

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): <u>Josh Wilson</u>	Operator Type:
Permittee Mailing Address: <u>PO Box 365</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Taylor</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71861</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>318-453-3322</u>	*State of Incorporation: _____
Permittee Fax Number: <u>N/A</u>	The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.
Permittee E-mail Address: <u>igetstuff@yahoo.com</u>	

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: Josh Wilson ATU Facility Contact Person: Josh Wilson
 Facility Address: 235 Columbia 21 Telephone Number: 318-453-3322
 Facility County: Columbia Facility City, State & Zip: Taylor, Ar. 71861
 Facility Latitude: 33 Deg 5 Min 33 Sec Datum Facility Longitude: 093 Deg 24 Min 43.2 Sec
 Accuracy: 20m Method: GPS : NAD83 Scale: N/A Description: Driveway

IV. DISCHARGE INFORMATION

Outfall Number: 1 Flow: 370 gpd (Gallons per Day)
 Stream Segment: 1A Hydrologic Basin Code: 11140203
 Outfall Latitude: 33 Deg 5 Min 34.44 Sec Datum Outfall Longitude: 093 Deg 24 Min 39.6 Sec
 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

- (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
- x JW (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."
- x JW (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: Josh Wilson Title: Homeowner
 Responsible Official Signature: [Signature] Date: 10-17-23
 Responsible Official Email: jgetstuff@yahoo.com
 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?
- Submittal of Required Permit Fee? Check Number: Private Homeowner
- Submittal of AHD Form EHP-19?
- Submittal of Site Map?
- Submittal Statement of Disclosure Statement? Private Homeowner

WATER DIVISION
 5301 NORTHSORE 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

November 14, 2023

Josh Wilson
235 Columbia 21
Taylor, AR 71861
Permit # 26281727

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 5.0 acres near 235 Columbia 21 Taylor, AR in Columbia 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
26281727

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 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 checked="" 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: JOSH WILSON
2. Phone Number: 318-453-3322

3. Mailing Address: PO BOX 365 TAYLOR, AR. 71861
4. County: COLUMBIA

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
235 COLUMBIA 21, TAYLOR, AR. 71861 (USE LAT/LONG TO LOCATE PROPERTY)

6. Subdivision Name: N/A
7. Approval Date: N/A
8. Date Recorded: N/A
9. Lot Number: N/A

10. Lot Dimensions: 383.89'x35.28'x29.08'x125.72'x327.65'x461.67'x512'
11. Total Area (Acres): 5.0 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 FO THE E1/2, SE1/4, NW1/4 OF SEC 17, T-19-S, R-22-W.

15. Water Supply (Specify supplier, if Public Water): DORCHEAT WATER UTILITY
16. GPS Coordinates: LAT: 33.093030 / LONG: -93.411290

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: N/A	gal	g. Trench Spacing: N/A	feet		
Percolation Test: (min/in)	c. Absorption Area: N/A	ft ²	h. Trench Media (List Below): NORWECO SINGULAIR GREEN/CL2		i. Trench Width: N/A in	
Primary Area Avg: N/A	d. Number of Field Lines: 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.

Designated Representative Signature: *Sheldon Hadley*
DESIGNATED REP: SHELDON HADLEY
Title: _____
Date: 10-17-23
Soil Certified: Yes No
Phone Number: 870-703-7165

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.
Signature: *David Gibson*
EHS Number: 331
Date: 26281727

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	5"	14"	33"	11"	22"	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	8"	20"	N/A	16"	N/A	LOW	NO LOAD		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	5"	in	DISSIMILAR COLORS ON PED SURFACE.						
Moderate	14"	in	CHROMA 2 ON <50% OF PED SURFACE.						
Long	33"	in	CHROMA 2 ON >50% OF PED SURFACE, CLAY>50%						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	8"	in	DISSIMILAR COLORS ON PED SURFACE.						
Moderate	20"	in	CHROMA 2 ON <50% OF PED SURFACE.						
Long	N/A	in	PIT DETH 24"						
Comments NEW CONSTRUCTION. SEVEN SOIL PITS EXCAVATED, NO SUITABLE SOILS FOUND. ATU DESIGN, DUE TO HOME PLACEMENT IN CENTER OF PROPERTY, REQUIRED WAIVER ON MINIMUM DISTANCE TO NORTH PROPERTY LINE AND DISTANCE TO HOME FROM POINT OF DISCHARGE. HOMEOWNER IS CONTEMPLATING THE PURCHASE OF AN ADDITIONAL 5 ACRES TO THE NORTH TO QUALIFY HIM TO BE EXEMPT FROM ON-SITE WASTEWATER PERMITTING.									

Part 2 Installation Inspection

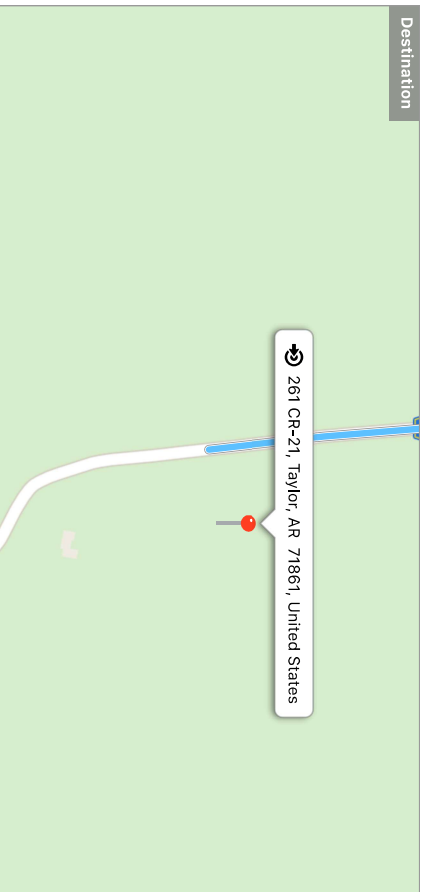
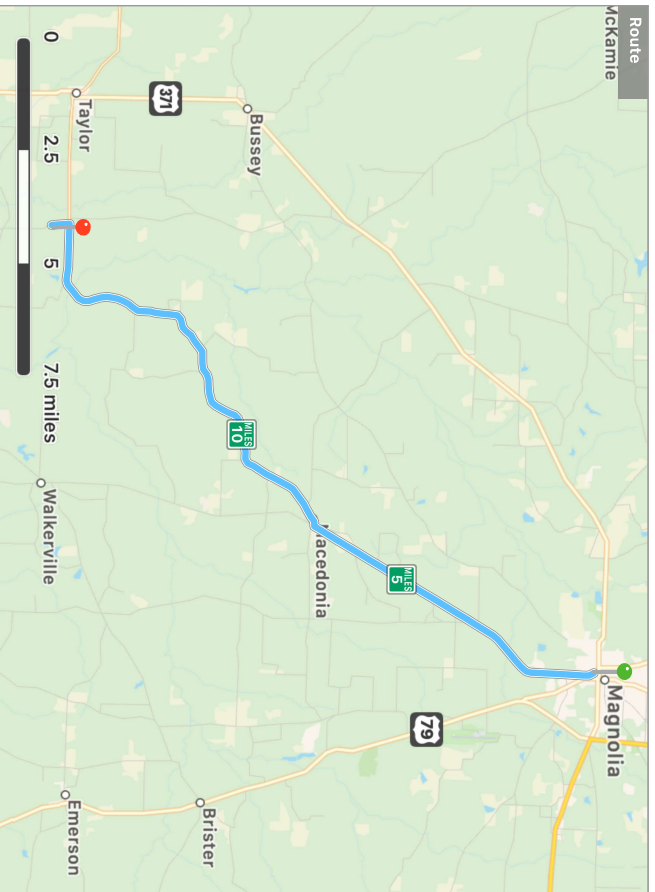
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer		License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input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

Route 261 CR-21, Taylor, AR 71861, United States

18 miles, 22 min



Route 207 S Jefferson St to 261 CR-21, Taylor, AR 71861, United States

18 miles, 22 min

- Start
207 S Jefferson St
- 0 MILES
Turn right onto W Calhoun
- 0.03 MILES
Turn right onto S Washington St
- 0.08 MILES
Turn right onto AR-160
- 7.2 miles
Turn left onto CR-21
- 10 miles
Turn left onto CR-21
- 0.4 miles
The destination is on your left

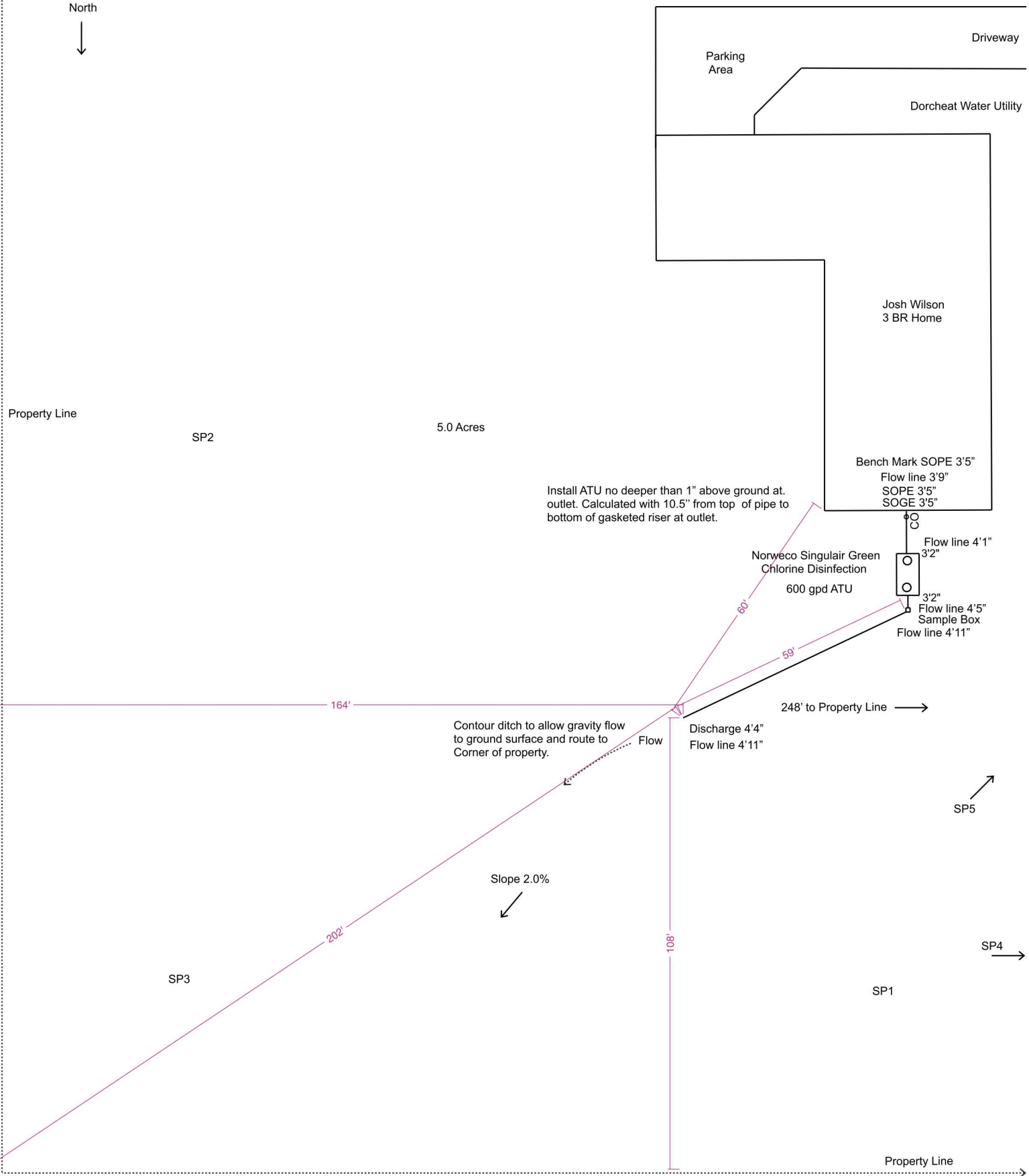
Scale 1"=30'
 BM - Bench Mark
 CO - Clean Out
 GE - Ground Elevation
 LL - Lateral Line
 PE - Pipe Elevation
 SO - Stub Out
 SP - Soil Pit
 ST - Septic Tank

North
 ↓

↑
 SP7

↑
 Neighboring Home

↗
 SP6



Install ATU no deeper than 1" above ground at outlet. Calculated with 10.5" from top of pipe to bottom of gasketed riser at outlet.

Contour ditch to allow gravity flow to ground surface and route to Corner of property.

Slope 2.0%
 ↓

Bench Mark SOPE 3'5"
 Flow line 3'9"
 SOPE 3'5"
 SOGE 3'5"

Norweco Singulair Green
 Chlorine Disinfection
 600 gpd ATU

Flow line 4'1" 3'2"
 3'2" Flow line 4'5" Sample Box
 Flow line 4'11"

Discharge 4'4"
 Flow line 4'11"

↗
 SP5

→
 SP4

SP1

SP3

SP2

5.0 Acres

Property Line

Property Line