



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-QM4F-QV9CW, version 1)

Details

Submission ID HQ4-QM4F-QV9CW

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

AbbottLaura50to1.pdf - 06/28/2024 01:51 PM

Comment

NONE PROVIDED

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

abbott_20240626131822.pdf - 06/28/2024 01:51 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)

Laura Abbott

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
LAURA	NONE PROVIDED	ABBOTT

Title

NONE PROVIDED

Phone Type	Number	Extension
Mobile	501-350-5080	

Email

mabbott347@yahoo.com

Address

316 Julia Chambers Dr
Jacksonville, AR 72076

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

316 Juilia Chambers Dr

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

LAURA

Middle Name

NONE PROVIDED

Last Name

ABBOTT

Title

HomeOwner

Phone Type

Mobile

Number

501-350-5080

Extension**Email**

mabbott347@yahoo.com

Facility/Site Address

316 Julia Chambers Dr

Jacksonville, AR 72076

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

Lonoke

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

34.849480,-92.028380

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	34.849480	-92.028380	370	Domestic household wastewater	Bayou two praire into Skinners branch	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:

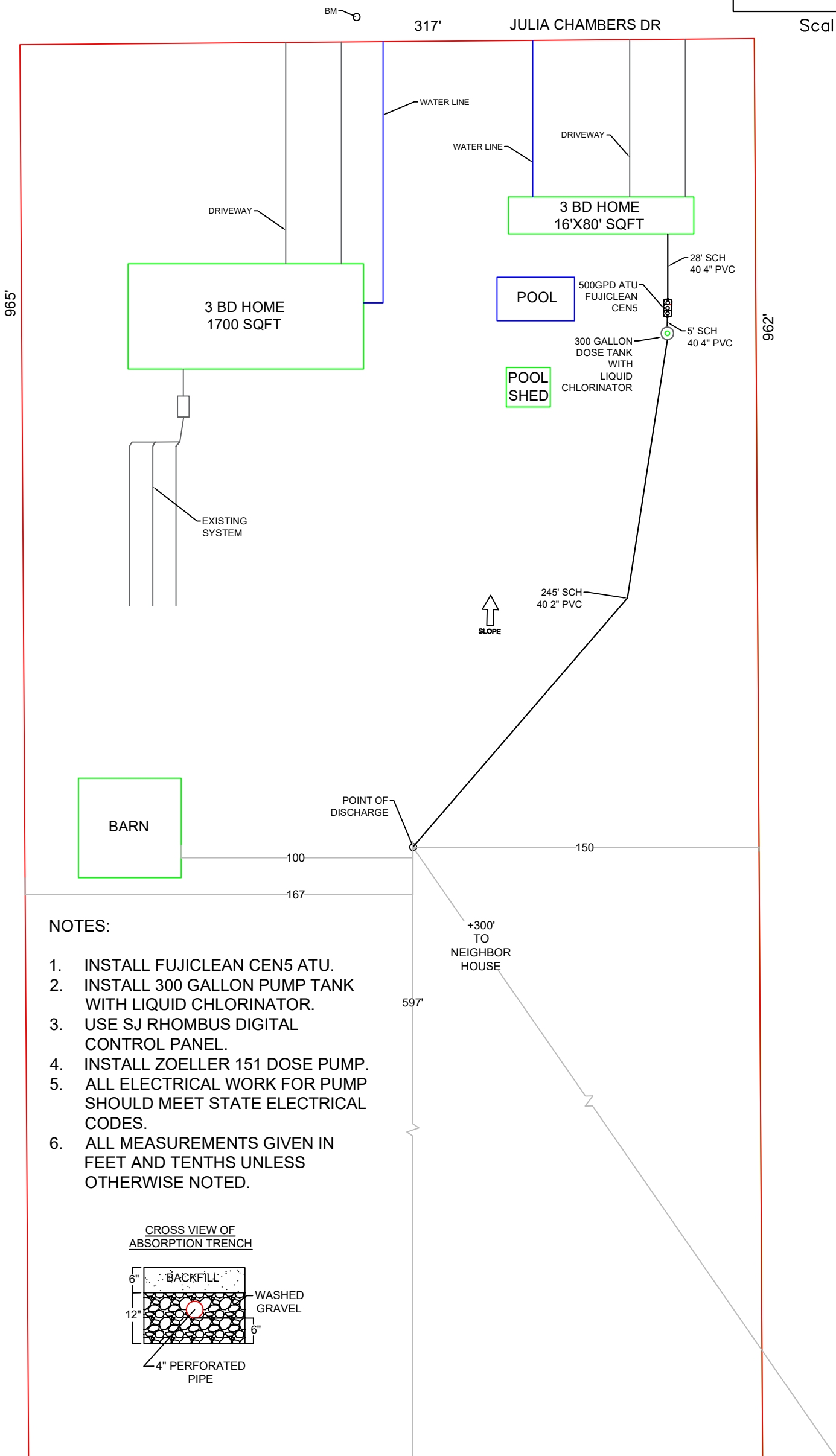
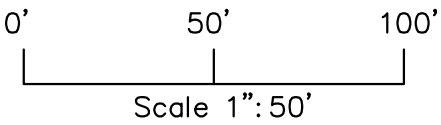
- a. The chief executive officer of the agency; or
- b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.

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		
First Name	Middle Name	Last Name
LAURA	NONE PROVIDED	ABBOTT
Title		
HomeOwner		
Phone Type	Number	Extension
Mobile	501-350-5080	
Email		
mabbott347@yahoo.com		

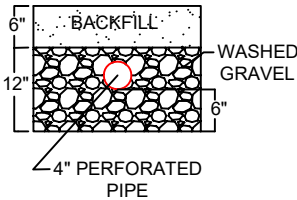
ONSITE WASTEWATER PLANS



NOTES:

- 1. INSTALL FUJICLEAN CEN5 ATU.
- 2. INSTALL 300 GALLON PUMP TANK WITH LIQUID CHLORINATOR.
- 3. USE SJ RHOMBUS DIGITAL CONTROL PANEL.
- 4. INSTALL ZOELLER 151 DOSE PUMP.
- 5. ALL ELECTRICAL WORK FOR PUMP SHOULD MEET STATE ELECTRICAL CODES.
- 6. ALL MEASUREMENTS GIVEN IN FEET AND TENTHS UNLESS OTHERWISE NOTED.

CROSS VIEW OF
ABSORPTION TRENCH



Owners Name:
Laura Abbott
Acres: 7

Onsite Wastewater Plans By
Mandy's Septic Solutions
501-266-3350
6080 Kerr Station Rd
Cabot, AR 72023

Site Address:
316 Julia Chambers Dr
Jacksonville, AR 72076

No.	Description	Date	By
1	Submittal	05/28/2024	WMDII



Receipt Number
26789812

Permit Type ☒ New Installation
☐ Alteration / Repair

0	0	0	1	3	9	4	4	9	5	5
---	---	---	---	---	---	---	---	---	---	---

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

Disposal Method (check one)

<input type="checkbox"/> STD = Standard Septic Tank <input type="checkbox"/> ISF = Intermittent Sand Filter <input type="checkbox"/> PMF = Proprietary Media Filter <input type="checkbox"/> OTH = Other (Describe)		<input checked="" type="checkbox"/> ATU = Aerobic Treatment Unit <input type="checkbox"/> RSF = Re-circulating Sand Filter <input type="checkbox"/> RGF = Re-circulating Gravel Filter <input type="checkbox"/> HLD = Holding Tank		<input type="checkbox"/> STD = Standard Absorption Field <input checked="" type="checkbox"/> SUR = Surface Discharge <input type="checkbox"/> CPF = Capping Fill <input type="checkbox"/> OTH = Other		<input type="checkbox"/> LPD = Low Pressure Distribution <input type="checkbox"/> HLD = Holding Tank <input type="checkbox"/> SRL = Serial Distribution <input type="checkbox"/> DRP = Drip Irrigation	
1. Owner's/Applicant's Name <div style="text-align: center;">Laura Abbott</div>				2. Phone Number <div style="text-align: center;">501-350-5080</div>			
3. Mailing Address 316 Julia Chambers Dr Jacksonville, AR 72076				4. County <div style="text-align: center;">Lonoke</div>			
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 316 Julia Chambers Dr Jacksonville, AR 72076							
6. Subdivision Name <div style="text-align: center;">JULIA CHAMBERS SUB</div>		7. Approval Date <div style="text-align: center;">NA</div>		8. Date Recorded <div style="text-align: center;">NA</div>		9. Lot Number <div style="text-align: center;">51, 52</div>	
10. Lot Dimensions <div style="text-align: center;">965' X 317' X 962' X 317'</div>		11. Total Area (Acres) <div style="text-align: center;">7</div>		12. # Bedrooms # People <div style="text-align: center;">3</div>		13. Daily Flow (GPD) <div style="text-align: center;">370</div>	
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) SEC 36-T3N-R10W Parcel: 245-00051-000, 245-00052-000							
15. Water Supply (Specify supplier, if Public Water) <div style="text-align: center;">Mid State</div>				16. GPS Coordinates <div style="text-align: center;">34.849480°N -92.028380°W</div>			
17. Loading Rates (gpd/ft²)		18. System Specifications					
Primary Area	NA	a. Size of Septic Tank	CEN5	gal	f. Trench Depth	NA	inches
Secondary Area	NA	b. Size of Dose Tank	NA	gal	g. Trench Spacing	NA	feet
Percolation Test	(min/in)	c. Absorption Area	NA	ft²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	NA	d. Number of Field Lines	NA				in
Secondary Area	NA	e. Length of Field Lines	NA	ft			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 <div style="text-align: center;">Laura Abbott</div>				Date <div style="text-align: center;">5/31/2024</div>			
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 <div style="text-align: center;">DAVID GARRINGER</div>				DR Soil Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Dr training <div style="text-align: center;">David Garringer #00013944955</div>				Date <div style="text-align: center;">05/23/2024</div>			
Print Name 				Phone Number <div style="text-align: center;">501-772-2355</div>			
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 <div style="text-align: center;">836</div>				Date <div style="text-align: center;">6-13-2024</div>			

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)
NA	Surf	Surf	20	NA	NA	LOW	NO LOAD
23. Soil Criteria (Secondary Area)				Indicate the depth to items a-f, if observed in the soil (designate inches)			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft ²)
NA	NA	NA	NA	NA	NA	NA	NA
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	Surf	in	Chroma 3 depletions and iron concentrations				
Moderate	Surf	in	Chroma 3 > 30% or Chroma 2 depletions				
Long	20	in	Chroma 2 Depletions greater than 50% of matrix				
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	NA	in	Chroma 3 depletions and iron concentrations				
Moderate	NA	in	Chroma 3 > 30% or Chroma 2 depletions				
Long	NA	in	Chroma 2 Depletions greater than 50% of matrix				
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 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



Individual Onsite Wastewater System Permit Application

Permit Type

- ☐ New Installation
☒ Alteration / Repair

DR Environmental ID #

00013944955

☒ Homeowner

☐ Builder/Developer

Fee Schedule for Onsite WWS	
Structures 1500 sq ft or less	<input type="checkbox"/>
\$ 70.00	
Structures more than 1500 sq ft and up to 2000 sq ft	<input type="checkbox"/>
\$ 45.00	
Structures more than 2000 sq ft and up to 3000 sq ft	<input type="checkbox"/>
\$ 60.00	
Structures more than 3000 sq ft and up to 4000 sq ft	<input type="checkbox"/>
\$ 120.00	
Structures more than 4000 sq ft	<input type="checkbox"/>
\$ 150.00	
Alteration and Repair	<input checked="" type="checkbox"/>
\$ 30.00	

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 316 Julia Chamber Dr Jacksonville AR 72076
(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.

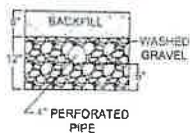
As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature MaAt Abbott

Date _____

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

CROSS VIEW OF
ABSORPTION TRENCH



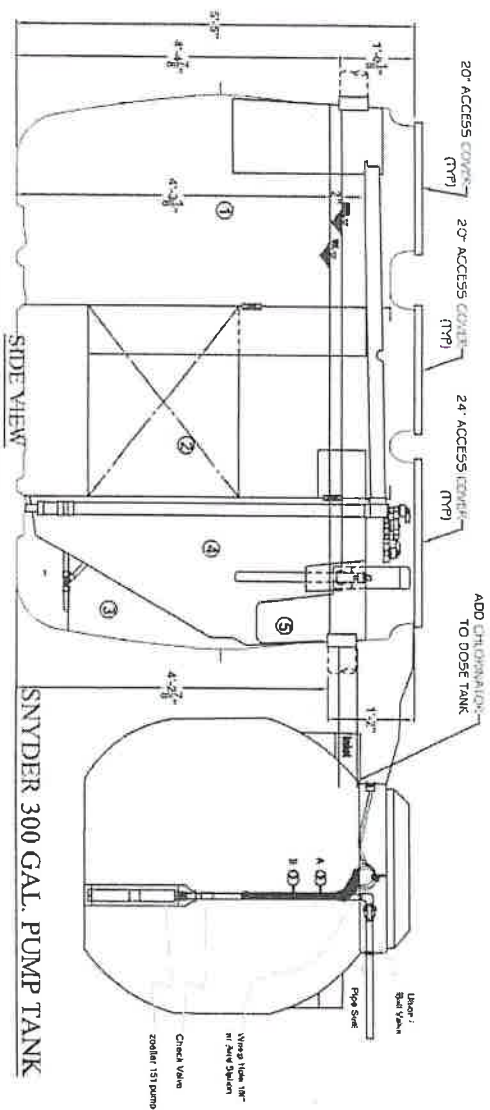
Mandy's
Septic
Solutions

Site Address:
316 Julia Chambers Dr
Jacksonville, AR 72076

No.	Description	Date	By
1	Submittal	05/28/2024	WMDII

Sheet
Number

SECTION B-B VIEW



SECTION A-A VIEW

FUCICLEAN CEN 5 TREATMENT UNIT

See Installation Manual for
Bedding/Anchor Instructions

SNYDER 300 GAL. PUMP TANK



Zoeller Company

System Head Curve and Pump Selection Tool

Static Head Information Static Head - elevation difference from low water to outfall System high point above outfall?		5.0 feet No
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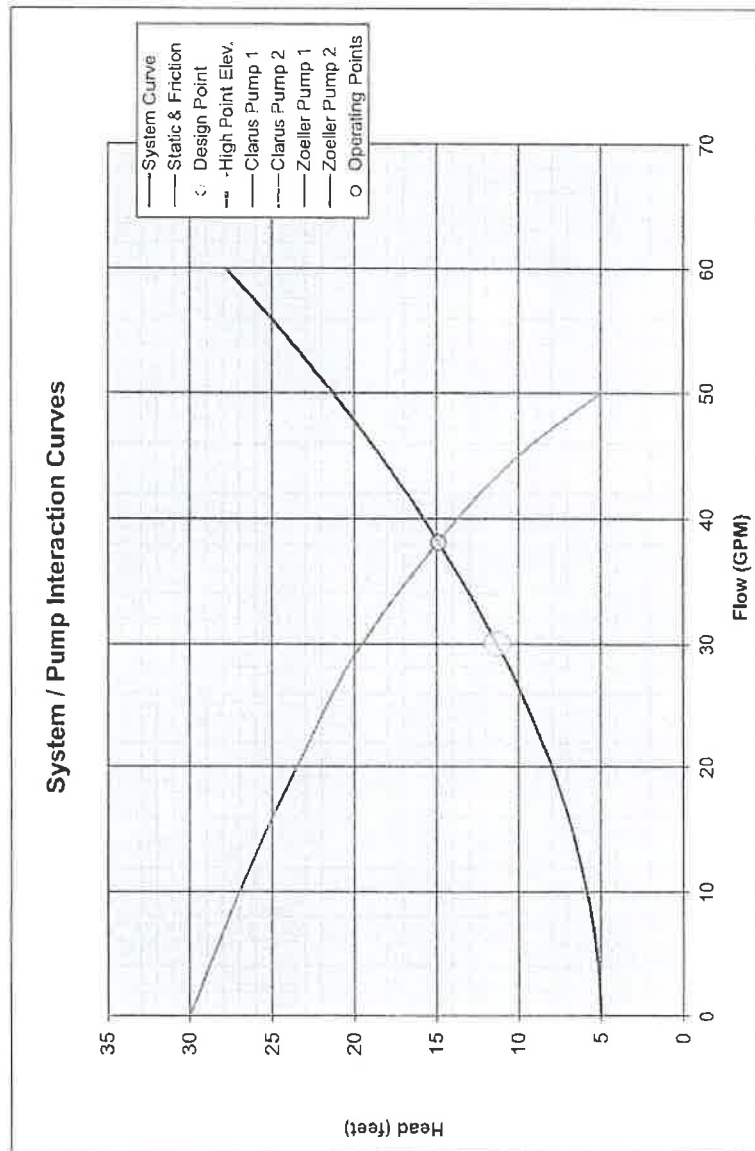
Friction Head Information Pipe How many different pipes in the system (not counting laterals)? Pipe 1 Length Pipe 1 Size Pipe 1 Class		1 245 feet 2 inches SCH 40
Pre-saturated Lateral?		No

Fittings & Discharge Assemblies Type	Size	Quantity	Flow
90 Elbow	2 inches	2	100 %
Check Valve	2 inches	1	100 %

Special Friction Considerations Weep Hole Add-in Friction Automatic Multizone Valve? Pressure Filler?	No 15 % of Pipe Loss No No
--	-------------------------------------

Operating Head Information System Type	Specify Flow Requirement?
Non-Pressurized	Yes

Factors and Coefficients Hazen-Williams C Factor Discharge Coefficient (Cd) Internal Design Mode	130 0.61 Off
--	--------------------



Flow Requirement	30 GPM
------------------	--------

Pump Selection	60 Hz	Frequency
Clarus Environmental Pumps		
Clarus Pump 1		
Clarus Pump 2		
Zealor Pump Company Pumps		
Zealor Pump 1	15.1, 0.30p, 60Hz	38.2 GPM @ 14.0'
Zealor Pump 2		

Design Point 30.0 GPM @ 11.3' TDH	Curve Zoom Range	60 GPM
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Project Data	Notes
Project Name	
Project Address	
Contact Info	

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

DIGITAL AEROBIC PANEL



Designed for Aerobic Systems! This simplex control panel controls and monitors an **air compressor**, **effluent pump**, and **high water level conditions** in aerobic wastewater treatment applications. Beacon indicates two different alarm conditions.

FEATURES

- NEMA 4X weatherproof enclosure
- 120 VAC pump breaker, compressor alarm breaker
- Alarm/Test/Silence switch
- Terminal block for easy installation
- Compressor low amperage alarm
- 24 hour pump timer
- Solid red beacon for high water alarm; flashing red beacon for compressor alarm



Preliminary Rev 02/24
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www.sjerrhombus.com Toll Free 888-342-5753 Phone 218-847-1317



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: _____

DocuSigned by:
Shane Abbott
6612A9597056126
(Property Owner)

SIGNED: _____

Jamie K. Smith, RS
(Health Department)

DATE: _____

5/31/2024

DATE: _____

6-13-2024

No

ABBOTT, LAURA M & MATTHEW G

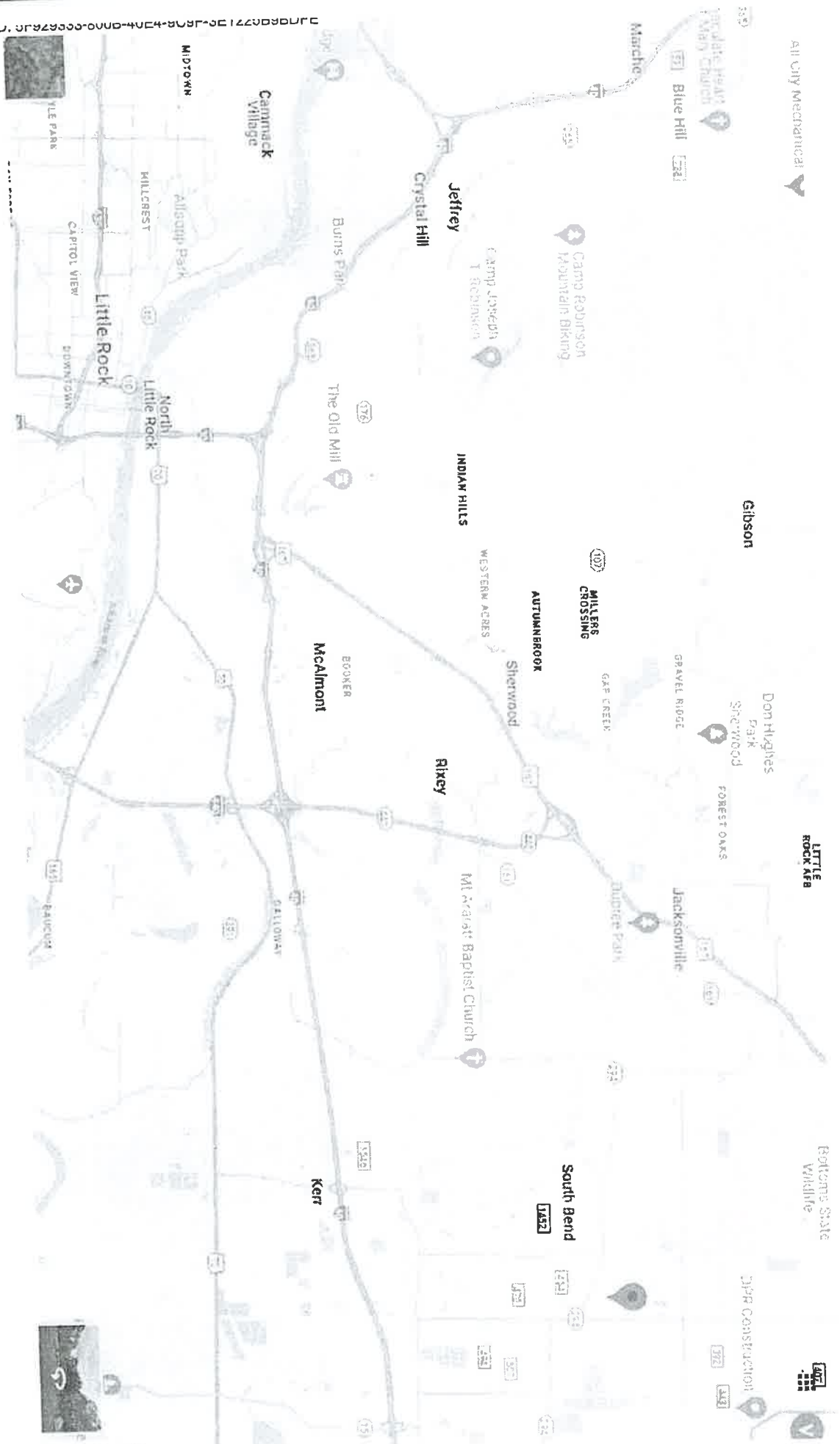
316 JULIA CHAMBERS DR
JACKSONVILLE, AR 72076

Basic Land Sales Valuation Taxes Receipts Improvements Parcel Boundary

Basic Info

Parcel Number:	245-00052-000
County Name:	Lonoke County
Property Address:	ABBOTT, LAURA M & MATTHEW G 316 JULIA CHAMBERS DR JACKSONVILLE, AR 72076 Map This Address
Mailing Address:	ABBOTT, LAURA M & MATTHEW G 316 JULIA CHAMBERS DR JACKSONVILLE AR 72076
Collector's Mailing Address ⓘ:	*CORELOGIC #2 - 2023 - MAIN 3001 HACKBERRY RD IRVING, TX 75063
Total Acres:	0.00
Timber Acres:	0.00
Sec-Twp-Rng:	36-3N-10
Lot/Block:	52/
Subdivision:	JULIA CHAMBERS SUB
Legal Description:	
School District:	1 LONOKE, RURAL
Improvement Districts:	SOUTH BEND FIRE DIST
Homestead Parcel?:	Yes
Tax Status:	Taxable
Over 65?:	No

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All City Mechanical

Gibson

LITTLE ROCK AR

Bottom State Wildlife

Open Construction

