ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.13

(Submission #: HPT-0YMW-YTQSZ, version 1)

Details

Submission ID HPT-0YMW-YTQSZ

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

JimmyWorlowATU-Model.pdf - 04/19/2023 11:45 AM
Comment
NONE PROVIDED

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

Jimmy Worlow Permit.pdf - 04/19/2023 11:46 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)
Jimmy Worlow

Permitee Type
Individual Homeowner

Permittee Mailing Information

Prefix
Mr.

First Name	Middle Name	Last Name
Jimmy	*NONE PROVIDED*	*Worlow*

Title
NONE PROVIDED

Phone Type	Number	Extension
Mobile	817-797-8440	

Email
worlowj1@gmail.com

Address
8717 Yellow Oak Dr
Jacksonville, AR 72076

Is the invoice address the same as the mailing address for permit documents?
Yes

Is there an active consultant for this facility?
No

Facility/Site Information

Facility/Site Name
8717 Yellow Oak Dr

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
Mr.

First Name	Middle Name	Last Name
Jimmy	*NONE PROVIDED*	*Worlow*

Title
Homeowner

Phone Type	Number	Extension
Mobile	817-797-8440	

Email
worlowj1@gmail.com

Facility/Site Address

8717 Yellow Oak Dr

Jacksonville, AR 72076

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

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
34.945045,-92.155823

Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
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

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
Robert Goff	007865	II	N/A

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
001	34.945220	-92.155600	370	Household domestic waste	An unnamed tributary of Bayou Meto, thence into Arkansas River,	CE7 Fujiclean with Chlorinator	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	Middle Name	Last Name
Robert	*NONE PROVIDED*	*Goff*

Title
Wastewater Operator

Phone Type	Number	Extension
Mobile	5014721624	

Email
rg.earthtechinc@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
Mr.

First Name	Middle Name	Last Name
Jimmy	*NONE PROVIDED*	*Worlow*

Title
Homeowner

Phone Type	Number	Extension
Mobile	817-797-8440	

Email
worlowj1@gmail.com

Arkansas Department of Health

Environmental Health Protection

Individual Onsite Wastewater System Permit Application

Receipt Number
25817345

DR Environmental ID # 0070309622

Fee Schedule for Structure	
Alteration and Repair	$30.00

Part1 Application Treatment Type	Disposal Method
ATU = Aerobic Treatment Plant	SUR (Surface Discharge)

1. Owner/Applicant Name: Jimmy Worlow	**2. Phone Number:** 817-797-8440
3. Mailing Address: 8717 Yellow Oak Dr, Jacksonville 72076	**4. County:** PULASKI

5. Address of Proposed System: No Address Entered Jacksonville 72076

5. Subdivision Name:	7. Approval Date	8. Date Recorded	9. Lot number
Silver Oaks	01/01/2005	01/01/2005	41
10. Lot Dimensions	**11. Total Area (Acres)**	**12. # Bedrooms, People**	**13. Daily Flow (GPD)**
298' X 244' X 221' X 66'	0.72	3 5	370

14. Brief Legal Description of Property (or see attachment if provided)
Section 26 Township: 4n Range: 11w

15. Water Supply (Specify supplier, if Public Water)	16. GPS Coordinates	
Mid State Utility North Pulaski	34 945045	-92.155823

17. Loading Rates	(gpd/sq ft)	18. System Specifications					
Primary Area	NA	a. Size of Septic Tank	700	gal	f. Trench Depth	NA	inches
Secondary Area	NA	b. Size of Dose Tank	300	gal	g. Trench Spacing	NA	feet
percolation Test	(min/in)	c. Absorption Area	NA	Sq ft	h. Trench Media (Below)		
Primary Area Avg	NA	d. Number of Field Lines	NA		SURFACE DISCHARGE	NA	in
Secondary Area Avg	NA	e. Length of Field Lines	NA	ft			in

TO THE OWNER/APPLICANT/DR
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 with permit is inaccurate, of 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 expenses that may be associated with this system.

Owner/Applicant/DR Signature Jimmy Worlow Date 03/27/2023

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

	DR	Soil Certified
Designated Representative Signature	Title	
Bodie Drake	3/28/2023	
Printed 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 869	Date 3-28-23

EHP-19E

Individual Onsite Wastewater System Permit Application

Receipt Number
25817345

Continue Part 1

22. Soil Criteria (Primary Area)				Depth to items a-f in inches			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
NA	5	10	NA	NA	NA	LOW	NA
23. Soil Criteria (Secondary Area)				**Depth to items a-f in inches**			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
NA	NA	NA	NA	NA	NA	NA	NA

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		Redoximorphic Features and/or Clay Content Restrictions
Brief	5	CHROMA 3 DEPLETIONS
Moderate	10	CHROMA 3 > 30% MATRIX
Long	NA	NA
Secondary Area		
Brief	NA	NA
Moderate	NA	NA
Long	NA	NA

Comments

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 soil

Name of Installer **License Number**

Installation Inspected by

Name 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 Name License Number Date

Part 3 Permit for Operation

The information 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

Name EHS Number Date

Comments

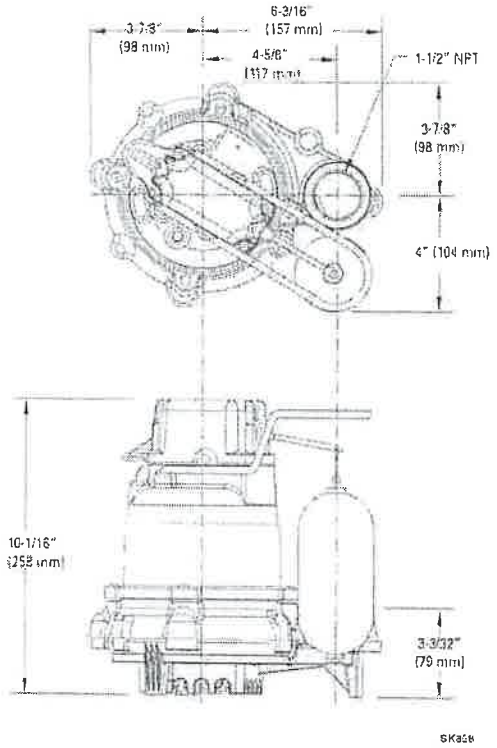
Site Revalidation conducted by

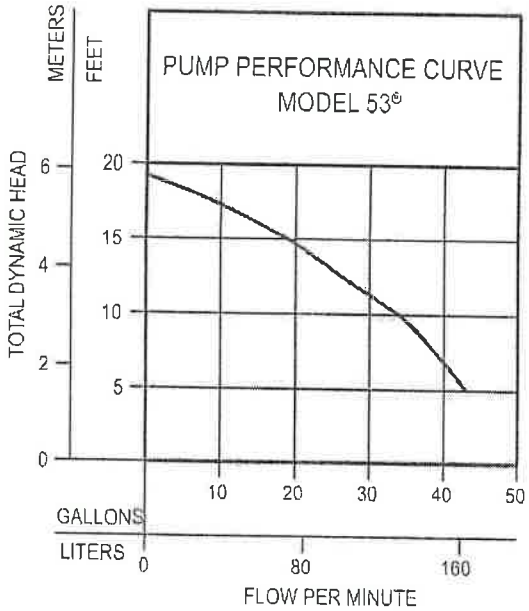
Name EHS/Llicense Number Date

PRODUCT SPECIFICATIONS

MOTOR	Horse Power	3/10
	Voltage	115 or 230
	Phase	1 Ph
	Hertz	60 Hz
	RPM	1550
	Type	Shaded pole
	Insulation	Class B
	Amps	4.8 - 9.7
PUMP	Operation	Automatic or nonautomatic
	Auto On/Off Points	7-1/4" (18.4 cm) / 3" (7.6 cm)
	Discharge Size	1-1/2" NPT
	Solids Handling	1/2" (12 mm) spherical solids
	Cord Length	9' (3 m) automatic, 15' (5 m) nonautomatic
	Cord Type	UL listed, 3-wire, grounded plug
	Max. Head	19.25' (5.9 m)
	Max. Flow Rate	43 GPM (163 LPM)
	Max. Operating Temp.	130 °F (54 °C)
	Cooling	Oil filled
	Motor Protection	Auto reset thermal overload
MATERIALS	Cap	Cast iron or bronze
	Motor Housing	Cast iron or bronze
	Pump Housing	Cast iron or bronze
	Base	Cast iron, bronze or engineered thermoplastic
	Upper Bearing	Sleeve bearing
	Lower Bearing	Sleeve bearing
	Mechanical Seals	Carbon and ceramic
	Impeller Type	Non-clogging vortex
	Impeller	Plastic, cast iron or bronze
	Hardware	Stainless steel
	Motor Shaft	AISI 1215 cold rolled steel
	Gasket	Neoprene

NOTE: See model comparison chart for specific details.





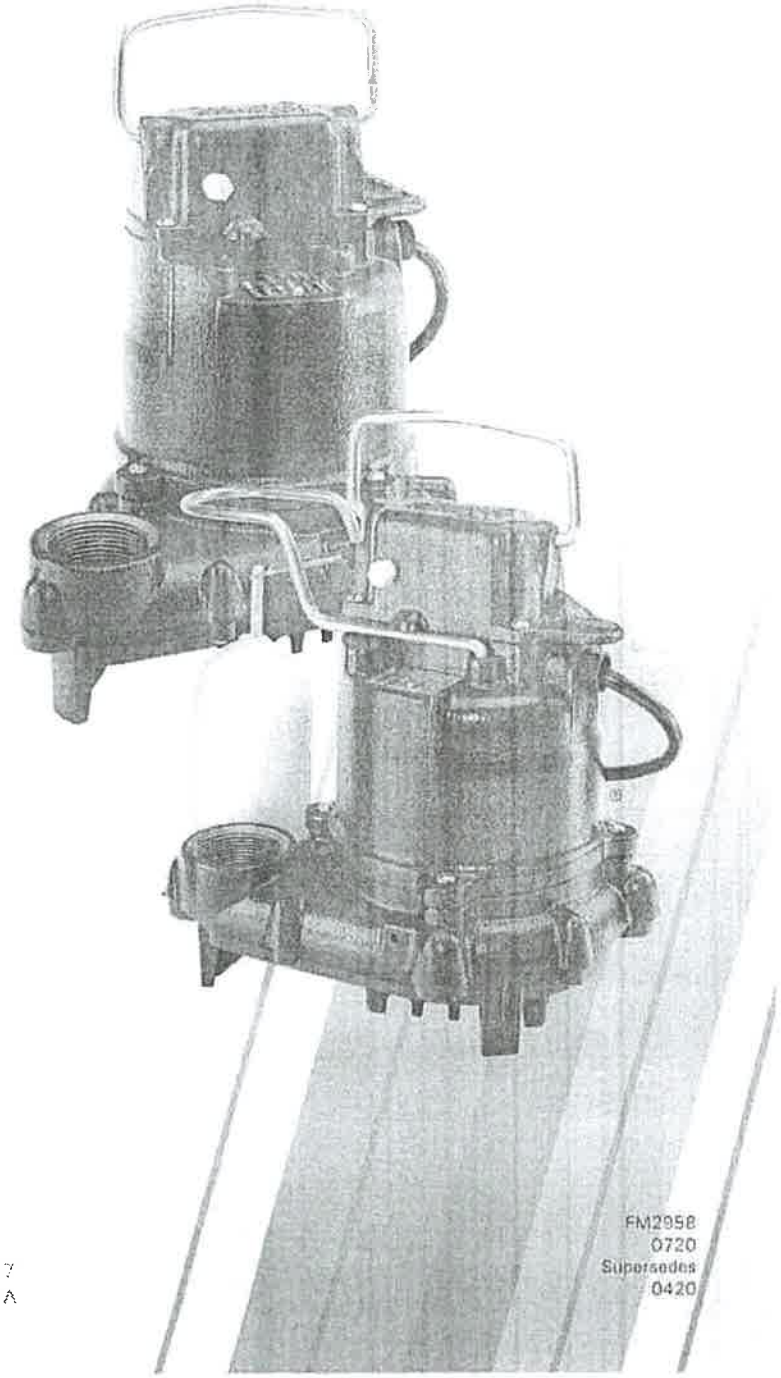
⚠ CAUTION All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

502-778-2731 | 800-928-7867 | 3649 Cane Run Road | Louisville, KY 40211-1961 | zoellerpumps.com

PROFESSIONAL

Model 53®

Sump, Effluent or Dewatering Pumps



Model 53 Features:

- 3-year warranty
- 3/10 HP 115 V sump pump; 230 V also available
- Performance up to 19.25' (5.9 m)
- Flows up to 43 GPM (163 LPM)
- Cast iron case cover, base, motor and pump housing
- Engineered thermoplastic base
- Corrosion-resistant, powder coated epoxy paint

100% factory tested

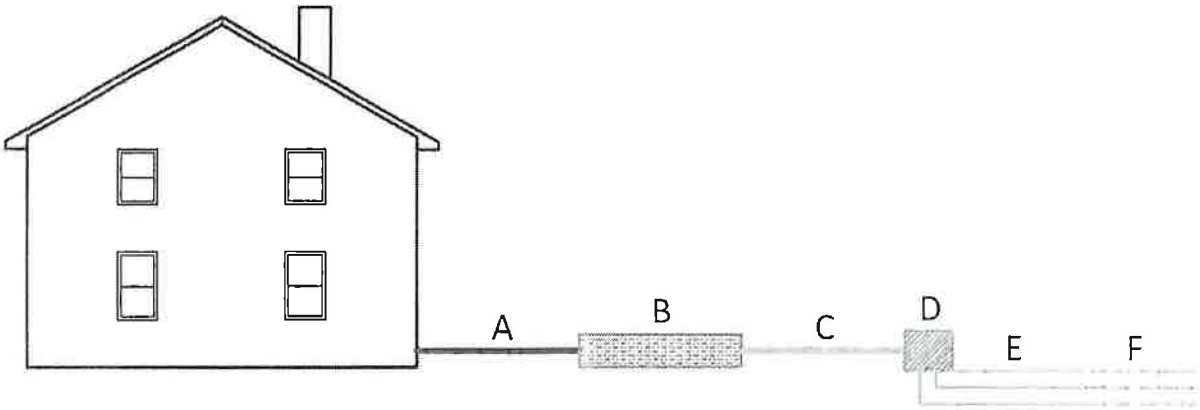
MADE IN THE USA
USING A MAJORITY OF U.S. CONTENT

ZOELLER® PUMP COMPANY

Trusted. Tested. Tough.®

zoellerpumps.com 800 928 7867
3649 Cane Run Road, Louisville, KY 40211 USA

FM2958
0720
Supersedes
0420



A	House Sewer Line	4" Sch 40 PVC the entire length
B	Septic Tank	Sanitary T's Inlet and Outlet
C	Effluent Line	4" Sch 40 PVC at least 10'. Once solid trench bottom is achieved, may be adapted to SDR 35 PVC to D-Box
D	Distribution Box or Valve	
E	Solid Pipe of Field Line	4" SDR 35
F	Perforated Field Line	ASTM D2729 PVC Perforated Pipe or EQ-24 Chambers as specified on EHP-19

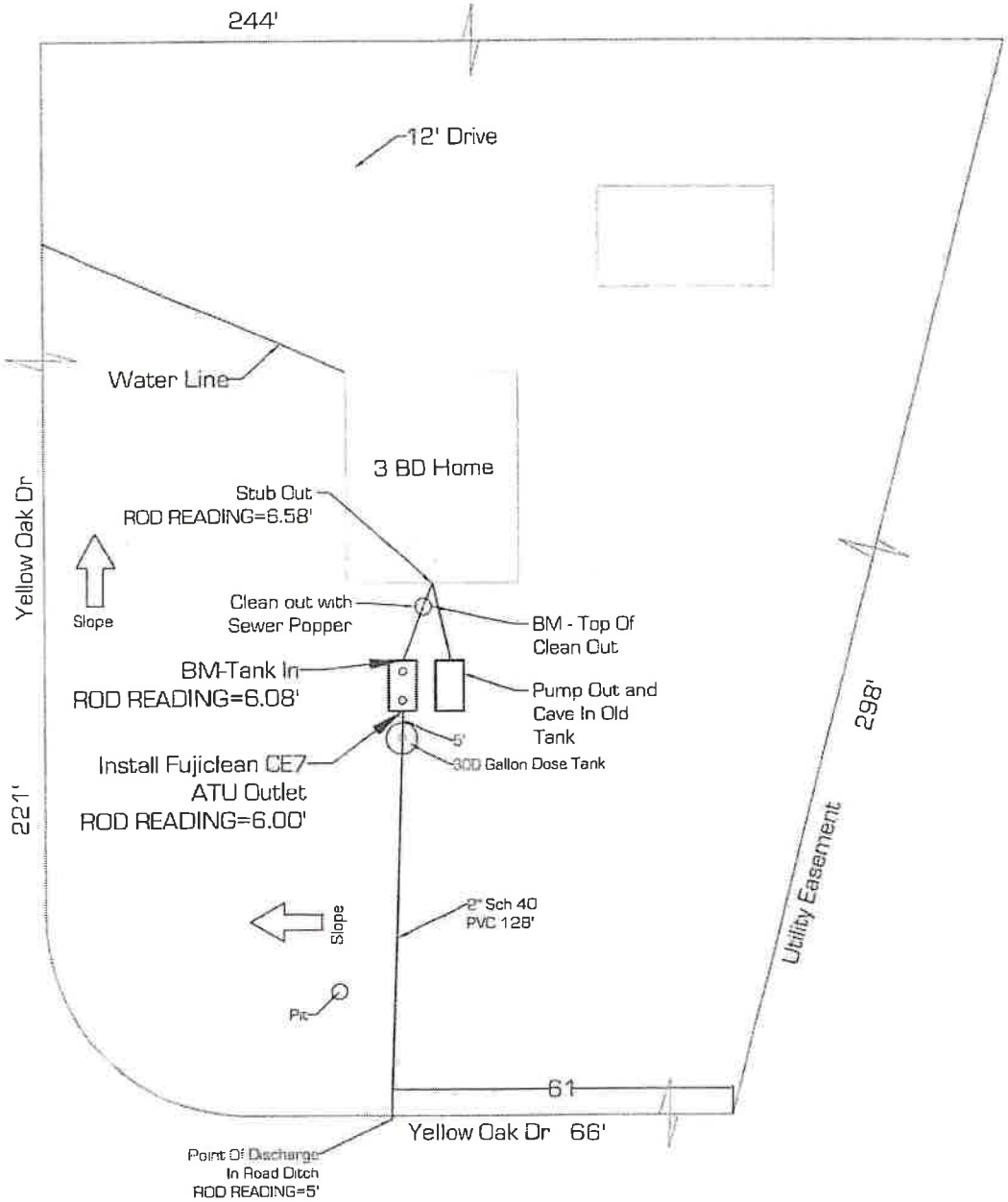
Wastewater Plans for
Jimmy Worlow
8717 Yellow Oak Dr
Jacksonville, AR 72076
0.72 Acres

NOTES:

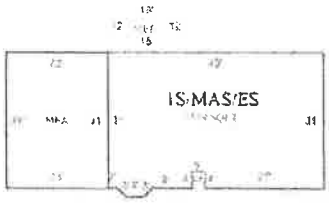
1. Install Fuji clean ATU model CE7 with chlorinator.
4. Use a Zoeller 57 series or equivalent pump.
5. Set dose to 50 gallons per dose.
6. Use Liberty ALM-2 or equivalent high water alarm.
7. All electrical work for pump should meet state electrical codes.
8. All measurements given in Feet and Inches unless otherwise noted.

0' 30' 60'

Scale 1"=30'



Wastewater Plans Designed
by Bodie Drake D.R.#
0070309622 3-26-2023



Living Area 1st Floor	1,519	Basement Unfinished	0
Living Area 2nd Floor	0	Basement Finished w/Partitions	0
		Basement Finished w/o Partitions	0
Living Area Total SF	**1,519**	**Basement Total SF**	**0**

Occupancy Type:	Single Family
Grade:	D4+10
Story Height:	1 Story
Year Built:	1987
Effective Age:	17
Construction Type:	Masonry
Roof Type:	Asphalt
Heat / AC:	Central
Fireplace:	1 Single 1-Story Good
Bathrooms:	2 full 0 half
Foundation Type:	Slab
Floor Type:	Elevated Slab
Floor Covering:	carpet: 1,519 sq ft

Additive Items:

Additive Item	Quantity	Size	Description
OP	12	3 x 4	OPEN PORCH
MEP	216	12 x 18	MASONRY ENCLOSED PORCH
MFA	713	23 x 31	MAS FIN ATTACHED

Outbuildings / Yard Improvements:

OBY Item	Quantity	Size	Description
CDW	2840		CONCRETE DRIVEWAY
FFD	800		FRAME FIN DETACHED
PS	100		PATIO SLAB
SRFX2	200		2 RAIL SPLIT

Parcel Detail Report

Created: 3/27/2023 7:20:29 AM

Basic Information

Parcel Number:	21R0264405000
County Name:	Pulaski County
Property Address:	WORLOW JIMMY D 6717 YELLOW OAK DR JACKSONVILLE, AR 720768524
Mailing Address:	WORLOW JIMMY D 6717 YELLOW OAK DR JACKSONVILLE AR 72076-8524
Total Acres:	0.72
Timber Acres:	0.00
Sec-Twp-Rng:	26-4N-11W
Lot/Block:	41/0
Subdivision:	SILVER OAKS
Legal Description:	
School District:	017 JNPSD
Improvement Districts:	NORTH PULASKI FIRE
Homestead Parcel?:	No
Tax Status:	Taxable
Over 65?:	No
Parcel Boundary	

Land Information

Land Type	Quantity	Front Width	Rear Width	Depth 1	Depth 2	Quarter
RA8000	0.72 acres (31,363 sqft)					

Valuation Information

Entry	Appraised	Assessed
Land:	5,760	1,152
Improvements:	180,315	36,063
Total Value:	186,075	37,215
Taxable Value:		21,322
Millage:		0.0584
Estimated Taxes:		$1,245.20
Assessment Year:		2023

Sales History

Filed	Sold	Price	Grantor	Grantee	Book	Page	Deed Type
2/22/2023	2/21/2023	946	COMMISSIONER OF STATE LANDS STATE OF ARKANSAS	SIRK VIRL K/DORIS J	2023	009694	RDD(REDEMPTION DEED)
2/21/2023	2/14/2023	200,000	SIRK-FISHER DORIS J (AKA SIRK DORIS J) EST OF	WORLOW JIMMY D	2023	009554	WD(WARRANTY DEED)
2/1/1987	2/1/1987	8,000			87	9080	DEED(DEED)
6/1/1986	6/1/1986	5,000			86	32521	DEED(DEED)

Improvement Information

Residential Improvements

Residential Improvement #1


Cabot
Macon
Bottoms State

* Optional System Utilization Verification Form

Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type

☐ New Installation
☑ Alteration / Repair

DR Environmental ID #

0007030962 2

Fee Schedule for Structures	√
Structures 1500 sq ft or less $ 30.00	☐
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	☑

☑ Homeowner

☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 8717 Yellow Oak Dr Jacksonville, AR 72076
(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 bedrooms (5 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.

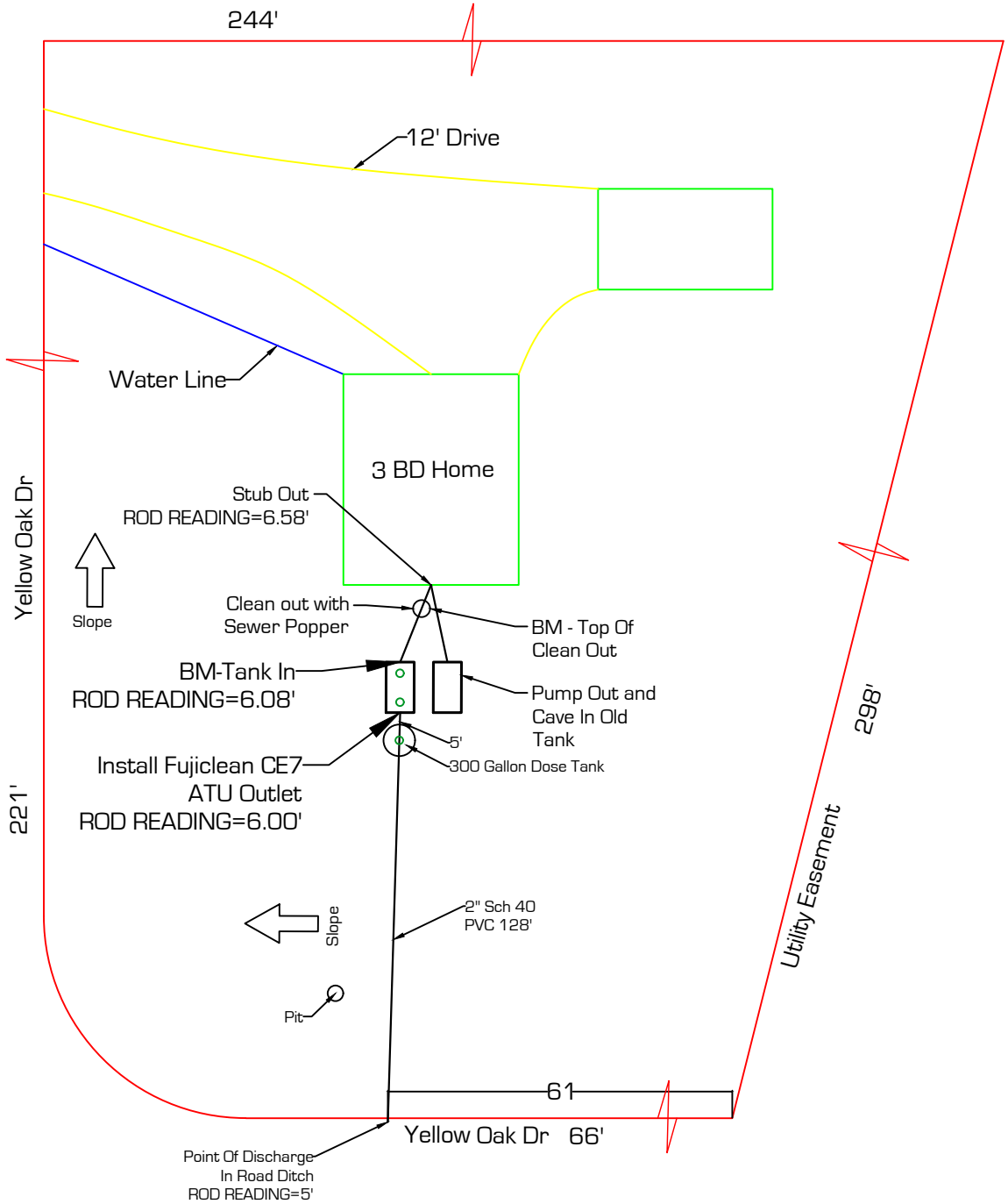
As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature _____

Date 3/21/23

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

Wastewater Plans for
Jimmy Worlow
8717 Yellow Oak Dr
Jacksonville, AR 72076
0.72 Acres



NOTES:

1. Install Fuji clean ATU model CE7 with chlorinator.
4. Use a Zoeller 57 series or equivalent pump.
5. Set dose to 50 gallons per dose.
6. Use Liberty ALM-2 or equivalent high water alarm.
7. All electrical work for pump should meet state electrical codes.
8. All measurements given in Feet and Inches unless otherwise noted.

0' 30' 60'

Scale 1"=30'

Wastewater Plans Designed by Bodie Drake D.R.# 0070309622 3-26-2023