



# 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 #: HQ4-448A-GAR8Y, version 1)

## Details

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Submission ID HQ4-448A-GAR8Y

## 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

BaldwinMatthew30to1.pdf - 06/03/2024 06:29 PM

#### Comment

NONE PROVIDED

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

baldwin\_20240416150304.pdf - 06/03/2024 06:46 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)

Matthew Baldwin

### Permittee Type

Individual Homeowner

### Permittee Mailing Information

#### Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Matthew	NONE PROVIDED	Baldwin

#### Title

NONE PROVIDED

Phone Type	Number	Extension
Home	501-858-8364	

#### Email

notprovided@none.com

#### Address

28 Cypress loop  
Vilonia, AR 72173

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

Yes

Is there an active consultant for this facility?

No

## Facility/Site Information

**Facility/Site Name**  
28 Cypress loop

**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

NONE PROVIDED

First Name

Matthew

Middle Name

NONE PROVIDED

Last Name

Baldwin

Title

HomeOwner

Phone Type

Home

Number

501-858-8364

Extension

Email

notprovided@none.com

Facility/Site Address

28 Cypress loop

Vilonia, AR 72173

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

**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**  
35.0915238,-92.1487655

28 Cypress Loop, Vilonia, AR 72173, USA

**Common SIC & NAICS Codes**

Facility Type	SIC Code	NAICS Code
Individual Homeowner (sewage treatment)	4952	221320
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**  
NONE PROVIDED

**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
Robert Goff	007865	II	N/A

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?

No

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	35.091500	-92.148540	370	Domestic household wastewater	Little cypres creek into williams lake	ATU CE5 Fujiclean	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

No Cognizant Official - the Responsible Official will sign all reports and other required documents

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**  
*NONE PROVIDED*

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
Matthew	<i>NONE PROVIDED</i>	Baldwin

**Title**  
*Home Owner*

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
Home	501-858-8364	

**Email**  
notprovided@none.com

**Arkansas Department of Health**

Environmental Health Protection

**Individual Onsite Wastewater System Permit Application**Receipt Number  
26659474

DR Environmental ID # 0070309622

DR Title

**Fee Schedule for Structure**

Alteration and Repair \$30.00

**Disposal Method**

Part1 Application Treatment Type

ATU = Aerobic Treatment Plant

SUR (Surface Discharge)

**1. Owner/Applicant Name:**

Matthew Baldwin

**2. Phone Number:**

501-858-8364

**3. Mailing Address:**

28 CYPRESS LOOP, Vilonia 72173

**4. County:**

FAULKNER

**5. Address of Proposed System:**

28 CYPRESS LOOP, Vilonia 72173

**6. Subdivision Name:**

NA

**7. Approval Date**

01/01/2000

**8. Date Recorded**

01/01/2000

**9. Lot number**

NA

**10. Lot Dimensions**

208x210

**11. Total Area (Acres)**

1

**12. # Bedrooms, People**

3

6

**13. Daily Flow (GPD)**

370

**14. Brief Legal Description of Property (or see attachment if provided)**

Section 2 Township: 5N Range: 11W

**15. Water Supply (Specify supplier, if Public Water)**

Vilonia Water

**16. GPS Coordinates**

35.091500

-92.148540

**17. Loading Rates**

[gpd/sq ft]

**18. System Specifications**

<b>Primary Area</b>	ATU	<b>a. Size of Septic Tank</b>	ATU	gal	<b>f. Trench Depth</b>	NA	inches
<b>Secondary Area</b>	NA	<b>b. Size of Dose Tank</b>	300	gal	<b>g. Trench Spacing</b>	NA	feet
<b>percolation Test</b>	(min/in)	<b>c. Absorption Area</b>	NA	Sq ft	<b>h. Trench Media (Below)</b>		
<b>Primary Area Avg</b>	NA	<b>d. Number of Field Lines</b>	NA		NA	NA	in
<b>Secondary Area Avg</b>	NA	<b>e. Length of Field Lines</b>	NA	ft			in

**TO THE OWNER/APPLICANT/DR**

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 with 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 expenses that may be associated with this system.

Owner/Applicant/DR Signature Matthew Baldwin

Date 04/05/2024

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

**Soil Certified**

Designated Representative Signature

Title

Bodie Drake

04/10/2024

5012912515

Printed 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 804

Date 4-16-24

# Individual Onsite Wastewater System Permit Application

Receipt Number  
26659474

DRT Title

Continue Part 1

22. Soil Criteria (Primary Area)				Depth to items a-f in inches			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
NA	SURF	19	28	NA	NA	NA	ATU
23. Soil Criteria (Secondary Area)				Depth to items a-f in inches			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
NA	NA	NA	NA	NA	NA	NA	NA
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area		Redoximorphic Features and/or Clay Content Restrictions					
Brief	SURF	Chroma 3 Redox					
Moderate	19	Chroma 2 Redox					
Long	28	Chroma 2 Depletions greater than 50% of matrix					
Secondary Area							
Brief	NA	NA					
Moderate	NA	NA					
Long	NA	NA					
Comments							

## Part 2 Installation Inspection

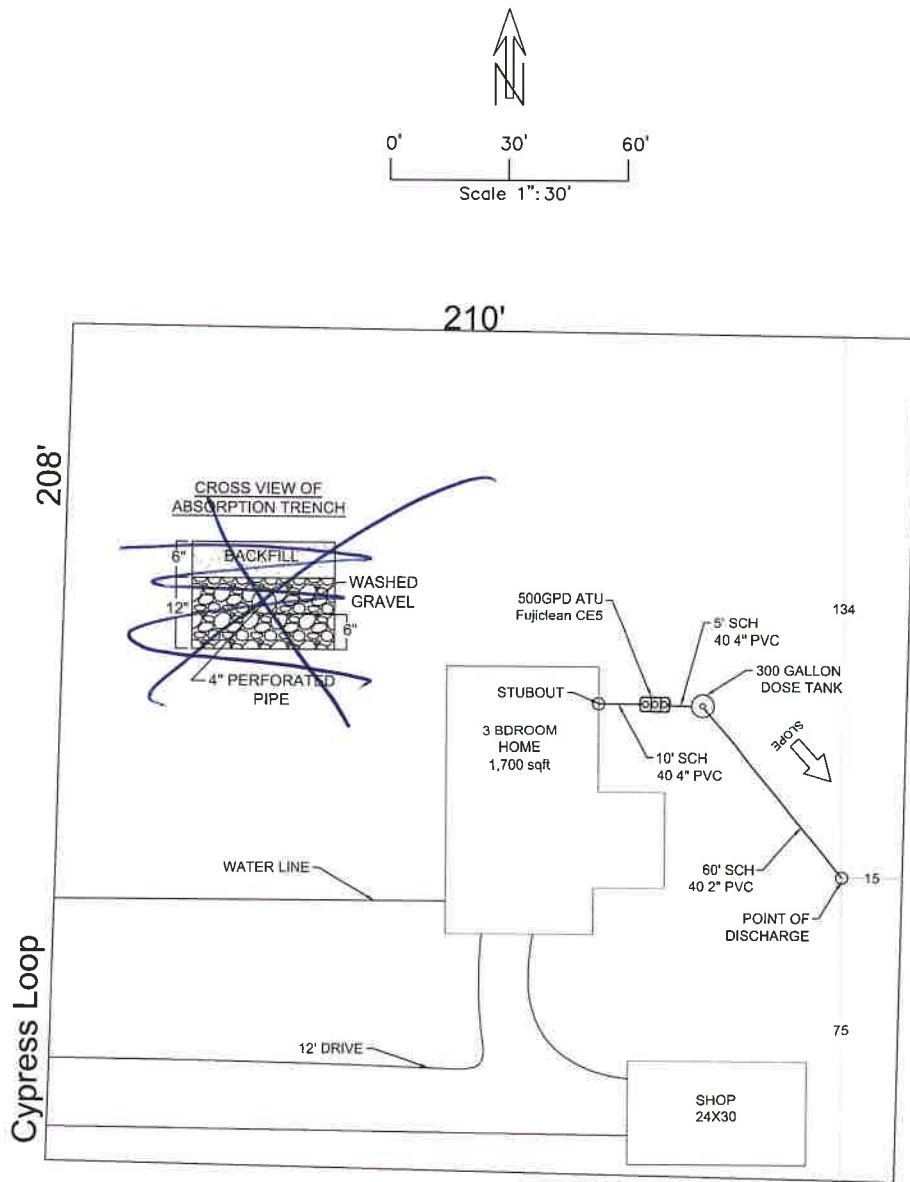
Septic tank manufacturer	Pump Information	
Septic tank material	Trench Media and width	
Dose tank manufacturer	Depth of interceptor drain	
Dose tank material	Depth of settled soil	
Name of Installer	License Number	
Installation Inspected by		
Name	EHS/License Number	Date
System Installation Verification		
I have installed this system as designed and in compliance with all Rules and Regulations pertaining to Onsite Wastewater Systems.		
Installer Name	License Number	Date

## Part 3 Permit for Operation

The information 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		
Name	EHS Number	Date
Comments		
Site Revalidation conducted by		
Name	EHS/License Number	Date




# ONSITE WASTEWATER PLANS



## SURFACE DISCHARGE ATU SYSTEM NOTES:

1. REPAIR TO AN EXISTING HOME, REQUESTING VARIANCE FOR SURFACE DISCHARGE SETBACKS.
2. DISINFECTION BY CHLORINATION IN ATU CHLORINATION CHAMBER.
3. INSTALL ATU INLET ACCORDING TO SHOT SHEET ELEVATIONS.
4. INSTALL A 300 GALLON PUMP TANK ACCORDING TO SHOT SHEET ELEVATIONS.
5. USE ZOELLER 50 SERIES PUMP TO DOSE WATER FROM DOSE TANK.
6. USE FUJICLEAN CONTROL PANEL WITH HIGH WATER ALARM.
7. ALL ELECTRICAL WORK FOR PUMP AND BLOWER SHOULD MEET STATE ELECTRICAL CODES.
8. ALL MEASUREMENTS GIVEN IN FEET AND TENTHS UNLESS OTHERWISE NOTED.

Sheet Number  1		Owners Name: Matthew Baldwin Acres: 1	Site Address: 28 Cypress Loop Vilonia AR 72173			
		Onsite Wastewater Plans By Mandy's Septic Solutions 501-266-3350 6080 Kerr Station Rd Cabot, AR 72023	No.	Description	Date	By
			1	Submittal	03/26/2024	WMDII



## \* 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 #

00013944955

☒ Homeowner

☐ Builder/Developer

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"/>

TO THE PROPERTY OWNER

## Onsite Wastewater System Utilization Verification

Property location: 28 Cypress Loop Vilonia, A.R. 72173  
(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.

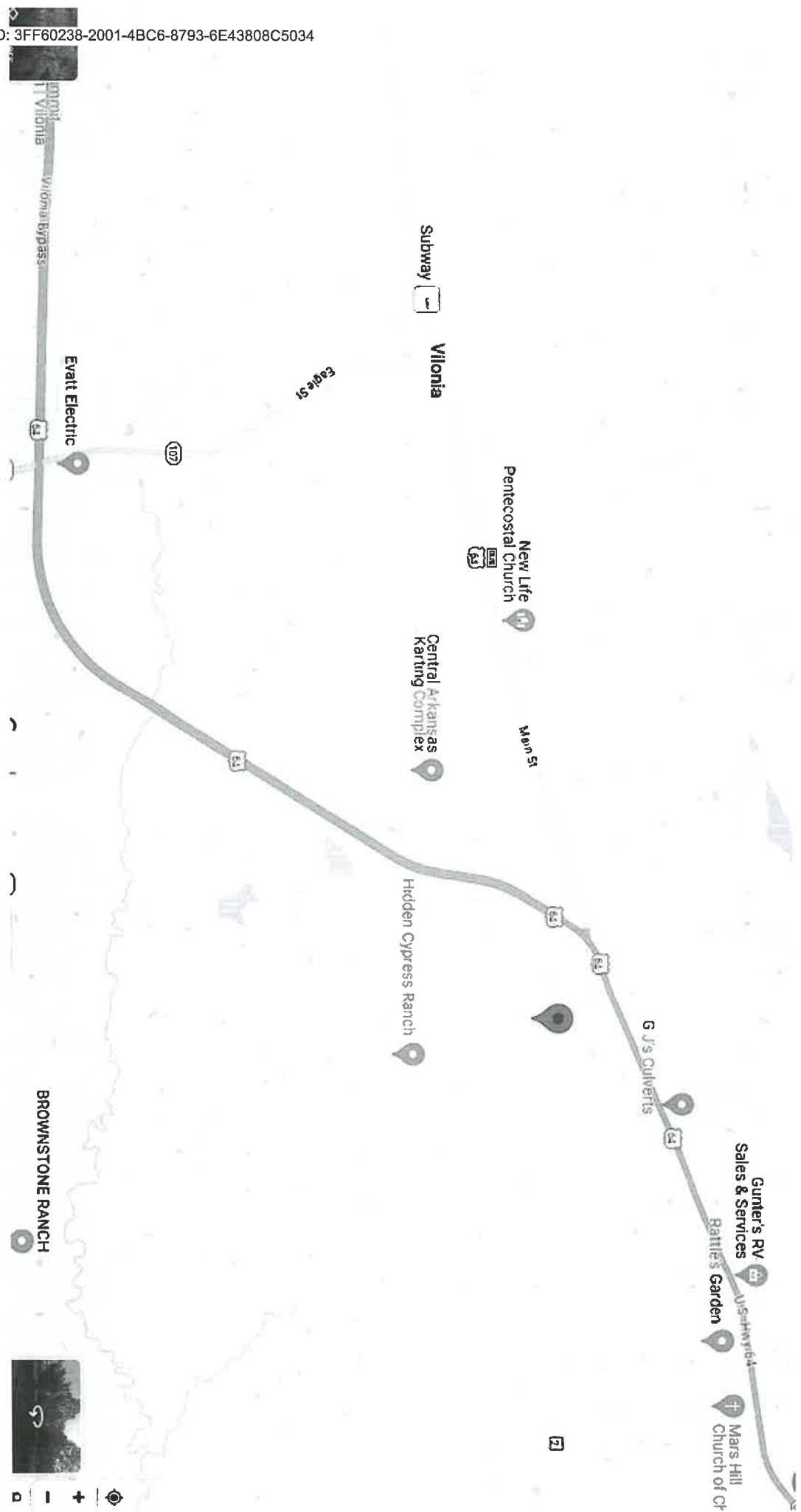
Owner/Applicant Signature

*[Handwritten Signature]*

Date

3/22/24

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



# BALDWIN, MATTHEW ADAM

28 CYPRESS LOOP  
VILONIA, AR 72173-



Basic

Land

Sales

Valuation

Receipts

Improvements

Parcel Boundary

## Basic Info

Parcel Number:	001-00050-000
County Name:	Faulkner County
Property Address:	BALDWIN, MATTHEW ADAM 28 CYPRESS LOOP VILONIA, AR 72173- <b><u><a href="#">Map This Address</a></u></b>
Mailing Address:	BALDWIN, MATTHEW ADAM 28 CYPRESS LOOP VILONIA AR 72173
Total Acres:	1.00
Timber Acres:	0.00
Sec-Twp-Rng:	02-05N-11W
Lot/Block:	/
Subdivision:	
Legal Description:	PT NE SW VILONIA FD #66
School District:	17R VILONIA RURAL
Improvement Districts:	VILONIA VOLUNTEER FIRE DEPT
Homestead Parcel?:	No
Tax Status:	Taxable
Over 65?:	No

<b>Ground Readings in Ft</b>	
BM	4.5
Stub Out	4.5
ATU In	4.08
ATU Out	4.08
Dose Tank In	4.16
Dose Tank Out	4.16
Point of Discharge	4.75
<b>Trench Bottom Elevations in Ft</b>	
BM	4.50
Stub Out	4.5
ATU In	5.08
ATU Out	5.24
Dose Tank In	5.42
Dose Tank Out	4.42
Point of Discharge	4.75

# Control Panel

## Technical Specification Sheet



Features																
Model	Description	SJE Rhombus Model #	NEMA 4X Weather Proof Enclosure	120 Volt AC Breakers (Pump, Air Pump, Alarm)	Alarm/Test/Normal /Silence Switch	Low Pre-sure Alarm Switch	Current Sensor Alarm Switch	Communication Contacts (Alarm Aux)	Elapsed Time Meter	Duplex Pump Demand or Timed Dosing Control	24-Hour Timer	Dual Alarm Beacons	Data Logging (Screen Display)	Data Logging Panel Via USB Port to Flash Drive	UL Listed to Meet and/or Exceed Industry Safety Standards	Dual Safety Certification for U.S. and Canada
A	Basic Alarm Panel 1. Alarms for high water and blower off. 2. Pressure switch. 3. Ideal if blower is relatively close to panel. 4. Extra breaker to run discharge pump	1041972	✓	3	✓	✓										
A1	Basic Alarm Panel w/ Current Sensor 1. Identical to Panel 'A' but with a current sensor instead of pressure switch. 2. Ideal if blower is relatively far from panel.	1064758	✓	3	✓		✓									
C	Basic Alarm w/ Comm. Contact & Time Meter 1. Same features as 'A' Panel but with relay (for auto dialer, remote alarm etc.) 2. Elapsed time meter for discharge pump showing total run time. 3. Typical New Jersey panel	1045040	✓	3	✓	✓		✓	✓							
X	Basic Alarm with 24-Hour Timer (Night Spray) 1. Same features as 'A' Panel but with dose timer (example to be used with discharge pump to dose field at night). 2. Dual alarm beacons. Red for high water, Amber for blower. 3. Typical Texas panel	1029522	✓	3	✓	✓					✓	✓				
D	Duplex Time Dosing 1. Program pump dosing with inexpensive data logging option. Records such items as discharge pump cycles and elapsed run time, alarm frequency etc. 2. Can control up to 2 pumps. 3. Can choose pressure switch or current sensor	IFS41W914X-6A8AC10E27D	✓	3	✓	✓		✓	✓	✓	✓		✓		✓	✓
RI	Simplex Time Dosing 1. Same features as 'Duplex' Panel but can control only 1 discharge pump.	IFS11W114H6A8A-CIS417G27D w/current sensor	✓	3	✓	✓	✓*	✓	✓	✓	✓		✓		✓	✓
RI2	Simple Event Counter 1. Same features as 'A1' but with event counter to "count" discharge pump runtime events. 2. HOA switch for discharge pump testing & calibration. 3. Typical Rhode Island panel.	1070525	✓	3	✓		✓									
E	Duplex Dosing Control w/ Data Logging 1. Same features as Panel 'D' but with ability to log data and print output reports.	IF41W914X-6A8AC10E27D	✓	3	✓		✓	✓	✓	✓				✓	✓	✓
M	Basic Alarm Panel for Large Systems 1. Same features as 'A1' Panel but with capacity for 2 blowers.	1059296	✓	4	✓		✓ (2)	✓								
KG	Basic Alarm Panel for model CE6KG 1. Same features as 'A1' Panel but with capacity for 4 blowers	BP2833	✓	3	✓		✓ (4)									
Suffolk	Basic Alarm Panel with Current Sensor and Latch 1. Same features as 'A1' Panel but with door latch in addition to screws.	1069488	✓	3	✓		✓									
AR	Basic Alarm Panel with HOA 1. Same features as 'A' Panel but with HOA switch for pump discharge pump testing and calibration. 2. Typical Arkansas panel.	1069564	✓	3	✓	✓										

\*Can select either pressure switch or current sensor.



## 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: 4/4/2024

DATE: 4-16-24





# Model 53<sup>®</sup>

Sump, Effluent or Dewatering Pumps

## Model 53<sup>®</sup> Features:

- 3-year warranty
- 3/10 HP 115 V sump pump; 230 V also available
- Performance up to 19.25' (5.9 m)
- Flows up to 43 GPM (163 LPM)
- Cast iron case cover, base, motor and pump housing
- Engineered thermoplastic base
- Corrosion-resistant, powder coated epoxy paint

**100% factory tested**



**ZOELLER<sup>®</sup>**  
PUMP COMPANY

Trusted. Tested. Tough.<sup>®</sup>

zoellerpumps.com 800-928-7867  
3649 Cane Run Road, Louisville, KY 40211 USA



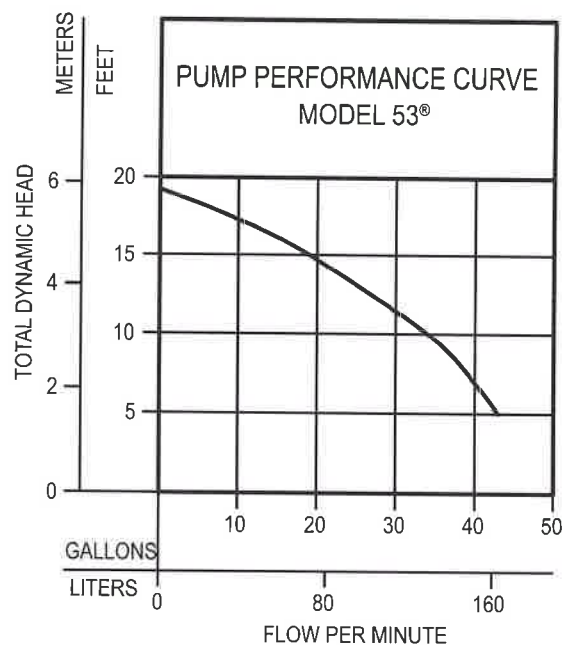
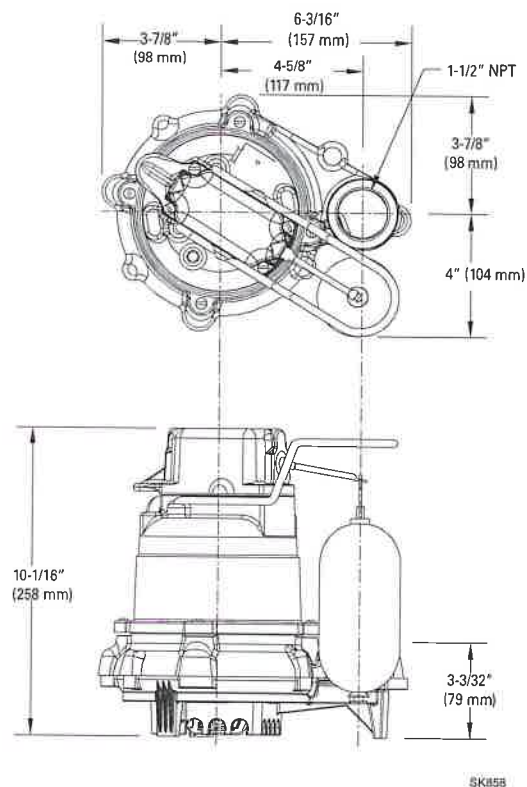
FM2958  
0720  
Supersedes  
0420



**PRODUCT SPECIFICATIONS**

<b>MOTOR</b>	Horse Power	3/10
	Voltage	115 or 230
	Phase	1 Ph
	Hertz	60 Hz
	RPM	1550
	Type	Shaded pole
	Insulation	Class B
	Amps	4.8 - 9.7
<b>PUMP</b>	Operation	Automatic or nonautomatic
	Auto On/Off Points	7-1/4" (18.4 cm) / 3" (7.6 cm)
	Discharge Size	1-1/2" NPT
	Solids Handling	1/2" (12 mm) spherical solids
	Cord Length	9' (3 m) automatic, 15' (5 m) nonautomatic
	Cord Type	UL listed, 3-wire, grounded plug
	Max. Head	19.25' (5.9 m)
	Max. Flow Rate	43 GPM (163 LPM)
	Max. Operating Temp.	130 °F (54 °C)
	Cooling	Oil filled
	Motor Protection	Auto reset thermal overload
<b>MATERIALS</b>	Cap	Cast iron or bronze
	Motor Housing	Cast iron or bronze
	Pump Housing	Cast iron or bronze
	Base	Cast iron, bronze or engineered thermoplastic
	Upper Bearing	Sleeve bearing
	Lower Bearing	Sleeve bearing
	Mechanical Seals	Carbon and ceramic
	Impeller Type	Non-clogging vortex
	Impeller	Plastic, cast iron or bronze
	Hardware	Stainless steel
	Motor Shaft	AISI 1215 cold rolled steel
	Gasket	Neoprene

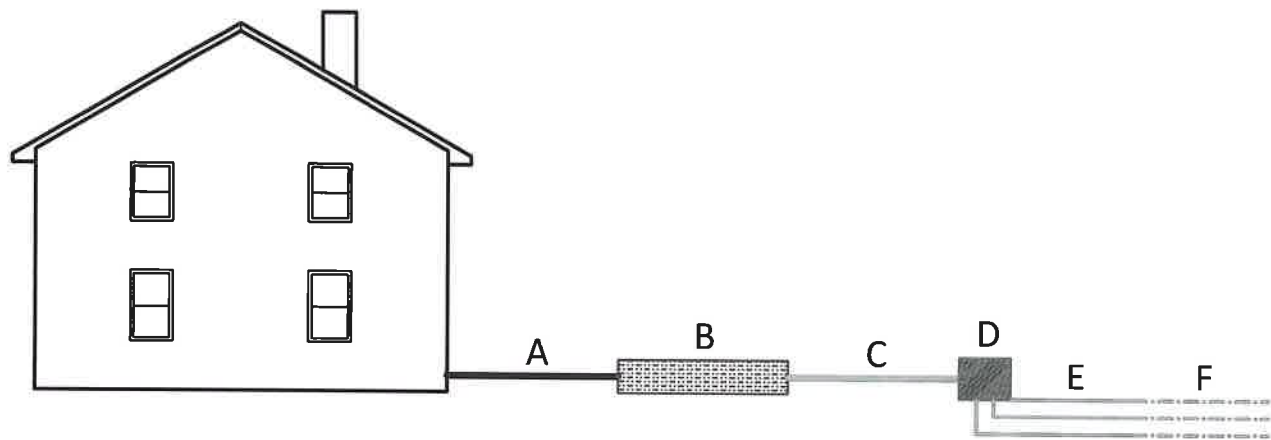
NOTE: See model comparison chart for specific details.

**CAUTION**

All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electrical Code (NEC) and the Occupational Safety and Health Act (OSHA).

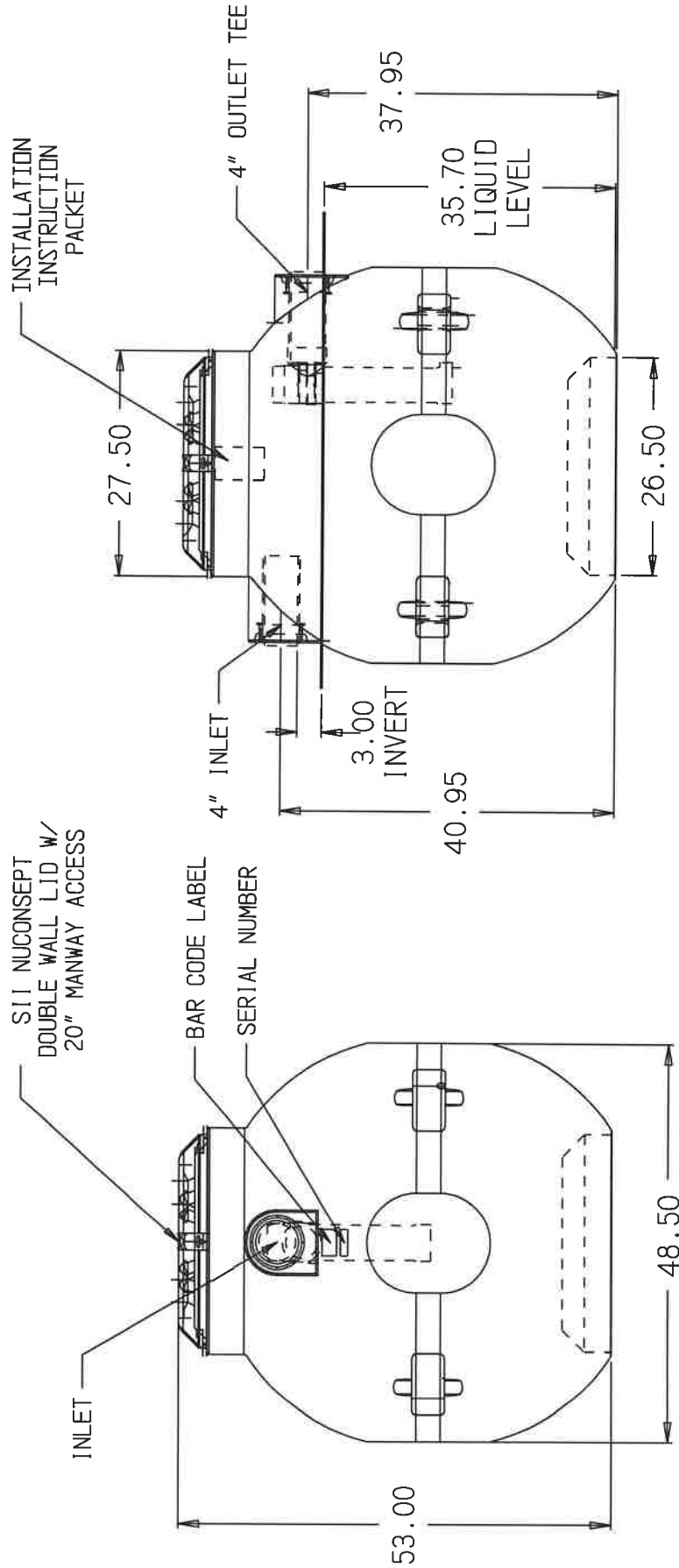
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502-778-2731 | 800-928-7867 | 3649 Cane Run Road | Louisville, KY 40211-1961 | zoellerpumps.com



<b>A</b>	House Sewer Line	4" Sch 40 PVC the entire length
<b>B</b>	Septic Tank	Sanitary T's Inlet and Outlet
<b>C</b>	Effluent Line	4" Sch 40 PVC at least 10'. Once solid trench bottom is achieved, may be adapted to SDR 35 PVC to D-Box
<b>D</b>	Distribution Box or Valve	
<b>E</b>	Solid Pipe of Field Line	4" SDR 35
<b>F</b>	Perforated Field Line	ASTM D2729 PVC Perforated Pipe or EQ-24 Chambers as specified on EHP-19

# SNYDER INDUSTRIES INC.



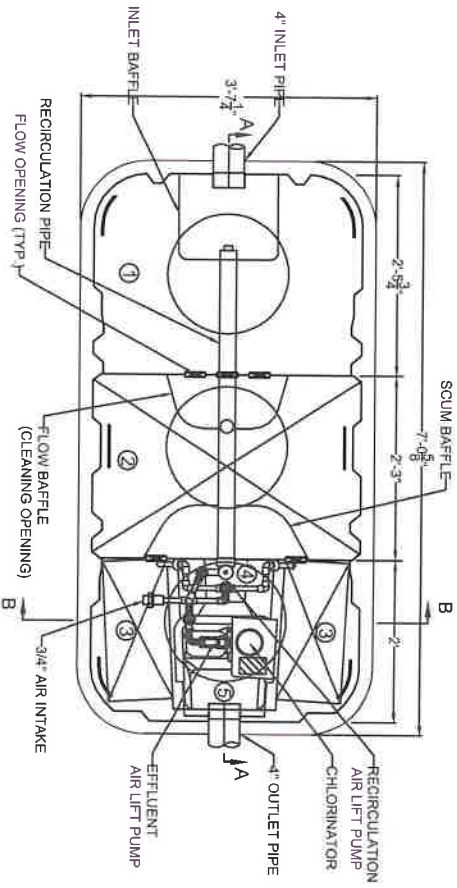
12" SEPTIC/CISTERN RISER WORKSHOP GREY [P/N 516000W95301] - OPTIONAL - NOT SHOWN

PART # TANK: 526000W95302 (M)  
HDLPE/WGRY

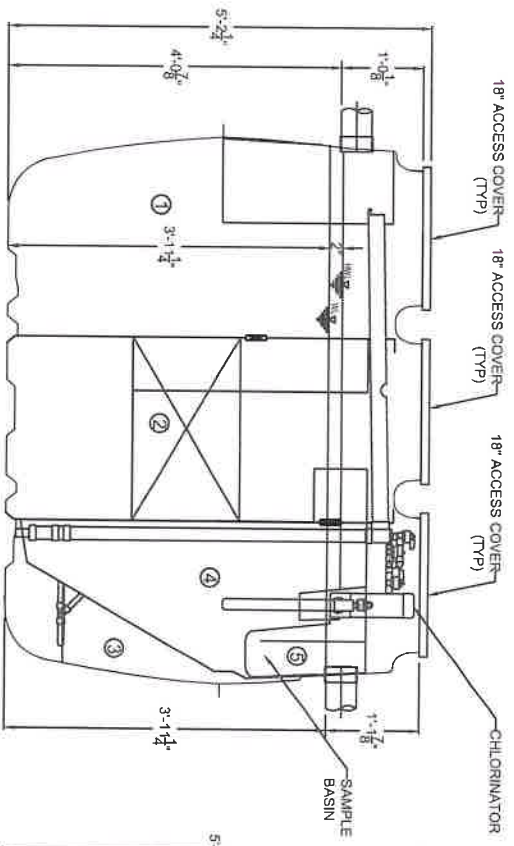
REF # 00000

04/03/07

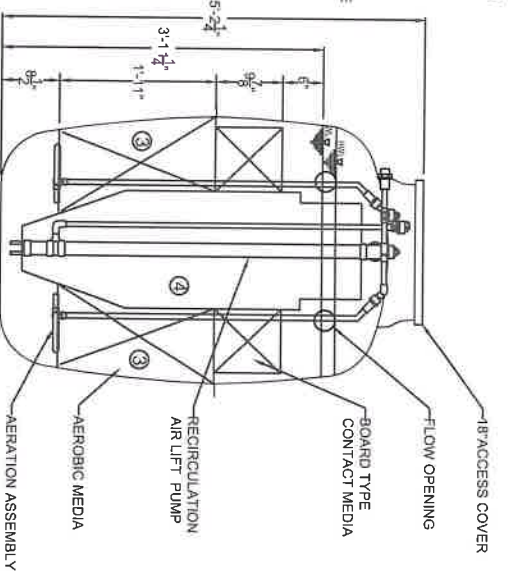
300 SPHERE SEPTIC PLUMBED



PLAN VIEW



SECTION A-A VIEW



SECTION B-B VIEW

CHAMBER	Volume (gal)
① Sedimentation Chamber	198
② Anaerobic Filtration Chamber	198
③ Aerobic Contact Filtration Chamber	95
④ Clarification Chamber	44
⑤ Disinfection Chamber	4
Total Volume	540

SPECIFICATIONS	
Anaerobic Media	PP / PE
Board Type Aerobic Media	PVC / PP / PE
Aerobic Media	PP / PE
Blower	2.8 cfm
Tank	FRP
Piping	PVC / PP / PE
Access Covers	Plastic / Cast Iron
Disinfectant (Optional)	Chlorine Tablets

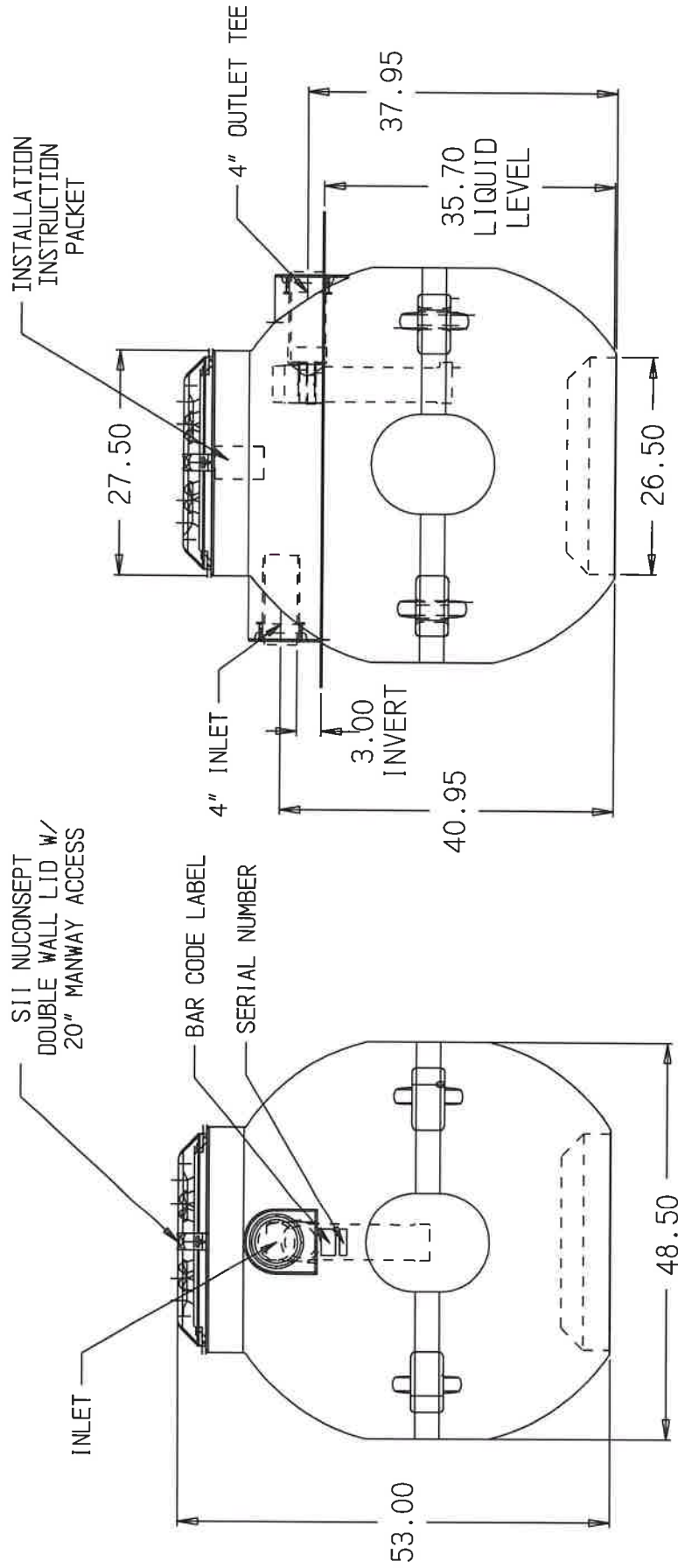
Windows OLE DB Provider

CE-5

Structural Drawing

DATE: 03/21/2020 SCALE: 1/2" = 1'

# SNYDER INDUSTRIES INC.



12" SEPTIC/CISTERN RISER WORKSHOP GREY [P/N 516000W95301] - OPTIONAL - NOT SHOWN

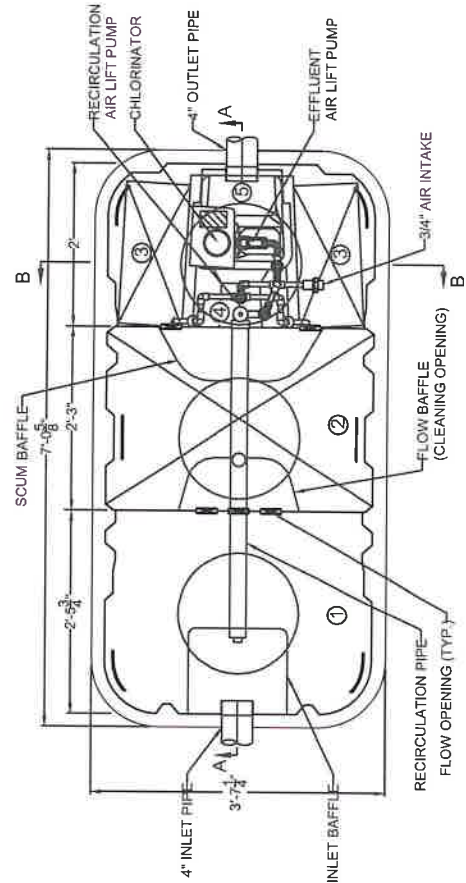
PART # TANK: 526000W95302 (M)  
HDLPE/WGRY

REF # 00000

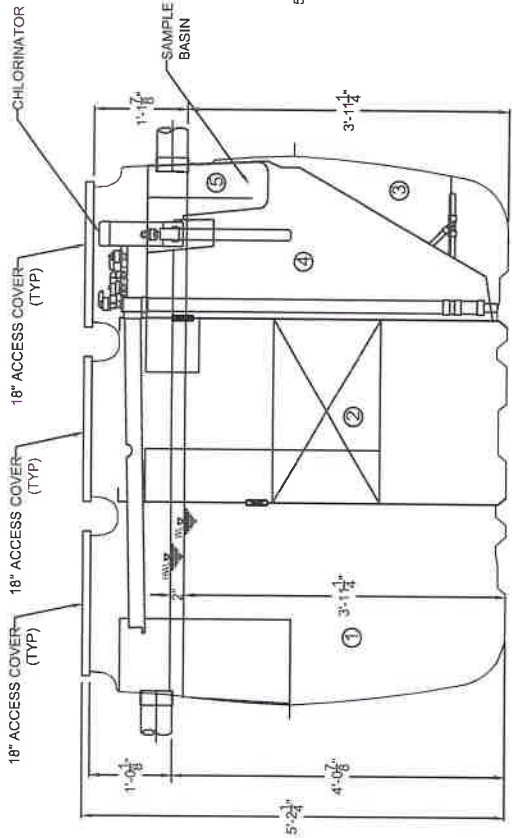
04/03/07

## 300 SPHERE SEPTIC PLUMBED

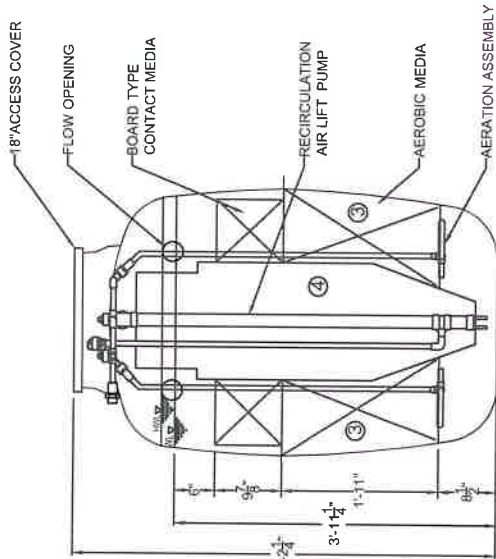




PLAN VIEW



SECTION A-A VIEW



SECTION B-B VIEW

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Piping	PVC / PP / PE
Access Covers	Plastic / Cast Iron
Disinfectant (Optional)	Chlorine Tablets

**EarthTech, Inc.**  
PO Box 73  
Vilonia, AR 72173  
rg.earthtechinc@gmail.com  
(501) 472 -1624

**WASTEWATER MAINTENANCE AGREEMENT**

For: Mathew Baldwin  
28 Cypress Loop  
Vilonia, AR 72173  
Mattbaldwin260@gmail.com  
(501) 858 8364

**SYSTEM DESIGN PARAMETERS:**

<b><u>CHARACTERISTIC</u></b>	<b><u>INFLUENT</u></b>		<b><u>EFFLUENT</u></b>	
FLOW	640	gpd	640	gpd
BOD	100-300	mg/L	30	mg/L
TSS	100-350	mg/L	30	mg/L
FECAL COLIFORM	NA	NA	< or = 200	cfu/100 ml
FOG	30	mg/L	NA	Mg/L
pH	6-9	s.u.	6-9	s.u.
DO	NA	NA	6.0	Inst. Min

*If the influent exceeds the above parameters, system modifications may be required.*

**SERVICES TO BE PERFORMED:**

- Inspect/Service Fujiclean CE5, dose tank, and add chlorine tablets a minimum of quarterly.
- Collect Samples and deliver to the lab a minimum of twice per year as required by the permit or as needed to insure permit compliance.
- Submit Discharge Monitoring Reports (DMR's) to EPA twice/year as required.

*Lab fees are not a part of this agreement. You will be billed separately by Arkansas Testing Laboratories, Searcy, Arkansas for the analysis.*

**TERMS:**

Owner acknowledges having received and read the attached "**Prohibited Items**"

The fee will cover 1 scheduled maintenance procedure each quarter.

If quarterly maintenance is not sufficient to achieve the permit discharge limits, additional visits will be billed at a minimum of \$150 each.

This agreement is for a minimum of 2 years and may be terminated by either party with a written notice.

Owner will not modify system or cover access lids.

All parts of the system must be accessible for service.

Owner is responsible for keeping site weeded/mowed.

Owner assumes responsibility of preventing fire ants from damaging electrical components.

Repairs or parts not under warranty are not included in this agreement.

Earthtech will not make repairs or replace parts without owner approval.

This agreement does not include pumping/solids removal.

Use of a garbage disposal may cause more frequent service and tank pump outs and may effect system performance.

Only domestic wastewater and toilet paper will be flushed or put down sanitary drains.



**(terms continued)**

Unscheduled repairs will be billed at \$100/hr. + material with a 1 hour minimum.

If the property/house/facility is sold, the owner agrees to provide Earthtech with the new owners contact information, and inform the new owner of the maintenance this system requires.

At the time of the system start up, the owner agrees to meet with a representative from Earthtech for a system walk through to discuss business practices and system operation.

**Prohibited Items:** The following items will harm the organisms in your FujiClean wastewater system and should not be flushed or put down a sanitary drain:

Baby/Hand Wipes

Rid-X

Excessive Bleach (dilute as instructed on the container)

Fabric Softeners

Paint and Paint Thinners

Motor Oil

Antifreeze

Antibiotics

Chemical De-clogging agents (Drano)

Septic Tank Additives (like RidX)

Water Softener Backwash

Cleaning Solutions containing Quaternary Ammonium

Sanitary Napkins

Feminine Products

Baby/Hand Wipes

Cigarette Butts

Dental Floss

Condoms

Kitty Litter

Paper Towels

Cooking Grease

Coffee Grounds

Fruit and Vegetable Peelings

Condensate from HVAC system

Floor Drains should not drain to the wastewater system

RV Wastewater/Odor control chemicals

**\$600 per year + cost of chlorine tablets**

(cost per tablet is based on current market at \$2.87 and subject to change)

DocuSigned by:  
  
CC46BFE2CBC540D  
Robert L. Goff, President  
Earthtech, Inc.

4/5/2024 | 1:58 PM CDT

DocuSigned by:  
  
DA2ACEA9B6C649B  
Mathew Baldwin  
Owner signature

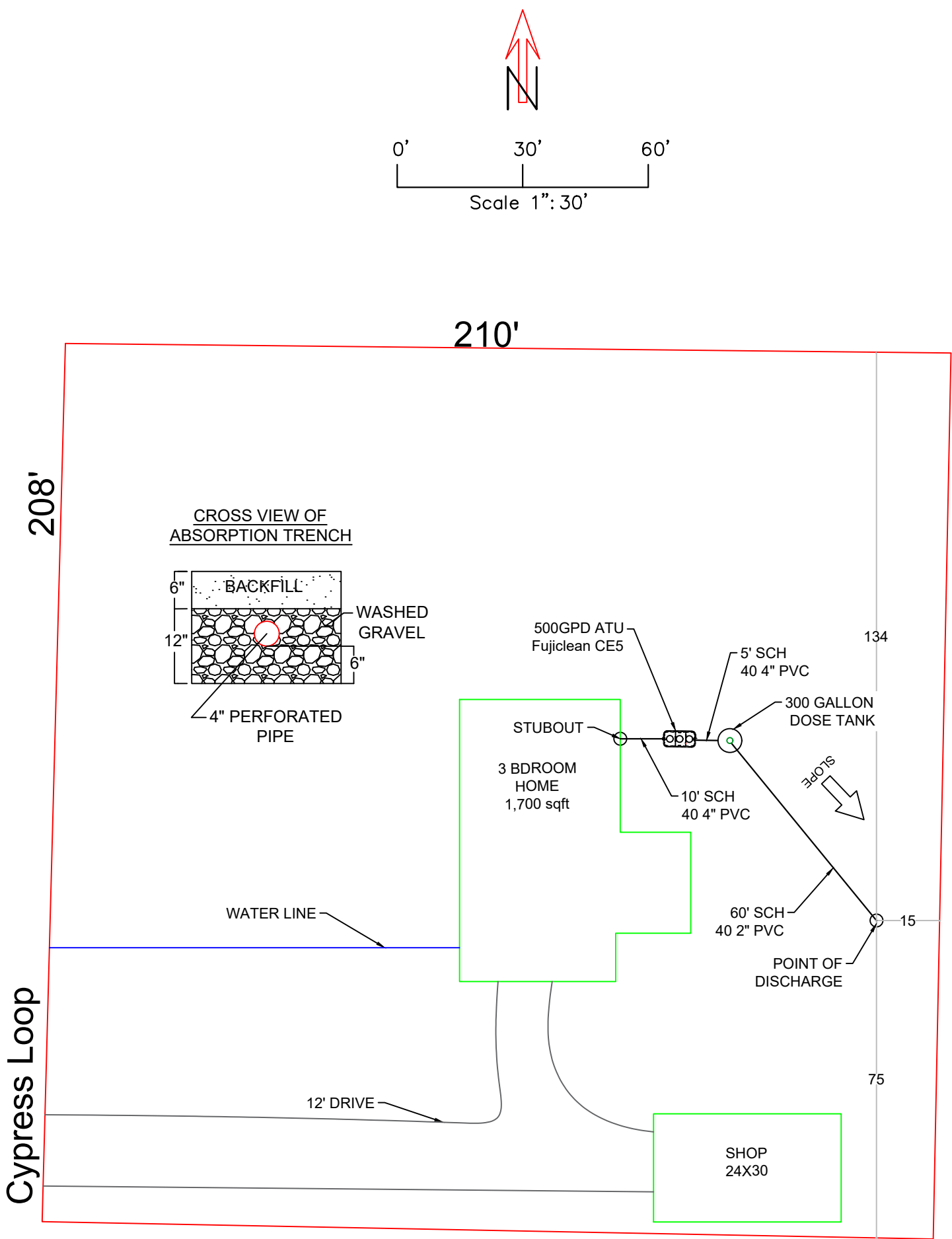
4/8/2024 | 7:20 AM PDT

**For Service Call:** Ethan (501) 269-7531

Caleb (501) 339-5552

Robert (501) 472 -1624

# ONSITE WASTEWATER PLANS



- SURFACE DISCHARGE ATU SYSTEM NOTES:
- 1. REPAIR TO AN EXISTING HOME, REQUESTING VARIANCE FOR SURFACE DISCHARGE SETBACKS.
  - 2. DISINFECTION BY CHLORINATION IN ATU CHLORINATION CHAMBER.
  - 3. INSTALL ATU INLET ACCORDING TO SHOT SHEET ELEVATIONS.
  - 4. INSTALL A 300 GALLON PUMP TANK ACCORDING TO SHOT SHEET ELEVATIONS.
  - 5. USE ZOELLER 50 SERIES PUMP TO DOSE WATER FROM DOSE TANK.
  - 6. USE FUJICLEAN CONTROL PANEL WITH HIGH WATER ALARM.
  - 7. ALL ELECTRICAL WORK FOR PUMP AND BLOWER SHOULD MEET STATE ELECTRICAL CODES.
  - 8. ALL MEASUREMENTS GIVEN IN FEET AND TENTHS UNLESS OTHERWISE NOTED.

<div>Sheet Number</div> <div>1</div>		Owners Name: Matthew Baldwin Acres: 1		Site Address: 28 Cypress Loop Vilonia AR 72173			
		Onsite Wastewater Plans By Mandy's Septic Solutions 501-266-3350 6080 Kerr Station Rd Cabot, AR 72023		No.	Description	Date	By
				1	Submittal	03/26/2024	WMDII