



# 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 #: HQ5-5X4Y-K9G5N, version 1)

## Details

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**Submission ID** HQ5-5X4Y-K9G5N

## 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**

Skylar McMahan ATU 6-25-24 Calhoun Camden (dragged).pdf - 07/16/2024 05:48 PM  
**Comment**  
NONE PROVIDED

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

ADH EHP19.pdf - 07/16/2024 05:49 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)**  
Skylar McMahan

**Permittee Type**  
Individual Homeowner

**Permittee Mailing Information**

**Prefix**  
NONE PROVIDED

| First Name | Middle Name   | Last Name |
|------------|---------------|-----------|
| Skylar     | NONE PROVIDED | McMahan   |

**Title**  
Homeowner

| Phone Type | Number     | Extension |
|------------|------------|-----------|
| Mobile     | 8708072165 |           |

**Email**  
skylar.mcmahan90237@gmail.com

**Address**  
1238 Calhoun2  
Camden, AR 71701

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

**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**  
Skylar McMahan 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**      **Middle Name**      **Last Name**  
Skylar      NONE PROVIDED      McMahan

**Title**  
Homeowner

**Phone Type**      **Number**      **Extension**  
Mobile      8708072165

**Email**  
skylar.mcmahan90237@gmail.com

**Facility/Site Address**

1238 Calhoun2  
Camden, AR 71701

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

**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**  
33.55334,-92.6974

**Common SIC & NAICS Codes**

| Facility Type                           | SIC Code | NAICS Code |
|---|----------|------------|
| Individual Homeowner (sewage treatment) | 4952     | 221320     |

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

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            | 33.553740 | -92.697740 | 370   | Treated Domestic Waste | Two Bayou to Ouachita River  | Norweco Singulair Green C12  | 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**

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> |
|-------------------|----------------------|------------------|
| Skylar            | <i>NONE PROVIDED</i> | <i>McMahan</i>   |

**Title**

*Homeowner*

| <b>Phone Type</b> | <b>Number</b> | <b>Extension</b> |
|-------------------|---------------|------------------|
| Mobile            | 8708072165    |                  |

**Email**

skylar.mcmahan90237@gmail.com

- Scale 1"=30'
- BM - Bench Mark
- CO - Clean Out
- GE - Ground Elevation
- LL - Lateral Line
- PE - Pipe Elevation
- SO - Stub Out
- SP - Soil Pit
- ST - Septic Tank



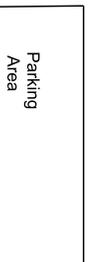
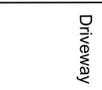
← Neighboring Home



Neighboring Home

Property Line

Calhoun Co Water Utility



Large Brush Pile

Aprx 6.0 Acres

SP2

SP3

SP1

SP4

150' Property Line

Neighboring Home

325' Property Line

Slope 1.0%

Flow

Discharge 26"

>150' Property Line

155' 2" SCH40 PVC

122'

Contact Hadley Environmental for purchasing and order information at 870-703-7165

Install ATU no deeper than 8.5' below ground at outlet. Calculated with 10.5' from top of pipe to bottom of gasketed riser at outlet.

Nonweco Singular Green Chlorine Disinfection 600 gpd ATU

Pump 37" Flow line 5'2"

Bench Mark on Utility Pole 0'0"

80'

98'

Existing Septic Tank

Flow line 3'1"

Flow line 4'10"

Flow line 4'7"

Flow line 2'8"

CO

SOGE

2'8"

16'

3 BR Home

Skyler McMahan



**Arkansas Department of Health**  
Environmental Health Protection

Receipt Number  
**26848083**

**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)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> STD = Standard Septic Tank     | <input checked="" type="checkbox"/> ATU = Aerobic Treatment Plant | <input type="checkbox"/> STD = Standard Absorption Field    | <input type="checkbox"/> LPD = Low Pressure Distribution |
| <input type="checkbox"/> ISF = Intermittent Sand Filter | <input type="checkbox"/> RSF = Re-circulating Sand Filter         | <input checked="" type="checkbox"/> SUR = Surface Discharge | <input type="checkbox"/> HLD = Holding Tank              |
| <input type="checkbox"/> PMF = Proprietary Media Filter | <input type="checkbox"/> RGF = Re-circulating Gravel Filter       | <input type="checkbox"/> CPF = Capping Fill                 | <input type="checkbox"/> SRL = Serial Distribution       |
| <input type="checkbox"/> OTH = Other (Describe)         | <input type="checkbox"/> HLD = Holding Tank                       | <input type="checkbox"/> OTH = Other                        | <input type="checkbox"/> DRP = Drip Irrigation           |

1. Owner's/Applicant's Name  
SKYLAR MCMAHAN

2. Phone Number  
870-807-2165

3. Mailing Address  
1238 CALHOUN 2, CAMDEN AR. 71701

4. County  
CALHOUN

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
1238 CALHOUN 2, CAMDEN, AR. 71701

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
APRX 820'X1044'X633'

11. Total Area (Acres)  
6.0 ACRES

12. # Bedrooms # People  
3

13. Daily Flow (GPD)  
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
S1/2, SE1/4 of SEC 36, T-13-S, R-16-W

15. Water Supply (Specify supplier, if Public Water)  
HAMPTON WATER UTILITY

16. GPS Coordinates  
LAT: 33.553710 / LONG: -92.697310

| 17. Loading Rates | (gpd/ft <sup>2</sup> ) | 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 <sup>2</sup> | 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  | N/A     | ft              | NORWECO SINGULAR 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.

*Sheldon Hadley* DESIGNATED REP Soil Certified  Yes  No  
Designated Representative Signature Title  
SHELDON HADLEY 6-25-24 870-703-7165  
Print 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.  
*David Gibson* 331 7-9-24  
Environmental Specialist Signature EHS Number Date