# ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

Digitally signed by:
nform
DPEPORTALIIS.ADPCEDM
Date: 2024.06.24 18:50:47 -05:00
Reason: Copy Of Record
Location: North Little Rock, Arkansas

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.adeg.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: <a href="https://arkansasdeg.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15">https://arkansasdeg.maps.arcgis.com/apps/webappviewer/index.html?id=fb5a6aa70fd940cda4c9a3d7bc2fbb15</a>

## Site Map

Please attach a site map that shows the following:

Entrance/driveway of the facility/residence,

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- 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 lnc.), 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:

<u>Arkansas Secretary of State</u>

# Permittee (Legal Name)

Shirley Austin

# **Permitee 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

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## **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).

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Facility/ Site Information

**Facility/Site Contact** 

**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 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

<u> </u>		
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
Sheldon Hadley	007836	II	N/A

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# **Discharge/Outfall Information**

# **Receiving Stream Information**

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

**Aquaview** 

The outfall latitude and longitude must be entered in decimal format (like 36.1234, -92.1234). Do you have a Degree/Minute/Second measurement (like 36.21234.56", 92.21234.56") that you need to convert?

## **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	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED
NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	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

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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

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# Arkansas Department of Health Environmental Health Protection

26752716

Str = Intermittent Sand Filter   R5F = Re-circulating Sand Filter   R6F = Re-circulating Gravel Filter   R6F = Re-circulating Gravel Filter   G7F = Recirculating Gravel Filter   G7F = Capping Fill   G7F = Other Oth	Onsite Wastewater	System Permit A	pplication			Fee Schedule fo	or Struct	ures		V	
Alteration / Repair	×	New Installation		Structu	es 1500	sq ft or less	THE STATE OF		\$ 30.00	$\boxtimes$	
Structures more than 2000 sq ft and up to 3000 sq ft \$ 30.00  Part 1 Application				Structu	es more	than 1500 sq ft and	up to 20	00 sq ft	\$ 45.00		
Structures more than 4000 sq ft   S150.00		Alteration / Repair		Structur	es more	than 2000 sq ft and	up to 30	00 sq ft	\$ 90.00		
Alteration and Repair   S 30.00	ental ID #			Structur	es more	than 3000 sq ft and	up to 40	00 sq ft	\$120.00		
Alteration and Repair  Application  Treatment Type (check one)  STD = Standard Septic Tark STD = Standard Absorption Field SF = Infermettent Sand Filter PMF = Proprietary Media Filter OTH = Other (Describe)	1 0 0 0	0 1 5	THE STATE OF	Structur	es more	than 4000 sq ft			\$150.00		
STD = Standard Septic Tank ISF = Intermetent Stand Filter   RSF = Re-circulating Sand Filter   CPF = Capping Fill   PI-D Re-circulation SRL   PR-circulating	, 0 0 0	0 1 0		Alteration and Repair				- 231 AV	\$ 30.00		
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2. Phone Number 214-304-1070  3. Mailing Address 19 PLAZA WEST, TEXARKANA, AR. 75501  4. Mailing Address 19 PLAZA WEST, TEXARKANA, AR. 75501  5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 3 PLAZA WEST, TEXARKANA, AR. 75501  6. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 3 PRIVATE ROAD 1235 FOUKE, AR. 71837  6. Subdivision Name  7. Approval Date N/A  8. Date Recorded N/A  10. Lot Number LOT 6 + ADJOINING / N/A  11. Total Area (Acres) 12. # Bedrooms # People 13. Daily Flow (GPD) 270  4. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) W1/4, SW1/4 OF SEC 27, T-17-S, R-27-W.  5. Water Supply (Specify supplier, if Public Water)  5. Wester Supply (Specify supplier, if Public Water)  6. GPS Coordinates LAT: 33.244930 / LONG: -93.893180  7. Loading Rates  7. Loading Rates  8. OLOAD 8. Size of Septic Tank ATU — gal f. Trench Depth N/A  10. Inches  11. Trench Media (List Below) 11. Trench 12. **Cercolation Test**  13. **Cercolation Test**  14. **Cercolation Test**  15. **Cercolation Test**  16. GPS Coordinates LAT: 33.244930 / LONG: -93.893180  17. **Loading Rates**  18. **Date Recorded N/A 19. **Loading Rates*  19. **Loading Rates**  19. **Loading Rates**  19. **Loading Rates**  10. **Loading Rates**  10. **Loading Rates**  10. **Loading Rates**  10. **Loading Rates**  11. **Loading Rates**  12. **Redrooms # People 13. **Daily Flow (GPD) 13. **Daily Flow (GPD) 14. **Daily Flow (GPD) 15. **Loading Rates**  16. GPS Coordinates LAT: 33.244930 / LONG: -93.893180  17. **Loading Rates**  18. **Date Recorded N/A 19. **Loading Rates**  19. **Loading Rates**  19. **Loading Rates**  10. **Loading Rates**  10. **Loading Rates**  11. **Trench Depth N/A 10. **Loading Rates**  12. **Redrooms # People 13. **Loading Rates**  14. **Loading Rates**  15. **Loading Rates**  16. GPS Coordinates LAT: 33.244930 / LONG: -93.893180  16. GPS Coordinates LAT: 33.244930 / LONG: -93.893180  17. **Loading R	STD = Standard Septic Tank  SF = Intermittent Sand Filter  PMF = Proprietary Media Filter  RGF = Re-circulating Sand Filter  RGF = Re-circulating Gravel Filter					□ STD = Standard Absorption Field □ LPD = Low Pressure Distribution □ STD = Holding Tank . □ CPF = Capping Fill □ SRL = Serial Distribution					
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Percolation Test (min/in) c. Absorption Area N/A ft2 h. Trench Media (List Below) i. Trench Primary Area Avg N/A d. Number of Field Lines N/A NORWECO SINGULAIR GREEN/CL2 N/A Secondary Area N/A e. Length of Field Lines NA ft NORWECO SINGULAIR GREEN/CL2 N/A  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 foil conditions have changed after approval of this permit, or if the information within this permit is inaccurate or has been found inisrepresented. Approval for operation does not constitute a guarantee that the system will function properly. The approval states the system was designed and installed according to the Arkansas Department of Health, Rules and Regulations Pertaining to Onsite Waste Systems, unless there are exceptions or deviations noted in the comments. A Permit for Construction is valid for one (1) year from the opproval. The authorized agent must revalidate a permit more than one (1) year old prior to the start of any construction.  9. 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 a	NOLOAD (	a. Size of Septic Tank AT		ga	gal f. Trench Depth		N/A		inches		
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Owner/Applicant Signature SEE ATTACHED EHP19-OPT-A Date	ant Signature	SEE ATTACHED	EHP19-OPT	-Α		Date	MIL				
<ol> <li>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.</li> </ol>	hat I have conducted the Department of Health	e above tests and t Rules and Regulation	that the abov ons Pertainin	e listed inform g to Onsite W	astewat	er Systems.					
Jul Hary DESIGNATED REP Soil Certified ☑ Yes □	Just N	7	and the second		DESIG		S	oil Certified	⊠ Yes [	□ No	
Designated Representative Signature	Designated Representat	ve Signature			0	5 <sup>Title</sup>					
SHELDON HADLEY 6-9-24 870-703-7165	The second secon	A SURVEY OF A SURVEY OF THE PARTY OF THE PAR				Market Committee of the					
Print Name Date Phone Number  1. Approval of Health Authority		vame				Date		Phone	Number		
The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department Health Fules and Regulations Padaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.	nation and specification iles and Regulations	on the application daining To Onsite t	has been rev Wastewater S	viewed and fo Systems. A P	und to mERMIT	neet the requirement FOR CONSTRUC	ents of CTION I	the Arkansas s hereby issu	Departme	nt of	

