November 29, 2017

ADEQ
Water Div.

To whom it may concern;

The treatment plant proposed for Chance Nash will use the Norweco model 960 as submitted

Sincerely,
Clear Flow

Mike O’Connor
DR # 60-37
ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

Application Type: New ☐ Renewal ☐ (Permit # ARG550000)

I. PERMITTEE/OPERATOR INFORMATION

<table>
<thead>
<tr>
<th>Permittee (Legal Name): Chance Nash</th>
<th>Operator Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permittee Mailing Address: 7555 Mt Holly Road</td>
<td>☐ State</td>
</tr>
<tr>
<td>Permittee City: Mt Holly</td>
<td>☐ Partnership</td>
</tr>
<tr>
<td>Permittee State: AR</td>
<td>☐ Federal</td>
</tr>
<tr>
<td>Permittee Telephone Number: 870-312-1295</td>
<td>☐ Corporation*</td>
</tr>
<tr>
<td>Permittee Fax Number:</td>
<td>☐ Sole Proprietorship/Private</td>
</tr>
<tr>
<td>Permittee E-mail Address:</td>
<td></td>
</tr>
</tbody>
</table>

*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.)

<table>
<thead>
<tr>
<th>Invoice Contact Person: N/A</th>
<th>City: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Mailing Company: N/A</td>
<td>State: N/A</td>
</tr>
<tr>
<td>Invoice Mailing Address: N/A</td>
<td>Zip:</td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
</tbody>
</table>

III. FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Facility Name: Chance Nash</th>
<th>Facility Contact Person: Chance Nash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Address: 2672 Stephens Hwy</td>
<td>Telephone Number: 870-312-1295</td>
</tr>
<tr>
<td>Facility County: Union</td>
<td></td>
</tr>
<tr>
<td>Facility Latitude: 33 Deg. 18 Min. 0.14Sec</td>
<td>Facility City, State &amp; Zip: Mt. Holly, AR 71758</td>
</tr>
<tr>
<td>Datum:</td>
<td></td>
</tr>
<tr>
<td>Accuracy: un</td>
<td>Method: un</td>
</tr>
<tr>
<td>Scale: un</td>
<td>Description: un</td>
</tr>
</tbody>
</table>

IV. DISCHARGE INFORMATION

<table>
<thead>
<tr>
<th>Outfall Number: 1</th>
<th>Flow: 370 gpd (Gallons per Day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stream Segment:</td>
<td>Hydrologic Basin Code:</td>
</tr>
<tr>
<td>Outfall Latitude: 32 Deg. 1 Min. 57.48 Sec</td>
<td></td>
</tr>
<tr>
<td>Datum: 330 17' 69.48 Sec</td>
<td></td>
</tr>
<tr>
<td>Accuracy: un</td>
<td>Method: un</td>
</tr>
<tr>
<td>Scale: un</td>
<td>Description: un</td>
</tr>
<tr>
<td>Type of Treatment: Norweco model 960 with chlorine</td>
<td></td>
</tr>
<tr>
<td>Receiving Stream: Unnamed tributary thence Little Red River</td>
<td></td>
</tr>
</tbody>
</table>

V. FACILITY PERMIT INFORMATION

<table>
<thead>
<tr>
<th>NPDES Individual Permit Number (If Applicable): AR00</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NPDES General Permit Number (If Applicable): ARG</td>
<td></td>
</tr>
<tr>
<td>State Construction Permit Number:</td>
<td></td>
</tr>
<tr>
<td>NPDES General Construction Stormwater Permit Number (If Applicable): ARR15</td>
<td></td>
</tr>
</tbody>
</table>
VI. OTHER INFORMATION:

Operator Name: Mike O'Connor  
Operator License Number: 010202  License Class: 2

Consultant Contact Name: Mike O'Connor  
Consultant Email Address: Mike@ArkansasSeptic.com  
Consultant Address: PO 992 City: Cabot State: AR Zip: 72023  
Consultant Phone Number: 501-843-8262  Consultant Fax Number: 501-843-2546

Has this treatment system been approved by AHD? Yes X 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.adep.state.ar.us/dscler_smtl.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:  
Responsible Official Signature:  
Responsible Official Email:  
Cognizant Official Printed Name:  
Cognizant Official Signature:  
Cognizant Official Email:

Title: Owner  
Date: 9-25-19

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.  
Yes X No * If No is answered for any of the questions, then a permit can not be issued:

Submit of Complete NOI? □ □  
Submit of Required Permit Fee? □ □  
Submit of AHD Form EHP-19? □ □  
Submit of Site Map? □ □  
Submit of Disclosure Statement? □ □
Arkansas Department of Health  
Environmental Health Protection  

Individual Onsite Wastewater System Permit Application

Permit Type  
☐ New Installation  
☐ Alteration / Repair

DR Environmental ID #  
# 0029000677

Part 1. Application  
Treatment Type (check one)  
□ STD = Standard Septic Tank  
□ ISF = Intermittent Sand Filter  
□ PMF = Proprietary Media Filter  
□ OTH = Other (Describe)

Disposal Method (check one)  
□ STD = Standard Absorption Field  
□ ISF = Intermittent Sand Filter  
□ PMF = Proprietary Media Filter  
□ OTH = Other

1. Owner/Applicant's Name  
CHANCE NASH

2. Phone Number  
(870) 312-1295

3. Mailing Address  
7555 MT. HOLLY RD, MT. HOLLY, AR 71758

4. County  
UNION

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)  
2672 STEPHENS HWY., MT. HOLLY, AR 71758

6. Subdivision Name  
N/A

7. Approval Date  
N/A

8. Date Recorded  
N/A

9. Lot Number  
N/A

10. Lot Dimensions  
SEE ATTACHED SURVEY

11. Total Area (Acres)  
7.62 AC.

12. # Bedrooms # People  
THREE

13. Daily Flow (GPD)  
370 GMP / DAY

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)  
SE 1/4 OF THE NW 1/4 OF SECTION 34, T 16 S, R 18 W, UNION COUNTY, AR

15. Water Supply (Specify supplier, if Public Water)  
MT. HOLLY WATER ASSOC.

16. GPS Coordinates  
33° 18', 041° 14' E 93° 51', 22.86' W

17. Loading Rates (gpd)  
WASTEWATER TREATMENT FACILITY

18. System Specifications  
\( \text{gal} \) f. Trench Depth \( \text{inches} \)
\( \text{gal} \) g. Trench Spacing \( \text{feet} \)
\( \text{ft}^2 \) h. Trench Media (List Below) \( \text{in} \)
\( \text{ft} \) i. Trench Width \( \text{in} \)
\( \text{ft} \) j. Number of Field Lines \( \text{in} \)
\( \text{ft} \) k. Length of Field Lines

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  
[Signature]  
Date  
9-25-19

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  
Eddie Sullivan  
D.R. #173  
Soil Certified  
□ Yes  
□ No

Title  
9-25-19  
(870) 836-4565 H  
(870) 836-3061 C

Print Name  
Eddie Sullivan  
Date  
9-25-19

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.

Environmental Specialist Signature  
[Signature]  
Date  
10/22/14

EH-19 (8/13) Page 1
## Individual Onsite Wastewater System Permit Application

### Part 1

#### 22. Soil Criteria (Primary Area)
Indicate the depth to items a-f, if observed in the soil (designate in inches)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bedrock</td>
<td>b. BSWT</td>
<td>c. MSWT</td>
<td>d. LSWT</td>
<td>e. Adj. MSWT</td>
<td>f. Adj. LSWT</td>
<td>g. H.C./Depth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Bedrock</td>
<td>b. BSWT</td>
<td>c. MSWT</td>
<td>d. LSWT</td>
<td>e. Adj. MSWT</td>
<td>f. Adj. LSWT</td>
<td>g. H.C./Depth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 24. Seasonal Water Table (SWT) Classes Detail

**Primary Area**

<table>
<thead>
<tr>
<th>Depth</th>
<th>SWT Classes or Features and/or Clay Content Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>in</td>
</tr>
<tr>
<td>Moderate</td>
<td>in</td>
</tr>
<tr>
<td>Long</td>
<td>in</td>
</tr>
</tbody>
</table>

**Secondary Area**

<table>
<thead>
<tr>
<th>Depth</th>
<th>SWT Classes or Features and/or Clay Content Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief</td>
<td>in</td>
</tr>
<tr>
<td>Moderate</td>
<td>in</td>
</tr>
<tr>
<td>Long</td>
<td>in</td>
</tr>
</tbody>
</table>

**Comments**

### Part 2 Installation Inspection

- **Septic tank manufacturer**
- **Pump information**
- **Septic tank material**
- **Trench media and width**
- **Dose tank manufacturer**
- **Depth of interceptor drain**
- **Dose tank material**
- **Depth of settled fill**

**Name of Installer**

**License Number**

**Installation Inspected by**
- ☐ Environmental Health Specialist
- ☐ Designated Representative

(check one or installer signs System Installation Verification below)

**Signature**

**EHS / License 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**

**License 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**

**EHS Number**

**Date**

**Comments**

**Site Revalidation conducted by**
- ☐ Environmental Health Specialist
- ☐ Designated Representative

(check one)

**Signature**

**EHS / License Number**

**Date**
Individually Onsite Wastewater System Permit Application

<table>
<thead>
<tr>
<th>Permit Type</th>
<th>Fee Schedule for Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New Installation</td>
<td>Structures 1500 sq ft or less: $30.00</td>
</tr>
<tr>
<td>☐ Alteration / Repair</td>
<td>Structures more than 1500 sq ft and up to 2000 sq ft: $45.00</td>
</tr>
<tr>
<td></td>
<td>Structures more than 2000 sq ft and up to 3000 sq ft: $50.00</td>
</tr>
<tr>
<td></td>
<td>Structures more than 3000 sq ft and up to 4000 sq ft: $120.00</td>
</tr>
<tr>
<td></td>
<td>Structures more than 4000 sq ft: $150.00</td>
</tr>
<tr>
<td></td>
<td>Alteration and Repair: $30.00</td>
</tr>
</tbody>
</table>

DR Environmental ID #

# 0029000177

☒ Homeowner

☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 2672 STEPHENS HWY, MT. HOLLY, AR

(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 bedrooms (number of persons for commercial) and the square footage of the structure that will utilize the designed 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.

As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature: [Signature]

Date: 9-25-19

This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.

EHP-19, OPT-A (R 8/13)
MEMORANDUM OF AGREEMENT

SUBJECT: ONSITE WASTEWATER SYSTEM APPLICATION

This is an agreement that the onsite wastewater system installed on this property has been permitted under authority of Act 402 of 1977 and by the Arkansas Department of Health with the understanding that the following provisions are met:

1. Onsite Wastewater Systems requiring a Monitoring Contract with a Certified Monitoring Personnel are Holding Tanks, Experimental Systems (i.e. Reduced Absorption Areas, "ABGs"), and Drip Dispersal Systems. "Aerobic Biological Generators – Commercial applications only, residential applications must follow manufacturers' service contract requirements.

2. The property owner assumes all responsibility for the proper operation of the onsite wastewater system.

3. The property owner must maintain a monitoring contract with a licensed Certified Monitoring Personnel for the life of the system and retain Onsite Wastewater System Assessments (EHP-71), on file, for at least five (5) years.

4. The Arkansas Department of Health has no responsibility in the operation and maintenance of such systems.

5. That the Arkansas Department of Health may monitor the system as to its operation capabilities.

6. That the Arkansas Department of Health is granted permission to make such inspections as deemed necessary.

7. Subsurface systems with flows ≥3000 gpd and all surface discharging systems require the owner to file an additional permit application with the Arkansas Department of Environmental Quality (ADEQ).

8. That, on the sale of the property, the owner of the property must disclose to the prospective buyer notice of this agreement and any permit requirements. The buyer is to sign memoranda, contracts or permit name change forms and submit these documents to the appropriate regulatory agency.

SIGNED: [Signature]  
(Property Owner)  
SIGNED: [Signature]  
(Health Department)

DATE: 9-25-19  
DATE: 10/2/19

EHP-35 (R)
Onsite Maintenance Contract

Date: 9-25-19

Homeowner: [Signature]

Property address: 2672 Stephens HWY.

MT. HOLLY, AR

Contact number: (870) 312-1295

Items to be reviewed, at minimum, each 6 months for 2 years. After 2 years, this contract is renewable for a yearly fee.

- Chlorine residual
- PH
- Evaluation of system components, motor, wiring, alarm, etc
- Document findings, and file necessary paperwork with Health Department

This contract does not include the cost of chlorine tablets, replacement ozone bulbs, or any damaged components.

OMP: Mike O'Connor
Clear Flow
P.O. Box 992
Cabot, Arkansas 72023

Office phone: 501-843-8202
Mobile phone: 501-517-7198

Signature: [Signature]
The Arkansas Department of Health’s approval of a surface discharging sewage system *does not* relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. The final approval to operate your system will not be signed off until verification of the receipt of the National Pollutant Discharge Elimination System (NPDES) permit is received by the Department. Please be advised that all wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality
ATTN: Permits Branch
5301 North Shore Drive
North Little Rock, AR 72118

Phone Number: 501-682-0623
Web Site: www.adep.state.ar.us
Norweco
(Singular) TNT-500

Tank:
72" + Risors (deep)
5'6" (wide)
10' (long)

Hole:
7' Deep
6' Wide
12' Long
LEGAL DESCRIPTION:
A part of the Southeast Quarter of the Northwest Quarter of Section 34, Township 16 South, Range 18 West, Union County, Arkansas, and being more particularly described as follows; COMMENCING at the Southeast Corner of the Southeast Quarter of the Northwest Quarter of said Section 34;
THENCE North 02 degrees 21 minutes 01 seconds West for a distance of 658.00 feet along the East line of said forty for a POINT OF BEGINNING;
THENCE South 89 degrees 31 minutes 53 seconds West for a distance of 305.08 feet to an existing 1/2 inch rebar;
THENCE North 32 degrees 49 minutes 13 seconds West for a distance of 780.94 feet to the North line of said forty;
THENCE North 89 degrees 31 minutes 53 seconds East for a distance of 701.30 feet along said North line to the Northeast Corner of said forty;
THENCE South 02 degrees 21 minutes 01 seconds East for a distance of 660.08 feet along the East line of said forty to the POINT OF BEGINNING.
Said property contains 7.62 Acres, more or less.
SITE PLAN

CHANCE NASH
7555 MT. HOLLY ROAD
MT. HOLLY, AR 71758
7.62 AC.

3 B.R. MOBILE HOME
FIN. FLOOR ELEV. 100.5'

GPS COORDINATE @ RESIDENCE
33°17'59.48"N
92°57'20.71"W

N 32°49'13"W 780.74'

BENCHMARK NAIL IN 12" PINE
ASSUMED ELEV. 100.0'

“NORWESCO” MODEL 500
AEROBIC TREATMENT PLANT
GRD. ELEV. 94.1'
INLET ELEV. 93.6'
OUTLET ELEV. 93.27'

CLEANOUT
GRD. ELEV. 98.0'
T.O.P. ELEV. 97.5'

SCALE: 1" = 20'

DISCHARGE POINT
GRD. ELEV. 87.6'
GPS COORDINATE @ DISCHARGE
33°17'59.48"N
92°57'20.71"W