

**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>Byron &amp; Wendy Curry</u>	Operator Type:
Permittee Mailing Address: <u>571 Bradley Rd 16</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Warren</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Arkansas</u> Zip: <u>71671</u>	<input checked="" type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-820-3872</u>	*State of Incorporation: _____
Permittee Fax Number: <u>NA</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>Curdog56@att.net</u>	

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

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

**III. FACILITY INFORMATION**

Facility Name: <u>Curry Residence</u>	Facility Contact Person: <u>Byron Curry</u>
Facility Address: <u>571 Bradley Rd 16</u>	Telephone Number: <u>870-820-3872</u>
Facility County: <u>Bradley</u>	Facility City, State & Zip: <u>Warren, Ar, 71671</u>
Facility Latitude: <u>33 Deg 38 Min 5.87 Sec</u>	Facility Longitude: <u>92 Deg 8 Min 19.30 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____

**IV. DISCHARGE INFORMATION**

Outfall Number: <u>001</u>	Flow: <u>450</u> gpd (Gallons per Day)
Stream Segment: <u>2C</u>	Hydrologic Basin Code: <u>8040204</u>
Outfall Latitude: <u>33 Deg 38 Min 7.52 Sec</u>	Outfall Longitude: <u>92 Deg 8 Min 21.41 Sec</u>
Datum	
Accuracy: _____ Method: _____	: _____ Scale: _____ Description: _____
Type of Treatment: <u>Bio Microbics Microfast 0.5 with UV and Post Aeration</u>	
Receiving Stream: <u>Ouachita River</u>	

**V. FACILITY PERMIT INFORMATION**

NPDES Individual Permit Number (If Applicable): <u>AR00</u>	
NPDES General Permit Number (If Applicable): <u>ARG</u>	
State Construction Permit Number: _____	
NPDES General Construction Stormwater Permit Number (If Applicable): <u>ARR15</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: David Meints  
Operator License Number: 009055 License Class: III  
  
Consultant Contact Name: David Meints  
Consultant Email Address: david@meincowastewater.com  
Consultant Address: PO Box 1001 City: Bryant State: AR Zip: 72089  
Consultant Phone Number: 501-804-0837 Consultant Fax Number: 501-821-4048

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**

BMC (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
BMC (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."  
BMC (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: Byron Curry Title: Owner  
Responsible Official Signature: [Signature] Date: 11/29/22  
Responsible Official Email: curryb@meincowastewater.com  
Cognizant Official Printed Name: David Meints Title: Class III Operator  
Cognizant Official Signature: [Signature] Telephone: 501-804-0837  
Cognizant Official Email: david@meincowastewater.com

**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: _____
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disclosure Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HOMECOMER</u>

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

13th  
12th  
11th

13th 12th 11th  
10th 9th 8th  
7th 6th 5th

4th 3rd 2nd  
1st



Arkansas Department of Health  
Environmental Health Protection

Receipt Number

23619056

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

7 6 0 2 1 3 2 0 9 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 Plant  
☐ 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/Applicant's Name

Byron / Wendy Curry

2. Phone Number

870-820-3872

3. Mailing Address

571 Bradley 16 Rd. Warren AR 71671

4. County

Bradley

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)

Same As Above

6. Subdivision Name

Lakeview

7. Approval Date

2/27/04

8. Date Recorded

2/27/04

9. Lot Number

2

10. Lot Dimensions

See Plat

11. Total Area (Acres)

3.44

12. # Bedrooms # People

4

13. Daily Flow (GPD)

450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)

S-28 T-12-S R-10-W

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

Bradley

16. GPS Coordinates

33.635324 - 92.138883

17. Loading Rates (gpd/ft<sup>2</sup>)

N/A

18. System Specifications

Primary Area

N/A

a. Size of Septic Tank

Treatment

gal

f. Trench Depth

inches

Secondary Area

N/A

b. Size of Dose Tank

Plant

gal

g. Trench Spacing

feet

Percolation Test

(min/in)

c. Absorption Area

N/A

ft<sup>2</sup>

h. Trench Media (List Below)

i. Trench Width

Primary Area Avg

X

d. Number of Field Lines

1

ft

in

Secondary Area

X

e. Length of Field Lines

1

ft

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

Wendy Curry

Date

4/9/2020

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.

Kevin Castleberry

D.R.

Soil Certified ☒ Yes ☐ No

KEVIN CASTLEBERRY

Title

6/9/20

870-692-5742

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.

Environmental Specialist Signature

EHS Number

Date

Kevin Castleberry

23619056

6/16/20

## 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> )		
1	10	15	30	13	21	mod 18"	N/A		

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> )		
1	10	15	30	13	21	mod 18"	N/A		

24. Seasonal Water Table (SWT) Classes Detail			
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	10 in	2.5YR 5/8	
Moderate	15 in	10YR 6/2	
Long	in		
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	10 in	2.5 YR 5/8	
Moderate	15 in	10 YR 6/2	
Long	in		
Comments			

## Part 2 Installation Inspection

Septic tank manufacturer	Whitten Concrete	Pump information	Zeller Bu 53
Septic tank material	Concrete	Trench media and width	1
Dose tank manufacturer	1	Depth of interceptor drain	1
Dose tank material	1	Depth of settled fill	1
Name of Installer			License Number
Kenny Sullivan			1242540
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.			
Kenny Sullivan		1242540	10/14/21
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 ☐ Environmental Health Specialist ☐ Designated Representative

(check one)

Signature \_\_\_\_\_ EHS / License Number 7602132090 Date 10/1/21



Elevations:

B.M.	1.4"	
	G.E.	F.L.
Stub out	8.9"	9.9"
Clean out	8.9"	9.9"
Tank In	8.9"	9.11"
Tank out	8.9"	10.3"

P.O.D. 4.6"

Notes:

- Install Bio Microbics 0.5 FAST Unit in a 1500 gallon 3-compartment tank.
- Install Saleor U.V. disinfection Unit Model 3 G inside pump chamber of tank.
- Install Zoeller BU 57 pump along with Zoeller 10-0623 outdoor highwater alarm in pump chamber.
- Pump Treated effluent to Shower P.O.D.

# LAKEVIEW SUBDIVISION

N.H. c/c  
NW Corner  
SW 1/4 Sec  
2E, 112E, R15W

N 88°57'12" E  
446.60'

R.R. c/c  
NE Corner  
SW 1/4 Sec  
2E, 112E, R15W

402.0'

475.27'

CURRY LAND

1  
3.43 ac

2  
3.44 ac

3  
3.44 ac

0.13.40'

North 321.36'

North 322.39'

S 42°10.00' S  
207.100'

10' util.  
easement

N 82°35'17" E  
172.31'

126.15'  
N 85°00'54" E

93.70'

N 86°09'24" E 244.54'

127.73'

116.76'

N 88°07'12" E 358.92'

N 87°34'39" E

N 80°15'43" E  
74.84'

10' util.  
easement

4  
9.96 ac

North 384.99'  
LAKEVIEW DRIVE

POND

S 77°28'45" E 272.05'

S 40°22'34" E  
129.75'

137.04'

East 477'



Curry POD



Curry Entrance



Bradley Rd 16

Bradley P