

**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): Hannah Provence Operator Type:
Permittee Mailing Address: 765 Hwy 332 W. State Partnership
Permittee City: Mineral Springs Federal Corporation*
Permittee State: Ar. Zip: 71751 X Sole Proprietorship/Private
Permittee Telephone Number: 870-557-0887 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: None identical to the name listed with the
Arkansas Secretary of State.

II. 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: Hannah Provence ATU Facility Contact Person: Hannah Provence
Facility Address: 765 Hwy 332 W. Telephone Number: 870-557-0887
Facility County: Howard Facility City, State & Zip: Mineral Springs, Ar. 71751
Facility Latitude: 33 Deg 49 Min 25.968 Sec Facility Longitude: -93 Deg 49 Min 51.924 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)
Stream Segment: 1C Hydrologic Basin Code: 11140100
Outfall Latitude: 33 Deg 49 Min 22.5474 Sec Outfall Longitude: -93 Deg 49 Min 46.8114 Sec
Datum
Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Discharge
Type of Treatment: NORWECO Singulair Green CL2 disinfection
Receiving Stream: Red River

V. 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

VI. OTHER INFORMATION:

Operator Name: Sheldon Hadley
Operator License Number: 007836 License Class: II

Consultant Contact Name: N/A
Consultant Email Address: N/A
Consultant Address: N/A City: N/A State: N/A Zip: N/A
Consultant Phone Number: N/A Consultant Fax Number: N/A

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.

VII. CERTIFICATION OF OPERATOR

- HP (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
- HP (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."
- HP (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: Hannah Provence Title: Garret Provence
 Responsible Official Signature: Hannah Provence Date: 5-9-23
 Responsible Official Email: _____
 Cognizant Official Printed Name: N/A Title: N/A
 Cognizant Official Signature: N/A Telephone: N/A
 Cognizant Official Email: N/A

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

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



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

May 23, 2023

Hannah Provence
765 Hwy 332 W
Mineral Springs, AR 71851
Permit # 25947341

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 10 acres near 765 Hwy 332 W Mineral Springs, Arkansas in Howard 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
25947341

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	<input checked="" 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 type="checkbox"/>

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

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

1. Owner's/Applicant's Name
HANNAH PROVENCE

2. Phone Number
870-557-0887

3. Mailing Address
765 HWY 332 W., MINERAL SPRINGS, AR. 71751

4. County
HOWARD

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
765 HWY 332 W., MINERAL SPRINGS, AR. 71751

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
EXCLUDING DRIVE APPROX 600'X600'

11. Total Area (Acres)
10.0 ACRES

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
PRT OF THE NE1/4, SE1/4 & SE1/4, SE1/4 OF SEC. 1, T-11-S, R-27-W.

15. Water Supply (Specify supplier, if Public Water)
NASHVILLE RURAL WATER UTILITY

16. GPS Coordinates
LAT: 33.82388 / LONG: -93.83109

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	NOLOAD	b. Size of Dose Tank	300 MIN.	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		NORWECO SINGULAIR GREEN/CL2		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	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 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 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.

Sheldon Hadley
Designated Representative Signature

DESIGNATED REP Title
Soil Certified Yes No

SHELDON HADLEY Print Name
5-9-23 Date
870-703-7165 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 Libon
Environmental Specialist Signature

331 EHS Number
5-23-23 Date

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	8"	18"	26"	15"	20"	MOD/LOW	NO LOAD
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	7"	22"	N/A	15"	MOD/LOW	NO LOAD
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	8"	in	DISSIMILAR COLORS ON PED SURFACE.				
Moderate	18"	in	CLAY >35%				
Long	26"	in	CLAY >50%				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	N/A	in	N/A				
Moderate	7"	in	CLAY >35%				
Long	22"	in	CLAY >50%				
Comments DUE TO UNDERGROUD UTILITIES, EXISTING WELL ON PROPERTY, HEAVILY OVERGROUN PROPERTY AND 2 ADDITIONAL EXISTING HOMES, ONLY 2 SOIL PITS EXCAVATED.							

Part 2 Installation Inspection

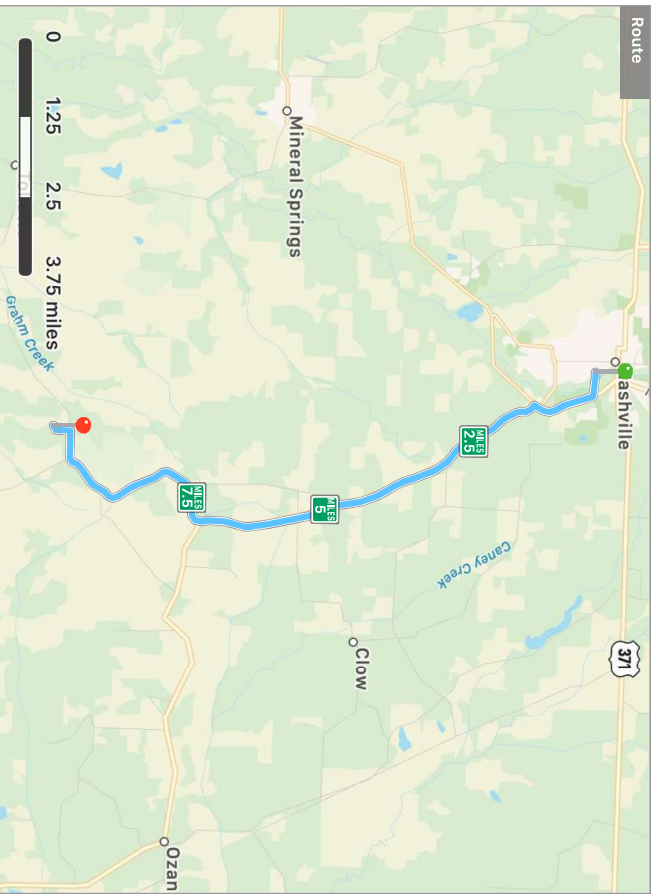
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer	License Number	
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input 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

765 AR-332

11 miles, 16 min

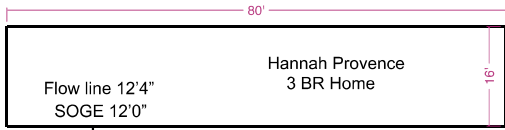


201 E Hempstead St, Unit 2 to 765 AR-332

11 miles, 16 min

- Start**
201 E Hempstead St, Unit 2
- 0** MILES
Turn right onto E Howard St
- 0.4** MILES
Turn right onto State Highway 27 Byp
- 1.0** MILES
Turn left onto Highway 278 W
- 0.39** MILES
Turn left onto Highway 278 W
- 1.4** MILES
Turn right onto Highway 278 W
- 5.6** MILES
Turn right onto AR-332
- 7.07** MILES
Turn left
- 0.3** MILES
The destination is on your left
- 10** MILES

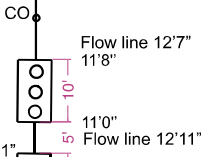
SP1



Scale 1"=30'
 BM - Bench Mark
 CO - Clean Out
 GE - Ground Elevation
 LL - Lateral Line
 PE - Pipe Elevation
 SO - Stub Out
 SP - Soil Pit
 ST - Septic Tank



Norweco Singulair ATU
 Chlorine Disinfection
 600 gpd ATU



Pump tank must
 have manhole riser
 to ground surface.

Install ATU no deeper than 11" below ground
 at outlet. Calculated with 10.5" from top
 of pipe to bottom of gasketed riser at outlet.

SP2

>4.0% Slope

10.0 Acres

Existing Home →

Driveway

2" PVC

Bench Mark on
 Communication
 Pedestal 0'0"

Driveway

Utility Location must be performed
 prior to installation of septic system.

Well

LP GAS

100'

Existing Home

Discharge 300' from Existing Home

>3.0% Slope

Heavily Overgrown Area

533'

Discharge located >150' from property
 lines, >200' from property line in direction
 of flow, >100' from well and >300' from
 existing homes.

Flow

Discharge 0'0"