



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

version 1.30

(Submission #: HQA-4HHX-8RW2V, version 2)

## Details

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**Reference #** ARG550911  
**Submission ID** HQA-4HHX-8RW2V  
**Submission Reason** New

## 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

Site Map.pdf - 03/10/2025 04:31 PM

#### Comment

NONE PROVIDED

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

ADH Permit.pdf - 02/03/2025 01:56 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)

Michael T Coleman

### Permittee Type

Individual Homeowner

### Permittee Mailing Information

#### Prefix

NONE PROVIDED

First Name	Middle Name	Last Name
Michael	T	Coleman

#### Title

Owner

Phone Type	Number	Extension
Mobile	4794453492	

#### Email

mtcoleman1@yahoo.com

#### Address

4509 Hylton Rd  
Springdale, AR 72764

**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

Vernon L Pate

### Title

Principal

### Consulting Firm Name

Dragonflye Resources, LLC

### Phone Type Number Extension

Mobile 479-445-8066

### Email

vpate@att.net

### Address

1608 N Rhonda Dr  
Fayetteville, AR 72703  
United States

## Facility/Site Information

### Facility/Site Name

Michael Coleman Home

### 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

Michael T Coleman

#### Title

Owner

#### Phone Type Number Extension

Mobile 4794453492

#### Email

mtcoleman1@yahoo.com

### Facility/Site Address

4509 Hylton Rd  
Springdale, AR 72764

#### CORRECTION REQUEST (CORRECTED)

#### Update city name

The spelling of the city needs to be corrected in the facility address.  
Created on 3/28/2025 2:07 PM by **Jorge Rodriguez**

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

Washington

**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**

36.143501,-94.084095

**CORRECTION REQUEST (CORRECTED)**

**Update facility coordinates**

Coordinates for entrance and outfall do not appear to correspond with the entrance or outfall shown on the site map, especially the outfall coordinates.

Created on 3/28/2025 2:08 PM by **Jorge Rodriguez**

**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
Vernon L Pate	012858	III	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?**

NONE PROVIDED

**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	36.142859	-94.084569	350	Domestic	Clear Creek to Lake Fayetteville	Multi-Flo 500	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**

One Cognizant Official is designated for this facility

The applicant hereby designates the following person as a Cognizant Official, or duly authorized representative, for signing reports, etc., including Discharge Monitoring Reports (DMR) required by the permit, and other information requested by the Director:

**Cognizant Official****Prefix**

NONE PROVIDED

**First Name      Middle Name      Last Name**

Vernon      L      Pate

**Title**

Principal

**Phone Type      Number      Extension**

Mobile      479-445-8066

**Email**

vpate@att.net

**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**  
Michael

**Middle Name**  
*T*

**Last Name**  
*Coleman*

**Title**  
*Owner*

**Phone Type**  
Mobile

**Number**  
4794453492

**Extension**

**Email**  
mtcoleman1@yahoo.com

**Revisions**

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Revision	Revision Date	Revision By
Revision 1	2/3/2025 1:53 PM	Vernon Lynn Pate
Revision 2	4/1/2025 8:29 AM	Vernon Lynn Pate

# Agreements and Signature(s)

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## SUBMISSION AGREEMENTS

- ☒ I am the owner of the account used to perform the electronic submission and signature.
- ☒ I have the authority to submit the data on behalf of the facility I am representing.
- ☒ I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- ☒ I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

*"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Division will accept reports signed only by the Applicant. I certify under penalty of law that this document 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 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."*

**Signed  
By**

Vernon Lynn Pate on 04/01/2025 at 8:36 AM

Michael Coleman on 04/03/2025 at 6:30 PM