



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 #: HQ4-85FF-TNDDC, version 4)

Details

Reference # ARG550854
Submission ID HQ4-85FF-TNDDC
Submission Reason New

Form Input

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

[site map brad meara.pdf - 06/08/2024 09:51 PM](#)

Comment

NONE PROVIDED

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

[brad meara ADEQ permit app2.pdf - 06/08/2024 09:51 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)

John Bradley Meara

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name

John

Middle Name

Bradley

Last Name

Meara

Title

Homeowner

Phone Type

Home

Number

913-593-5059

Extension

Email

cbmeara@sbcglobal.net

Address

22250 SUNRISE COVE RD

GARFIELD, AR 72732

CORRECTION REQUEST (CORRECTED)

Incorrect spelling of permittee name

Please remove the semicolon from ";Meara"

Created on 6/26/2024 8:08 AM by **Ben Wilson**

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

John Bradley Meara

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

John

Middle Name

Bradley

Last Name

Meara

Title

Homeowner

Phone Type

Home

Number

9135935059

Extension

Email

cbmeara@sbcglobal.net

Facility/Site Address

22250 Sunrise Cove Road

Garfield, AR 72732

CORRECTION REQUEST (CORRECTED)

Incorrect spelling of permittee name

Same as above.

Created on 6/26/2024 8:08 AM by **Ben Wilson**

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

Benton

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

36.438211,-93.884366

Common SIC & NAICS Codes

| Facility Type | SIC Code | NAICS Code |
|---|----------|------------|
| Individual Homeowner (sewage treatment) | 4952 | 221320 |
| Solid Waste Landfill | 4953 | 562212 |

| Facility Type | SIC Code | NAICS Code |
|--|----------|------------|
| 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 |
|-------------|---------------|---------|
|-------------|---------------|---------|

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 |
|---------------|----------------|-------------------------|--------------------------|
| David Meints | 009055 | III | 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 | 36.438873 | -93.884351 | 500 GPD | Treated Sanitary Wastewater | Unnamed tributary into Beaver Lake | Aquasafe 500 w/tablet chlorinator | NONE PROVIDED |

| 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 |
|----------------|---------------|---------------|---|----------------------|--|--|-------------------|
| 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

NONE PROVIDED

First Name

David

Middle Name

NONE PROVIDED

Last Name

Meints

Title

Wastewater Operator III

Phone Type

Business

Number

501-821-3837

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

NONE PROVIDED

First Name

Middle Name

Last Name

John

Bradley

Meara

Title

Homeowner

Phone Type

Number

Extension

Home

913-593-5059

Email

cbmeara@sbcglobal.net

CORRECTION REQUEST (CORRECTED)

Incorrect Spelling of permittee name

Please remove the semicolon from ";Meara"

Created on 6/26/2024 8:07 AM by Ben Wilson

CORRECTION REQUEST (CORRECTED)

Submission has not been signed by responsible official

The submission was signed by Sam Dunn, please resubmit to obtain a signature from the responsible official

Created on 6/26/2024 8:07 AM by Ben Wilson

Revisions

| Revision | Revision Date | Revision By |
|------------|-------------------|-------------|
| Revision 1 | 6/8/2024 9:28 PM | Sam Dunn |
| Revision 2 | 7/1/2024 11:16 PM | Sam Dunn |
| Revision 3 | 7/1/2024 11:23 PM | Sam Dunn |
| Revision 4 | 7/2/2024 10:14 AM | Sam Dunn |

Brad Meara Property

22250 Sunrise Cove Road
Garfield, AR

Surface Discharge System
ATU: Aquasafe

Legend

- 📍 22250 Sunrise Cove Rd
- A Entrance to property 36.437710 -93.884961
- B Off Fall 36.438873 -93.884361

Off Fall 36.438873 -93.884361

22250 Sunrise Cove Rd

Entrance to property 36.437710 -93.884961

Google Earth

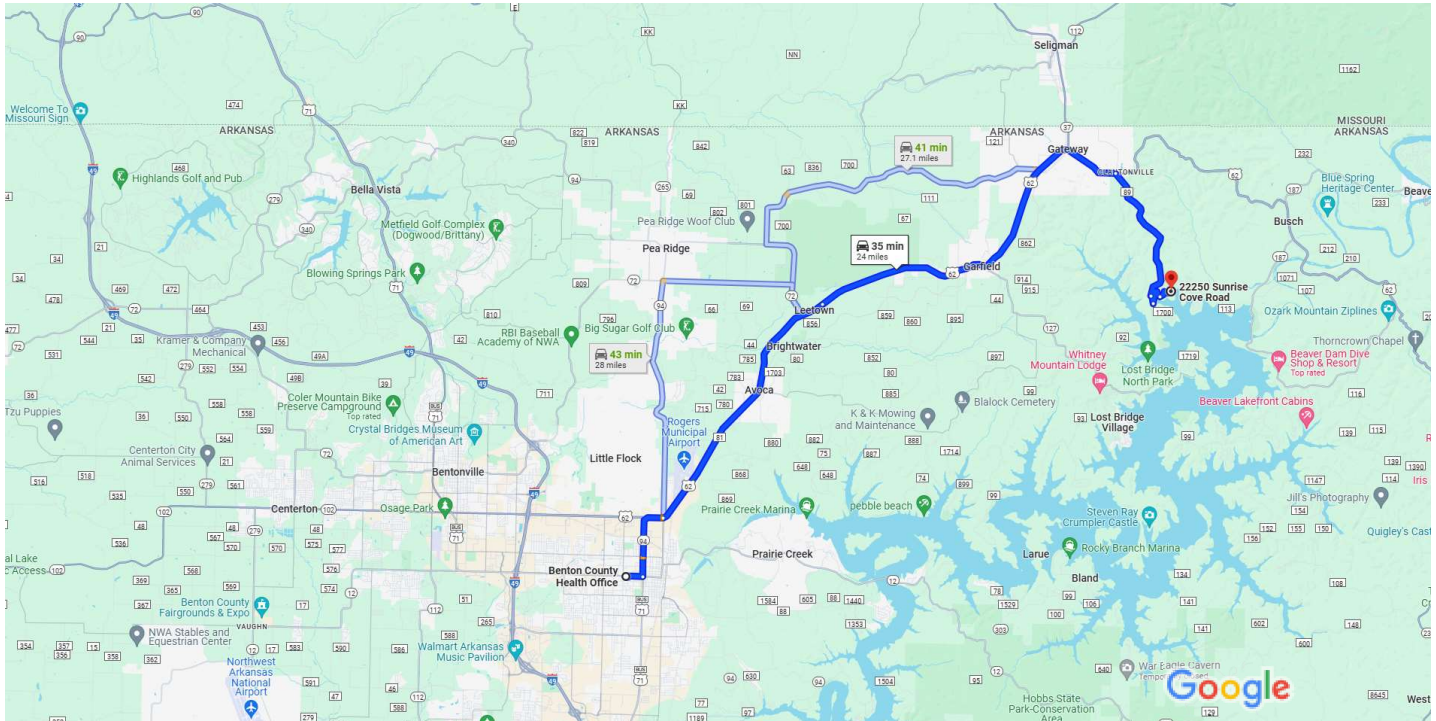
300 ft

N



Benton County Health Office, 1200 W Walnut St
#2200, Rogers, AR 72756 to 22250 Sunrise Cove Rd, Garfield, AR 72732

Drive 24.0 miles, 35 min



Map data ©2024 Google 2 mi

Benton County Health Office
1200 W Walnut St #2200, Rogers, AR 72756

Take AR-94 W to US-62 E

- ↑ 1. Head east toward S 12th St
354 ft
- ↶ 2. Turn left toward S 12th St
59 ft
- ↶ 3. Turn left onto S 12th St
171 ft
- ↷ 4. Turn right onto W Walnut St
Pass by Braum's Ice Cream & Dairy Store (on the right)
0.4 mi
- ↶ 5. Turn left onto AR-94 W/N 8th St
Continue to follow AR-94 W
1.9 mi

Follow US-62 E to Indian Creek Rd in Gateway

- ↑ 6. Continue onto US-62 E
7.0 mi

- ↑ 7. Continue straight to stay on US-62 E
-
- 9.7 mi

Follow Indian Creek Rd to Sunrise Rd/Sunrise Cove Rd

-
- ↪ 8. Turn right onto Indian Creek Rd
-
- 3.8 mi
- ↶ 9. Turn left onto Sunrise Cove Rd
-
- 0.2 mi
- ↶ 10. Turn left to stay on Sunrise Cove Rd
-
- 0.5 mi
- ↶ 11. Turn left onto Sunrise Rd/Sunrise Cove Rd
-
- 0.3 mi
- ↪ 12. Turn right to stay on Sunrise Rd/Sunrise Cove Rd
-
- 0.0 mi

22250 Sunrise Cove Rd
Garfield, AR 72732

**Arkansas Department of Health**

Environmental Health Protection

Received

AUG 3 2021

Benton Co Health Unit

Receipt Number

24514174

Individual Onsite Wastewater System Permit Application

Permit Type



New Installation



Alteration / Repair

DR Environmental ID #

7 6 0 1 0 9 7 7 0 6

| 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)**

- ☐ 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

John Bradley and Christine N. Meara

2. Phone Number

3. Mailing Address

22250 Sunrise Cove Road Garfield, AR 72732

4. County

Benton

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)

22250 Sunrise Cove Road Garfield, AR 72732

6. Subdivision Name

N/A

7. Approval Date

N/A

8. Date Recorded

N/A

9. Lot Number

N/A

10. Lot Dimensions

498 x 187 x 400 x 279 x 55 x 559

11. Total Area (Acres)

3.78

12. # Bedrooms # People

4

13. Daily Flow (GPD)

450

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)

SW1/4, SW1/4 Sec. 32, T-21-N, R27W

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

Garfield

16. GPS Coordinates

36.438113 -93.884406

17. Loading Rates

(gpd/ft²)

18. System Specifications

| | | | | | | | |
|------------------|----------|--------------------------|-----|-----------------|------------------------------|-----|-----------------|
| Primary Area | N/A | a. Size of Septic Tank | ATU | gal | f. Trench Depth | N/A | inches |
| Secondary Area | N/A | b. Size of Dose Tank | 300 | 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 | | N/A | | N/A in |
| Secondary Area | N/A | e. Length of Field Lines | N/A | ft | N/A | | 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 Option "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

Sam Dunn

R.S.

Title

Soil Certified ☒ Yes ☐ No

Print Name

Date

Phone Number

7-29-2021

479-997-5277

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

K. Kierans

#166

9.21.21

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 | 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 ²) |
| 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 | N/A | in | Clay content greater than 60% see attached soil report from BBB Septic Systems | | | | |
| Moderate | N/A | in | | | | | |
| Long | N/A | in | | | | | |
| Secondary Area | | | List Redoximorphic Features and/or Clay Content Restrictions | | | | |
| Brief | N/A | in | | | | | |
| Moderate | N/A | in | | | | | |
| Long | N/A | in | | | | | |
| Comments | | | | | | | |
| See Soil Lab Report on clay content. Report indicated clay content greater than 60%, Contour of property not suited for drip dispersal. | | | | | | | |

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 |

* 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 #

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

☐

Homeowner

☐

Builder/Developer

| Fee Schedule for Structures | ✓ |
|--|--------------------------|
| Structures 1500 sq ft or less | <input type="checkbox"/> |
| \$ 30.00 | <input type="checkbox"/> |
| Structures more than 1500 sq ft and up to 2000 sq ft | <input type="checkbox"/> |
| \$ 45.00 | <input type="checkbox"/> |
| Structures more than 2000 sq ft and up to 3000 sq ft | <input type="checkbox"/> |
| \$ 90.00 | <input type="checkbox"/> |
| Structures more than 3000 sq ft and up to 4000 sq ft | <input type="checkbox"/> |
| \$120.00 | <input type="checkbox"/> |
| Structures more than 4000 sq ft | <input type="checkbox"/> |
| \$150.00 | <input type="checkbox"/> |
| Alteration and Repair | <input type="checkbox"/> |
| \$ 30.00 | <input type="checkbox"/> |

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 22250 Sunrise Cove Road Garfield AR
(Address of Proposed System, City, State, Zip) 72732

I hereby attest there are 4 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

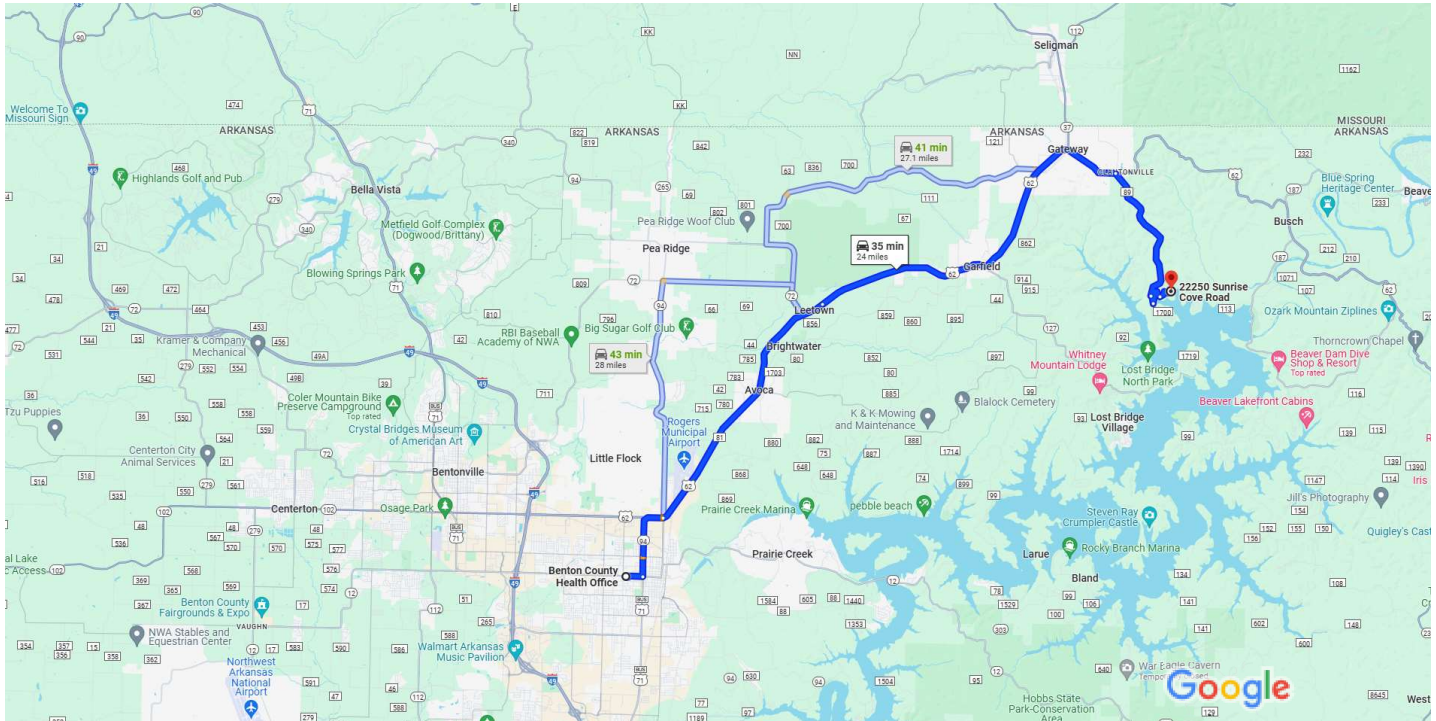
7/13/2021

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



Benton County Health Office, 1200 W Walnut St
#2200, Rogers, AR 72756 to 22250 Sunrise Cove Rd, Garfield, AR 72732

Drive 24.0 miles, 35 min



Map data ©2024 Google 2 mi

Benton County Health Office

1200 W Walnut St #2200, Rogers, AR 72756

Take AR-94 W to US-62 E

- ↑ 1. Head east toward S 12th St
354 ft
- ↶ 2. Turn left toward S 12th St
59 ft
- ↶ 3. Turn left onto S 12th St
171 ft
- ↷ 4. Turn right onto W Walnut St
Pass by Braum's Ice Cream & Dairy Store (on the right)
0.4 mi
- ↶ 5. Turn left onto AR-94 W/N 8th St
Continue to follow AR-94 W
1.9 mi

Follow US-62 E to Indian Creek Rd in Gateway

- ↑ 6. Continue onto US-62 E
7.0 mi

- ↑ 7. Continue straight to stay on US-62 E
-
- 9.7 mi

Follow Indian Creek Rd to Sunrise Rd/Sunrise Cove Rd

-
- ↪ 8. Turn right onto Indian Creek Rd
-
- 3.8 mi
- ↶ 9. Turn left onto Sunrise Cove Rd
-
- 0.2 mi
- ↶ 10. Turn left to stay on Sunrise Cove Rd
-
- 0.5 mi
- ↶ 11. Turn left onto Sunrise Rd/Sunrise Cove Rd
-
- 0.3 mi
- ↪ 12. Turn right to stay on Sunrise Rd/Sunrise Cove Rd
-
- 0.0 mi

22250 Sunrise Cove Rd
Garfield, AR 72732


Brad Meara Property

22250 Sunrise Cove Road
Garfield, AR


Surface Discharge System
ATU: Aquasafe

Legend

-  22250 Sunrise Cove Rd
-  ATU Location
-  Entrance to property 36.437710 -93.884961
-  Outfall 36.438873 -93.884361

 Outfall 36.438873 -93.884361

 ATU Location

 22250 Sunrise Cove Rd

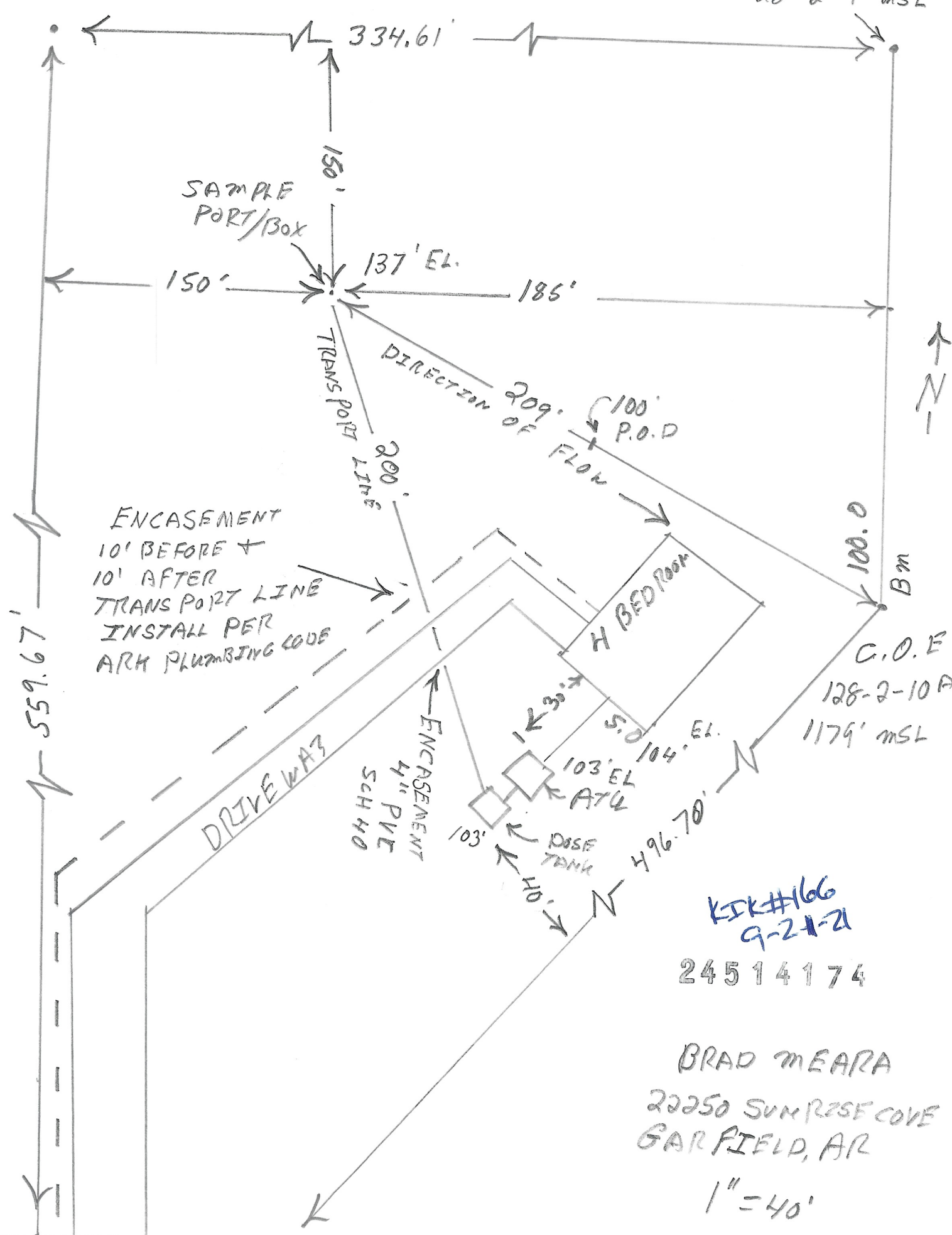
 Entrance to property 36.437710 -93.884961

Google Earth



400 ft

C.O.E 1164
128-2-9 mSL



KIK#166
9-21-21

245 141 74

BRAD MEARA
22250 SUNRISE COVE
GARFIELD, AR

1" = 40'

LEGEND

- MONUMENT FOUND (AS NOTED)
- WATER VALVE
- FIRE HYDRANT
- PROPERTY LINES

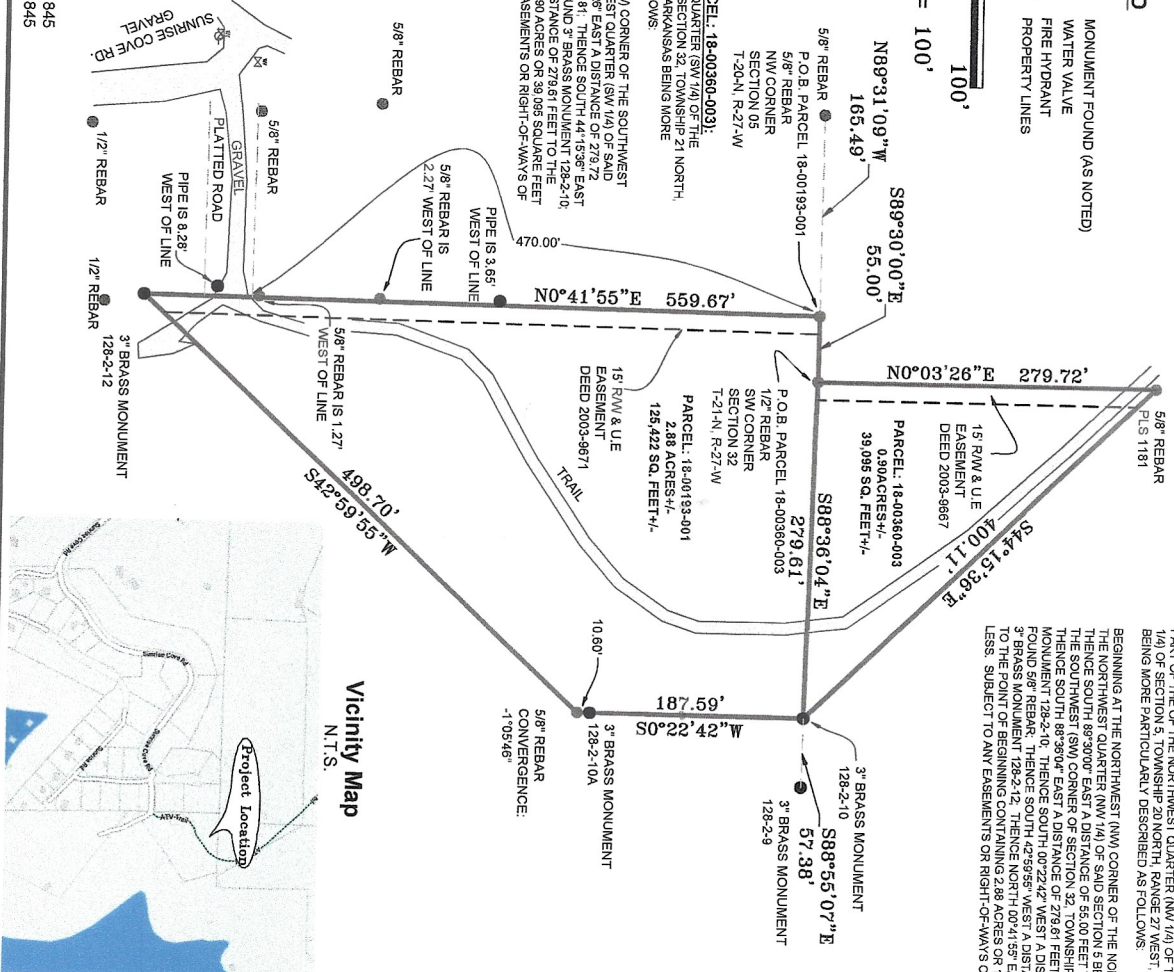


SCALE: 1" = 100'

SURVEY DESCRIPTION (PARCEL: 18-00360-003):
PART OF THE OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 32, TOWNSHIP 21 NORTH, RANGE 27 WEST, BENTON COUNTY, ARKANSAS BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST (SW) CORNER OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 32, TOWNSHIP 21 NORTH, RANGE 27 WEST, BENTON COUNTY, ARKANSAS BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

State Filing Code:
500-21N-27W-0-32-330-04-1845
500-20N-27W-0-05-440-04-1845



Vicinity Map
N.T.S.

SURVEY DESCRIPTION (PARCEL: 18-00193-001):
PART OF THE OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 32, TOWNSHIP 21 NORTH, RANGE 27 WEST, BENTON COUNTY, ARKANSAS BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHWEST (NW) CORNER OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 32, TOWNSHIP 21 NORTH, RANGE 27 WEST, BENTON COUNTY, ARKANSAS BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

Notes:

- Except as specifically stated or shown on this plat, the survey does not purport to reflect any of the following which may be applicable to the subject real estate:

Easements, other than possible easements which were visible at the time of making of this survey; building setbacks; lines; restrictive covenants; subdivision restrictions; zoning or other land-use regulations; or any other facts which an accurate and current title search may disclose.

- Every document of record reviewed and considered as a part of this survey is noted hereon. Only the documents noted hereon were supplied to the surveyor.

- This plat represents a boundary survey of the parcel recorded in Deed Records, Book 2003, Page 9667 & Book 2014, Page 34851 at the Office of the Circuit Clerk, Benton County, Arkansas.

- Basis of Bearings: Arkansas State Plane System (North Zone (NAD83)).

- This survey is valid only if the drawing includes the seal and signature of the surveyor.

- This survey meets current Arkansas Minimum Standards for Property Boundary Surveys and Plats.

- This survey is based on a Title Commitment #20-4298 supplied by PCL Advance Title, LLC, and dated 05/21/2020 at 8:00 AM.

- Dedication is made to the original purchaser of the survey and is not transferable to any additional institutions or subsequent owners.

- This property is currently zoned Benton County.

- Building setbacks for zone Benton County are as follows:

Front 25 Feet
Side (Interior) 10 Feet
Side (R.O.W) 25 Feet
Rear 10 Feet

- Subsurface and environmental conditions were not examined nor considered a part of this survey.

- No attempt has been made as a part of this boundary survey to obtain or show data concerning existence, size, depth, condition, capacity, or location of any utility or facilities.

- (BY GRAPHICAL PLOTTING ONLY)

This property is not located within any presently established 100-year flood plain as determined by the National Flood Insurance Program, flood insurance rate map for Benton County, Arkansas, Map Number 05007C0135L, Revised date 09/28/2007.

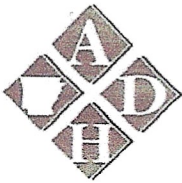
Boundary Survey for:
John & Christine Meara

JLS
James Layout Services, LLC
P.O. Box 6117
Farmingington, Arkansas 72720
Telephone: (479) 439-9929
survey@jlsnwa.com

Project Data
Job Number: 20-164 BOUNDARY
Date: 06/12/2020
System: AR SPC North Zone
Field Op.: W.A.
Drawn By: N.R.
Checked By: M.J.
Scale: 1"=100'
Sheet 1 of 1
Revision 0



Recording Information



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 ≥ 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: _____

7/13/2021

DATE: _____

9-21-21

Equipment and Pipe Specification

Brad Meara Project

Revision 03/05/2024

AquaSafe AS500L 5+5
500 Gallon Per Day System

Pipe

All piping shall be Schedule 40 unless otherwise noted

Stub out to ATU inlet 4inch

ATU outlet to pump tank 4 Inch

Pump Discharge Assembly
1.25 inch

Transport Line

1.0 inch

Pump

Turbine, 1.25 inch discharge

Sta Rite STEP10X50FT

120 volt 50 ft. cord

Pump discharge assembly shall include a check valve. A weep hole shall be drilled between the check valve and pump.

Pump Tank

Included with AS Series Treatment Unit

500 Gallon Capacity

Control Panel

SJE Rhombus

EZS21W914X3A6A8AC10E15A 120 volt only

All electrical wiring to panel shall be in conduit.

Conduit from control panel to pump tank riser shall be 2 inch

Conduit seal in riser shall be 3 hole sealing plug

Chlorine unit

AquaSafe

Tablet Chlorinator

Float Tree Bracket and Float Cord Holders

Gag Simtech

STF 106 FTB 1.25 Float Tree Bracket
STF-FHPB 1.25 Float Holder

Gag Sim/Tech No Vault Pump Filter

(see attached spec, sheet for all products)

SAMPLE BOX

