**Arkansas Department of Environmental Quality**
**Notice of Intent**
**Individual Treatment Facilities**
**NPDES General Permit ARG550000**

### I. Permittee/Operator Information

<table>
<thead>
<tr>
<th>Permittee (Legal Name):</th>
<th>Herbert Poare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permittee Mailing Address:</td>
<td>2150 N. Shore Road</td>
</tr>
<tr>
<td>Permittee City:</td>
<td>Atkins</td>
</tr>
<tr>
<td>Permittee State:</td>
<td>AR</td>
</tr>
<tr>
<td>Permittee Telephone Number:</td>
<td>479 641 2860</td>
</tr>
<tr>
<td>Permittee Fax Number:</td>
<td></td>
</tr>
<tr>
<td>Permittee E-mail Address:</td>
<td></td>
</tr>
</tbody>
</table>

**Operator Type:**
- [ ] State
- [ ] Partnership
- [ ] Federal
- [x] Corporation*
- [ ] Sole Proprietorship/Private

*State of Incorporation: __________

The legal name of the Permittee must be identical to the name listed with the Arkansas Secretary of State.

### II. Invoice Mailing Information (Home owners are exempt.)

| Invoice Contact Person: | | City: |
|-------------------------|----------------------|
| Invoice Mailing Company: | | State: |
| Invoice Mailing Address: | | Zip: |
| Telephone: | | |

### III. Facility Information

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Herbert Poare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address:</td>
<td>2266 N. Shore Road</td>
</tr>
<tr>
<td>Facility County:</td>
<td>Pope</td>
</tr>
<tr>
<td>Facility Latitude:</td>
<td>35.213027°</td>
</tr>
<tr>
<td>Facility Longitude:</td>
<td>-92.956378°</td>
</tr>
<tr>
<td>Datum</td>
<td>NAD 83</td>
</tr>
<tr>
<td>Accuracy:</td>
<td>20 m</td>
</tr>
<tr>
<td>Method:</td>
<td>GPS</td>
</tr>
</tbody>
</table>

### IV. Discharge Information

| Outfall Number: | 1 |
| Flow: | 900 gpd (Gallons per Day) |
| Stream Segment: | 3F |
| Hydrologic Basin Code: | 11110203 |
| Outfall Latitude: | 35.212874° N |
| Outfall Longitude: | -92.956378° |
| Accuracy: | 20 m |
| Method: | gps |
| Datum: | NAD 83 |
| Scale: | NA |
| Description: | Discharge |

**Type of Treatment:** FujiClean CE14 with Aeration and Chlorine disinfection

**Receiving Stream:** Arkansas River

### V. Facility Permit Information

| NPDES Individual Permit Number (If Applicable): | AR00 |
| NPDES General Permit Number (If Applicable): | ARG550000 |
| State Construction Permit Number: | |
| NPDES General Construction Stormwater Permit Number (If Applicable): | ARR15 |
VI. OTHER INFORMATION:

Operator Name: EarthTech, Inc.
Operator License Number: 0007865 License Class: 2

Consultant Contact Name: Robert Goff
Consultant Email Address: robertlgoff@gmail.com
Consultant Address: PO Box 73 City: Vilonia State: AR Zip: 72173
Consultant Phone Number: 501 472 1624 Consultant Fax Number:

Has this treatment system been approved by AHD? Yes ☒ No ☐

Disclosure Statements:

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one. You must submit a new disclosure statement even if you have one on file with the Department. The form may be obtained from ADEQ web site at: http://www.aedq.state.ar.us/disclosure Stmt.pdf.

VII. CERTIFICATION OF OPERATOR

(Initial) "I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas."
(Initial) "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 Department will accept reports signed only by the Applicant."
(Initial) "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."

Responsible Official Printed Name: Herbert Poarch
Responsible Official Signature: [Signature]
Responsible Official Title: Owner
Responsible Official Date: 10/28/19

Cognizant Official Printed Name: Robert Goff
Cognizant Official Signature: [Signature]
Cognizant Official Title: Operator
Cognizant Official Telephone: (501) 472-1624

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes ☒ No ☐ * If No is answered for any of the questions, then a permit cannot be issued:

Submittal of Complete NOI? ☒ ☐
Submittal of Required Permit Fee? ☐ ☒ Check Number:
Submittal of AHD Form EHP-19? ☒ ☐
Submittal of Site Map? ☒ ☐
Submittal of Disclosure Statement? ☐ ☒

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.aedq.state.ar.us
Arkansas Department of Health
Environmental Health Protection

Non-Individual Onsite Wastewater System Permit Application

Plan Review Number

Permit Type
☐ New Installation ☒ Alteration / Repair

DR Environmental I.D. #
7 6 0 1 0 8 5 8 4

Part 1
Treatment Type (check one)
☐ STD = Standard Septic Tank
☐ STD = Standard Absorption Field

Disposal Method (check one)
☐ ATU = Aerobic Treatment Plant
☐ SUR = Surface Discharge

☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter

☐ OTH = Other (Describe)
☐ CPF = Capping Fill

☐ HLD = Holding Tank
☐ OTH = Other

☐ LPD = Low Pressure Distribution
☐ SRL = Serial Distribution

1. Owner's/Applicant's Name
Herbert Poare

2. Phone Number
479 541 2860

3. Mailing Address
2150 N. Shore Road, Atkins, AR 72823

4. County
Pope

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.)
2266 N. Shore Road, Atkins, AR 72823.

6. Subdivision Name
NA

7. Approval Date
NA

8. Date Recorded
NA

9. Lot Number
NA

10. Lot Dimensions

11. Total Area (Acres)

12. # Bedrooms
6

13. Daily Flow (GPD)
900

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)
Part of S1/2 NW1/4, Sec. 31, T 7 N, R 18 W, Pope County

15. Water Supply (Specify supplier if Public Water.)
Atkins

16. GPS Coordinates
35.213027° N 92.956378° W

17. Loading Rates

18. System Size

gal / ft²

a. Size of Septic Tank
NA

gal

f. Trench Depth
NA

inches

Secondary Site
NA

b. Size of Dose Tank
NA

gal

g. Trench Spacing
NA

feet

Parcellation Test
(min/in)

c. Absorption Area
NA

ft²

h. Trench Media

i. Trench Width

Primary Site Ave

d. Number of Field Lines
NA

in.

Secondary Site
NA

e. Length of Field Lines
NA

ft

TO THE OWNER

The authorization 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 authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document 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. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) 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, or number of persons (commercial only) or daily flow rate, (gallons per day) of the structures that will utilize the non-individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

Owner/Applicant Signature: [Signature]
Date: 5-20-19

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.

Designated Representative Signature: [Signature]
ID Number: 760105654
Soil Certified: ☒ Yes ☐ No

R. Goff
Print Name: R. Goff
Date: 6/4/18
Phone Number:

21. Authorization of Health Authority

The information and specifications contained in this application/document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature: [Signature]
ID Number: 737
Date: 8-29-19

EHP-19N Page 1 of 2
22. Soil Determination (Primary Area) 
Indicate the depth to items a-f, if observed in the soil, designate in inches.

<table>
<thead>
<tr>
<th>a. Bedrock</th>
<th>b. BSWT</th>
<th>c. MSWT</th>
<th>d. LSWT</th>
<th>e. Adj. MSWT</th>
<th>f. Adj. LSWT</th>
<th>g. H.C./Depth</th>
<th>h. Loading Rate (GPD/ft²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

23. Soil Determination (Secondary Area) 
Indicate the depth to items a-f, if observed in the soil (designate inches).

<table>
<thead>
<tr>
<th>a. Bedrock</th>
<th>b. BSWT</th>
<th>c. MSWT</th>
<th>d. LSWT</th>
<th>e. Adj. MSWT</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

24. Soil Profile Information

<table>
<thead>
<tr>
<th>Primary Site (SWT)</th>
<th>Matrix</th>
<th>Redoximorphic Features</th>
<th>Soil Texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>inches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mod.</td>
<td>inches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long</td>
<td>inches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Site (SWT)</th>
<th>Redoximorphic Features</th>
<th>Soil Texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>inches</td>
<td></td>
</tr>
<tr>
<td>Mod.</td>
<td>inches</td>
<td></td>
</tr>
<tr>
<td>Long</td>
<td>NA inches</td>
<td></td>
</tr>
</tbody>
</table>

25. Soil Series
(Do not use Soil Series to determine Seasonal Water Tables)

26. Percolation Test (min/ft)

<table>
<thead>
<tr>
<th>Primary Site Rate for Hole 1</th>
<th>Primary Site Rate for Hole 2</th>
<th>Primary Site Rate for Hole 3</th>
<th>Primary Site Average Percolation Rate (1-3)</th>
<th>Secondary Site Percolation Rate</th>
</tr>
</thead>
</table>
| Comments: No area for subsurface soil absorption trenches.

Part 2 Installation Inspection

<table>
<thead>
<tr>
<th>Septic tank manufacturer</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic tank material</td>
<td>Trench media and width</td>
</tr>
<tr>
<td>Dose tank manufacturer</td>
<td>Depth of interceptor drain</td>
</tr>
<tr>
<td>Dose tank material</td>
<td>Depth of settled fill</td>
</tr>
</tbody>
</table>

Pump Information

Name of installer
License Number

Installation Inspected by
(check one or see below)
- Environmental Health Specialist
- Designated Representative (original submittor)

Signature
ID Number
Date

System Installation Verification
I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.

Installer Signature
ID Number
Date

Part 3 Permit for Operation

The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.

Environmental Health Specialist
Signature
ID Number
Date

Comments

Site Revalidation conducted by
(check one)
- Environmental Health Specialist
- Designated Representative (original submittor)

Signature
ID Number
Date