

Nancy Koon (adpce.ad)

From: Sheldon Hadley <sheldon.hadley@me.com>
Sent: Monday, May 20, 2024 3:33 PM
To: Water Permit Application
Cc: David Wilson; Kim Griffith
Subject: Stan Harrison ATU NOI
Attachments: NOTICE OF INTENT.pdf; ATT00001.htm; PastedGraphic-1.png; ATT00002.htm

Please see attached NOI for Stan Harrison ATU in Calhoun Co. Arkansas.
Thanks

**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>Stan Harrison</u>	Operator Type:
Permittee Mailing Address: <u>1032 Calhoun 2</u>	<input type="checkbox"/> State <input type="checkbox"/> Partnership
Permittee City: <u>Camden</u>	<input type="checkbox"/> Federal <input type="checkbox"/> Corporation*
Permittee State: <u>Ar.</u> Zip: <u>71701</u>	X <input type="checkbox"/> Sole Proprietorship/Private
Permittee Telephone Number: <u>870-675-6639</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>Stanleyharrison1964@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>Stan Harrison ATU</u>	Facility Contact Person: <u>Stan Harrison</u>
Facility Address: <u>1850 Calhoun 271</u>	Telephone Number: <u>870-675-6639</u>
Facility County: <u>Calhoun</u>	Facility City, State & Zip: <u>Camden, Ar. 71701</u>
Facility Latitude: <u>33 Deg 33 Min 19.8354 Sec</u>	Facility Longitude: <u>-92 Deg 41 Min 41.8554 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 gpd (Gallons per Day)</u>
Stream Segment: <u>2D</u>	Hydrologic Basin Code: <u>8040201</u>
Outfall Latitude: <u>33 Deg 59 Min 41.1354 Sec</u>	Outfall Longitude: <u>-92 Deg 41 Min 40.704 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>Calhoun</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 NORTHSORE 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.

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."

* SH 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."

* 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: STAN HARRISON Title: Home Owner

* Responsible Official Signature: [Signature] Date: 4-23-24

* Responsible Official Email: STANLEY.HARRISON

Cognizant Official Printed Name: N/A 1964 @ G mail .com 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 Home Owner

Submittal of AHD Form EHP-19? ☒ ☐

Submittal of Site Map? ☒ ☐

Submittal of Disclosure Statement? ☐ ☒ Private Home Owner

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeg.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

May 2, 2024

Stan Harrison

Across Rd from 1032 Calhoun 2 (33.555900, -92.694790)

Camden, AR 71701

Permit # 26704981

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 7.79 acres near 1032 Calhoun 2 Camden, Arkansas (33.555900, -92.694790) in Calhoun 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

26704981

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 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)

- ☐ 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
STAN HARRISON

2. Phone Number
870-675-6639

3. Mailing Address
1032 CALHOUN 2, CAMDEN, AR. 71701

4. County
CALHOUN

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
ACROSS FROM 1032 CALHOUN 2, CAMDEN, AR. 71701

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
APPROX 440'X700

11. Total Area (Acres)
7.79

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 SE1/4, NE1/4 OF SEC. 36, T-13-S, R-16-W

15. Water Supply (Specify supplier, if Public Water)
LOCUST BAYOU WATER UTILITY

16. GPS Coordinates
LAT: 33.555900 / LONG: -92.694790

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	NOLOAD	b. Size of Dose Tank	ATU	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 CL2	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

DESIGNATED REP

Soil Certified ☒ Yes ☐ No

SHELDON HADLEY

Title

4-23-24

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	0"	24"	N/A	16"	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	0"	13"	N/A	9"	N/A	MOD	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	24"	in	CHROMA 2 ON <50% OF PED.				
Long	N/A	in	N/A				
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	0"	in	DISSIMILAR COLORS ON PED.				
Moderate	13"	in	CHROA 2 ON <50% OF PED.				
Long	N/A	in	N/A				
Comments NEW CONSTRUCTION. AREA <3% SLOPE. MULTIPLE SOIL PITS EXCAVATED, NO SUITABLE SOILS WERE FOUND.							

Part 2 Installation Inspection

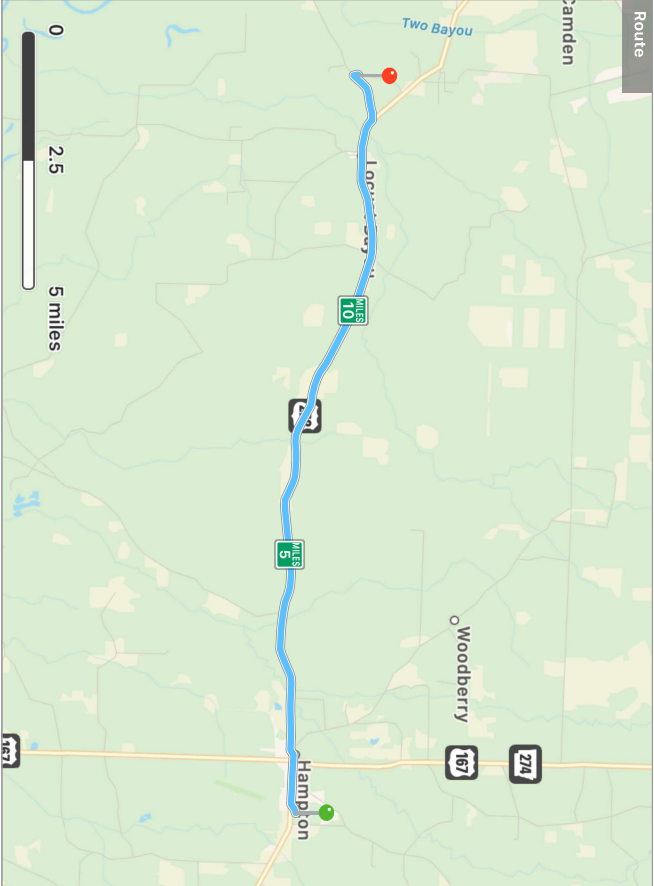
Septic tank manufacturer	Pump information	
Septic tank material	Trench media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled fill	
Name of Installer		License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input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

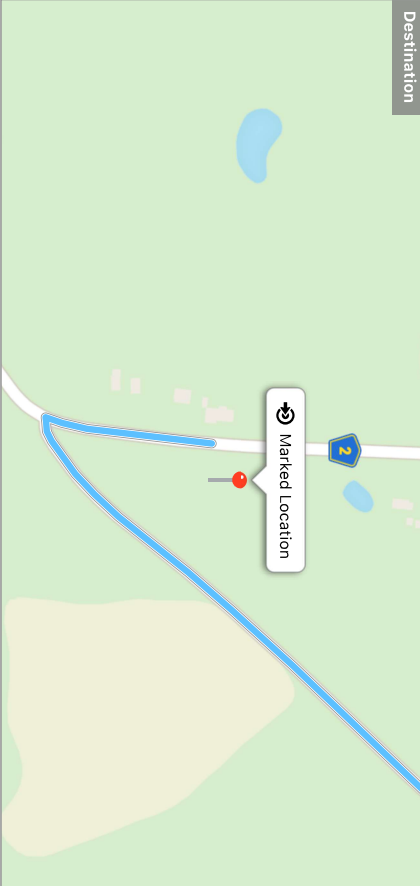
Map icon **Marked Location**

15 miles, 20 min



Map icon **1119 Prestress Dr to Marked Location**

15 miles, 20 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

Calhoun 271

North

SP4

Parking Area

Driveway

SP3

Area flagged for absorption lines but 3% minimum slope for curtain drain is not present.

Stan Harrison
3 BR Home

Flow line 4.3"
SOGE 4.2"

CO

SP 2

Norweco Singular Green
Chlorine Disinfection
600 gpd ATU

Flow line 4.6"
4.2"

4.0"

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SP1

7.79 Acres

Slope

↑

205' to
Property line

Discharge 5'8"
Flow line 5'8"

Flow

↓

Existing Home
>300' from Discharge

↑

226' to Road

↑

Bench Mark on Utility Pole 0.0"

↑

175'