



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 #: HPQ-2N7P-H6C0T, version 1)

Details

Submission ID HPQ-2N7P-H6C0T

Form Input

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 - 12/20/2022 10:48 AM

Comment

NONE PROVIDED

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

Clem_Jon_1837 Southland Circle_ATU_Alteration_Approved.pdf - 12/20/2022 10:48 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)

Jon Clem

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name

Jon

Middle Name

NONE PROVIDED

Last Name

Clem

Title

NONE PROVIDED

Phone Type

Mobile

Number

5015207566

Extension

Email

jclem@jaconconstructors.com

Address

1837 SOUTHLAND CIR

BENTON, AR 72019

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 Middle Name Last Name

Robert NONE PROVIDED Goff

Title

NONE PROVIDED

Consulting Firm Name

EarthTech, Inc

Phone Type Number Extension

Mobile 5014721624

Email

robertlgoff@gmail.com

Address

PO Box 73

Vilonia, AR 72173

United States

Facility/Site Information

Facility/Site Name

Clem 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 Middle Name Last Name

Jon NONE PROVIDED Clem

Title

Owner

Phone Type Number Extension

Mobile 5015207566

Email

jclem@jaconconstructors.com

Facility/Site Address

1837 SOUTHLAND CIR

BENTON, AR 72019

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

Saline

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

34.581120,-92.625794

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	34.580300	-92.626127	450	treated sanitary wastewater	unnamed tributary of saline river, thence into saline river	Fuji Clean 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

Robert

Middle Name

NONE PROVIDED

Last Name

Goff

Title

WWII Operator

Phone Type

Mobile

Number

5014721624

Extension

Email

robertlgoff@gmail.com

Responsible Official

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

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:
 - a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making

major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;

3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

- a. The chief executive officer of the agency; or
- b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

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

Responsible Official Information

Prefix

NONE PROVIDED

First Name

Jon

Middle Name

NONE PROVIDED

Last Name

Clem

Title

Homeowner

Phone Type

Mobile

Number

5015207566

Extension**Email**

jclem@jaconconstructors.com



ENVIRONMENTAL QUALITY

Certification of ePortal Submission

This form is to be used to certify electronic ePortal submissions. Please check with the appropriate section for who has the authority to sign this form. A hardcopy of this form with original signature must be sent to DEQ, 5301 Northshore Drive, North Little Rock, AR 72118. Please do **not** send a hardcopy of the ePortal submission with this form. **All fields are required.**

1. Section to which the ePortal Submission was Submitted:	General NPDES Permits
2. Form Name:	ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage
3. Arkansas DEQ Facility Identification Number (AFIN), if available:	
4. Facility Name:	Jon Clem
5. Facility Physical Address:	1837 SOUTHLAND CIR BENTON, AR 72019

I certify under penalty of law that the ePortal submission with Submission ID# HPQ-2N7P-H6C0T and revision # 1 which was submitted electronically on 12/20/2022 3:49:17 PM 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 who manage the system, or those 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.

Jon Clem

Homeowner

typed/printed name of signatory authority

title

12/21/22

signature of signatory authority

date

IMPORTANT NOTICE TO PROPERTY OWNER

The Arkansas Department of Health's approval of a discharging sewage system **does not** relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. Please be advised that **all** wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality

ATTN: Permits Branch

5301 North Shore Drive

North Little Rock, AR 72118

Phone Number: 501-682-0623

Web Site: www.adeq.state.ar.us



Arkansas Department of Health
Environmental Health Protection

Receipt Number

25563532

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 type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input checked="" type="checkbox"/>

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

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

1. Owner's/Applicant's Name
Jon Clem

2. Phone Number
(501) 520-7566

3. Mailing Address
710 Main Street Hot Springs, AR 71913

4. County
Saline

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
1837 Southland Circle Benton, AR 72019

6. Subdivision Name
n/a

7. Approval Date
n/a

8. Date Recorded
n/a

9. Lot Number
n/a

10. Lot Dimensions
625' x 508' x 220' x 69' x 274' x 51' x 71' x 407'

11. Total Area (Acres)
5.5

12. # Bedrooms # People
4

13. Daily Flow (GPD)
450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
PT NE1/4 SE1/4 Section 5 Township 2 South Range 15 West, Saline County

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

16. GPS Coordinates
HM34.580832, -92.626209 POD34.580388, -92.626218

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	n/a	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 *William Brooks*

Designated Representative

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

Shayna Brooks/William Brooks

11/17/2022

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.

Jamie Kuhn, KS
Environmental Specialist Signature

EHS Number

Date

836

12-20-2022

Individual Onsite Wastewater System Permit Application

Receipt Number

Continue Part 1

22. Soil Criteria (Primary Area)		Indicate the depth to items a-f, if observed in the soil (designate in inches)					
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C /Depth	h. Loading Rate (gpd/ft ²)
n/a	n/a	n/a	n/a	n/a	n/a	n/a	Fill/Disturbed Site
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 ²)
n/a	n/a	n/a	n/a	n/a	n/a	n/a	Fill/Disturbed Site
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	n/a					
Moderate	in	n/a					
Long	in	n/a					
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	n/a					
Moderate	in	n/a					
Long	in	n/a					
Comments Alteration permit to permit #23844237. No changes to site except stub out location. If system is not installed within a year of the date approved, a revalidation fee may be required.							

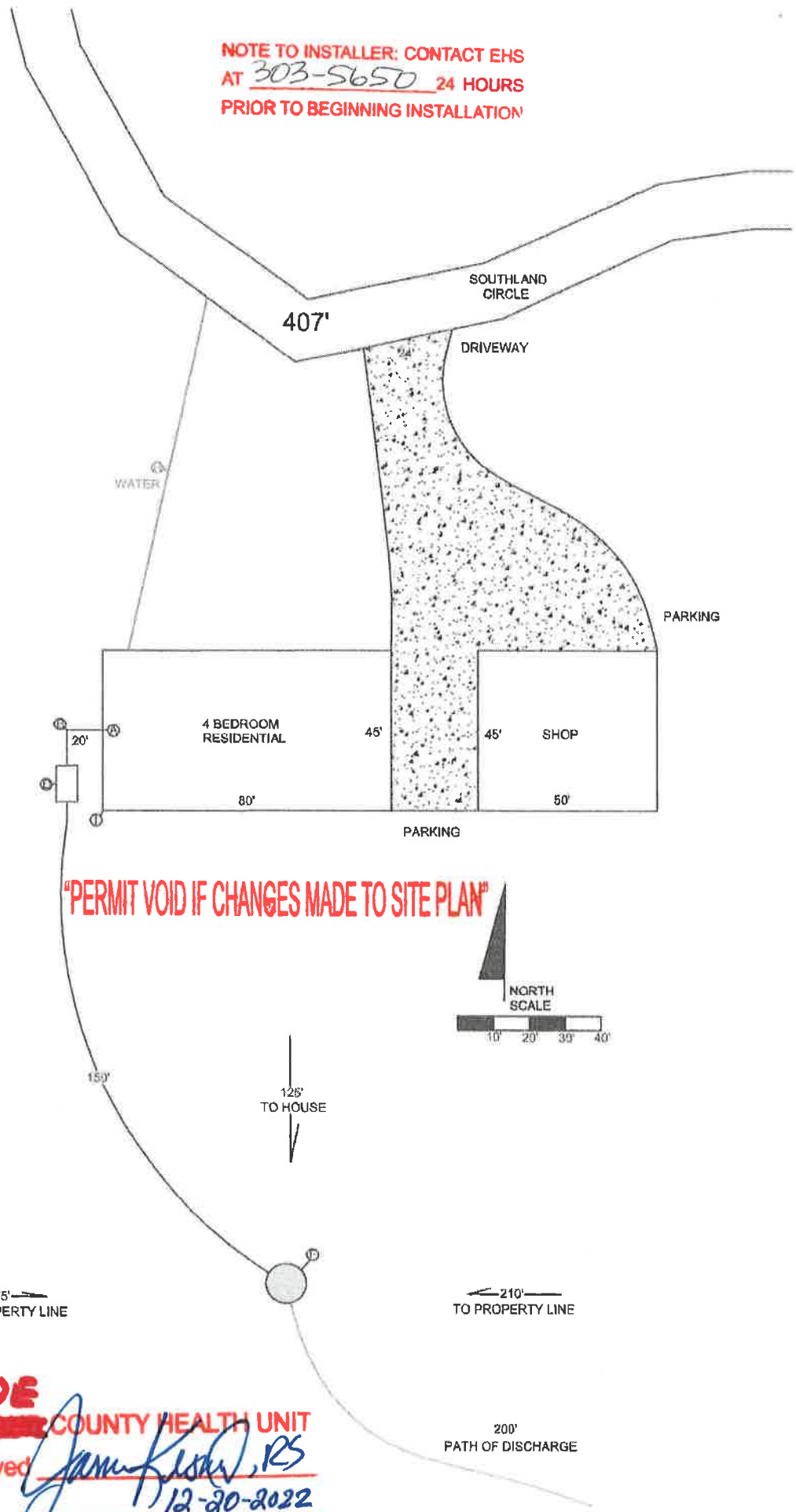
Part 2 Installation Inspection

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
Comments	Date	
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date

NOTE TO INSTALLER: CONTACT EHS
AT 303-5650 24 HOURS
PRIOR TO BEGINNING INSTALLATION



SALINE
COUNTY HEALTH UNIT
Approved *Janet Kiser, RS*
12-20-2022

*** Optional System Utilization Verification Form**

Arkansas Department of Health
Environmental Health Protection

Receipt Number

Fee Schedule for Structures	
Structures 1500 sq ft or less	\$ 10.00
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00
Structures more than 3000 sq ft and up to 4000 sq ft	\$ 120.00
Structures more than 4000 sq ft	\$ 150.00
Alteration and Repair	\$ 30.00

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation ☐ Alteration / Repair

DR Environmental ID # ADP1340

☒ Homeowner ☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 1837 Southland Circle, Betton, AR 72019
(Address of Proposed System, City, State, Zip)

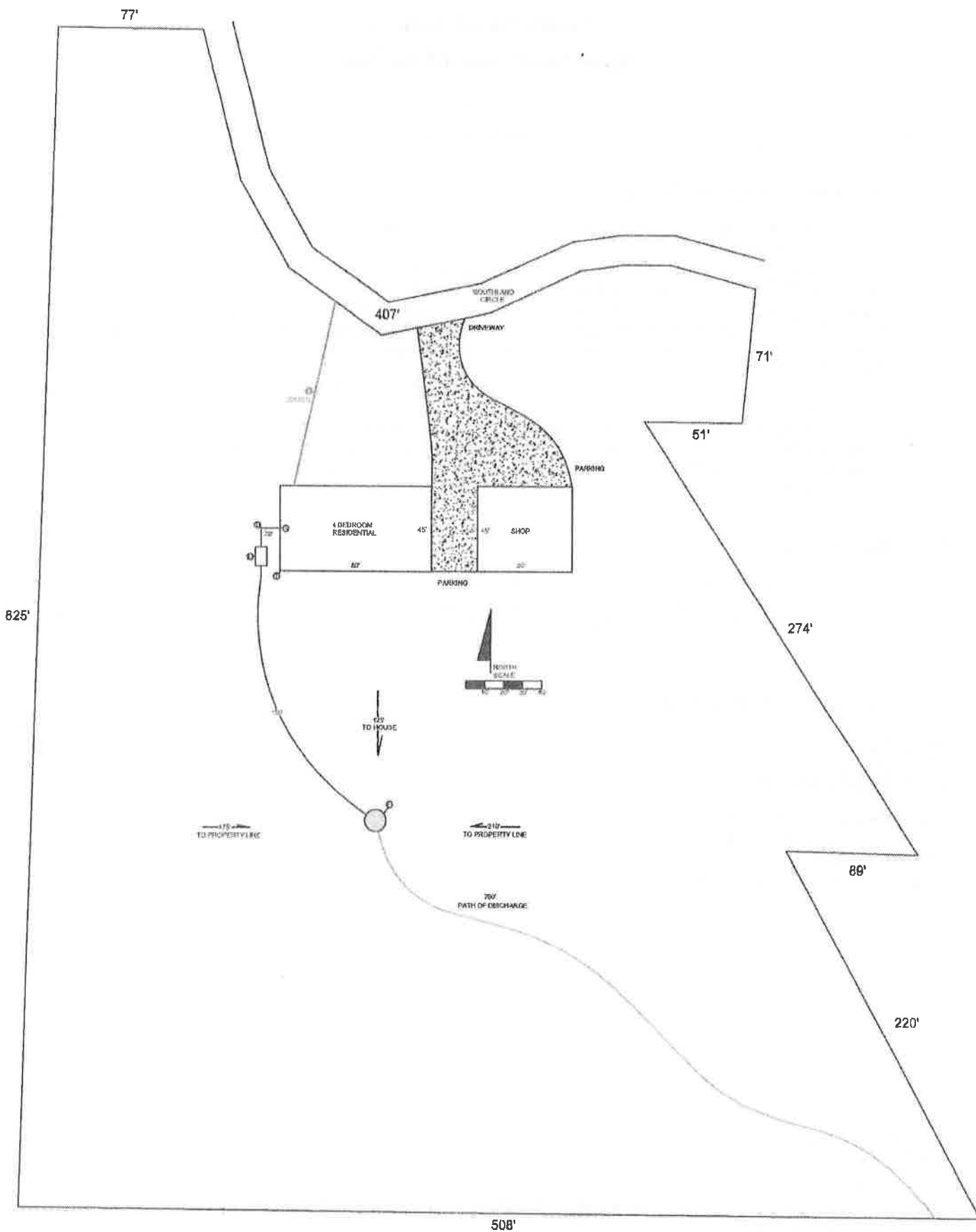
I hereby attest there are 4 bedrooms (_____ number of persons for commercial) and the square footage of the structure that will utilize the designed onsite wastewater system in this permit application is accurate. I have reviewed the permit application and understand the layout, installation, maintenance,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

Date 11/17/2022

Owner/Applicant Signature _____

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



Emery Pump Service Spec Sheet and Flowlines

References are found in the Arkansas State Board of Health Rules and Regulations Pertaining to Onsite Wastewater Systems Effective 12/1/2019.

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 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 – Tuf Tite Effluent Filter (*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 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)

TREATMENT UNIT SPECIFICATION

Fuji Clean C5

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.

***Emery Pump Service
Spec Sheet and Flowlines***

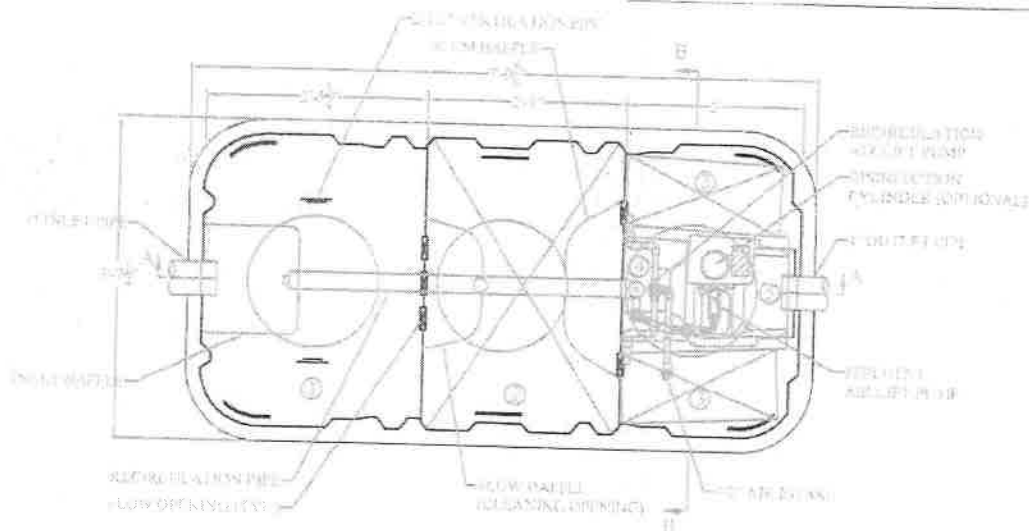
GROUND AND INSTALLED ELEVATIONS (feet & inches)

Component	Ground	Flow Line	Fall
Stub Out	04-04"	06-04"	24"
ATU Inlet	04-11"	06-08"	4"
ATU Outlet	05-02"	06-10"	2"
Point of Discharge	14-00"	14-04"	90"
Benchmark	04-05"	Base of SW House 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)

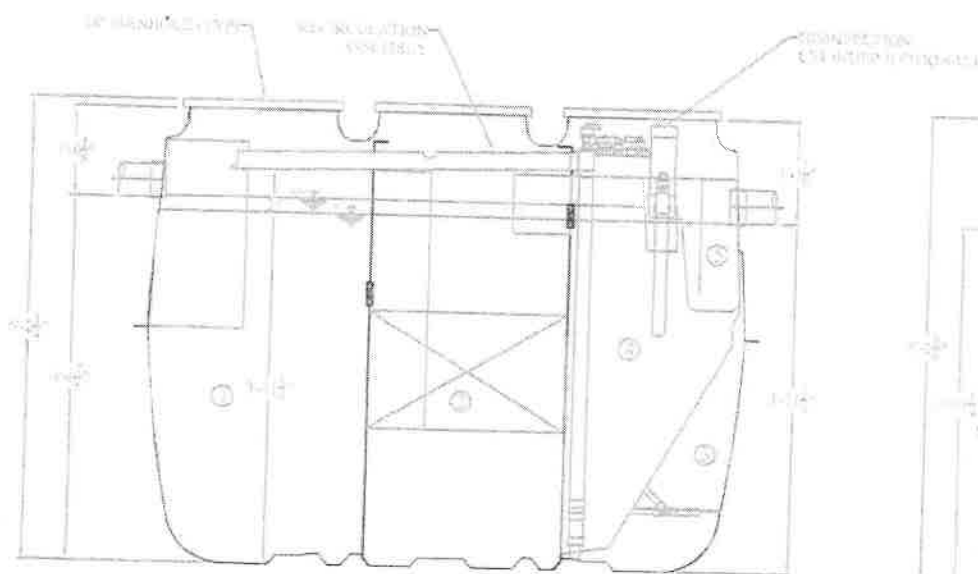
Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.



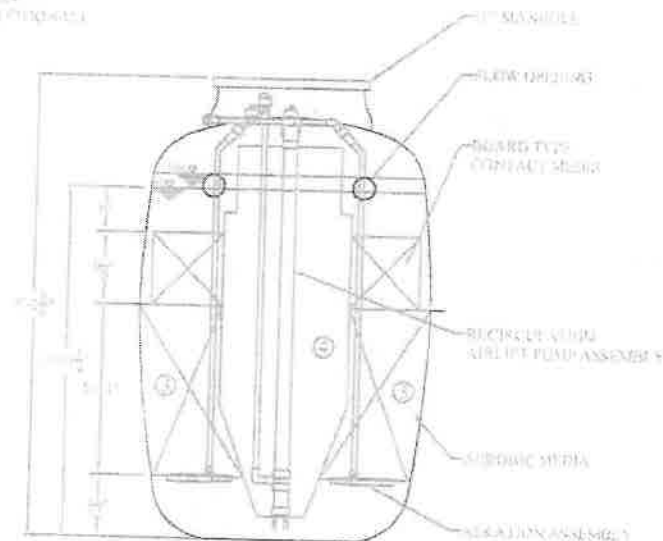
PLAN VIEW

	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		



SECTION A-A VIEW



SECTION B-B VIEW



CE-5 Structural Drawing

DATE: 03/21/2014 SCALE: 1/2" = 1"

Control/Alarm Panel Options*

Fuji Clean Model	A	A1	C	X	D	RI	E	M	KG
Features									
Description	Basic Alarm Panel	Basic Alarm Panel w/ Current Sensor	Basic Alarm w/ Contact B-Time Meter	Basic Alarm with 24-Hour Timer (Night Sprink)	Duplex Time Dosing	Simplex Time Dosing	Duplex Dosing Control w/ Data Logging	Basic Dosing System Control w/ 2 Current Sensors	RESC Control with 4 Current Sensors
SVE Rhombus Model #	1041972	1064558	1045040	1029522	IF541W91A K5ABAC10E 27D	IF511W114 H5ABAC15 A17G27D w/current sensor	H091W914X 6ABAC10E2 7D	1059296	8P2833
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
rg.earthtechinc@gmail.com
(501) 472 -1624

WASTEWATER MAINTENANCE AGREEMENT

FOR: Jon Clem
1837 Southland Circle
Benton, AR 72019
501 520 7566
jclem@jaconconstructors.com

LOCATION: 1837 Southland Circle, Benton, AR 72019

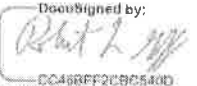
SERVICES TO BE PERFORMED:

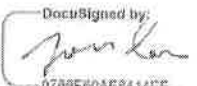
Inspect/Service Fujiclean and other components quarterly
Collect Samples and deliver to lab
Submit Discharge Monitoring Reports (DMR's) twice a year as required
Add chlorine as needed

\$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:

EC468FF2C9C540D
ROBERT L. GORN, President
Earthtech, Inc.
11/29/2022 | 10:01 AM CST

DocuSigned by:

0785560AEB414EE
Jon Clem
11/29/2022 | 8:04 AM PST

Contact for Service Call:

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



Arkansas Department of Health

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

MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

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

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

SIGNED: [Signature]
(Property Owner)

SIGNED: [Signature], RS
(Health Department)

DATE: 12/14/22

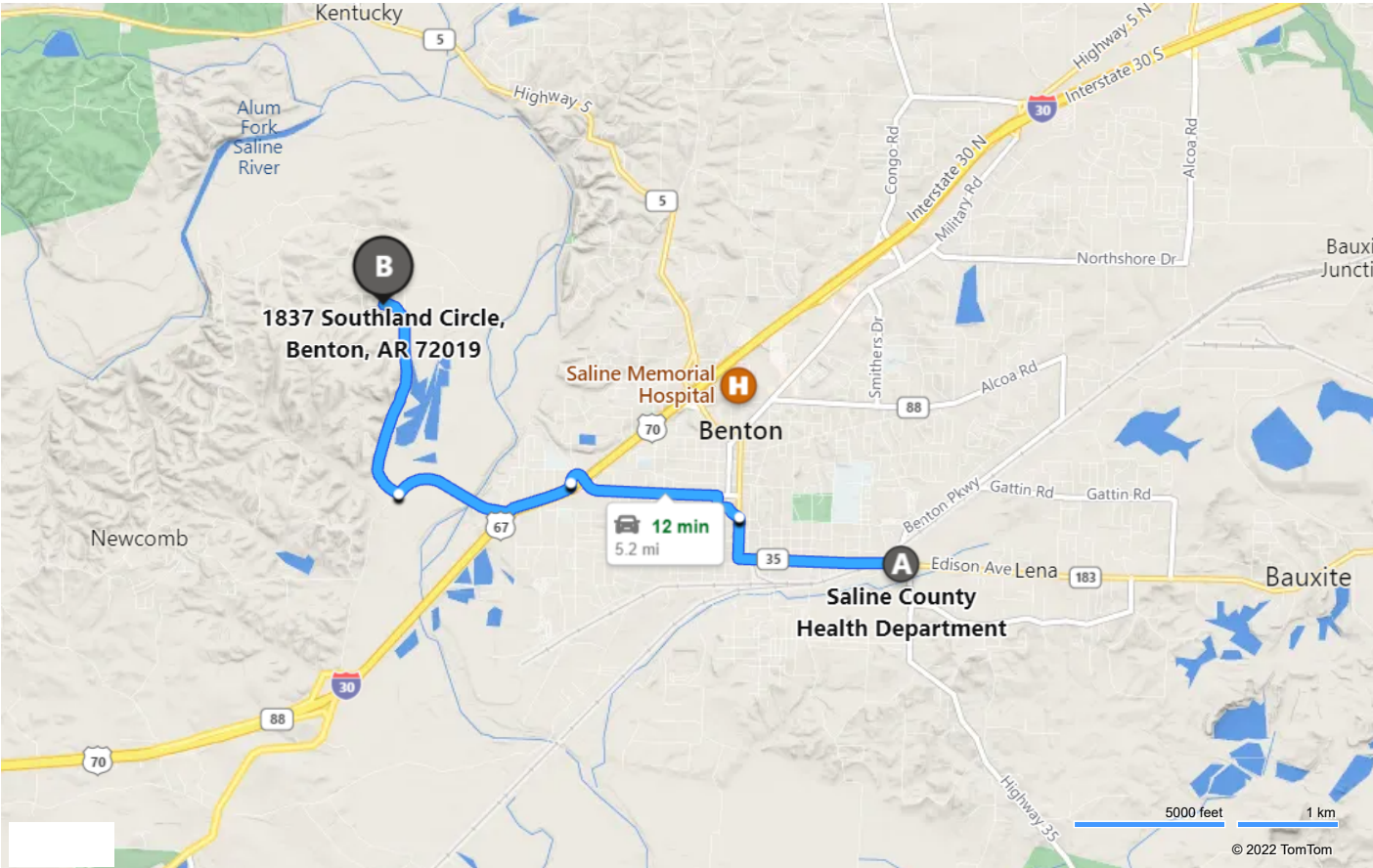
DATE: 12-20-2022

First shop home on left after turning onto Southland Circle.

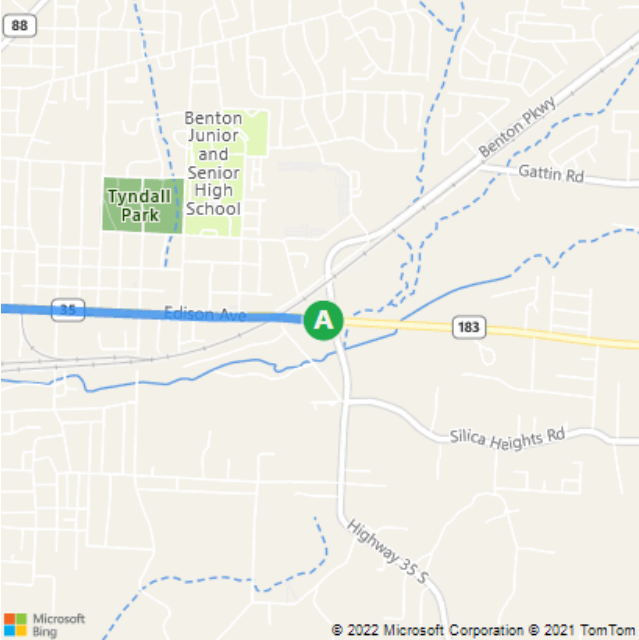
A Saline County Health Department

↑	1.	Head west on AR-35 / Edison Ave toward S Cox St	1.3 mi
↶	2.	Turn left onto E Ashley St	502 ft
↑	3.	Road name changes to W Ashley St	384 ft
↷	4.	Turn right onto S Market St	394 ft
↶	5.	Turn left onto W South St	1.0 mi
↻	6.	At the roundabout, take the 1st exit for AR-229 / Interstate 30 N	1.3 mi
↷	7.	Turn right onto Peeler Bend Rd	1.3 mi
↵	8.	Bear left onto Southland Circle	433 ft
Arrive at Southland Circle			
	9.	The last intersection before your destination is Peeler Bend Rd If you reach Gay Ln, you've gone too far	

B 1837 Southland Circle, Benton, AR 72019



A Saline County Health Department, 1612 E...



B 1837 Southland Circle, Benton, AR 72019



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