

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>Lane Jester</u>	Operator Type:
Permittee Mailing Address: <u>4606 Hwy 67-S</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Gurdon</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71843</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-403-4438</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>lanejester13@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>Lane Jester ATU</u>	Facility Contact Person: <u>Lane Jester</u>
Facility Address: <u>4606 Hwy 67-S</u>	Telephone Number: <u>870-403-4438</u>
Facility County: <u>Clark</u>	Facility City, State & Zip: <u>Gurdon, Ar. 71843</u>
Facility Latitude: <u>33 Deg 59 Min 42.36 Sec</u>	Facility Longitude: <u>-93 Deg 7 Min 1.2 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>2G</u>	Hydrologic Basin Code: <u>8040103</u>
Outfall Latitude: <u>33 Deg 59 Min 41.1354 Sec</u>	Outfall Longitude: <u>-93 Deg 6 Min 57.5994 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>Ouachita</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.adcq.state.ar.us/disclosure_stmt.pdf.

VII. CERTIFICATION OF OPERATOR

- N/A (Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
☒ N/A (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."
☒ LS (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: H Lane Jester Title: Home Owner
Responsible Official Signature: H Lane Jester Date: 4/16/24
Responsible Official Email: lanejester13@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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Check Number: <u>Private Home Owner</u>
Submittal of AHD Form EHP-19?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Private Home Owner

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5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adcq.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, Secretary of Health

Jennifer Dillaha, MD, Director

April 29, 2024

Lane Jester
4606 Hwy 67-S
Gurdon, AR 71743
Permit # 26691168

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 1.97 acres near 4606 Hwy 67-S Gurdon, Arkansas in Clark 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.

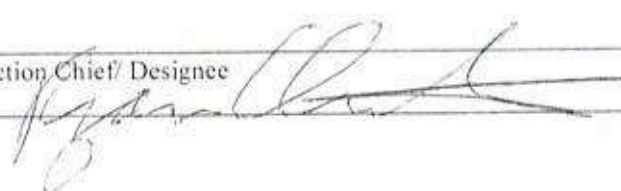
This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the 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
Lane Jester	26691168
Location of Property	County
4606 Hwy 67-S, Gurdon, AR	Clark
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>9.8.2. The point of discharge shall be 300 feet or greater from any adjacent dwelling or commercial establishment.</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>This is a repair permit and no suitable soil for standard system.</p> <p style="text-align: center;">Attach a copy of the permit application, plan drawing, and vicinity map.</p>	
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:	Repair unsuitable soil for subsurface disposal
Onsite Wastewater Section Chief/ Designee	Date
	4-25-24



Arkansas Department of Health
Environmental Health Protection

Receipt Number

26691168

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 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)

Disposal Method (check one)

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

1. Owner's/Applicant's Name
LANE JESTER

2. Phone Number
870-403-4438

3. Mailing Address
4606 HWY 67-S, GURDON, AR. 71743

4. County
CLARK

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
4606 HWY 67-S, GURDON, AR. 71743

6. Subdivision Name
CUTLER DIVISION

7. Approval Date
1901

8. Date Recorded
1901

9. Lot Number
6

10. Lot Dimensions
75.25X400X190X416

11. Total Area (Acres)
1.97 ACRES

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
NE1/4, SW1/4 SEC. 3, T-8-S, R-20-W.

15. Water Supply (Specify supplier, if Public Water)
CLARK CO RURAL WATER

16. GPS Coordinates
LAT: 33.994840 / LONG: 93.116170

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	300 MIN	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.

Sheldon Hadley
Designated Representative Signature

DESIGNATED REP

Soil Certified ☒ Yes ☐ No

SHELDON HADLEY

Title

Print Name

4-16-24
Date

870-703-7165
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.

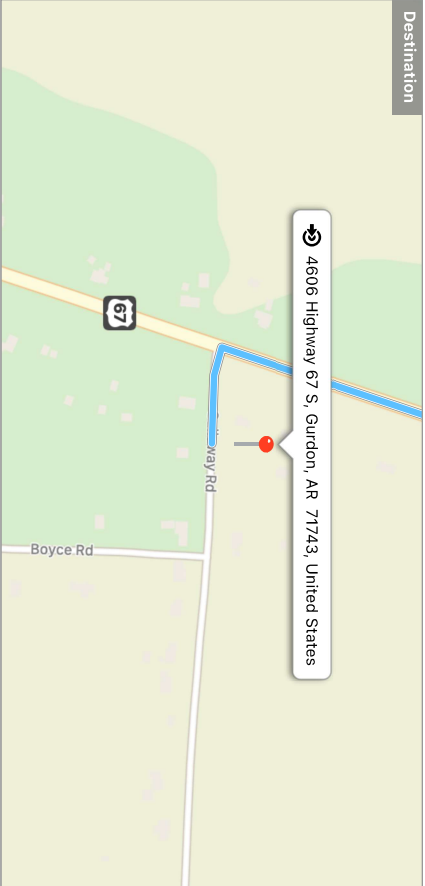
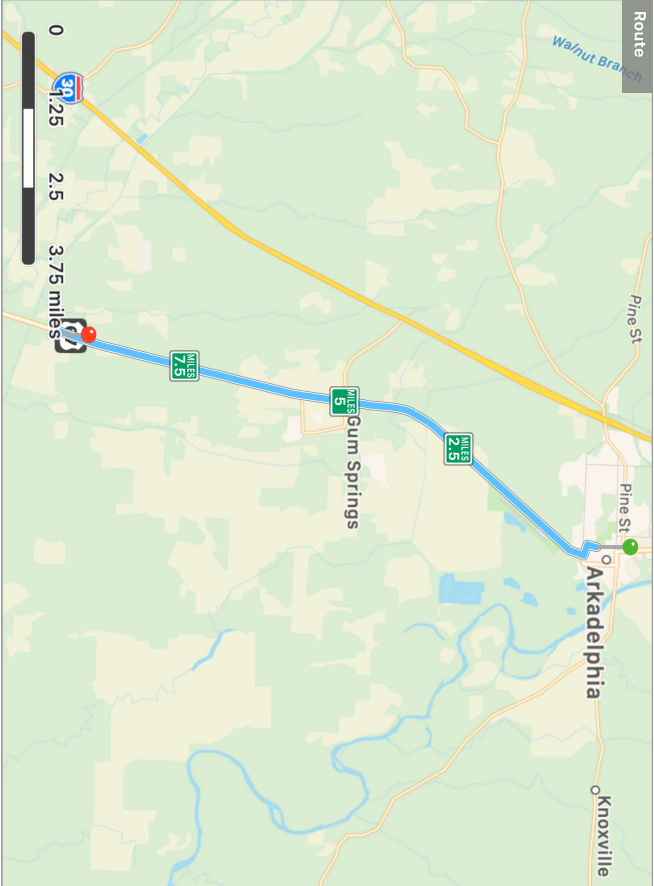
David Wilson
Environmental Specialist Signature

331
EHS Number

4-29-24
Date

 4606 Highway 67 S, Gurdon, AR 71743, United States

9.7 miles, 12 min



 4606 Highway 67 S, Gurdon, AR 71743, United States

9.7 miles, 12 min



Surrounded by Neighboring Homes

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

discharge to gravel bed
from previous placement
of an above ground pool.

150' to Property Line

Discharge 6'4"
Flow line 6'4"

SP1

350' to Property Line

Flow

Shed

Slope 0.0%

2" SCH 40 PVC

Property Line

Fence

1.97 Acres

See attached
Pump specs.

300 Gallon min pump tank
or Norweco Integrated Tank
Pump tank must
have manhole riser
to ground surface.

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

Norweco Singulair Green
Chlprine Disinfection
600 gpd ATU

Bench Mark SE
porch corner 4'8"

Pump 6'9"
6'9"

CO 6'6"

SOGE 6'6"

Lane Jester
3 BR Home

Parking
Area

← Water Utility

Driveway

Driveway

Gas Utility

↑
Callaway Rd.
↓

Surrounded by
Neighboring Homes