

Deena Thuston (adpce.ad)

From: johnsonsofdq@yahoo.com
Sent: Sunday, June 18, 2023 1:32 PM
To: Water Permit Application
Subject: ARG NOI - Andrew Arnold
Attachments: Arnold - ARG Docs.pdf; Andrew Arnold - Overhead .png

Please see the attached ARG NOI for Andrew Arnold. For all correspondence, please reach out to me at johnsonsofdq@yahoo.com or 870-584-6664. Email is the best way to reach me.

Thank you.

Tyler Johnson
General Manager
Johnson's Services, Inc.
870-584-6664
johnsonsofdq@yahoo.com

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): Andrew Arnold Operator Type:
Permittee Mailing Address: 308 Hwy 26 E State Partnership
Permittee City: Murfreesboro Federal Corporation*
Permittee State: AR Zip: 71958 Sole Proprietorship/Private
Permittee Telephone Number: 870-925-0127 *State of Incorporation: _____
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: andyarnold96@hotmail.com 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: Andrew Arnold Facility Contact Person: Andrew Arnold
Facility Address: 308 Hwy 26 E Telephone Number: 870-925-0127
Facility County: Pike Facility City, State & Zip: Murfreesboro, AR 71958
Facility Latitude: 34 Deg 4 Min 31.26 Sec Facility Longitude: 93 Deg 39 Min 33.26 Sec
Accuracy: N/A Method: N/A Datum: N/A Scale: N/A Description: N/A

IV. DISCHARGE INFORMATION

Outfall Number: 2 Flow: 270 gpd (Gallons per Day)
Stream Segment: 2G Hydrologic Basin Code: 8040103
Outfall Latitude: 34 Deg 4 Min 40.22 Sec Outfall Longitude: -93 Deg 39 Min 12.17 Sec
Accuracy: N/A Method: N/A Datum: N/A Scale: N/A Description: N/A
Type of Treatment: Clearstream NC3 600
Receiving Stream: Ouachita

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

ADDITIONAL INFORMATION

Chap 00699

III

Applicant Contact Name: **Tyler Johnson**
Applicant Email Address: **johnsonsofdq@yahoo.com**
Applicant Address: **Po Box 423 be Queen AR 71832**
Applicant Phone Number: **870-584-6664** Applicant Fax Number: **870-642-4099**

Has this treatment system been approved by AHD?

Disclosure Statements:
I certify under penalty of law that all applicants for the issuance or transfer of any permit, license, or other regulatory authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with all applications. The filing of a disclosure statement is mandatory. An application can be considered complete only if a disclosure statement is filed with the application. You must submit a disclosure statement even if you have one on file with the Department. The form may be downloaded from ADEQ website at http://www.aeq.state.ar.gov/disclosure_2008.pdf

VII. CERTIFICATION OF OPERATOR

CyX
CyX
CyX

I certify that if this facility is a corporation, it is registered with the Secretary of State of Arkansas.
I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 49 CER 122.2-02. If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant.
I certify under penalty of law that this document and all attachments were prepared under my direction or direct 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: **Andrew Arnold** Title: **Owner**
Responsible Official Signature: *Andrew Arnold* Date: **7/25/23**
Responsible Official Email: **andyarnold96@hotmail.com**
Cognizant Official Printed Name: **Tyler Johnson** Title: **CMP & Installer**
Cognizant Official Signature: *Tyler Johnson* Telephone: **870-584-6664**
Cognizant Official Email: **johnsonsofdq@yahoo.com**

PERMIT REQUIREMENT VERIFICATION

I have checked 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.
Technical of Complete Set? Yes No
Submittal of Required Permit Fee? Yes No Check Number: _____
Submittal of AHD Form 4104? Yes No
Signature of Site Map? Yes No
Submittal of Disclosure statement Yes No

WATER DIVISION
500 NORTH SHARPE STREET, NORTH LITTLE ROCK, ARKANSAS 72118
PHONE: (501) 52-0633 FAX: 501-567-0550
www.aeq.state.ar.gov



Arkansas Department of Health
Environmental Health Protection

Receipt Number
25904198

Individual Onsite Wastewater System Permit Application

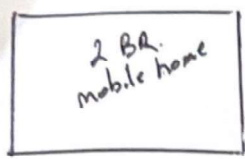
Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7601085852

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"/> 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"/> 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"/> 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"/> ORP = Drip Irrigation	<input type="checkbox"/> OTH = Other	<input type="checkbox"/> ORP = Drip Irrigation
1. Owner's/Applicant's Name Andrew Arnold			2. Phone Number 870-925-0127		
3. Mailing Address 308 Hwy 26 East Murfreesboro			4. County Pike		
5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map) SAME					
6. Subdivision Name		7. Approval Date	8. Date Recorded	9. Lot Number	
10. Lot Dimensions 1320 x 320.		11. Total Area (Acres) 10	12. # Bedrooms # People 2	13. Daily Flow (GPD) 270	
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) S 1/2 E 1/2 SW 1/4 SEC 3 T-8-S R25-W.					
15. Water Supply (Specify supplier, if Public Water) Delight			16. GPS Coordinates 34.07784 -93.65338		
17. Loading Rates (gpd/ft ²)		18. System Specifications NC3 600 Clearstream.			
Primary Area 0	a. Size of Septic Tank ATU.	gal	f. Trench Depth	Inches	
Secondary Area 0	b. Size of Dose Tank	gal	g. Trench Spacing	feet	
Percolation Test (min/in)	c. Absorption Area	ft ²	h. Trench Media (List Below)	i. Trench Width	
Primary Area Avg	d. Number of Field Lines			in	
Secondary Area	e. Length of Field Lines	ft		in	
<p>TO THE OWNER</p> <p>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.</p> <p>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.</p>					
Owner/Applicant Signature X Andrew Arnold			Date 4-16-23		
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.					
Designated Representative Signature Robbie Crocker			Title DR.	Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Print Name Robbie Crocker			Date 4-23-23	Phone Number 870-285-5779	
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 David Wilson			EHS Number 331	Date 5-4-23	



No load. pit

Clearstream. 600 NC 3

pit x no load.

No load. pit

Electric not set.

1000 wms to be filled

100'

BM wooden corner post by driveway

Sleeve in 4" sch 40 under driveway.

Discharge point

260' owners residence

170' property line

130' property line

200' property line

200' direction of flow. if constructed discharge route.

slope 1/3%

old drain

Another discharge route. is on hillside behind owners house which meets all setbacks. Majority of property in N of design. Personally I would prefer this route as it is farther from house and highway

owners house
↑
not to scale.

↑ N
1" = 30'

OWNERS DRIVEWAY

Driveway

WATER

← 1320 →

← 320 →

July 26 E. Delight →

