

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): Brandon Skinner Operator Type:  
Permittee Mailing Address: 11 Dallas 293 ☐ State ☐ Partnership  
Permittee City: Sparkman ☐ Federal ☐ Corporation\*  
Permittee State: AR Zip: 71761 ☒ Sole Proprietorship/Private  
Permittee Telephone Number: 870-858-0293 \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: \_\_\_\_\_ The legal name of the Permittee must be  
Permittee E-mail Address: Brandonandhayley\_Skinner@yahoo.com identical to the name listed with the  
Arkansas Secretary of State.

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

Invoice Contact Person: \_\_\_\_\_ City: \_\_\_\_\_  
Invoice Mailing Company: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Invoice Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**III. FACILITY INFORMATION**

Facility Name: Brandon Skinner Facility Contact Person: Brandon  
Facility Address: 11 Dallas 293 Telephone Number: 870-858-0293  
Facility County: Dallas Facility City, State & Zip: Sparkman, AR 71761  
Facility Latitude: 33 Deg 51 Min 7.53Sec Facility Longitude: 92 Deg 49 Min 36.88Sec  
Datum  
Accuracy: UN Method: UN : UN Scale: UN Description: UN

**IV. DISCHARGE INFORMATION**

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)  
Stream Segment: 2C Hydrologic Basin Code: \_\_\_\_\_  
Outfall Latitude: 33 Deg 51 Min 9.01Sec Outfall Longitude: -92 Deg 49 Min 33.39Sec  
Datum  
Accuracy: UN Method: UN : UN Scale: UN Description: UN  
Type of Treatment: Norweco Model 960 with chlorine  
Receiving Stream: Unnamed tributary thence the Ouachita

**V. FACILITY PERMIT INFORMATION**

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

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

RECEIVED  
OCT 21 2022  
AS 12:47pm

VI. OTHER INFORMATION:

Operator Name: Mike O'Connor  
 Operator License Number: 010202 License Class: II  
 Consultant Contact Name: Mike O'Connor  
 Consultant Email Address: Michael@ArkansasSpecic.com  
 Consultant Address: PO Box 992 City: Cabot State: AR Zip: 72023  
 Consultant Phone Number: 501-517-7198 Consultant Fax Number: 501-843-2546

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.adeg.state.ar.us/disclosure\\_stmt.pdf](http://www.adeg.state.ar.us/disclosure_stmt.pdf).

VII. CERTIFICATION OF OPERATOR

(Initial) BS "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
 (Initial) BS "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."  
 (Initial) BS "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: Brendan Skinner Title: Home Owner  
 Responsible Official Signature: Brendan Skinner Date: 9-12-22  
 Responsible Official Email: brendan@baylor.com  
 Cognizant Official Printed Name: Brendan Skinner Title: Home Owner  
 Cognizant Official Signature: Brendan Skinner Telephone: 9-12-22  
 Cognizant Official Email: brendan@baylor.com

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

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

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

Date: 9/21/2022



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

**SEPTIC TANK PERMIT**

Customer Name: BEATY RON

Customer No: 5001105383

Transaction Date: 9/21/2022

Transaction No: 25414040

Created By: dlferguson

Amount Received: \$45.00

Payment Method: Check No. 2067

Paid By: Hayley Skinner

Owner's Name: Brandon & Hayley Skinner

Site Location: 11 Dallas 293  
Sparkman AR 71761

Subdivision: N/A

Lot Number: N/A

Designated Rep: 7601098927 RON BEATY

Sanitarian: Wilson, David

**Thank you for your payment**

Dallas County Health Unit - Fordyce  
PO Box 647

Fordyce

AR 71742



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
José R. Romero, MD, Secretary of Health

September 27, 2022

Brandon Skinner  
11 Dallas 293  
Sparkman, AR 71761  
Permit # 25414040

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 3.44 acres near 11 Dallas 293 Sparkman, Arkansas in Dallas 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

25414040

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

7601098927

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 Brandon & Hayley SKINNER		2. Phone Number 870-858-0293	
3. Mailing Address 11 Dallas 293 Sparkman Ar 71761		4. County Dallas	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) Same as Above			
6. Subdivision Name NA	7. Approval Date	8. Date Recorded	9. Lot Number
10. Lot Dimensions 300X500	11. Total Area (Acres) 3.44	12. # Bedrooms # People 3	13. Daily Flow (GPD) 370
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Part of SW 1/4 Sec 14 T10S R17W			
15. Water Supply (Specify supplier, if Public Water) Sparkman		16. GPS Coordinates 33.8523 92.82671	
17. Loading Rates (gpd/ft <sup>2</sup> )	18. System Specifications		
Primary Area NA	a. Size of Septic Tank 500 gal	f. Trench Depth	inches
Secondary Area NA	b. Size of Dose Tank	g. Trench Spacing	feet
Percolation Test (min/in)	c. Absorption Area	h. Trench Media (List Below)	i. Trench Width
Primary Area Avg NA	d. Number of Field Lines		in
Secondary Area 11	e. Length of Field Lines		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 Brandon Skinner Date 9-12-22

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.

Ron Beatty  
Designated Representative Signature  
Ron Beatty  
Print Name

DR  
Title

Soil Certified ☒ Yes ☐ No

9-12-22  
Date

870-403-1809  
870-246-6465  
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.

David Wilson

331

9-27-22

## 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" +	1	4		3		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> )		
48" +	2	4	—	3	—	Low	No load		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	1	in	FeconC to surface						
Moderate	4	in	Croma 2						
Long		in							
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	2	in	Croma 3						
Moderate	4	in	Croma 2						
Long		in							
Comments									
lower pit (3) FeconC to surface Croma 2 4"									

## 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

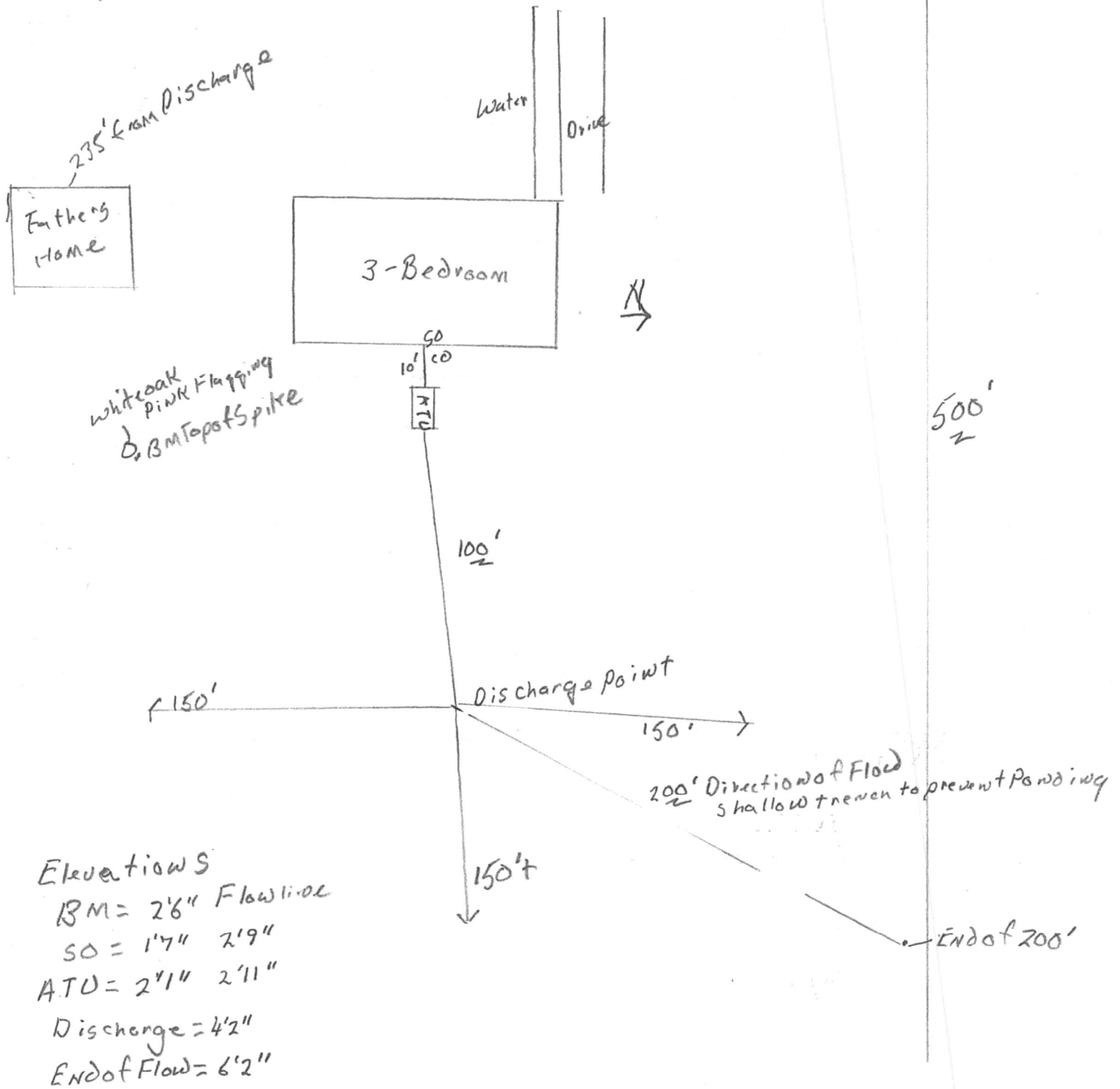
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.			
Environmental Health Specialist			
Signature		EHS Number	Date
Comments			
Site Revalidation conducted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

Browns Skinner

ATU surface discharge

Requires Easement

300'



Elevations

BM = 2'6" Flowline

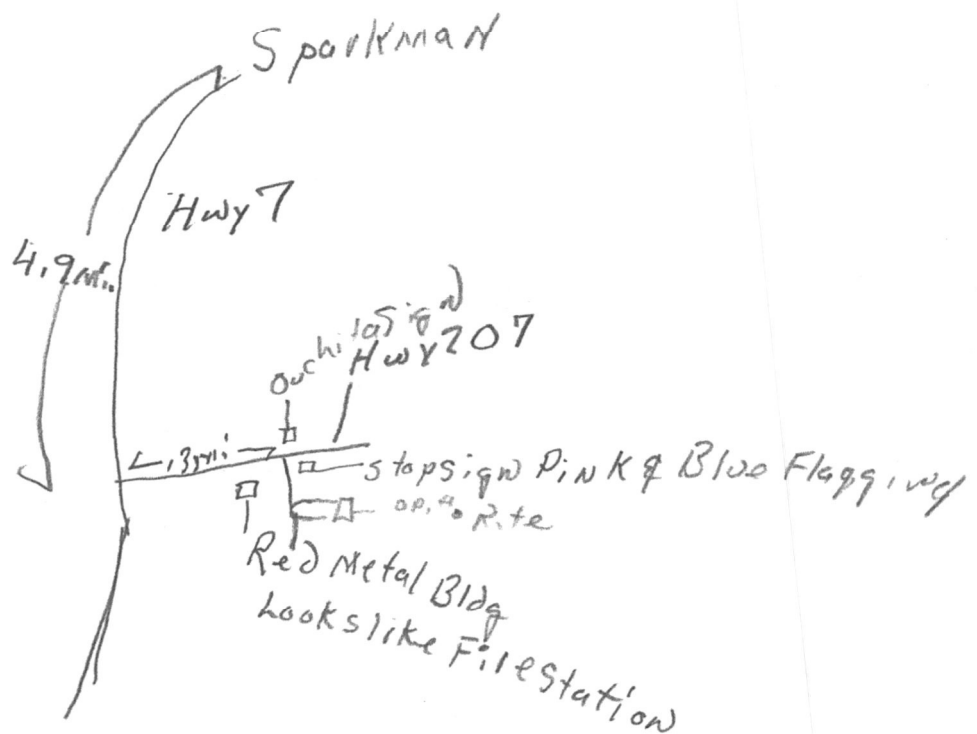
SO = 1'7" 2'9"

ATU = 2'1" 2'11"

Discharge = 4'2"

End of Flow = 6'2"

# Brawdon Skinner Vicinity Map



1st Road to Right Past Red Metal Bldg

1st drive on the ft (new) 200' or so.

GPS Takes you to site very Good.



**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: *Brendon Miller*  
(Property Owner)

SIGNED: *David Wilson*  
(Health Department)

DATE: 9/12/2022

DATE: 9-27-22

## NORWECO Waste Treatment Systems Service Contract

In consideration of prepayment of the Service Contract cost indicated below, this authorized NORWECO service company agrees to the following:

During the service period specified, make 8 inspection calls on the NORWECO system located at the following address:

11-Dallas 393 (Street) (876) 858-0293 (Phone)  
Sparks (City) AR (State) 71761 (Zip) Dallas (County)

Inspection calls will include:

- An effluent quality inspection consisting of a visual check for color and examination for odors.
- Adjustment and servicing of any mechanical and electrical components that are out of order.
- Periodic sampling of the settled solids in the aeration chamber.
- Additional service: \_\_\_\_\_
- If any improper operation is observed, which cannot be corrected at that time, the user shall be notified in writing of the conditions and the estimated date of correction.

The cost of this Service Contract will be 100 PER VISIT and is to be effective from 2022 to 2024

Additional service (as ordered), replacement of out-of-warranty components, laboratory test work, pumping of unit or pre-tank will be done upon written authority from the customer and at an additional charge.

IMPORTANT: This warranty/service agreement does not cover the cost of service calls, labor or materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representative.

A schedule of charges for parts and additional service may be checked by phoning:

Authorized Service Representative  
NAYADIC, Waste Treatment Systems  
For Home and Commercial Use

- ☒ INITIAL 2 YEAR WARRANTY  
☐ CONTINUING SERVICE AGREEMENT

  
Signature of Owner

10-2-22  
Date

