

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

RECEIVED
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CH 2:53

Application Type: New Renewal (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): David Woodall Operator Type:
Permittee Mailing Address: P.O. Box 97 State Partnership
Permittee City: Bismarck Federal Corporation*
Permittee State: AR Zip: 71929 X Sole Proprietorship/Private
Permittee Telephone Number: 501-844-7402 *State of Incorporation: _____
Permittee Fax Number: _____ The legal name of the Permittee must be
Permittee E-mail Address: _____ 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: _____
Invoice Mailing Company: _____ State: _____ Zip: _____
Invoice Mailing Address: _____ Telephone: _____

III. FACILITY INFORMATION

Facility Name: David Woodall Facility Contact Person: David Woodall
Facility Address: Corner of Lucky Pine and Luck Lad Telephone Number: 501-844-7402
Facility County: _____ Facility City, State & Zip: Bismarck, AR 71929
Facility Latitude: 34 Deg 19 Min 25.90Sec Facility Longitude: 93 Deg 2 Min 2.89Sec
Datum
Accuracy: UN Method: UN : UN Scale: UN Description: UN

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)
Stream Segment: 2G Hydrologic Basin Code: _____
Outfall Latitude: 34 Deg 19 Min 26.79Sec Outfall Longitude: 93 Deg 2 Min 3.70Sec
Datum
Accuracy: UN Method: UN : UN Scale: UN Description: UN
Type of Treatment: Norweco model 960 with chloine
Receiving Stream: Un named tributary thence Ouachita 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

VI. OTHER INFORMATION:

Operator Name: Mike O'Connor
Operator License Number: 010202 License Class: II
Consultant Contact Name: Mike O'Connor
Consultant Email Address: Mike@ArkansasSeptic.com
152
Consultant Address: Spence City: Austin State: AR Zip: 72007
Consultant Phone Number: 501-517-7198 Consultant Fax Number: _____

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.adeg.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

 (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
DW (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."
DW (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: David Woodall Title: Owner
Responsible Official Signature: Dal Woodall Date: 6-23-2023
Responsible Official Email: dewoodall11959@igmpc.com
Cognizant Official Printed Name: _____ Title: _____
Cognizant Official Signature: _____ Telephone: 501-844-7402
Cognizant Official Email: _____

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 type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input type="checkbox"/>	Check Number: _____
Submittal of AHD Form EHP-19?	<input type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input type="checkbox"/>	<input type="checkbox"/>	



Arkansas Department of Health
Environmental Health Protection

Receipt Number
25905319

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

7 6 0 2 1 1 7 1 6 8

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

1. Owner's/Applicant's Name **David Woodall** 2. Phone Number **501-844-7402**

3. Mailing Address **Po Box 97 Bismarck AR 71929** 4. County **Hot Spring**

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
Corner of Lucky Pine Rd and Luck Lady Court Bismarck AR 71929

6. Subdivision Name **NA** 7. Approval Date **NA** 8. Date Recorded **NA** 9. Lot Number **NA**

10. Lot Dimensions **566 X 718 X 900** 11. Total Area (Acres) **4.3** 12. # Bedrooms # People **3** 13. Daily Flow (GPD) **370**

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Part of SW 1/4 NW 1/4 of Section 3 Township 5 South Range 19 W

15. Water Supply (Specify supplier, if Public Water) **Kimzey** 16. GPS Coordinates **34.326049 N 93.037834**

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	No Load	a. Size of Septic Tank	500GPD ATU	gal	f. Trench Depth	NA	inches
Secondary Area	No Load	b. Size of Dose Tank	NA	gal	g. Trench Spacing	NA	feet
Percolation Test	(min/in)	c. Absorption Area	NA	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	NA	d. Number of Field Lines	NA		NA		NA in
Secondary Area	NA	e. Length of Field Lines	NA	ft	NA		NA 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 EHP-19, Opt A Date 5/12/23

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.

Bud Thornton DR Soil Certified Yes No
Designated Representative Signature Title
Bud Thornton **5/12/23** **501-282-7814**
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.
David Wilson **331** **5-16-23**
Environmental Specialist Signature EHS Number Date

* 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 #

	7	6	0	2	1	1	7	1	6	8
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Homeowner
 Builder/Developer

Fee Schedule for Structures	v
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"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: Corner of Lucky Pine Rd and Luck Lady Court Bismarck AR 71929
(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 bedrooms (____ 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 
David Woodall / Apr 28, 2023 09:34 CDT

Date 4/28/23

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

David W. ...

Arkansas Department of Health
2204 Sullenberger Ave, Malvern, AR 72104

Get on I-30 W from Sullenberger Ave, US-270 BUS W/Martin Luther King Blvd and AR-84 W/Tanner St

- ↑ 1. Head west on Sullenberger Ave toward Linda Ln 11 min (4.8 mi)
- ↪ 2. Turn right onto S Main St 3 m
- ↶ 3. S Main St turns slightly left and becomes US-270 BUS W/Martin Luther King Blvd 1.0 mi
- ⓘ Pass by Taco Bell (on the left in 1.2 mi) 1.3 mi
- ↶ 4. Turn left onto AR-84 W/Tanner St 1.1 mi
- ↗ 5. Turn left to merge onto I-30 W 0.2 mi

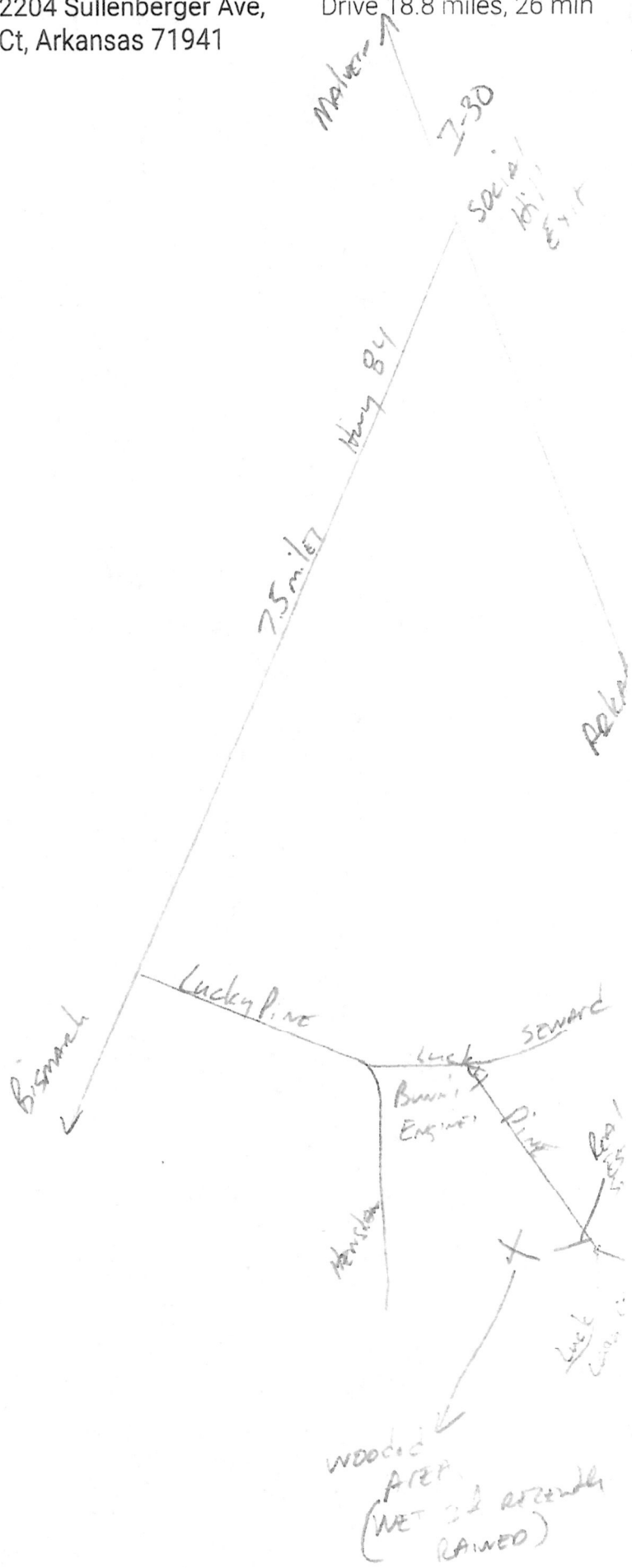
Follow I-30 W and AR-84 W to Lucky Pine Rd

- ↗ 6. Merge onto I-30 W 14 min (13.2 mi)
- ↪ 7. Take exit 91 for AR-84 toward Social Hill 5.5 mi
- ↶ 8. Turn left onto AR-84 W 0.2 mi
- 7.5 mi

Follow Lucky Pine Rd to Luck Lady Ct

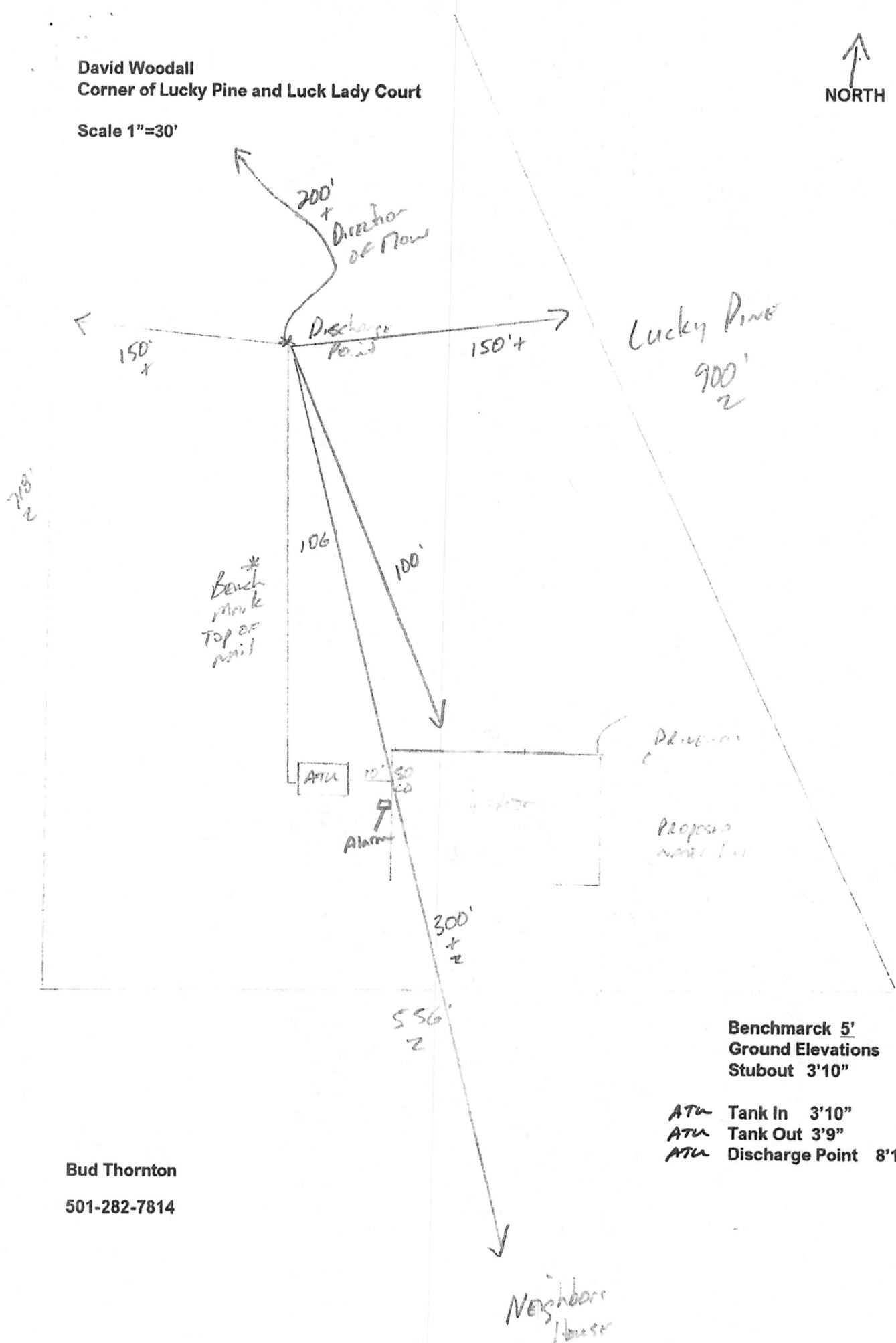
- ↶ 9. Turn left onto Lucky Pine Rd 2 min (0.8 mi)
- ↪ 10. Turn right onto Luck Lady Ct 0.8 mi
- 95 ft

Luck Lady Ct
Arkansas 71941



David Woodall
 Corner of Lucky Pine and Luck Lady Court

Scale 1"=30'



Benchmark 5'	Ground Elevations	Flowlines
Stubout	3'10"	4'10"

ATU	Tank In	3'10"	5'
ATU	Tank Out	3'9"	5'2"
ATU	Discharge Point	8'11"	8'11"

Bud Thornton

501-282-7814

Neighbor House



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 ≥ 8000 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: *David E. Woodall*
 (Property Owner)

SIGNED: *David Wilson*
 (Health Department)

DATE: *5/11/2023*

DATE: *5-16-23*

NORWECO Waste Treatment Systems Service Contract

In consideration of prepayment of the Service Contract cost indicated below, this authorized NORWECO service company agrees to the following:

During the service period specified, make 8 inspection calls on the NORWECO system located at the following address:

LUCK LADY (Street) () (Phone)
BISMARCK (City) AK (State) (Zip) HOT SPRINGS (County)

Inspection calls will include:

- An effluent quality inspection consisting of a visual check for color and examination for odors.
- Adjustment and servicing of any mechanical and electrical components that are out of order.
- Periodic sampling of the settled solids in the aeration chamber
- Additional services: _____
- If any improper operation is observed, which cannot be corrected at that time, the user shall be notified in writing of the conditions and the estimated date of correction.


The cost of this Service Contract will be 90 PER VISIT and is to be effective from 2023 to 2025

Additional services (as ordered), replacement of out-of-warranty components, laboratory test work, pumping out pre-tank will be done upon written authority from the customer and at an additional charge.

IMPORTANT: This warranty/service agreement does cover the cost of service calls, labor or ,materials which are required due to "mis-use or abuse" of the system; failure to maintain electrical power to the system; sewage flows exceeding the hydraulic/organic design capabilities; disposal of non-biodegradable materials, chemicals, solvents, grease, oil, paint, etc.; or any usage contrary to the requirements listed in the owner's manual or as advised by the authorized service representant.

A schedule of charges for parts and additional services may be checking by phoning.

INITIAL 2 YEAR WARRANTY
 CONTINUING SERVICE AGREEMENT


Signature of Owner
6-11-23
Date

GENERAL NOTES:

- 1. SINGULAR AERATOR, AS TESTED AND ACCEPTED BY NSF.
- 2. PULL THROUGH SINGULAR PLANT FROM INLET TO OUTLET POINT BY FOUR INCH INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- 3. ON DESIGN INSTALLATION, FIRE CAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-NINETIC SYSTEM MOUNTING CASTING TO GRADE. INSPECTION COVER OR PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- 4. TANK REINFORCED PER ACI STD. 318.0L.
- 5. REMOVABLE COVERS ON RISERS ARE IN EXCESS OF SEVENTY-FIVE POUNDS SUCH TO PREVENT UNAUTHORIZED ACCESS.
- 6. CONTACT THE LOCAL LICENSED SINGULAR DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER APPROVAL: (NAME) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION: (NAME) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CRITICAL DIMENSIONS

1'-0"	30'-0"
2'-0"	60'-0"
3'-0"	90'-0"
4'-0"	120'-0"
5'-0"	150'-0"
6'-0"	180'-0"
7'-0"	210'-0"
8'-0"	240'-0"
9'-0"	270'-0"
10'-0"	300'-0"

10076690

DATE: 1-25-90

PROJECT: _____

ISSUED FOR: _____

BY: _____

SCALE: _____

NO. _____

TOTAL SHEETS: _____

DATE: _____

