

# Arkansas Department of Environmental Quality

5301 Northshore Drive, North Little Rock, AR 72118

Permit Tracking No.:
Date of Evaluation

## ARG550000 Individual Treatment System Evaluation

### Part 1 General Information

Permittee:	County:	Phone Number:
Site Location (911 Address):	City	State      Zip

### Part 2 Assessment

Items:	
1 Electrical	<input type="checkbox"/>
2 Pump(s)	<input type="checkbox"/>
3 Discharge Route	<input type="checkbox"/>
4 Chlorinator	<input type="checkbox"/>
5 Contact Chamber	<input type="checkbox"/>
6 Clean Outs	<input type="checkbox"/>
7 Sludge Depth	<input type="checkbox"/>
8 Other Components	<input type="checkbox"/>

Description: In the space below, list any deficiency assessed and/or action(s) taken.	

### Part 3 Sludge Removal

1 Solids Removal Service	2 License Number	3 Date of Service
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### Part 4 Certification

I certify that I have conducted all applicable assessments listed above and have taken the appropriate action to maintain the proper function of the above listed system in accordance with the Individual Treatment System General Permit ARG550000.

Signature	Date	
Typed/Printed Name	License Number (Min. Class II License) _____	Phone Number