWT	e. Adj. MSWT	f, Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft²)	
N/A	N/A		0"	7"	N/A	6"	LOW	NO LOAD	
24. Season	nal Water	Table (	SWT) Classes	Detail					
Prin	ary Area			L	ist Redoximorphic F	eatures and/or Cla	v Content Restriction	ns	
Brief	N/A	In	N/A	TA PRODUCT ATTENDED					
Moderate	0**	in	CHROMA 3 >20% OF PED SURFACE.						
Long	7"	in	CHROMA 2 >50% OF PED SURFACE, CLAY >50%						
Secor	ndary Area	а					Content Restriction	ne .	
Brief	N/A	lin	List Redoximorphic Features and/or Clay Content Restrictions  N/A						
Moderate	0"	In	CHROMA 3 >20% OF PED SURFACE.						
Long	7"	in	CHROMA 2 >50% OF PED SURFACE, CLAY >50%						
SOLLIVOOLA		AIVIIL T	S PITS EXCA LAND. NEIGI	VATED, NONE I	RESULTED IN SUIT	ABLE SOILS FOR	SUBSURFACE AB GNED AND ATTAC	SORPTION, PROPERTY HED TO EHP-19 DUE TO	

Part 2	Installation	nepostion
raitz	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  □ Environmental Health Specialist (check one or installer signs System Installation Verification below)	Designated Representative	
Signature System Installation Verification	EHS / License Number	Date
I have installed this system as designed and in compliance with all R	ules and Regulations Pertaining to Onsite W	astewater Systems.
Installer Signature	License Number	Date

Part 3 Permit for Operation			
The information contained in Part 1 a Health. THE PERMIT FOR OPERAT	nd 2 of this form <b>has been</b> reviewed and foun ION of this system is hereby issued.	d to meet the requirements of the	Arkansas Department of
Environmental Health Specialist			
Comments	Signature	EHS Number	Date
Site Revalidation conducted by (check one)	Environmental Health Specialist	Designated Repr	resentative
Signature		EHS / License Number	Date

