



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-MMG1-74VEY, version 1)

Details

Submission ID HQ4-MMG1-74VEY

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

Shirley Austin App 5-9-24 Miller Fouke copy (dragged).pdf - 06/24/2024 06:24 PM

Comment

NONE PROVIDED

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

ADH EHP19.pdf - 06/24/2024 06:24 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)

Shirley Austin

Permittee Type

Individual Homeowner

Permittee Mailing Information

Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Shirley	NONE PROVIDED	Austin

Title

Homeowner

Phone Type	Number	Extension
Mobile	214-304-1070	

Email

shirleyh708@aol.com

Address

119 PLAZA W
TEXARKANA, TX 75501

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

No

Invoice Address**Prefix***NONE PROVIDED***First Name Middle Name Last Name***Shirley NONE PROVIDED Austin***Title***Homeowner***Phone Type Number Extension***Mobile 214-304-1070***Email***shirleyh708@aol.com***Address***33 Private Rd 1235**Fouke, AR 71837***Is there an active consultant for this facility?***Yes***Consultant Information****Prefix***NONE PROVIDED***First Name Middle Name Last Name***Sheldon NONE PROVIDED Hadley***Title***Owner***Consulting Firm Name***Hadley Environmental***Phone Type Number Extension***Mobile 870-703-7165***Email***sheldon.hadley@me.com***Address***1814 E 28th St**Hope, AR 71801**United States***Facility/Site Information****Facility/Site Name***Shirley Austin ATU***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

Shirley

Middle Name

NONE PROVIDED

Last Name

Austin

Title

Homeowner

Phone Type

Mobile

Number

214-304-1070

Extension**Email**

shirleyh708@aol.com

Facility/Site Address

33 Private Rd. 1235

Fouke, AR 71837

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

Miller

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

33.24463838034262,-93.8923699728775

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
Sheldon Hadley	007836	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	33.244930	-93.893180	270	Treated Human Waste	Unknown Tributary to Boggy Creek to Days Creek to Sulphur River to Red River	Norweco Singulair Green with Cl2	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
Shirley	NONE PROVIDED	Austin
Title		
Homeowner		
Phone Type	Number	Extension
Mobile	214-304-1070	
Email		
shirleyh708@aol.com		



Arkansas Department of Health
Environmental Health Protection

Receipt Number

26752716

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

5 0 0 1 0 0 0 0 1 5

Fee Schedule for Structures

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

Part 1 Application

Treatment Type (check one)

Disposal Method (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
- ☐ 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
SHIRLEY AUSTIN

2. Phone Number
214-304-1070

3. Mailing Address
119 PLAZA WEST, TEXARKANA, AR. 75501

4. County
MILLER

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
33 PRIVATE ROAD 1235 FOUKE, AR. 71837

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
LOT 6 + ADJOINING ACRE

10. Lot Dimensions
567.32X218.77'X199.11'X295.01'X367.94'X525.05'

11. Total Area (Acres)
4.0 ACRES

12. # Bedrooms # People
2

13. Daily Flow (GPD)
270

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
NW1/4, SW1/4 OF SEC 27, T-17-S, R-27-W.

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

16. GPS Coordinates
LAT: 33.244930 / LONG: -93.893180

17. Loading Rates

(gpd/ft²)

18. System Specifications

Primary Area	NOLOAD	a. Size of Septic Tank	ATU	gal	f. Trench Depth	N/A	inches
Secondary Area	NOLOAD	b. Size of Dose Tank	300 MIN.	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		NORWECO SINGULAIR GREEN/CL2	N/A	in
Secondary Area	N/A	e. Length of Field Lines	NA	ft	NORWECO SINGULAIR GREEN/CL2	N/A	in

TO THE OWNER

The permit for construction may be deemed invalid by the local Environmental Health Specialist before the start of construction, if the site and/or soil conditions have changed after approval of this permit, or if the information within this permit is inaccurate or has been found to be misrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states that the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Wastewater Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the date of approval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.

19. Utilization Verification

I hereby attest that item 12, the number of bedrooms (number of persons for commercial) and square footage of the structure that will utilize the designed individual onsite wastewater system in this permit application, is accurate. I have reviewed the permit application and understand the layout, installation, maintenance, operation and expense(s) that may be associated with this system.

Owner/Applicant Signature

SEE ATTACHED EHP19-OPT-A

Date

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

Designated Representative Signature

SHELDON HADLEY

Print Name

DESIGNATED REP

Soil Certified ☒ Yes ☐ No

Title

5-9-24

Date

870-703-7165

Phone Number

21. Approval of Health Authority

The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature

EHS Number

Date

