

**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): Alex King      Operator Type:  
Permittee Mailing Address: 406 Union 188       State       Partnership  
Permittee City: El Dorado       Federal       Corporation\*  
Permittee State: Ar.      Zip: 71730      X  Sole Proprietorship/Private  
Permittee Telephone Number: 870-315-1937      \*State of Incorporation: \_\_\_\_\_  
Permittee Fax Number: N/A      The legal name of the Permittee must be  
Permittee E-mail Address: Alexking3368@ gmail.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: Alex King ATU      Facility Contact Person: Alex King  
Facility Address: 406 union 188      Telephone Number: 870-3155-1937  
Facility County: Union      Facility City, State & Zip: El Dorado, Ar. 71730  
Facility Latitude: 33 Deg 10 Min 19.9194 Sec      Facility Longitude: 093 Deg 34 Min 9.84 Sec  
Datum  
Accuracy: 20m      Method: GPS      : NAD83      Scale: N/A      Description: Driveway

**IV. DISCHARGE INFORMATION**

Outfall Number: 1      Flow: 370 gpd (Gallons per Day)  
Stream Segment: 2D      Hydrologic Basin Code: 8040202  
Outfall Latitude: 33 Deg 10 Min 19.9194 Sec      Outfall Longitude: 093 Deg 34 Min 8.4 Sec  
Datum  
Accuracy: 20m      Method: GPS      : NAD83      Scale: N/A      Description: Discharge  
Type of Treatment: NORWECO Singulair Green CL2 disinfection  
Receiving Stream: Uuachita 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

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: 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.adeg.state.ar.us/disclosure\\_stmt.pdf](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."

AK (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."

AK (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: Alex King Title: Home owner  
Responsible Official Signature: Alex King Date: 3-11-24  
Responsible Official Email: Alexking3368@gmail.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.adeg.state.ar.us](http://www.adeg.state.ar.us)



# Arkansas Department of Health

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4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

March 21, 2024

Alex King  
406 Union 188  
El Dorado, AR 71730  
Permit # 26606668

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 13.96 acres near 406 Union 188, El Dorado, Arkansas in Union 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  
**26606668**

**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 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)**

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

1. Owner's/Applicant's Name  
ALEX KING

2. Phone Number  
870-315-1937

3. Mailing Address  
406 UNION 188, EL DORADO, AR. 71730

4. County  
UNION

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
406 UNION 188, EL DORADO, AR. 71730

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
APRX 750'X830'X200'280'

11. Total Area (Acres)  
3 TRACTS 13.96 AC

12. # Bedrooms # People  
2

13. Daily Flow (GPD)  
270

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
PRT OF THE SW1/4, NE1/4 OD SEC. 8, T-18-S, R-14-W.

15. Water Supply (Specify supplier, if Public Water)  
EL DORADO WATER UTILITY

16. GPS Coordinates  
LAT: 33.172580 / LONG: -92.568970

17. Loading Rates (gpd/ft <sup>2</sup> )	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 <sup>2</sup>	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		NORWECO SINGULAIR GREEN		N/A in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft	NORWECO SINGULAIR GREEN		N/A in

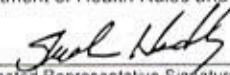
**TO THE OWNER**

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 \_\_\_\_\_

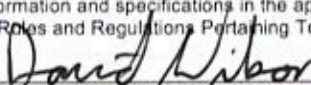
20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.

  
 Designated Representative Signature
 DESIGNATED REP
Soil Certified  Yes  No

Title
3-12-24
870-703-7165

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.

  
 Environmental Specialist Signature
 331
3-21-24

EHS Number
Date

**Individual Onsite Wastewater System Permit Application**

Receipt Number
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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	0"	4"	19"	3"	11"	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 <sup>2</sup> )		
N/A	0"	5"	33"	3"	18"	LOW	NO LOAD		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	0"	in	DISSIMILAR COLORS ON PED.						
Moderate	4"	in	CLAY >35%						
Long	19"	in	CHROMA 2 >50%, CLAY >50%						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	0"	in	DISSIMILAR COLORS ON PED.						
Moderate	5"	in	CLAY >35%						
Long	33"	in	CHROMA 2 >50%, CLAY >50%						
Comments NEW CONSTRUCTION. 5 SOIL PITS EXCAVATED. PROPERTY IS 3 TRACTS TOTALING 13.96 ACRES AND MOSTLY OVERGROWN PINE TIMBER WITH THICK UNDERSTORY. SECOND HOME ON PROPERTY. PROPERTY LINES SHOWN TO ME BY ALEX KING AND ARIZONA ROBINSON (NEIGHBOR). DISTANCES FROM DISCHARGE WAS MEASURED USING ON-X APPLICATION.									

**Part 2 Installation Inspection**

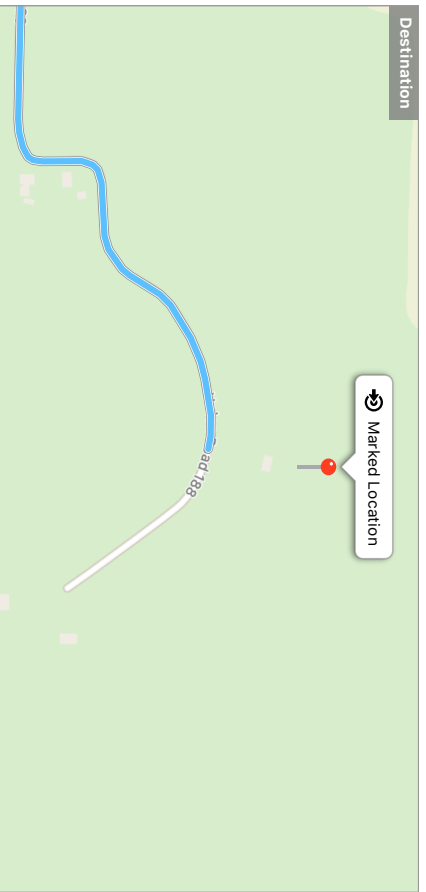
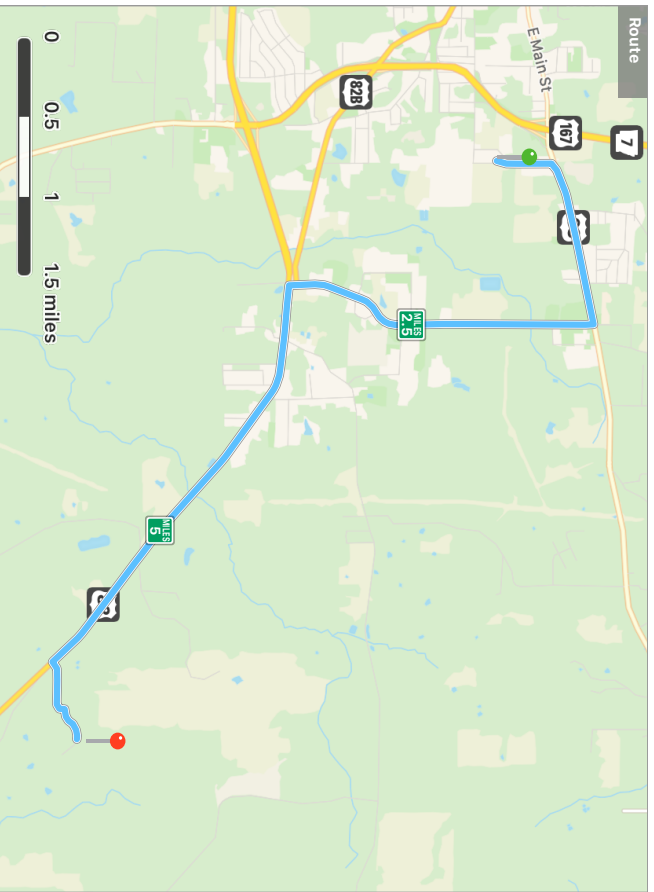
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer		License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input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

 **Marked Location**

6.7 miles, 13 min



 **301 American Rd to Marked Location**

6.7 miles, 13 min

-  **Start**  
301 American Rd
-  **0** miles  
250 feet  
Turn left onto American Rd
-  **0.04** miles  
0.3 miles  
Turn right onto E Main St
-  **0.38** miles  
1.0 miles  
Turn right onto Industrial Rd
-  **1.41** miles  
2.0 miles  
Turn left onto Strong Hwy
-  **3.37** miles  
2.8 miles  
Turn left onto Union Road 188
-  **6.19** miles  
0.6 miles  
The destination is on your left

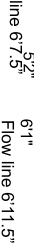
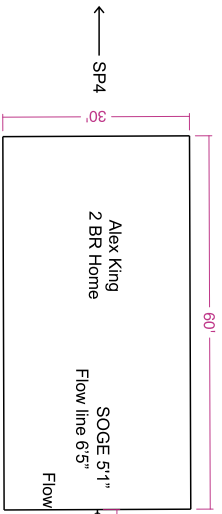
- Scale 1"=30'
- BM - Bench Mark
- CO - Clean Out
- GE - Ground Elevation
- LL - Lateral Line
- PE - Pipe Elevation
- SO - Stub Out
- SP - Soil Pit
- ST - Septic Tank

SP3



SP1

Normeco Singular Green  
Chlorine Disinfection  
600 gpd ATU

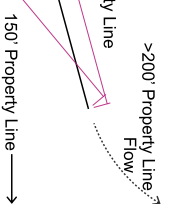


SP2

>Slope 7.3% →

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

Unable to get shot at discharge.  
>15' fall to Discharge



Distances measured with On-X App.

300'

205'

3 Tracts  
13.96 Acres

El Dorado Water Utility

Parking  
Area

Driveway

Existing Home

SP5

