ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY NOTICE OF INTENT

INDIVIDUAL TREATMENT FACILITIES

NPDES GENERAL PERMIT ARG550000

Application Type: New 🖂 Kenewa	1 [(Permit # ARG55)
I. PERMITTEE/OPERATOR INFORMATION	
Permittee (Legal Name): _Josh Wilson	Operator Type:
Permittee Mailing Address: PO Box 365	State Partnership
Permittee City: _Taylor	Federal Corporation*
Permittee State: Ar. Zip: 718	<u></u>
Permittee Telephone Number: 318-453-3322	
Permittee Fax Number: N/A	The legal name of the Permittee must be
Permittee E-mail Address: igetstuff@yahoo.com	identical to the name listed with the
II INVOICE MAILING INFORMATION (Home our over	ovomn4)
II. INVOICE MAILING INFORMATION (Home owners are	
Invoice Contact Person: N/A	City: N/A
Invoice Mailing Company: N/A	State: <u>N/A</u> Zip: <u>N/A</u>
Invoice Mailing Address: N/A	Telephone: N/A
III. FACILITY INFORMATION	
	ty Contact Person: Josh Wilson
Facility Address: 235 Columbia 21	elephone Number: <u>318-453-3322</u>
Facility County: Columbia Facility	City, State & Zip: Taylor, Ar. 71861
•	Longitude: 093 Deg 24 Min 43.2 Sec
Accuracy: 20m Method: GPS Datum : NAI	D83 Scale: N/A Description: Driveway
IV. DISCHARGE INFORMATION	
Outfall Number: 1	Flow: 370 gpd (Gallons per Day)
	gic Basin Code: 11140203
	Longitude: 093 Deg 24 Min 39.6 Sec
Accuracy: 20m Method: GPS : NAI	D83 Scale: N/A Description: Discharge
Type of Treatment: NORWECO Singulair Green CL2 dissinfects	
Receiving Stream: Red River	
V. FACILITY PERMIT INFORMATION	
NPDES Individual Permit Number (If Ap	plicable): AR00N/A
NPDES General Permit Number (If Ap	- / -
State Construction Permit	• /
NPDES General Construction Stormwater Permit Number (If Ar	plicable): ARR15N/A

WATER DIVISION 5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118 PHONE 501-682-0623 / FAX 501-682-0880

VI.	OTHER INFORMATION:										
	Operator Name:		Shele	don Hadley							
	Operator License Number:	E HE TINK		07836		L	icense	Class:	- 11		
	Consultant Contact Name:		N/A								
	Consultant Email Address:	4444	N/A					emile	-yarle	d with	Here -
	Consultant Address:		N/A_	City: _	N/A	Sta		N/A	THE STATE OF	Zip:	N/A_
	Consultant Phone Number:		N/A	1	Consultant	Fax N	umber:	-	N/A		
Has th	his treatment system been app	roved b	y AH	D? Yes X	No 🗌						
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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

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 Numbe	ır
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Part 1 Application STD = Standard Septic Tank ATU ISF = Intermittent Sand Filter RSF PMF = Proprietary Media Filter RSF OTH = Other (Describe) HLD Owner's/Applicant's Name OSH WILSON Mailing Address OBOX 365 TAYLOR, AR. 71861 Address of Proposed System (If a 911 Standard Septic Taylor AR. 71861 Address of Proposed System (If a 911 Standard Septic Taylor AR. 71861 Address of Proposed System (If a 911 Standard Septic Taylor AR. 71861 Address of Proposed System (If a 911 Address of Proposed	nt Type (ct = Aerobic Tre = Re-circulati = Re-circulati = Re-circulati = Holding Tar 1 address is 1 (USE LAT 461.67'x512 Attach a sep EC 17, T-19 Jublic Water) System Specize of Septicize of Dose	eatment Ping Sand Fing Sand Fing Gravelink s not avail 7. A N/A 11. 7 5.0 A parate she 0-S, R-22	ilable, at Filter If a LOC LOC pproval Total Araces and pa-W.	Alterati	ndard / face Dopping F ddirecti RTY) 8. E N/A 12. 3 ary) ordina 6030 /	Disposal Methodoscharge 2. Phone Numbor 318-453-3322 4. County COLUMBIA clons or map) Date Recorded # Bedrooms # Peo	PD = Low Pr HLD = Holding SRL = Serial I DRP = Drip Irr er 9. Lot N/A ple 13. Da 370	\$ 30.00 essure Distribu g Tank Distribution rigation Number ally Flow (GPC	lion
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utilize the designed individual onsite understand the layout, installation, m	proval of the does not coording to the deviations alidate a per ober of bedro wastewater	is permit constitute e Arkans noted in rmit more coms (nu r system	t, or if a a gual sas Dep the cor e than o imber of in this p	the informati trantee that the partment of H mments. A P one (1) year of of persons for permit applica	on with e systealth, ermit for d prior comme ion, is	thin this permit is in item will function pro Rules and Regulation for Construction is ver to the start of any concercial) and square for accurate. I have re	naccurate or hoperly. The apons Pertaining alid for one (1) onstruction. otage of the structure of the performance of the perf	as been four proval states to Onsite Wa year from the	nd to be that the stewate date of
Owner/Applicant Signature SEE ATT.	ACHED EH	P19-OPT	-A			Date			
 I certify that I have conducted the at Arkansas Department of Health Rule 							h the latest requ	uirements of t	ne
And the	15				DES	SIGNATED REP	Soil Certific	ed 🛚 Yes	□ No
Designated Representative Si	ignature		1		1	Title	11,000,000		Lanco (V)
SHELDON HA	ADLEY					10-17-23	0	70-703-7165	
Print Name						Date		hone Number	

Individual Onsite Wastewater System Permit Application

Receipt Number	

∷∩r	ntın	ue	Part	1

Continue Fait 1											
22. Soil Criteria (Primary Area)			a)	Indicate the depth to items a-f, if observed in the soil (designate in inches)							
a. Bedrock	b. BSW	/T	c. MSWT d. LSWT e. Adj. MSWT f. Adj. LSWT g. H.C./Depth h. Loading								
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	a. Bedrock b. BSWT c. MSWT		c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft²)			
N/A	8"		20"	N/A	16"	N/A	LOW	NO LOAD			
24. Seasona	Water T	able (S	SWT) Classes I	Detail							
Primary Area List Redoximorphic Features and/or Clay Content Restrictions						ns					
Brief 5	5"	in	DISSIMILAR	COLORS ON PE	D SURFACE.						
Moderate 1	4"	in	CHROMA 2	ON <50% OF PED	SURFACE.						
Long 3	3"	in	CHROMA 2	ON >50% OF PED	SURFACE, CLA	Y>50%					
Secondary Area List Redoximorphic Features and/or Clay Content Restrictions											
Brief 8" in DISSIMILAR COLORS ON PED SURFACE.											
Moderate 2	20"	in	CHROMA 2 ON <50% OF PED SURFACE.								
Long N	1/A	in	PIT DETH 24"								
Comments NEW CONSTRUCTION. SEVEN SOIL PITS EXCAVATED, NO SUITABLE SOILS FOUND. ATU DESIGN, DUE TO HOME PLACEMNENT 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 PERMITING.											

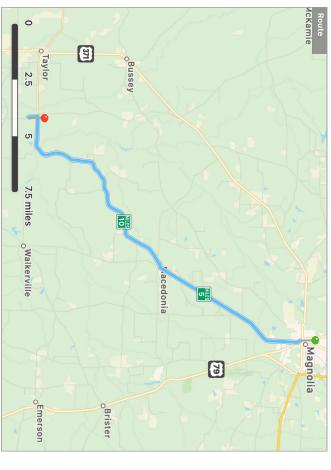
Part 2 Installation Inspection

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 Environmental Health Specialist (check one or installer signs System Installation Verification below)	Designated Representative			
Signature	EHS / License Number	 Date		
System Installation Verification I have installed this system as designed and in compliance with all Rules a	nd Regulations Pertaining to Onsite Wa	astewater Systems.		
Installer Signature	License Number	Date		

Part 3 Permit for Operation			
	nd 2 of this form has been reviewed and found	to meet the requirements of the A	Arkansas Department of
Health. THE PERMIT FOR OPERATI	ON of this system is hereby issued.		
Environmental Health Specialist			
	Signature	EHS Number	Date
Comments			
Site Revalidation conducted by	 Environmental Health Specialist 	□ Designated Repre	sentative
(check one)		-	
Signature	·	EHS / License Number	Date



18 miles, 22 min



MILES 17

0.4 miles

The destination is on your left

