

**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): Adrian Pacheco      Operator Type: \_\_\_\_\_  
 Permittee Mailing Address: 1032 Keystone Drive       State       Partnership  
    Little Rock       Federal       Corporation\*  
 Permittee State: AR      Zip: 72210       Sole Proprietorship/Private  
 Permittee Telephone Number: 870-820-1213      \*State of Incorporation: \_\_\_\_\_  
 Permittee Fax Number: \_\_\_\_\_      The legal name of the Permittee must be  
 Permittee E-mail Address: adrianpacheco0415@gmail.com      identical to the name listed with the  
         Arkansas Secretary of State.

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

Invoice Contact Person: Adrian Pacheco      City: \_\_\_\_\_  
 Invoice Mailing Company: N/A      State: AR      Zip: \_\_\_\_\_  
 Invoice Mailing Address: \_\_\_\_\_      Telephone: 870-820-1213

**III. FACILITY INFORMATION**

Facility Name: Pacheco Residence      Facility Contact Person: Adrian Pacheco  
 Facility Address: 1032 Keystone Drive      Telephone Number: 870-820-1213  
 Facility County: Saline      Facility City, State & Zip: Little Rock, AR 72210  
 Facility Latitude: 34 Deg 45 Min 32.7 Sec      Facility Longitude: 92 Deg 36 Min 14 Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_

**IV. DISCHARGE INFORMATION**

Outfall Number: 001      Flow: 450 gpd (Gallons per Day)  
 Stream Segment: 2C      Hydrologic Basin Code: 8040203  
 Outfall Latitude: 34 Deg 45 Min 35 Sec      Outfall Longitude: 92 Deg 36 Min 15 Sec  
 Accuracy: \_\_\_\_\_ Method: \_\_\_\_\_ Datum: \_\_\_\_\_ Scale: \_\_\_\_\_ Description: \_\_\_\_\_  
 Type of Treatment: Multi flo FTB- 5 wt Chlorine  
 Receiving Stream: Quachita River

**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

**VI. OTHER INFORMATION:**

Operator Name: David A. Meints  
Operator License Number: 009055 License Class: III

Consultant Contact Name: David A. Meints  
Consultant Email Address: David@meincowastewater.com  
Consultant Address: P.O. Box 1001 City: Bryant State: Arkansas 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**

AP (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."  
AP (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."  
AP (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: Adrian Pacheco Title: Owner  
Responsible Official Signature: *Adrian Pacheco* Date: 1/11/22  
Responsible Official Email: adrianpacheco0415@gmail.com  
Cognizant Official Printed Name: David A. Meints Title: Operator  
Cognizant Official Signature: *David A. Meints* 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"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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# IMPORTANT NOTICE TO PROPERTY OWNER

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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](http://www.adeq.state.ar.us)



**Arkansas Department of Health**  
Environmental Health Protection

JK

Receipt Number  
24442543

**Individual Onsite Wastewater System Permit Application**

Permit Type  New Installation  
 Alteration / Repair

0 0 2 9 0 0 0 1 1 0 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	X

**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 JODY PETTY		2. Phone Number 501-529-0171	
3. Mailing Address P.O.BOX 1007, BRYANT, AR, 72089		4. County SALINE	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 1032 KEYSTONE DR, LITTLE ROCK, AR, 72210 <b>(GATE CODE #3690)</b>			
6. Subdivision Name WESTCLIFFE PHASE VII	7. Approval Date N/A	8. Date Recorded N/A	9. Lot Number LOT 163
10. Lot Dimensions 300'X445'X232'X67'X444'	11. Total Area (Acres) 3.00 acres+/-	12. # Bedrooms # People 4 BR	13. Daily Flow (GPD) 450
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) S-4 T-1 N R-15W			
15. Water Supply (Specify supplier, if Public Water) WATER USERS		16. GPS Coordinates 34.759278 -92.604039	
17. Loading Rates (gpd/ft²)	18. System Specifications		
Primary Area ATU	a. Size of Septic Tank ATU	gal	f. Trench Depth N/A inches
Secondary Area ATU	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 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 Attached 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.

<i>Howard Whitley</i> Designated Representative Signature	2900011 ID Number	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOWARD WHITLEY <u>501-467-1838</u>	09/14/2021 Date	501-467-1792 Phone Number
<i>Dennis Bowman</i> Print Name		

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...* **836** 10-8-2021  
Environmental Specialist Signature EHS Number 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 <sup>2</sup> )
N/A	N/A	12"	N/A	N/A	N/A	N/A	NOT LOADABLE
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 <sup>2</sup> )
N/A	N/A	surface	n/a	N/A	N/A	n/a	NOT LOADABLE

24. Seasonal Water Table (SWT) Classes Detail			
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	N/A	in	N/A
Moderate	N/A	in	clay percentage >35% but less than 49%
Long	N/A	in	N/A
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	N/A	in	N/A
Moderate	N/A	in	depletions noted on less than 50% of ped surface or interior. depletion <= chroma 2
Long	N/A	in	N/A

Comments
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**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



**NOTE TO INSTALLER:  
CONTACT EHS AT 501-303-5650  
24 HOURS PRIOR TO  
BEGINNING INSTALLATION**

LOT 163  
3.06 ACRES +/-

SCALE 1"=40'	GROUND	Flow L.
B. MARK	5'1"	
STUB O.	5'3" - 6'3"	(Flow L.)
ATU IN	8'2" - 9'1"	(Flow L.)
ATU OUT	9'2" - 10'2"	(Flow L.)
CHLOR IN	9'2" - 10'4"	(Flow L.)
CHLOR OUT	9'2" - 10'4"	(Flow L.)
CC IN	9'4" - 11'2"	(Flow L.)
CC OUT	9'8" - 11'2"	(Flow L.)
DISCHARGE POINT	28' - 28'	(Flow L.)

soil pit  
not suitable

DIRECTION OF FLOW  
200' +

225'

150'

445'

330'

DISCHARGE POINT

"PERMIT VOID IF CHANGED"

**MADE TO SITE PLAN"**

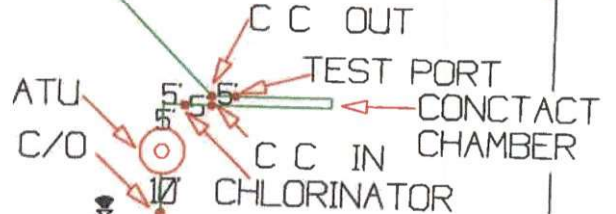
115'

soil pit  
not suitable

345'

444'

CONTACT CHAMBER 50'.  
SCH 40 PIPING FROM  
STUB-OUT TO CONTACT CHAMBER.

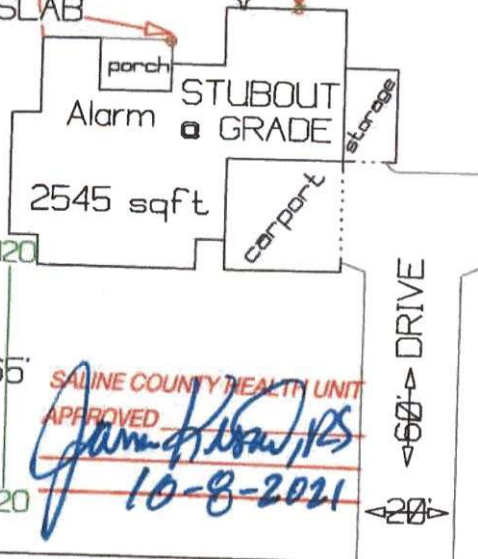


PUMP AND ALARM MUST BE  
ON SEPARATE BREAKERS.  
20 AMP BREAKER ON PUMP.  
15 AMP BREAKER ON ALARM.

BM-TOP OF  
CONCRETE SLAB

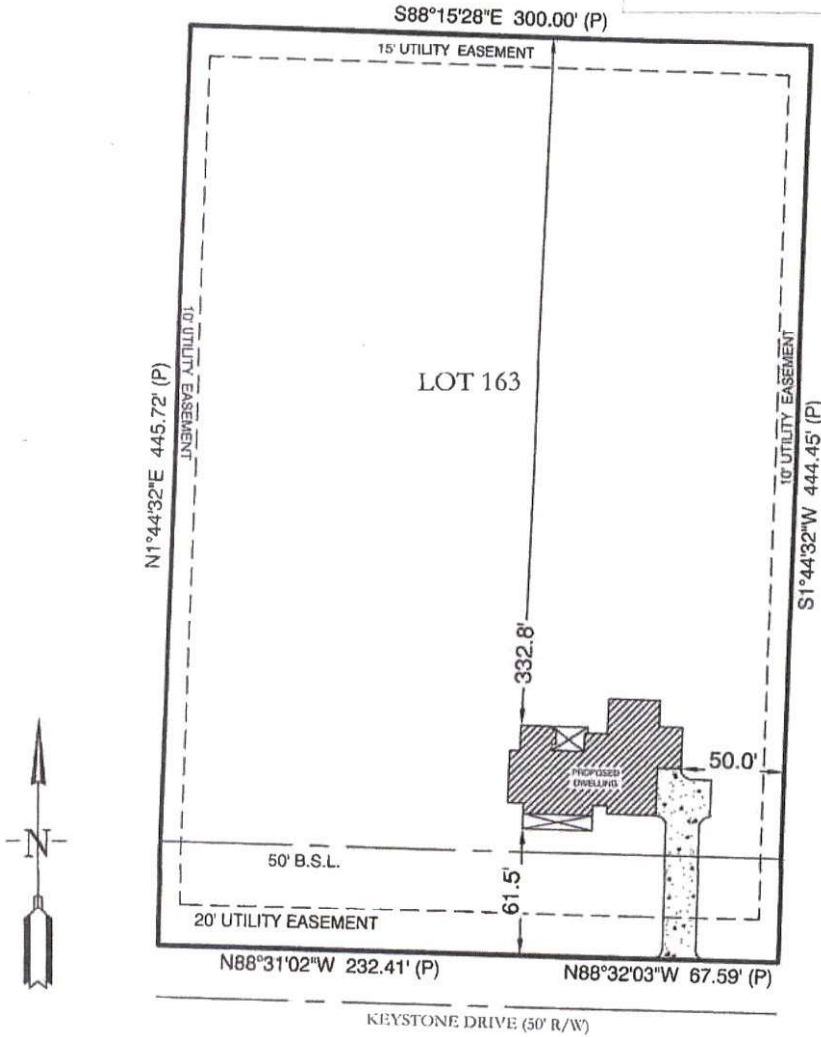
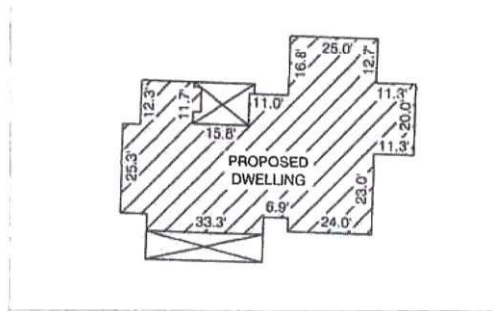
soil pit  
not suitable

 NOTIFY ADH PRIOR  
TO CONSTRUCTION  
JAMES KISNER  
501-303-5650



232.41'

67.59'



**PROPERTY DESCRIPTION:**

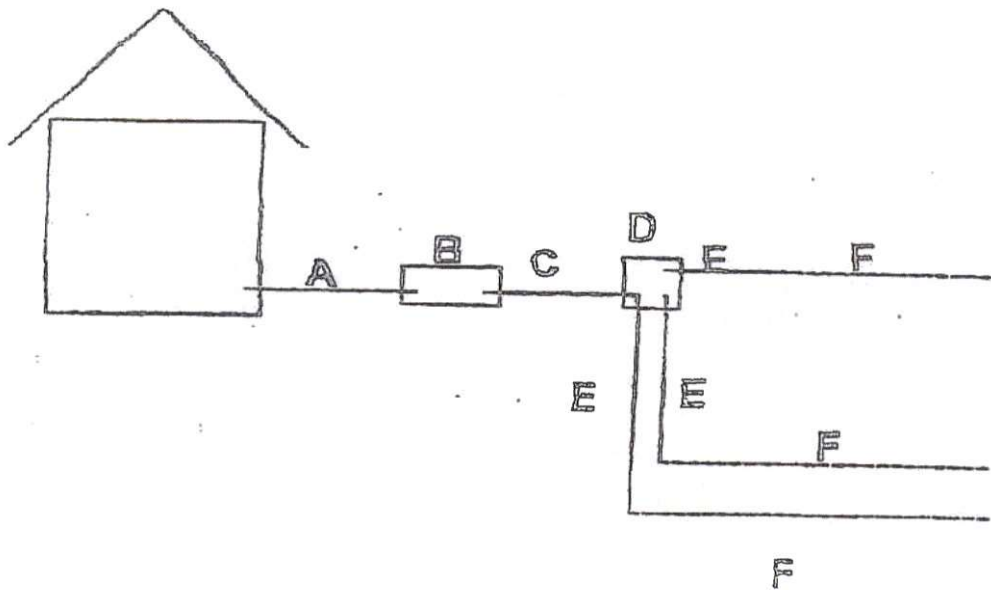
LOT 163, WESTCLIFFE, PHASE 7, A SUBDIVISION IN SALINE COUNTY, ARKANSAS.

This Plot Plan depicts the lot as it appears on the subdivision plat. This drawing does not represent an actual survey.

<h2 style="margin: 0;">PLOT PLAN</h2> <p style="font-size: small; margin: 5px 0;">No portion of the property described hereon lies within the 100 year flood plane, according to the Flood Insurance Rate Map, panel # <u>05125C0225E</u>, dated: <u>08/05/2020</u></p> <p style="font-size: small; margin: 5px 0;">For the Exclusive Use and Benefit of:  <u>SOUTHERN GENERAL CONTRACTORS</u></p> <p style="font-size: small; margin: 5px 0;">Address <u>1032 Keystone Drive</u>  <u>Little rock, AR 72210</u> Date <u>3/24/21</u></p>		<p style="margin: 0;">70' 35' 0 70'</p> <p style="margin: 5px 0;">LEGEND</p> <ul style="list-style-type: none"> <li>△ - Computed point</li> <li>● - Found monument</li> <li>⊙ - Set #5 RB/Plas. Cap</li> <li>(M)-Measured</li> <li>(P)-Platted</li> </ul> <p style="margin: 5px 0;">Drawn By <u>JFG</u></p> <p style="margin: 5px 0;">Checked By _____</p>
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# PIPE SPECIFICATIONS



	Name	Pipe Approved
A	House Sewer Line	Schedule 40 PVC Schedule 40 ABS Schedule 40 ABS Foam Core
B	Septic Tank	Schedule 40 Sanitary T's Inlet and outlet
C	Effluent Line	To solid ditch bottom, same as 'A'. Beyond that point must be 'A' or SDR 35 PVC or if polyethylene pipe is used ASTM 3034 P.E.
D	Distribution Box or Valve	
E	Solid Pipe or Field Line	SDR 35 PVC or 'A' or ASTM 3034 P.E.
F	Perforated Field Line	ASTM F810 P.E. ASTM 2729 PVC



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: \_\_\_\_\_  
 (Property Owner)

SIGNED: Jamie K. [Signature]  
 (Health Department)

DATE: 8-31-21

DATE: 10-8-2021

Maintenance Service For:

Name: Jody Petty (Southern General Contractors)

Address: 1032 Kestone Dr

City: LITTLE ROCK State: AR Zip 72210

Date of Installation \_\_\_\_\_

Maintenance Agreement For Multi-Flow

Waste Treatment System

Howard Whitley agrees to maintain the below described waste treatment equipment in accordance with factory specifications in a manner prescribed by the Arkansas Department of health. Maintenance and start-up services are also included. Bi-annual service checks include chlorine residual checks and sampling when required. (CMP License # CWP SW16). Routine maintenance beyond the initial two-year period will also be available on a fee for service basis. Spare parts will be available through Howard Whitley

Howard Whitley warrants all materials and labor for a period of two (2) years from date of original installation of equipment. Also included in this warranty are all routine maintenance items for a two-year period. Beyond the two-year period, Howard Whitley will continue maintenance on a fee for service basis. Sampling of the effluent will be provided on a cost basis as required by the permit.

This warranty statement is based on proper operation of the system as stated in the attached "Owner's Manual".

Maintenance By:

Howard Whitley Signature

8-31-21 Date

Howard Whitley

Address: 172 Tackett Ln.

Malvern, Ar., 72104

Email: [arc@olate@peoplepc.com](mailto:arc@olate@peoplepc.com)

Cell: (501) 467-1792

Jody Petty Owner Signature

8-31-21 Date



Terri Blevins &lt;terri@meincowastewater.com&gt;

---

**Update WWTP Pacheco**

1 message

**David Meints** <david@meincowastewater.com>  
To: adrianpacheco0415@gmail.com  
Cc: Terri Blevins <terri@meincowastewater.com>

Mon, Dec 12, 2022 at 8:00 AM

Mr. and Mrs. Pacheco-

Attached is an estimate and a small sketch showing what I am recommending to address the WWTP installed at your home. The 500 gallon trash tank is needed to keep the solids and debris from entering the WWTP. The chlorinator is necessary to disinfect the wastewater. The contact chamber / sample basin is needed to collect a sample.

I did not speak with Mr. Petty. I did speak with the distributor of the WWTP. He is in agreement with me that a trash tank is normal practice installed in front of a Multi-Flo FTB 0.5. We debated why the unit is approved for use with or without a trash tank. A small cabin or low flow situation, a trash tank may not be necessary, therefore the lack of a standard or requirement to have a trash tank no matter what.

The homemade chlorinator and contact chamber is something we stopped doing many years ago. The homemade contact chamber collects solids over time and clogs up, hence the reason we stopped specifying it or installing it. It makes for a call back and isn't worth the savings to have to dig it up and unclog the line later.

I will work with you on the cost of this project. If you can swing the material costs, I can prorate the labor over the next 6-12 months, however you see will fit the budget.


Thanks for being patient. It has been a busy month for me.


Sincerely,

David A. Meints  
Meinco, Inc.

---

**2 attachments**

 **AdrianPacheco\_WO7460\_Quote.pdf**  
77K

 **Adrian Pacheco Snipit.pdf**  
61K





**VI. OTHER INFORMATION:**

Operator Name: David A. Meints  
Operator License Number: 009055 License Class: III

Consultant Contact Name: David A. Meints  
Consultant Email Address: David@meincowastewater.com  
Consultant Address: P.O. Box 1001 City: Bryant State: Arkansas Zip: 72089  
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Responsible Official Printed Name: Adrian Pacheco Title: Owner  
Responsible Official Signature: *Adrian Pacheco* Date: 1/11/22  
Responsible Official Email: adrianpacheco0415@gmail.com  
Cognizant Official Printed Name: David A. Meints Title: Operator  
Cognizant Official Signature: *David A. Meints* Telephone: 501-804-0837  
Cognizant Official Email: David@meincowastewater.com

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Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

WATER DIVISION  
5301 NORTHSHORE 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)

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North Little Rock, AR 72118

Phone Number: 501-682-0623

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**Arkansas Department of Health**  
Environmental Health Protection

JK

Receipt Number  
24442543

**Individual Onsite Wastewater System Permit Application**

Permit Type  New Installation  
 Alteration / Repair

0 0 2 9 0 0 0 1 1 0 0

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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	X

**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 JODY PETTY		2. Phone Number 501-529-0171	
3. Mailing Address P.O.BOX 1007, BRYANT, AR, 72089		4. County SALINE	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 1032 KEYSTONE DR, LITTLE ROCK, AR, 72210 <b>(GATE CODE #3690)</b>			
6. Subdivision Name WESTCLIFFE PHASE VII	7. Approval Date N/A	8. Date Recorded N/A	9. Lot Number LOT 163
10. Lot Dimensions 300'X445'X232'X67'X444'	11. Total Area (Acres) 3.00 acres+/-	12. # Bedrooms # People 4 BR	13. Daily Flow (GPD) 450
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) S-4 T-1 N R-15W			
15. Water Supply (Specify supplier, if Public Water) WATER USERS		16. GPS Coordinates 34.759278 -92.604039	
17. Loading Rates (gpd/ft <sup>2</sup> )	18. System Specifications		
Primary Area ATU	a. Size of Septic Tank ATU	gal	f. Trench Depth N/A inches
Secondary Area ATU	b. Size of Dose Tank N/A	gal	g. Trench Spacing N/A 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 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 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 Attached 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.

<i>Howard Whitley</i> Designated Representative Signature	2900011 ID Number	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOWARD WHITLEY <u>501-467-1838</u>	09/14/2021 Date	501-467-1792 Phone Number
<i>Dennis Bowman</i> Print Name		

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 K... RS*  
Environmental Specialist Signature

836  
EHS Number

10-8-2021  
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 <sup>2</sup> )
N/A	N/A	12"	N/A	N/A	N/A	N/A	NOT LOADABLE
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 <sup>2</sup> )
N/A	N/A	surface	n/a	N/A	N/A	n/a	NOT LOADABLE

24. Seasonal Water Table (SWT) Classes Detail			
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	N/A	in	N/A
Moderate	N/A	in	clay percentage >35% but less than 49%
Long	N/A	in	N/A
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions	
Brief	N/A	in	N/A
Moderate	N/A	in	depletions noted on less than 50% of ped surface or interior. depletion <= chroma 2
Long	N/A	in	N/A

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 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



**NOTE TO INSTALLER:  
CONTACT EHS AT 501-303-5650  
24 HOURS PRIOR TO  
BEGINNING INSTALLATION**

LOT 163  
3.06 ACRES +/-

SCALE 1"=40'	GROUND	Flow L.
B. MARK	5'1"	
STUB O.	5'3" - 6'3"	(Flow L.)
ATU IN	8'2" - 9'11"	(Flow L.)
ATU OUT	9'2" - 10'2"	(Flow L.)
CHLOR IN	9'2" - 10'4"	(Flow L.)
CHLOR OUT	9'2" - 10'4"	(Flow L.)
CC IN	9'4" - 11'2"	(Flow L.)
CC OUT	9'8" - 11'2"	(Flow L.)
DISCHARGE POINT	28' - 28'	(Flow L.)

soil pit  
not suitable

DIRECTION OF FLOW  
200' +

225'

150'

445'

330'

DISCHARGE POINT

"PERMIT VOID IF CHANGE

MADE TO SITE PLAN"

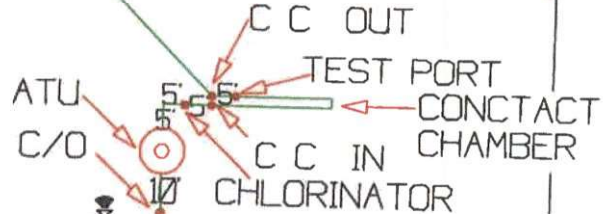
115'

soil pit  
not suitable

345'

444'

CONTACT CHAMBER 50'.  
SCH 40 PIPING FROM  
STUB-OUT TO CONTACT CHAMBER.

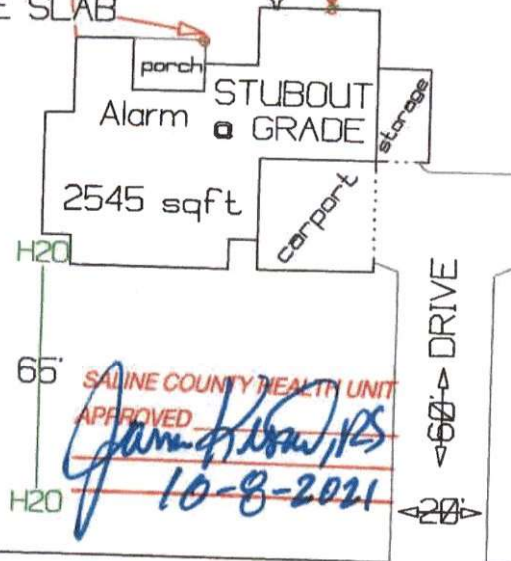


BM-TOP OF  
CONCRETE SLAB

PUMP AND ALARM MUST BE  
ON SEPARATE BREAKERS.  
20 AMP BREAKER ON PUMP.  
15 AMP BREAKER ON ALARM.

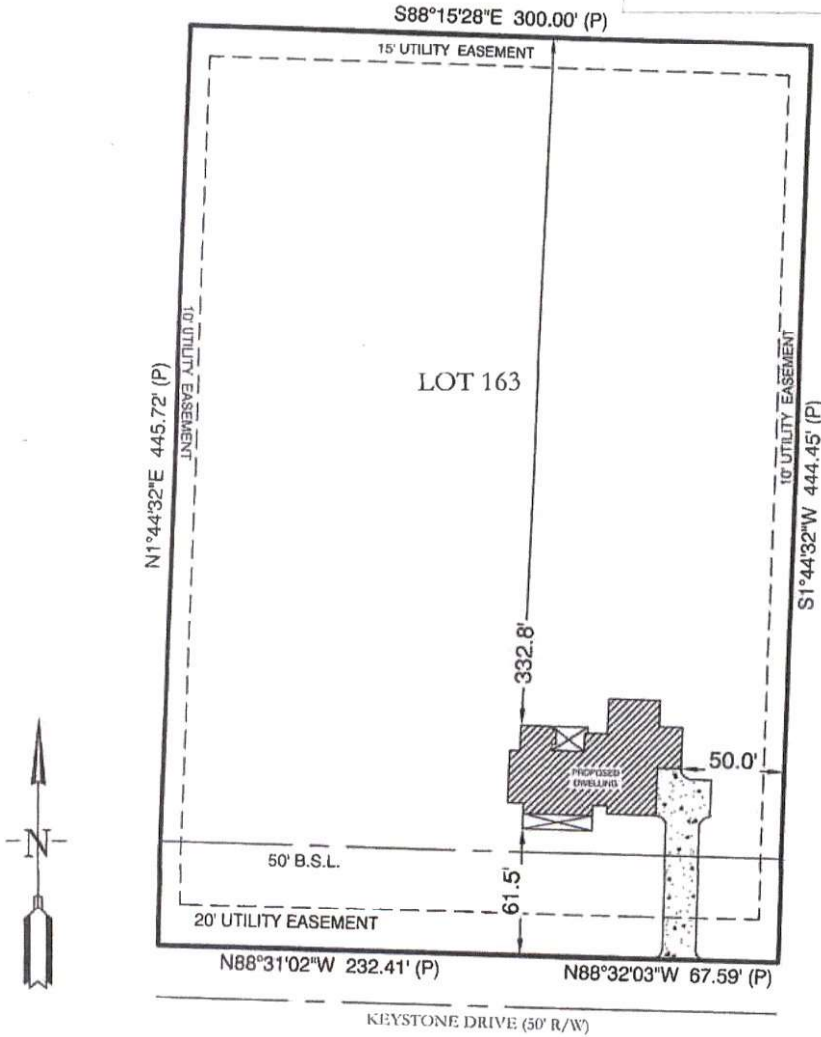
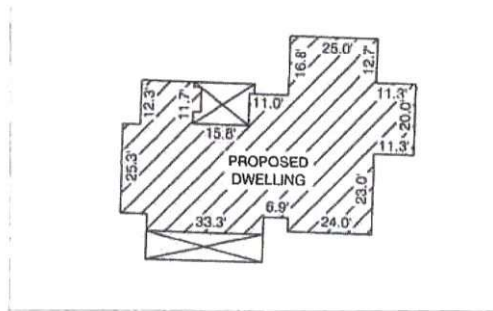
soil pit  
not suitable

NOTIFY ADH PRIOR  
TO CONSTRUCTION  
JAMES KISNER  
501-303-5650



232.41'

67.59'



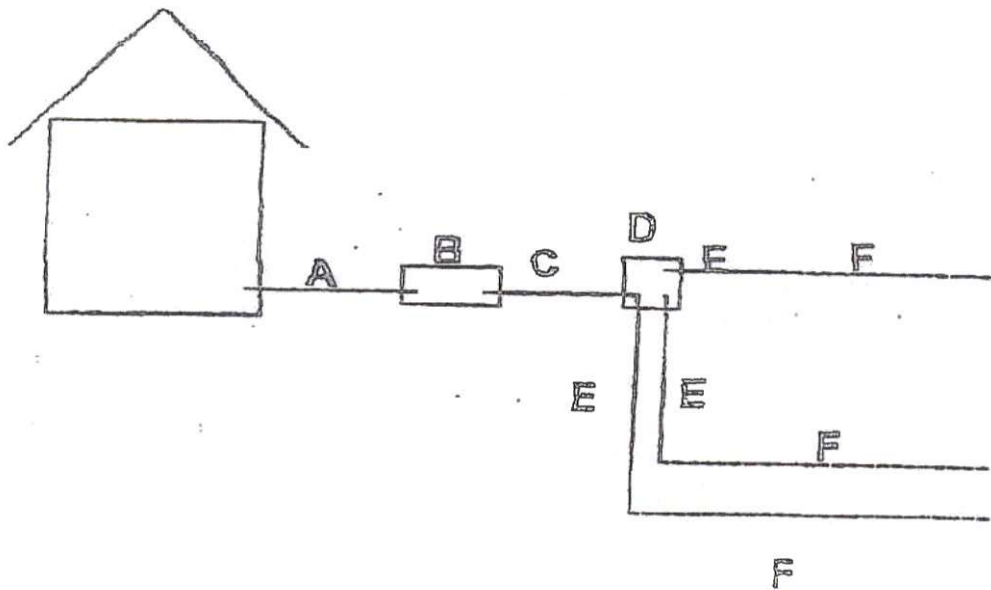
**PROPERTY DESCRIPTION:**

LOT 163, WESTCLIFFE, PHASE 7, A SUBDIVISION IN SALINE COUNTY, ARKANSAS.

This Plot Plan depicts the lot as it appears on the subdivision plat. This drawing does not represent an actual survey.

<h2 style="margin: 0;">PLOT PLAN</h2> <p style="font-size: small; margin: 0;">No portion of the property described hereon lies within the 100 year flood plane, according to the Flood Insurance Rate Map, panel # <u>05125C0225E</u>, dated: <u>08/05/2020</u></p> <p style="font-size: small; margin: 0;">For the Exclusive Use and Benefit of:  <b>SOUTHERN GENERAL CONTRACTORS</b></p> <p style="font-size: small; margin: 0;">Address <u>1032 Keystone Drive</u>  <u>Little rock, AR 72210</u> Date <u>3/24/21</u></p>		<p>70' 35' 0 70'</p> <p><b>LEGEND</b></p> <p>△ - Computed point</p> <p>● - Found monument</p> <p>⊙ - Set #5 RB/Plas. Cap</p> <p>(M)-Measured</p> <p>(P)-Platted</p>
<p>Drawn By <u>JFG</u></p> <p>Checked By _____</p>		

# PIPE SPECIFICATIONS



	Name	Pipe Approved
A	House Sewer Line	Schedule 40 PVC Schedule 40 ABS Schedule 40 ABS Foam Core
B	Septic Tank	Schedule 40 Sanitary T's Inlet and outlet
C	Effluent Line	To solid ditch bottom, same as 'A'. Beyond that point must be 'A' or SDR 35 PVC or if polyethylene pipe is used ASTM 3034 P.E.
D	Distribution Box or Valve	
E	Solid Pipe or Field Line	SDR 35 PVC or 'A' or ASTM 3034 P.E.
F	Perforated Field Line	ASTM F810 P.E. ASTM 2729 PVC



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 prospective 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: \_\_\_\_\_

  
(Property Owner)

SIGNED: \_\_\_\_\_

  
(Health Department)

DATE: \_\_\_\_\_

8-31-21

DATE: \_\_\_\_\_

10-8-2021

Maintenance Service For:

Name: Jody Petty (Southern General Contractors)

Address: 1032 Keystone Dr

City: LITTLE ROCK State: AR Zip 72210

Date of Installation \_\_\_\_\_

Maintenance Agreement For Multi-Flow

Waste Treatment System

Howard Whitley agrees to maintain the below described waste treatment equipment in accordance with factory specifications in a manner prescribed by the Arkansas Department of health. Maintenance and start-up services are also included. Bi-annual service checks include chlorine residual checks and sampling when required. (CMP License # CWP SW16). Routine maintenance beyond the initial two-year period will also be available on a fee for service basis. Spare parts will be available through Howard Whitley

Howard Whitley warrants all materials and labor for a period of two (2) years from date of original installation of equipment. Also included in this warranty are all routine maintenance items for a two-year period. Beyond the two-year period, Howard Whitley will continue maintenance on a fee for service basis. Sampling of the effluent will be provided on a cost basis as required by the permit.

This warranty statement is based on proper operation of the system as stated in the attached "Owner's Manual".

Maintenance By:

Howard Whitley Signature

8-31-21 Date

Howard Whitley

Address: 172 Tackett Ln.

Malvern, Ar., 72104

Email: [arc@olate@peoplepc.com](mailto:arc@olate@peoplepc.com)

Cell: (501) 467-1792

Jody Petty Owner Signature

8-31-21 Date





Terri Blevins &lt;terri@meincowastewater.com&gt;

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**Update WWTP Pacheco**

1 message

**David Meints** <david@meincowastewater.com>  
To: adrianpacheco0415@gmail.com  
Cc: Terri Blevins <terri@meincowastewater.com>

Mon, Dec 12, 2022 at 8:00 AM

Mr. and Mrs. Pacheco-

Attached is an estimate and a small sketch showing what I am recommending to address the WWTP installed at your home. The 500 gallon trash tank is needed to keep the solids and debris from entering the WWTP. The chlorinator is necessary to disinfect the wastewater. The contact chamber / sample basin is needed to collect a sample.

I did not speak with Mr. Petty. I did speak with the distributor of the WWTP. He is in agreement with me that a trash tank is normal practice installed in front of a Multi-Flo FTB 0.5. We debated why the unit is approved for use with or without a trash tank. A small cabin or low flow situation, a trash tank may not be necessary, therefore the lack of a standard or requirement to have a trash tank no matter what.

The homemade chlorinator and contact chamber is something we stopped doing many years ago. The homemade contact chamber collects solids over time and clogs up, hence the reason we stopped specifying it or installing it. It makes for a call back and isn't worth the savings to have to dig it up and unclog the line later.

I will work with you on the cost of this project. If you can swing the material costs, I can prorate the labor over the next 6-12 months, however you see will fit the budget.


Thanks for being patient. It has been a busy month for me.


Sincerely,

David A. Meints  
Meinco, Inc.

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**2 attachments**

 **AdrianPacheco\_WO7460\_Quote.pdf**  
77K

 **Adrian Pacheco Snipit.pdf**  
61K



