

**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>Rayla Russell</u>	Operator Type:
Permittee Mailing Address: <u>28 Lafayette 266</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Stamps</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71860</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-953-1974</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>raylaprice@gmail.com</u>	

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

Invoice Contact Person: <u>N/A</u>	City: <u>N/A</u>
Invoice Mailing Company: <u>N/A</u>	State: <u>N/A</u> Zip: <u>N/A</u>
Invoice Mailing Address: <u>N/A</u>	Telephone: <u>N/A</u>

III. FACILITY INFORMATION

Facility Name: <u>Rayla Russell ATU</u>	Facility Contact Person: <u>Rayla Russell</u>
Facility Address: <u>28 Lafayette 266</u>	Telephone Number: <u>870-953-1974</u>
Facility County: <u>Lafayette</u>	Facility City, State & Zip: <u>Stamps, Ar. 71860</u>
Facility Latitude: <u>33 Deg 21 Min 51.48 Sec</u>	Facility Longitude: <u>-94 Deg 27 Min 46.44 Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Driveway</u>

IV. DISCHARGE INFORMATION

Outfall Number: <u>1</u>	Flow: <u>370</u> gpd (Gallons per Day)
Stream Segment: <u>1A</u>	Hydrologic Basin Code: <u>11140205</u>
Outfall Latitude: <u>33 Deg 21 Min 51.56 Sec</u>	Outfall Longitude: <u>-93 Deg 27 Min 46.08 Sec</u>
Datum	
Accuracy: <u>20m</u> Method: <u>GPS</u>	: <u>NAD83</u> Scale: <u>N/A</u> Description: <u>Discharge</u>
Type of Treatment: <u>NORWECO Singulair Green CL2 disinfection</u>	
Receiving Stream: <u>Red River</u>	

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): <u>AR00N/A</u>	
NPDES General Permit Number (If Applicable): <u>ARG550000</u>	
State Construction Permit Number: <u>N/A</u>	
NPDES General Construction Stormwater Permit Number (If Applicable): <u>ARR15N/A</u>	

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.adeq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

SH (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
SH (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."
SH (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: Rayla Russell Title: Homeowner
Responsible Official Signature: [Signature] Date: 4-2-24
Responsible Official Email: raylaprice@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

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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, Secretary of Health

Jennifer Dillaha, MD, Director

April 16, 2024

Rayla Russell
28 Lafayette 266
Stamps, AR 71860
Permit # 26654116

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 0.85 acres near 28 Lafayette 266 Stamps, Arkansas in Lafayette 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
ONSITE WASTEWATER PROGRAM WAIVER REQUEST**

PART 1: To be completed by the Environmental Specialist requesting the waiver.	
Name of Permit Applicant	Permit Receipt Number
Rayla Russell	26654116
Location of Property	County
28 Lafayette 266 Stamps, AR 71860	Lafayette
Environmental Health Specialist Requesting Waiver	Environmental Program Specialist
David Wilson 331	David Wilson 331
Justification (must reference applicable section of Act 402 or onsite regulation)	
<p>9.8.1. The lot size for a surface discharging system shall be 3 acres or greater.</p> <p>9.8.3. The point of discharge shall be 150 feet or greater from any adjacent property line not in the direction of horizontal flow.</p> <p>9.8.4. The point of discharge shall be 200 feet or greater from any property line in the direction of flow on sites exhibiting slopes of 12% or less.</p> <p>9.8.5. The point of discharge shall be 100 feet or greater from the dwelling or building served by the surface discharging system.</p> <p>This is a repair permit and no suitable soil for standard system.</p>	
Attach a copy of the permit application, plan drawing, and vicinity map.	
PART 2: To be completed by the Environmental Section staff member reviewing the waiver request.	
Disposition:	<input checked="" type="checkbox"/> Waiver granted <input type="checkbox"/> Waiver NOT granted
Justification:	
<p>Repair soil unsuitable for subsurface disposal</p>	
<div style="display: flex; justify-content: space-between;"> <div>Onsite Wastewater Section Chief/ Designee</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>4-16-24</div> </div>	



Arkansas Department of Health
Environmental Health Protection

Receipt Number

26654116

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

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 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 checked="" type="checkbox"/>

Part 1 Application

Treatment Type (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

Disposal Method (check one)

- ☐ 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
RAYLA RUSSELL

2. Phone Number
870-953-1974

3. Mailing Address
28 LAFAYETTE 266, STAMPS, AR. 71860

4. County
LAFAYETTE

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
28 LAFAYETTE 266, STAMPS, AR. 71860

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
200'X185'

11. Total Area (Acres)
0.85 ACRES

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
S1/2, NE1/4, SE1/4 OF SEC. 10, T-16-S, R-23-W.

15. Water Supply (Specify supplier, if Public Water)
STAMPS CITY WATER

16. GPS Coordinates
LAT: 33.364010 / LONG: -93.462480

17. Loading Rates (gpd/ft²)

18. System Specifications

Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	REPAIR	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)		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

SHELDON HADLEY

4-2-24

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

EHS Number

Date

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	10"	26"	N/A	21"	N/A	MOD	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	N/A	N/A	N/A	N/A	N/A	N/A	REPAIR
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	10"	in	DISSIMILAR COLORS ON PED.				
Moderate	26"	in	CHROMA 2 ON <50% OF PED.				
Long	N/A	in	N/A				
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	N/A	in	REPAIR				
Moderate	N/A	in	REPAIR				
Long	N/A	in	REPAIR				
Comments SMALL FRONT YARD WITH EXISTING ABSOPTION AREA. BACK YARD IS FULL OF UTILITIES AND FILL WITH WET WEATHER DRAIN AND FLOOD BASIN IN REAR. SOIL PIT EXCAVATED IN FRONT YARD HIT TOP OF GRAVEL ABSORPTION LINE AT 29". ATU WAS ONLY PRACTICAL SOLUTION FOR THIS REPAIR.							

Part 2 Installation Inspection

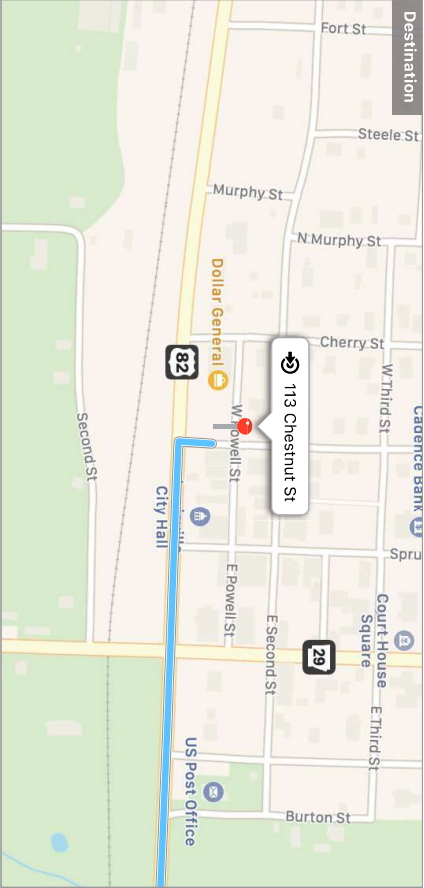
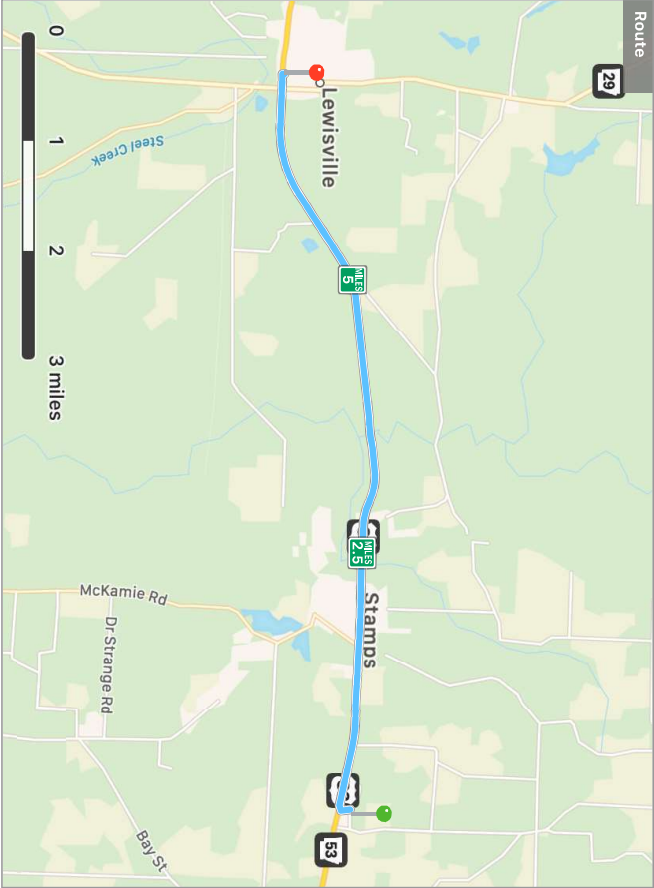
Septic tank manufacturer	Pump information
Septic tank material	Trench media and width
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill
Name of Installer	License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/>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

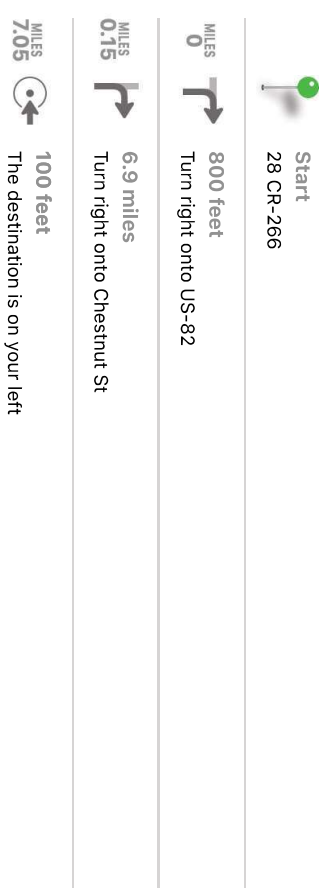
28 CR-266 to 113 Chestnut St

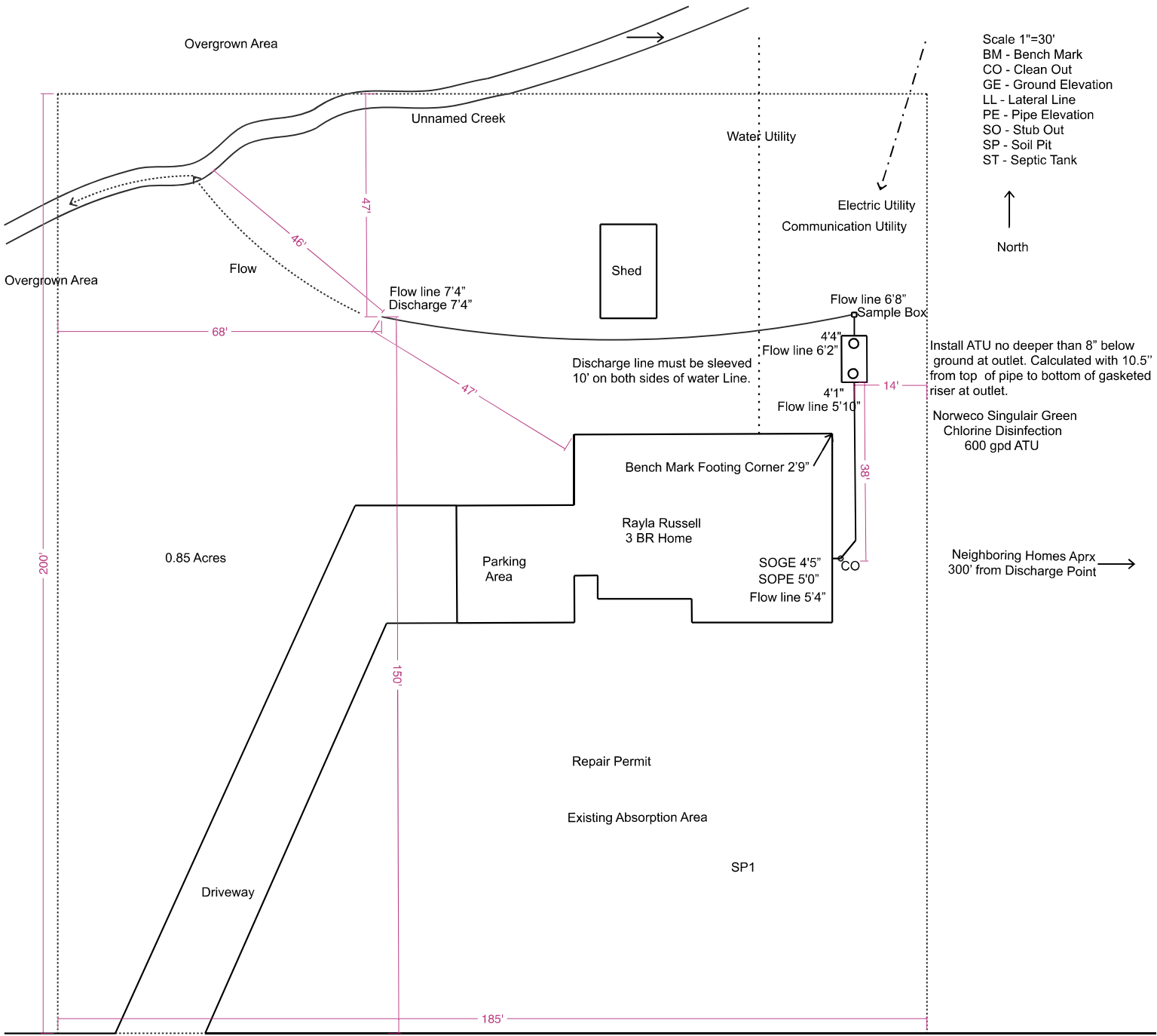
7.1 miles, 10 min



28 CR-266 to 113 Chestnut St

7.1 miles, 10 min





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



Install ATU no deeper than 8" below ground at outlet. Calculated with 10.5" from top of pipe to bottom of gasketed riser at outlet.

Norweco Singulair Green Chlorine Disinfection 600 gpd ATU