



# ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.21

(Submission #: HQ4-0S1D-SCS06, version 1)

## Details

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**Submission ID** HQ4-0S1D-SCS06

## Form Input

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### Type of Permit Application

**Permit Type**

ARG550000 - Individual Treatment System for Domestic Waste

**Is this permit for an individual homeowner?**

Yes

**Initial Fee (in dollars)**

0

**Total Fee due with Application (in dollars)**

0

### ARG550000: Specific Information

**Exclusions**

Please note that the following discharges are excluded from coverage under the ARG550000 general permit:

1. Systems with multiple discharges,
2. Facilities requiring financial assurance in accordance with Arkansas Code Annotated 8-4-203(b), and
3. Discharges that include non-domestic waste

**I certify that to the best of my knowledge, this facility is not subject to the exclusions listed above.**

Yes

**Other Exclusions**

In addition to the above exclusion, waterbody-specific exclusions and/or other exclusions may be applicable.

See the permit for details:

<https://www.adeq.state.ar.us/downloads/WebDatabases/PermitsOnline/NPDES/Permits/ARG550000.pdf>

The Aquaview application may be useful if you wish to check the status of receiving waters for the facility:

<https://arkansasdeq.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15>

**Site Map**

Please attach a site map that shows the following:

1. Entrance/driveway of the facility/residence,

2. Location of the treatment system, and
3. Location of the outfall

### Site Map

Donaldson NOI image.jpg - 05/30/2024 12:19 PM

#### Comment

NONE PROVIDED

### Please attach approval from the Arkansas Department of Health (typically the EHP-19 form)

Donaldson\_Robert\_Highway 35 N\_ATU\_Approved.pdf - 05/30/2024 12:22 PM

#### Comment

NONE PROVIDED

## Permittee Information

### AFIN (Enter if available)

NONE PROVIDED

### Permittee (Legal Name)

The permittee means any person (an individual, association, partnership, corporation (i.e. LLC or Inc.), municipality, state, or federal agency) who has the primary management and ultimate decision-making responsibility over the operation of a facility or activity.

For individual homeowners, the permittee must be the name of the homeowner or homeowners, e.g. "Jane Doe" or "John and Jane Doe"

For corporations, the permittee legal name must be an EXACT MATCH with the Arkansas Secretary of State (including all punctuation). Below is a link to verify the match:

[Arkansas Secretary of State](#)

### Permittee (Legal Name)

Robert & M'Leah Donaldson

### Permittee Type

Individual Homeowner

### Permittee Mailing Information

#### Prefix

Mr.

#### First Name

Robert

#### Middle Name

NONE PROVIDED

#### Last Name

Donaldson

#### Title

Homeowner

#### Phone Type

Mobile

#### Number

501-912-5563

#### Extension

#### Email

bobbydonaldson1964@att.net

#### Address

9597 Hwy 35 N

Sheridan, AR 72150

### Is the invoice address the same as the mailing address for permit documents?

Yes

### Is there an active consultant for this facility?

Yes

## Consultant Information

### Prefix

Mr.

### First Name

David

### Middle Name

NONE PROVIDED

### Last Name

Meints

### Title

Class III Operator

### Consulting Firm Name

Meinco Wastewater

### Phone Type

Business

### Number

5018213837

### Extension

### Email

david@meincowastewater.com

### Address

3000 Sparks Road

Alexander, AR 72002

United States

## Facility/Site Information

### Facility/Site Name

Donaldson Residence

### Location of the Facility/Site

Please provide the 911 address if available. If a 911 address is not available, please provide a description of the site location (e.g. 0.5 miles north of intersection of A Street and B Street).

## Facility/ Site Information

### Facility/Site Contact

### Prefix

Mr.

### First Name

Robert

### Middle Name

NONE PROVIDED

### Last Name

Donaldson

### Title

Homeowner

### Phone Type

Mobile

### Number

501-912-5563

### Extension

### Email

bobbydonaldson1964@att.net

### Facility/Site Address

9597 Hwy 35 N

Sheridan, AR 72150

### Facility County (if the facility/site is in multiple counties, choose "other" and explain)

Grant

### Coordinates of the Facility/Site Entrance. This should be the driveway or front gate for most facilities, or the location of the project trailer/other local staging point for hydrostatic testing

34.4035306,92.48521666666667

### Common SIC & NAICS Codes

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320

Facility Type	SIC Code	NAICS Code
Solid Waste Landfill	4953	562212
Construction Sand and Gravel	1442	212321
Crushed and Broken Limestone	1422	212321
Crushed and Broken Stone, Not Elsewhere Classified	1429	212319
Water Supply	4941	221310
Carwashes	7542	811192

For other SIC and NAICS codes, you can search the following website:

<https://www.naics.com/search/>

#### Primary SIC Code

4952

#### Primary NAICS Code

221320

#### Other applicable SIC codes and/or NAICS codes

NA

Permit Numbers and/or names of any permits issued by DEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation

Permit Name	Permit Number	Held By
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Licensed Wastewater Operator(s) (if applicable). ARG55 coverage requires a Class II Municipal or higher license. ARG64 coverage requires a Class I Municipal or Basic Industrial, or higher license. ARG16 and ARG79 coverage requires a Basic Industrial or higher license or higher. ARG67 coverage does not require a licensed operator. Other ARG coverage may or may not require a licensed operator depending on the type of treatment, see the permits for details.

Operator Name	License Number	Municipal License Class	Industrial License Class
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## Discharge/Outfall Information

### Receiving Stream Information

Below is a link the DEQs AquaView Mapping Tool that may be useful for receiving stream information and ultimate receiving stream information. You can also check for special waterbody designations and impairments that could exclude discharges from coverage under a general permit.

[Aquaview](#)

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36°12'34.56", 92°12'34.56") that you need to convert?

Yes

Latitude/Longitude Converter - this can be used to create decimal coordinates from Degree/Minute/Second Coordinates

Lat. Degrees	Lat. Minutes	Lat. Seconds	" N	Long. Degrees	Long. Minutes	Long. Seconds	" W	Decimal Latitude	Decimal Longitude
34	24	10.46	" N	92	29	11.71	" W	34.402906	-92.486586

### Outfall Information

Outfall Number	Latitude	Longitude	Estimated Flow - Please include units, such as MGD or GPD	Effluent Description	Name of Receiving Stream (i.e. an unnamed tributary of Mill Creek, thence into Mill Creek, thence into the Arkansas River)	Type of Treatment System (Include all components of the treatment system. Can be "none" if no treatment is used)	Coordinates Check
001	34.402906	-92.486586	350 gpd	treated sanitary wastewater	Ouachita River	Noreco Singlair 960 w/ post aeration and UV disinfection	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

## Responsible and Cognizant Official Information

### Cognizant Official (duly authorized representative)

40 CFR 122.22(b) states that all reports required by the permit, or other information requested by the Director, shall be signed by the applicant (or person authorized by the applicant) or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) the authorization is made in writing by the applicant (or person authorized by the applicant);
- (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity responsibility, or an individual or position having overall responsibility for environmental matters for the company.

### Cognizant Official Designation

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

### Cognizant Official

#### Prefix

Mr.

#### First Name

David

#### Middle Name

NONE PROVIDED

#### Last Name

Meints

#### Title

Class III Operator

#### Phone Type

Business

#### Number

5018213837

#### Extension

#### Email

david@meincowastewater.com

### Responsible Official

In accordance with 40 CFR 122.22, all NOI shall be signed as follows:

- 1) For a corporation: by a responsible corporate officer. For purposes of this section, a responsible corporate officer means:
  - a. A president, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
  - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making

major capital investment recommendations, and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively;

3) For a municipality, State, Federal or other public agency: by either a principal executive or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes:

- a. The chief executive officer of the agency; or
- b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

For individual homeowners seeking coverage under the ARG550000 general permit, the homeowner is the responsible official. For joint ownership, one of the co-owners must sign as the responsible official.

#### Responsible Official Information

**Prefix**

*Mr.*

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
Robert	<i>NONE PROVIDED</i>	<i>Donaldson</i>

**Title**

*Homeowner*

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
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Mobile	501-912-5563	
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**Email**

bobbydonaldson1964@att.net



## ENVIRONMENTAL QUALITY

### Certification of ePortal Submission

This form is to be used to certify electronic ePortal submissions. Please check with the appropriate section for who has the authority to sign this form. A hardcopy of this form with original signature must be sent to DEQ, 5301 Northshore Drive, North Little Rock, AR 72118. Please do **not** send a hardcopy of the ePortal submission with this form. **All fields are required.**

1. Section to which the ePortal Submission was Submitted:	General NPDES Permits
2. Form Name:	ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage
3. Arkansas DEQ Facility Identification Number (AFIN), if available:	
4. Facility Name:	Robert & M'Leah Donaldson
5. Facility Physical Address:	9597 Hwy 35 N Sheridan, AR 72150

I certify under penalty of law that the ePortal submission with Submission ID# HQ4-0S1D-SCS06 and revision # 1 which was submitted electronically on 5/30/2024 1:10:33 PM 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 who manage the system, or those 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.

Robert Donaldson

Homeowner

typed/printed name of signatory authority

title

5/26/2024

signature of signatory authority

date

# IMPORTANT NOTICE TO PROPERTY OWNER

The Arkansas Department of Health's approval of a discharging sewage system **does not** relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. Please be advised that **all** wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality

ATTN: Permits Branch

5301 North Shore Drive

North Little Rock, AR 72118

Phone Number: 501-682-0623

Web Site: [www.adeq.state.ar.us](http://www.adeq.state.ar.us)







**Arkansas Department of Health**  
Environmental Health Protection

AUG 03 2023

Receipt Number

26116473

## Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

7	6	0	1	0	5	5	5	4	7
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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 checked="" 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)

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

1. Owner's/Applicant's Name Robert Donaldson		c/o DKS Custom Homes		2. Phone Number (501) 772-0830	
3. Mailing Address 13721 Maple Leaf Drive Little Rock AR 72211				4. County Grant	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 9597 Highway 35 N, Sheridan, AR 72150					
6. Subdivision Name n/a		7. Approval Date n/a		8. Date Recorded n/a	
9. Lot Dimensions 1300' x 335' x 1265' x 330'		10. Total Area (Acres) 11.6		11. # Bedrooms # People 3	
12. Daily Flow (GPD) 370					
13. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Section 2, Township 4 South, Range 14 West, Grant County					
14. Water Supply (Specify supplier, if Public Water) Little Creek Water Company			15. GPS Coordinates House 34.40278, -92.48602 POD 34.40310, -92.48643		
16. Loading Rates (gpd/ft <sup>2</sup> )		17. System Specifications			
Primary Area n/a		a. Size of Septic Tank ATU		gal	
Secondary Area n/a		b. Size of Dose Tank n/a		gal	
Percolation Test (min/in)		c. Absorption Area n/a		ft <sup>2</sup>	
Primary Area Avg n/a		d. Number of Field Lines n/a		n/a	
Secondary Area n/a		e. Length of Field Lines n/a		ft	
		f. Trench Depth n/a		inches	
		g. Trench Spacing n/a		feet	
		h. Trench Media (List Below)		i. Trench Width	
				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 Opt. A Date 07/07/2023

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.

David A. Meints Designated Rep. (Kyle Gaston, DR in Training)

Soil Certified ☒ Yes ☐ No

Designated Representative Signature

Title

David A. Meints

08/02/2023

501-821-3837/501-804-0837

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.

James Gaston, RS  
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 <sup>2</sup> )
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
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	n/a	n/a	n/a	n/a	n/a	n/a	n/a
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	n/a					
Moderate	in	n/a					
Long	in	n/a					
Secondary Area		List Redoximorphic Features and/or Clay Content Restrictions					
Brief	in	n/a					
Moderate	in	n/a					
Long	in	n/a					
Comments							
One Call before installation. Site requires an ATU (Norweco, Singulair Green) with UV disinfection and surface discharge. NPDES Permit required. If system is not installed within a year of the date approved, a revalidation fee may be required. Meinco Service contract only applies if Meinco installs system.							

## 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
Comments	Date	
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date

\* Optional System Utilization Verification Form



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number

**Individual Onsite Wastewater System Permit Application**

Permit Type

☒ New Installation

☐ Alteration / Repair

DR Environmental ID #

7 6 0 1 0 5 5 5 4 7

☒ Homeowner

☐ Builder/Developer

**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 checked="" 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"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 9597 Highway 35 North, Sheridan, AR 72150

(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 bedrooms (\_\_\_ number of persons for commercial) and the square footage of the structure that will utilize the designed 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.

As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature

Date

6/26/2023

*This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.*



## Arkansas Department of Health

4815 West Markham, Slot 46  
Little Rock, Arkansas 72205-3867

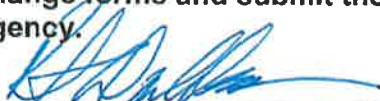
### MEMORANDUM OF AGREEMENT

#### SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, \*ABGs), and Drip Dispersal Systems. \*Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.
2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.
3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.
4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.
5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.
6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.
7. Subsurface systems with flows  $\geq 3000$  gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).
8. **That, on the sale of the property, the owner of the property must disclose to the perspective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.**

SIGNED:

  
(Property Owner)

SIGNED:

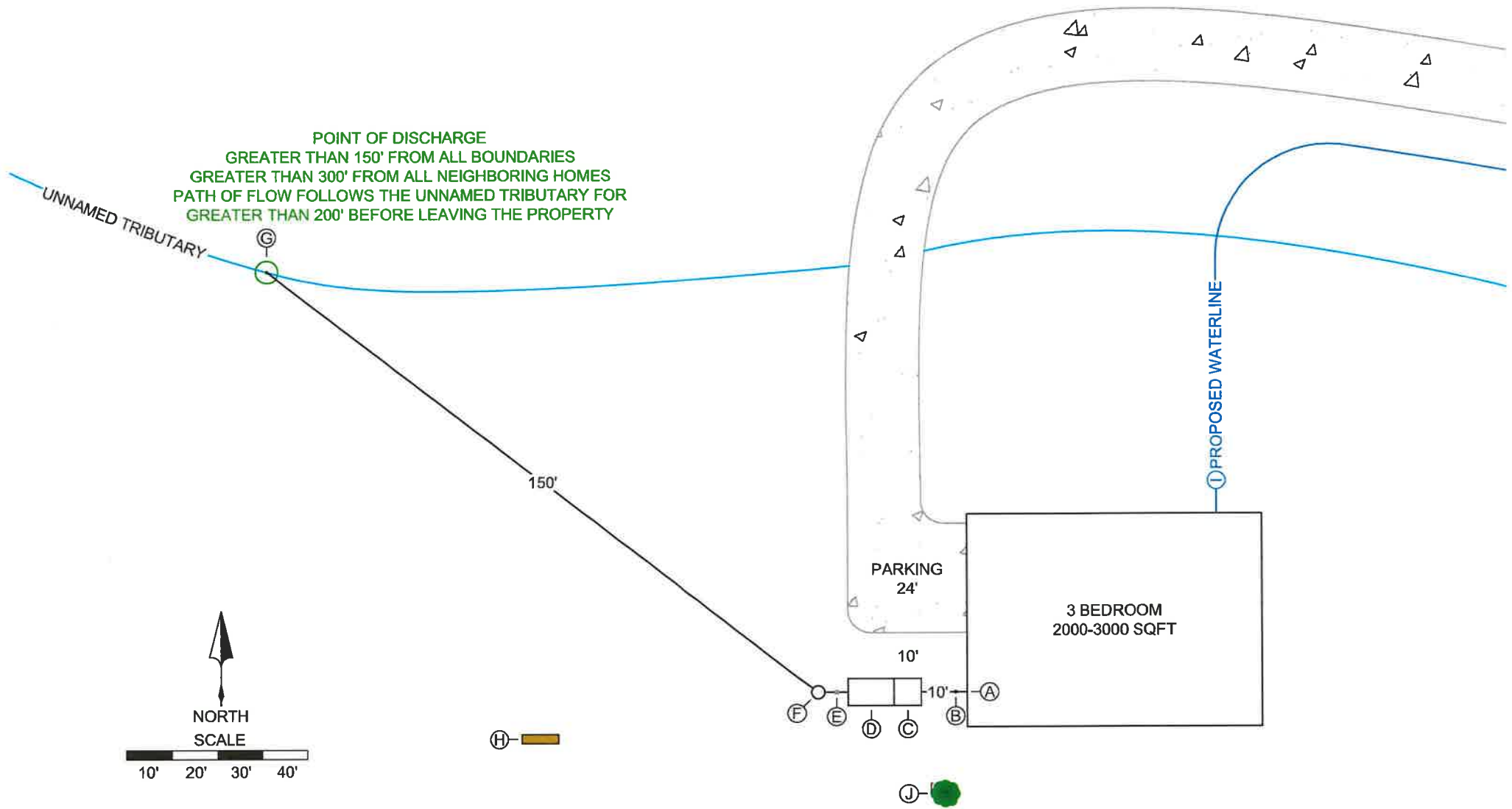
  
(Health Department)

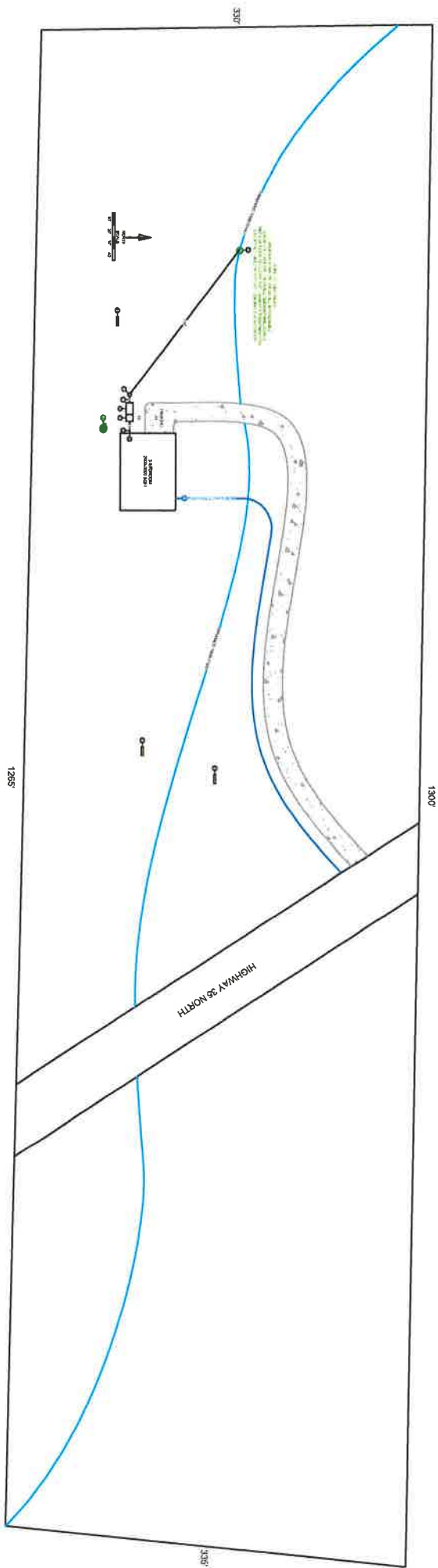
DATE:

7/17/2023

DATE:

8-14-2023







References are found in the Arkansas State Board of Health Rules and Regulations Pertaining to Onsite Wastewater Systems Effective 08/01/2019.

#### **Zone A : LEGEND TO AutoCAD DRAWING**

- A Sewer stub out location. Maximum depth of flow line from existing grade is 24". Show this drawing to your plumber (*Reference 11.8*).
- B 2-way clean out location. Sewer popper required. Install clean out and sewer popper at or above grade (*Reference 8.13*). Fall to inlet of septic tank can be no less than 1/8" per foot, and no more than 1/4" per foot (*Reference 4.1*).
- C Trash tank location. Risers to grade over inlet and outlet, minimum 18" diameter (*Reference 10.7.8*). Effluent filter required - Orenco Filter FTS0436-28 (*Reference 10.7.6*). Bed and backfill septic tank with 3/4" or smaller gravel (*Reference 10.4*). Trash tank must meet or exceed manufacturer requirements, 5000 psi, aged 28 days minimum (*Reference 10.7.3 – 10.7.5.1*).
- D Aerobic Treatment Unit location. Bio-Microbics FAST 0.5
- E UV Disinfection. Disinfection required. Refer to included spec sheet for precise model.
- F Sample Basin, 30" x 72"
- G Point of Discharge (POD). POD meets all setbacks required. (*Reference 9.8*)
- H Soil pit location. Not used due to shallow seasonal water tables or contour issues.
- I Proposed water line. Water line must be installed 10' from any part of wastewater system (*Reference 6.2.8*).
- J Benchmark location. Stake at base of Tree.

#### **PIPE SPECIFICATIONS**

Building stub out to Aerobic Treatment Unit: 4" Schedule 40 Pipe  
Aerobic Treatment Unit to Point of Discharge: 4" Schedule SDR-35 Pipe

#### **TANK SPECIFICATION**

Manufacturer: n/a

#### **TREATMENT UNIT SPECIFICATION**

Norweco, Singulair Green

#### **EFFLUENT STRENGTH**

Biochemical oxygen demand < 300 mg/L  
Total suspended solids < 300 mg/L  
Fats, oil, and grease < 25 mg/L

(*Reference 8.41 and Appendix B, Footnotes*)

Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.





**GROUND AND INSTALLED ELEVATIONS (feet & inches)**

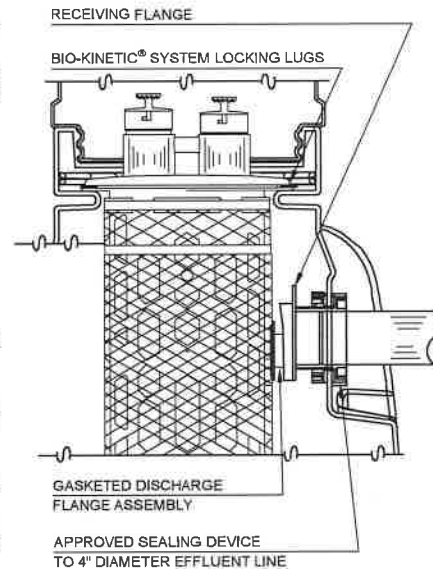
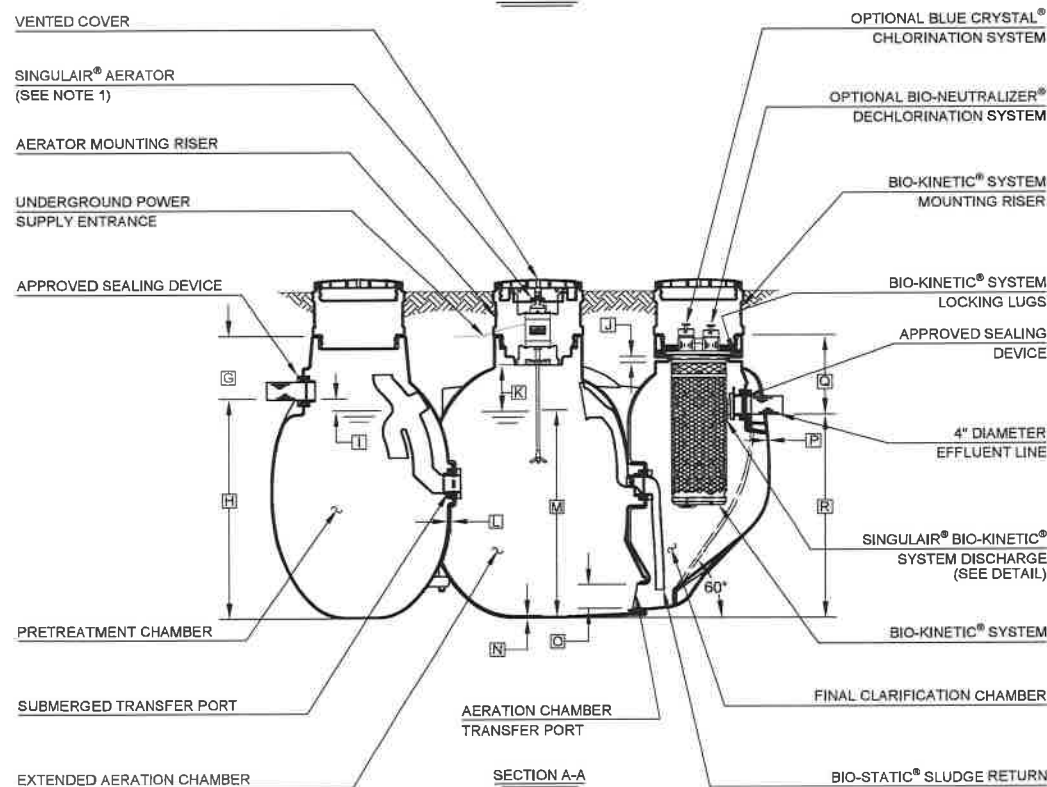
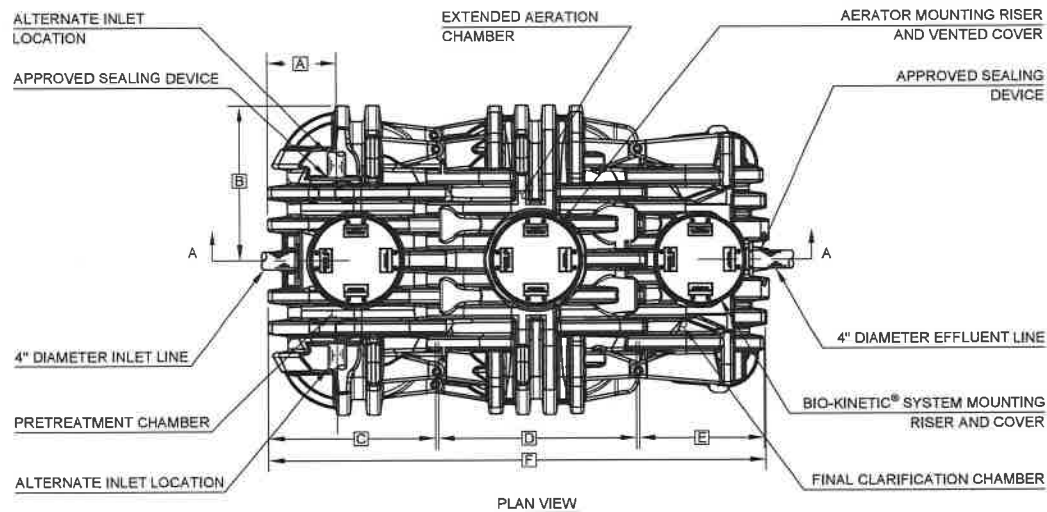
Component	Ground	Flow Line	Fall
Stub Out	05-02"	07-02"	24"
ATU Inlet	06-04"	07-10"	8"
ATU Outlet	06-09"	08-07"	9"
UV Disinfection	06-10"	08-08"	1"
Sample Basin	06-11"	08-09"	1"
Point of Discharge	14-01"	14-01"	80"
Benchmark	04-09"	Base of Tree (See Drawing)	

**NOTES**

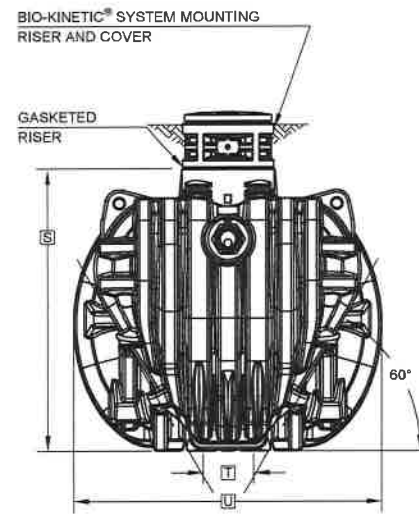
NPDES permit required on all surface discharging wastewater systems. (*Reference 9.6 and 11.1*)

Aerobic Treatment Units must comply with the AR Department of Health's Onsite Wastewater Systems Monitoring Program. (*Reference 12*)

Any changes or substitutions to the notes and specifications in this permit must be approved by the Designated Representative.



BIO-KINETIC® SYSTEM DISCHARGE DETAIL



OUTLET END VIEW

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS  
RATED CAPACITY: 600 GALLONS PER DAY

GENERAL NOTES:

- 1 SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
- 2 FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS 16 INCHES BELOW THE RISER MOUNTING SURFACE.
- 3 ON DEEPER INSTALLATIONS, RISERS MUST BE USED TO EXTEND AERATOR MOUNTING RISER AND BIO-KINETIC® SYSTEM MOUNTING RISER TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- 4 REMOVABLE COVERS ON RISERS ARE EACH SECURED TO PREVENT UNAUTHORIZED ACCESS.
- 5 CONTACT THE LOCAL, LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:  
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTRACTOR'S CERTIFICATION:  
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

CRITICAL DIMENSIONS

A	1'- 5 1/2"	N	0'- 0 3/8"
B	3'- 3"	O	0'- 6"
C	3'- 5 1/4"	P	0'- 0 3/8"
D	4'- 2 1/4"	Q	1'- 8"
E	2'- 8 3/4"	R	4'- 3 1/2"
F	10'- 6 1/2"	S	5'- 11 1/2"
G	1'- 4"	T	1'- 4"
H	4'- 7 1/2"	U	6'- 6"
I	0'- 3"	V	
J	0'- 1 1/2"	W	
K	1'- 0"	X	
L	0'- 0 3/4"	Y	
M	4'- 4"	Z	

U.S. AND FOREIGN PATENTS PENDING  © MMXVIII	<b>norweco</b>		04-10-2018	G
	SINGLAIR® GREEN 960 - 500GPD SYSTEM		Revised by	BDS
			Drawn by	JMM
			Date	08-04-2019
			Checked by	NTS
				PC-5-7123

# JET Model 952

## ILLUMI-JET UV DISINFECTION UNIT®

### Installation Instructions

#### COMPONENTS

The following components are supplied in the disinfection system:

1. Control Panel
2. 4" ABS riser pipe
3. UV Housing with 4" ABS cap, 4" ABS pipe, 4" double sanitary tee, spacer insert and keyway
4. UV Insert with top and bottom plates, H-Channel risers, quartz tube and lifting handle
5. UV lamp - 37 Watts

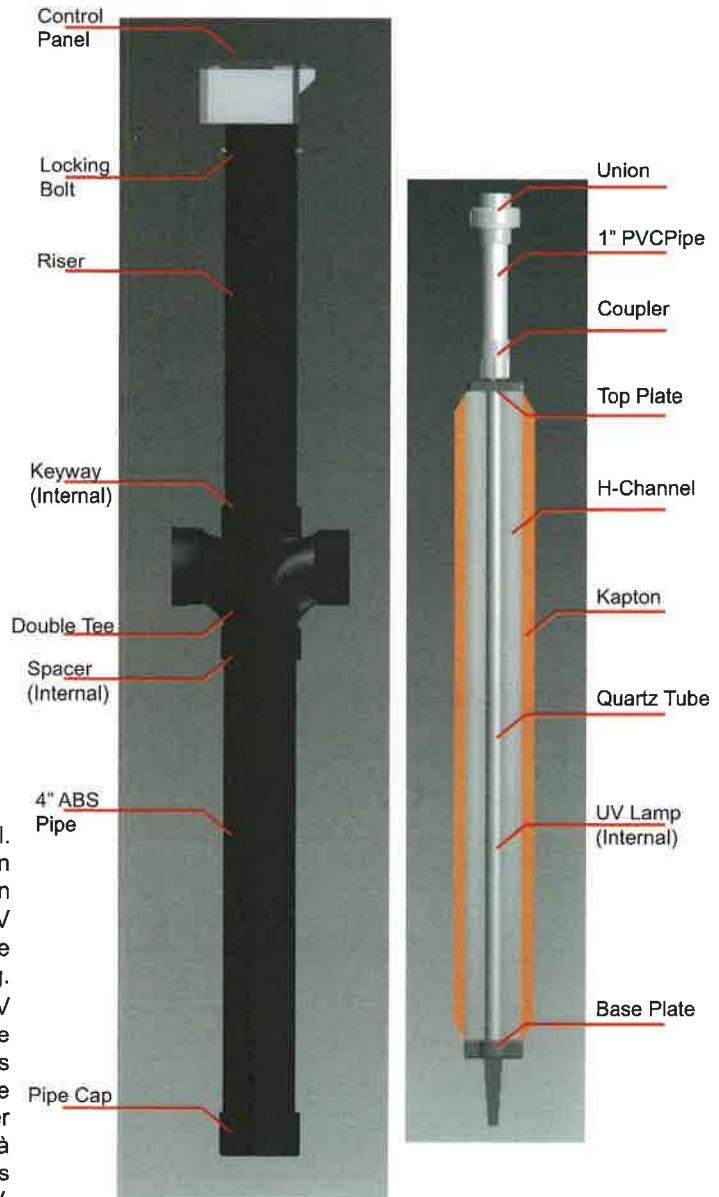
The following components should be supplied by the installer:

1. All-purpose cement
2. Clear cleaner for plastics
3. Drill with universal bit
4. Clean soft cloth
5. Isopropyl alcohol
6. Small slotted screwdriver
7. Wire strippers
8. Phillips screwdriver
9. Water tight conduit connectors
10. Conduit and wiring



**WARNING:** Exposure to UV light is harmful. Immediate or prolonged exposure to UV light can result in painful eye injury, skin burn, premature skin aging, or skin cancer. Do not remove an active UV lamp from the UV housing or attempt to activate lamps which are not installed within the UV housing.

**Avertissement:** L'exposition à la lumière UV sont nocifs. Exposition immédiate ou prolongée aux rayons UV peut entraîner des blessures douloureuses de l'œil, de brûlure de la peau, le vieillissement prématuré de la peau, ou cancer de la peau. Ne retirez pas une lampe UV active à partir du boîtier UV ou de tenter d'activer les lampes qui ne sont pas installés dans le logement UV.



This product conforms to the applicable provisions of the Code of Federal Regulations (CFR) requirements including, Title 21, Chapter 1, Subchapter J, Radiological Health.

## WASTEWATER SYSTEM SERVICE AND MAINTENANCE AGREEMENT

<b>System Owner:</b>	Robert Donaldson
<b>System Location:</b>	9597 Highway 35 N, Sheridan, AR 72150
<b>Wastewater System:</b>	Norweco Singlair Green
<b>Daily Flow Limit:</b>	370 GPD
<b>Phone Number(s):</b>	
<b>Email Address(es):</b>	bobbydonaldson1964@att.net
<b>Billing Address:</b>	

In consideration of the mutual covenants in this Agreement, the sufficiency of which is hereby acknowledged, MEINCO Wastewater Systems, Inc. ("MEINCO") and ("SYSTEM OWNER") agree as follows:

1. **Service and Maintenance Fees.** Commencing as of the Effective Date (defined in the footer) and continuing each month (the "Billing Cycle") through the Term (defined in Section 4 below), SYSTEM OWNER shall pay to MEINCO (a) the service and maintenance fees stated at the bottom of the table on the first page of EXHIBIT A attached hereto (the "Service and Maintenance Expenses") and (b) the consumable material expenses stated at the bottom of the table on the second page of EXHIBIT A attached hereto ("Consumable Materials Expense") (Service and Maintenance Expenses and Consumable Materials Expense are referred to as "Service and Maintenance Fees"). With thirty (30) days' prior written notice to SYSTEM OWNER, MEINCO may amend EXHIBIT A one or more times, if MEINCO deems an amendment necessary in MEINCO's sole discretion to capture additional unforeseen Service and Maintenance Fees and any actual Consumable Material Expenses.

2. **Service and Maintenance Responsibilities.** SYSTEM OWNER grants MEINCO access to the System Location (defined above) and the Wastewater System (defined above) and all components of the Wastewater System, including any alarm system, pressure pump, riser, or tank connected to the Wastewater System (collectively, the "SYSTEM") to perform the following routine service and maintenance services on the SYSTEM (collectively, "Routine Service and Maintenance"):

(a) during normal business hours Monday through Friday (excluding any national holidays): MEINCO agrees to the following, as recommended by the SYSTEM's manufacturer to:

- i. conduct inspections of the SYSTEM; and
- ii. perform routine maintenance to the SYSTEM;

(b) prepare field reports documenting the SYSTEM's performance, as required by the Arkansas Department of Health (ADH) or other applicable federal, state, or local regulatory agency;

(c) manage analytical sampling of the SYSTEM performance per regulatory permit requirements to include the following:

- i. submit analytical data to regulatory agency, if applicable;
- ii. retain and file written copies of analytical data per regulatory agencies permit requirements, if applicable;

(d) communicate, in writing, any recommendations that MEINCO believes the SYSTEM requires to operate efficiently; and

(e) within 8 hours after receiving any emergency service request, respond to the request either verbally or at the System Location (as MEINCO deems necessary).

3. **Excluded Service and Maintenance Responsibilities.** Unless MEINCO and SYSTEM OWNER agree otherwise in writing, MEINCO has no obligation to repair, replace, or perform any of the following in relation to the SYSTEM (collectively, the "Excluded Service and Maintenance Responsibilities"):

- (a) monitoring or taking any action to adjust the SYSTEM's inflow rate, or

**Contract Number:** Robert Donaldson

**Effective Date:** 7/7/2023

Page 1

(b) any consumable or replacement parts or inventory required for the SYSTEM to operate as designed, which may include, without limitation, chlorine tablets, floats, soda ash, UV bulbs, pumps, or control panel(s), provided that MEINCO shall notify SYSTEM OWNER, either verbally or in writing, prior to incurring expenses pursuant to this subsection, and MEINCO may proceed unless SYSTEM OWNER objects in writing within 24 hours after MEINCO sends notification; or

(c) removing solids or grease from the SYSTEM; or

(d) maintaining the grass and/or landscaping on or around any part of the Wastewater System, including any disposal area used by the Wastewater System, unless noted in Exhibit A or as agreed to in writing; or

(e) paying any application fees or professional fees associated with any permit renewals, corrective action plans, or any other application fees or professional fees that may be required by the regulatory agencies to remain in compliance, with the SYSTEM.

4. **Term.** This Agreement commences as of the Effective Date and continues through the 365 day after the Effective Date (the "Initial Term"). The Initial Term will renew automatically for an additional 365 days (a "Renewal Term"), and each Renewal Term will renew automatically for an additional 365 days (the Initial Term and all Renewal Terms are referred to collectively as the "Term"). Either MEINCO or SYSTEM OWNER may terminate this Agreement at any time, provided that (i) the terminating party delivers to the other party a written termination notice at least thirty (30) days prior to the effective termination date and (ii) if SYSTEM OWNER is the terminating party, SYSTEM OWNER has paid MEINCO in full for all then-due Service and Maintenance Fees and any agreed-to Excluded Service and Maintenance Responsibilities.

5. **Automatic Termination Events.** Unless MEINCO agrees otherwise in writing, MEINCO may terminate this Agreement if any of the following occur:

(a) the flow rate of the SYSTEM exceeds the Maximum System Flow Rate or otherwise violates SYSTEM OWNER's regulatory permit(s); or

(b) the SYSTEM is modified, abused, misused, or altered; or

(c) SYSTEM OWNER fails or refuses to pay any Service and Maintenance Fee, repair costs, or agreed-to Excluded Service and Maintenance Responsibilities for longer than 60 days after the payment for the Service and Maintenance Fees, repair costs, or agreed-to Excluded Service and Maintenance Fees was otherwise due.

6. **Assignment.** MEINCO or SYSTEM OWNER may assign this Agreement without the other's consent provided that the assigning party delivers the other party notice, either written or verbally, at least thirty (30) days prior to any assignment.

7. **Non-Waiver.** No failure by a party to insist upon strict compliance with any term of this Agreement, to enforce any right, or seek any remedy upon any default of the other party shall affect or constitute a waiver of the first party's right to insist upon such strict compliance, enforce that right, or seek that remedy with respect to that default or any prior, contemporaneous, or subsequent default, nor shall any custom or practice of the parties at variance with any provision of this Agreement affect, or constitute a waiver of, any party's right to demand strict compliance with all provisions of this Agreement.

8. **No Third-Party Benefit.** This Agreement is intended for the exclusive benefit of SYSTEM OWNER and MEINCO and their respective permitted successors and assigns, and nothing contained in this Agreement shall be construed as creating any right or benefit in or to any third party.

9. **Complete Agreement.** This Agreement contains the entire agreement between the parties and supersedes any prior negotiations, representations, understandings, or agreements among them respecting the subject matter. No change, alteration, modification, addition, or qualification to the terms of this Agreement shall be made or be binding unless made in writing and signed by each of the parties.

10. **No Partnership or Joint Venture.** Nothing contained in this Agreement shall constitute or be construed to be or create a partnership or joint venture between SYSTEM OWNER and MEINCO.

11. **Force Majeure.** MEINCO's obligation to perform Routine Service and Maintenance shall be extended to the extent that the performance thereof shall be delayed by acts of God, fire, windstorm, flood,

Contract Number: Robert Donaldson

Effective Date: 7/7/2023

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explosion, collapse of structures, riot, war, acts of terrorism, labor disputes, delays or restrictions by government action (including, without limitation, any federal, state, or local order, ordinance, or warning to shelter in place or otherwise restrict public interactions), inability to obtain necessary materials, or any other cause beyond MEINCO's reasonable control.

EXECUTED AND ENTERED INTO AS OF THE EFFECTIVE DATE.

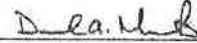
**SYSTEM OWNER:**

By: 

Title: OWNER

**MEINCO:**

MEINCO Wastewater Systems, Inc.

By: 

Title: Owner

Contract Number: Robert Donaldson

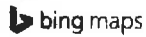
Effective Date: 7/7/2023

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**EXHIBIT A**

**Routine Service and Maintenance Fees**

<b>Labor (MEINCO)</b>	<b>Unit</b>	<b>Rate</b>	<b>Total</b>
Services	4	\$150	\$600
Additional Mileage	N/A	N/A	N/A
<b>Lab Fees (3<sup>rd</sup> Party)</b>			
Fees, Lab	2	\$150	\$300
<b>Total Service and Maintenance Fee</b>			<b>\$900</b>

**A** 700 E Center St, Sheridan, AR 72150

14 min , 9.6 miles

**B** 9597 Highway 35 N, Sheridan, AR 72150

Light traffic

Via AR-35

**A** 700 E Center St, Sheridan, AR 72150

↑	1.	Head <b>west</b> on <b>US-270 W / AR-46 / E Center St</b> toward S Arkansas St ▲ Minor congestion	0.3 mi
↗	2.	Turn <b>right</b> onto <b>US-167 N Bus / AR-35 / N Rock St</b> Shell Food Mart on the corner ▲ Minor congestion	0.3 mi
↶	3.	Turn <b>left</b> onto <b>AR-35 / E Vine St</b> America's Best Value on the corner	0.3 mi
↗	4.	Turn <b>right</b> to stay on <b>AR-35 / N Arch St</b>	8.6 mi
	5.	Arrive at <b>AR-35 / Highway 35 N</b> The last intersection before your destination is Forestry Road 9611 If you reach County Road 3507, you've gone too far	

**B** 9597 Highway 35 N, Sheridan, AR 72150





### A 700 E Center St, Sheridan, AR 72150



### B 9597 Highway 35 N, Sheridan, AR 72150



These directions are subject to the Microsoft® Service Agreement and are for informational purposes only. No guarantee is made regarding their completeness or accuracy. Construction projects, traffic, or other events may cause actual conditions to differ from these results. Map and traffic data © 2023 TomTom.



Donaldson Residence

9597 Hwy 37 N  
Sheridan, Ar 72150

POE Donaldson

35

POD Donaldson

34.40278, -92.48602

