

# ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG640000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage

version 1.29

(Submission #: HQ7-DD1P-TB7T5, version 2)



## Details

Reference # ARG550880

Submission ID HQ7-DD1P-TB7T5

### CORRECTION REQUEST (CORRECTED)

#### Site Map

The site map direction appears to be showing north as what would be east based on google earth.  
Created on 12/17/2024 2:09 PM by **Jorge Rodriguez**

#### 1 COMMENT

**Sheldon Lee Hadley (sheldon.hadley@me.com) (12/27/2024 2:28 PM)**  
Corrected 12-27-24

## 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

[Curtis Robinson Revised Drawing.pdf - 12/27/2024 02:14 PM](#)

#### Comment

NONE PROVIDED

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

[27069363 Curtis Robinson ATU 942 Longbranch Donaldson Hot Spring 10-10-24 \(dragged\).pdf - 10/15/2024 05:27 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)

Curtis Robinson

### Permittee Type

Individual Homeowner

## Permittee Mailing Information

### Prefix

NONE PROVIDED

### First Name

Curtis

### Middle Name

NONE PROVIDED

### Last Name

Robinson

### Title

Homeowner

### Phone Type

Mobile

### Number

870-692-0692

### Extension

### Email

crobin0692@gmail.com

### Address

963 Longbranch Rd

Donaldson, AR 71941

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

Curtis Robinson 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

Curtis

#### Middle Name

NONE PROVIDED

#### Last Name

Robinson

#### Title

Homeowner

#### Phone Type

Mobile

#### Number

870-692-0692

#### Extension

#### Email

crobin0692@gmail.com

### Facility/Site Address

942 Longbranch Rd

Donaldson, AR 71941

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

Hot Spring

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

34.2410,-92.9850

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	II	Basic

## 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
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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	34.240948	-92.984558	370	Treated Domestic human Waste	unnamed tributary thence to Delisle Creek thence to Ouachita River	Norweco Singulair Greenn C12	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

**CORRECTION REQUEST (CORRECTED)**

**Update Stream Name**

Stream name: unnamed tributary thence to Delisle Creek thence to Ouachita River  
Created on 12/12/2024 11:47 AM by **Jorge Rodriguez**

**1 COMMENT**

**Sheldon Lee Hadley (sheldon.hadley@me.com) (12/27/2024 2:26 PM)**

Corrected 12-27-24

## 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

Curtis

Middle Name

NONE PROVIDED

Last Name

Robinson

Title

Homeowner

Phone Type

Mobile

Number

870-692-0692

Extension

Email

NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	10/15/2024 5:26 PM	Sheldon Lee Hadley
Revision 2	12/27/2024 2:09 PM	Sheldon Lee Hadley



## ENVIRONMENTAL QUALITY

### Certification of ePortal Submission

This form is to be used to certify electronic ePortal submissions. Please check with the appropriate section for who has the authority to sign this form. A hardcopy of this form with original signature must be sent to DEQ, 5301 Northshore Drive, North Little Rock, AR 72118. Please do **not** send a hardcopy of the ePortal submission with this form. **All fields are required.**

1. Section to which the ePortal Submission was Submitted:	General NPDES Permits
2. Form Name:	ARG (NPDES non-stormwater general permit) Notice of Intent - ARG160000, ARG250000, ARG500000, ARG550000, ARG6400000, ARG670000, ARG750000, and ARG790000 Applications for New Permit Coverage
3. Arkansas DEQ Facility Identification Number (AFIN), if available:	
4. Facility Name:	Curtis Robinson
5. Facility Physical Address:	942 Longbranch Rd Donaldson, AR 71941

I certify under penalty of law that the ePortal submission with Submission ID# HQ7-DD1P-TB7T5 and revision # 2 which was submitted electronically on 12/27/2024 4:10:48 PM and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Curtis Robinson

typed/printed name of signatory authority

Homeowner

title

signature of signatory authority

1/20/2025

date



Arkansas Department of Health  
Environmental Health Protection

Receipt Number  
**27069363**

Individual Onsite Wastewater System Permit Application

Permit Type ☒ New Installation  
☐ Alteration / Repair

DR Environmental ID #

7 6 0 2 1 1 7 1 6 8

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 checked="" 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)

- ☒ STD = Standard Septic Tank  
☐ ISF = Intermittent Sand Filter  
☐ PMF = Precipitatory Media Filter  
☐ OTH = Other (Describe)  
☐ ATU = Aerobic Treatment Unit  
☐ RSF = Re-circulating Sand Filter  
☐ RGF = Re-circulating Gravel Filter  
☐ HLD = Holding Tank

Disposal Method (check one)

- ☒ SAT = Standard Absorption Field  
☐ SDF = Surface Discharge  
☐ LFD = Low Pressure Distribution  
☐ HLD = Holding Tank  
☐ SRI = Serial Distribution  
☐ DRP = Drip Irrigation  
☐ OTH = Other

1. Owner's/Applicant's Name  
Curtis Robinson

2. Phone Number  
870-692-0692

3. Mailing Address  
963 Longbranch Rd. Donaldson, AR 71941

4. County  
Hot Spring

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
942 Longbranch Rd. Donaldson, AR 71941

6. Subdivision Name  
NA

7. Approval Date  
NA

8. Date Recorded  
NA

9. Lot Number  
NA

10. Lot Dimensions  
App. 535' x 398'

11. Total Area (Acres)  
5

12. # Bedrooms / # People  
3

13. Daily Flow (GPD)  
370

14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
Part of the SW 1/4 SE 1/4 Sec 1 T 6S R19W

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

16. GPS Coordinates  
Discharge 34.240948 -92.984558 or 34°14'27.41 -92°59'04.41

17. Loading Rates	(gpd/ft <sup>2</sup> )	18. System Specifications					
Primary Area	No Load	a. Size of Septic Tank	500 GPD-ATU	gal	f. Trench Depth	NA	inches
Secondary Area	No Load	b. Size of Dose Tank	NA	gal	g. Trench Spacing	NA	feet
Percolation Test	imin/in	c. Absorption Area	NA	ft <sup>2</sup>	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	NA	d. Number of Field Lines	NA		NA		in
Secondary Area	NA	e. Length of Field Lines	NA	ft	NA		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 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.

See Attached Opt. A

Date 10/2/24

Owner/Applicant/Developer/Designated Representative Signature

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.

*Bud Thornton*  
Designated Representative Signature

7602117168

Soil Certified ☒ Yes ☐ No

Bud Thornton

9/26/24

501-282-7814

Print Name

Date

Phone Number

21. Approval of Health Authority

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

*David Libon*  
Environmental Specialist Signature

331

EHS Number

10-10-24

Date

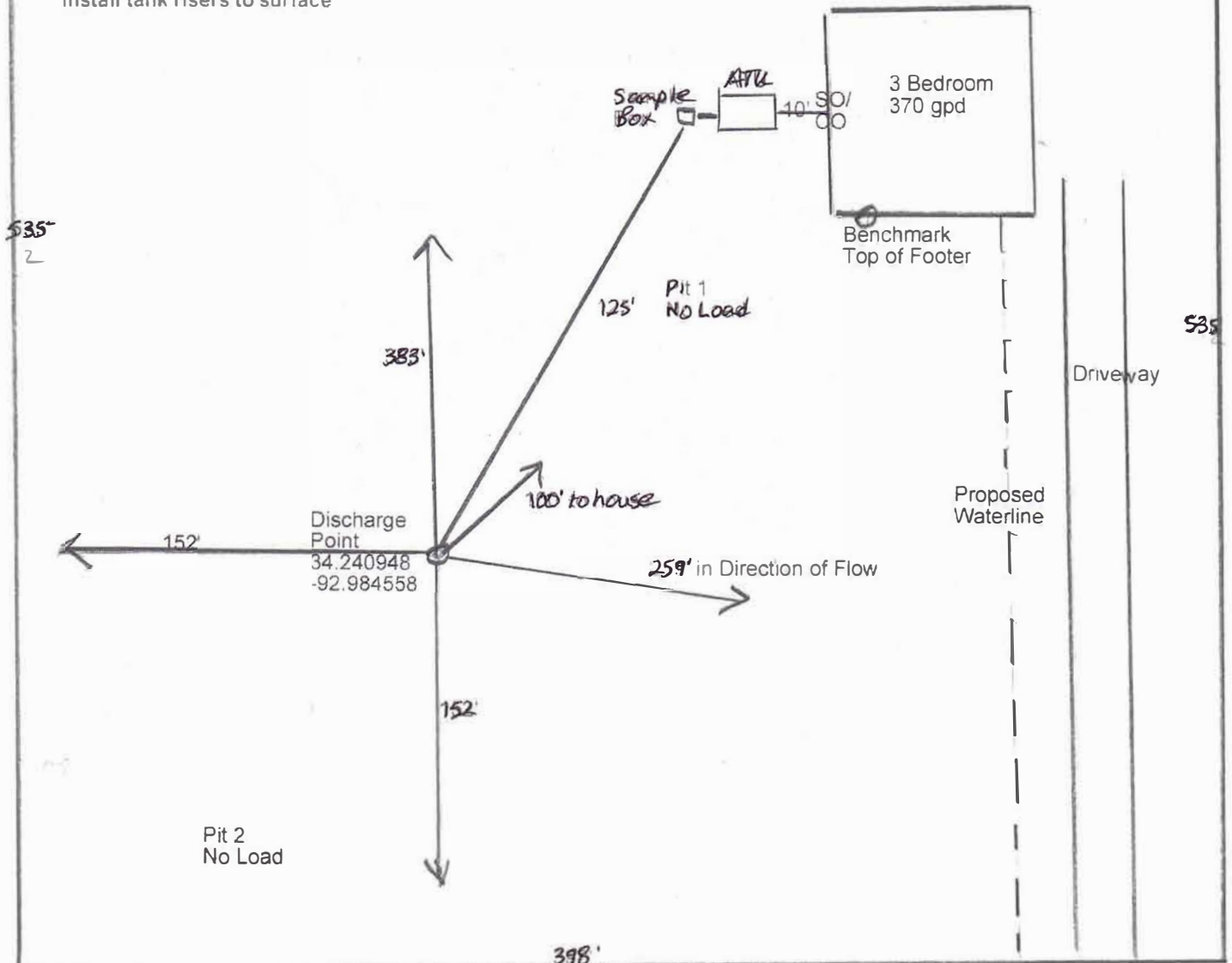


398'

North  
←

Curtis Robinson  
942 Longbranch Rd. Donaldson, AR  
18" trenches  
Scale 1"=30'

Install tank risers to surface



Longbranch

Benchmark 2'3"	
Ground Elevations	
Stubout 2'10"	3'
ATU In 2'11"	3'2"
ATU Out 3'1"	3'6"
Discharge 4'2"	4'2"
Flowlines	

Notify ADH prior to Construction John Morgan

\*\*5' solid pipe to begin each line

Waterline must be installed at least 10' from any part of the septic system  
Bud Thornton