November 29, 2017

ADEQ
Water Div.

To whom it may concern;

The treatment plant proposed for Jeremy Harris will use the Norweco model 960 as submitted by Strider Consulting Feb 25, 2010.

Sincerely,
Clear Flow

[Signature]

Mike O'Connor
DR # 60-37
I. PERMITTEE/OPERATOR INFORMATION

| Permittee (Legal Name):      | Jeremy Harris                                      |
| Permittee Mailing Address:  | 450 Wildwood Cutoff                               |
| Permittee City:             | El Dorado                                          |
| Permittee State:            | AR                                                 |
| Permittee Telephone Number: | 870-814-8254                                      |
| Permittee Fax Number:       | N/A                                                |
| Permittee E-mail Address:   |                                                   |

II. INVOICE MAILING INFORMATION (Home owners are exempt.)

| Invoice Contact Person:     | N/A                                                |
| Invoice Mailing Company:    |                                                   |
| Invoice Mailing Address:    |                                                   |

III. FACILITY INFORMATION

| Facility Name:              | Jeremy Harris                                     |
| Facility Address:           | 6015 Northwest Ave.                               |
| Facility County:            | Union                                              |
| Facility Latitude:          | 33 Deg 16 Min 6Sec                                 |
| Facility Contact Person:    | Jeremy Harris                                     |
| Facility Telephone Number:  | 870-814-8254                                      |
| Facility City, State & Zip | El Dorado AR 71730                                |
| Facility Longitude:         | 92 Deg 40 Min 89Sec                               |

IV. DISCHARGE INFORMATION

| Outfall Number:             | One                                                |
| Stream Segment:             |                                                   |
| Outfall Latitude:           | 33 Deg 16 Min 55.60Sec                             |
| Flow:                       | 370 gpd (Gallons per Day)                         |
| Hydrologic Basin Code:      |                                                   |
| Outfall Longitude:          | 92 Deg 40 Min 00Sec                               |
| Datum:                      |                                                   |
| Accuracy:                   | Un                                                 |
| Method:                     | Un                                                 |
| Scale:                      | Un                                                 |
| Description:                | Un                                                 |
| Type of Treatment:          | Norweco 960 w/ Chlorine                            |
| Receiving Stream:           | Unnamed tributary, thence Red River               |

V. FACILITY PERMIT INFORMATION

| NPDES Individual Permit Number (If Applicable): | AR00     |
| NPDES General Permit Number (If Applicable):    | ARG      |
| State Construction Permit Number:               |          |
| NPDES General Construction Stormwater Permit Number (If Applicable): | ARR15 |
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: 501-843-8202 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 (ADEC) 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 ADEC 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 fines and imprisonment for knowing violations."

Responsible Official Printed Name: JEREMY HARRIS Title: OWNER
Responsible Official Signature:

Date: 11-5-19

Responsible Official Email:
Cognizant Official Printed Name:
Cognizant Official Signature:
Cognizant Official Email:

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements.

Yes No *

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

Individual Onsite Wastewater System Permit Application

 Permit Type

- ☐ New Installation
- ☒ Alteration / Repair

DR Environmental ID #

# 0029000177

Part 1 Application

- STD = Standard Septic Tank
- ISF = Intermittent Sand Filter
- PMF = Proprietary Media Filter
- OTH = Other (Describe)

Disposal Method (check one)

- STD = Standard Absorption Field
- SUR = Surface Discharge
- CPR = Capping Fill
- OTH = Other

1. Owner's Applicant's Name

JEREMY HARRIS

2. Phone Number

1-870-814-8254

3. Mailing Address

450 WILLOW CUTOFF, EL DORADO, AR 71730

4. County

UNION

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)

6015 NORTHWEST AVE., EL DORADO, AR 71730

6. Subdivision Name

NA

7. Approval Date

NA

8. Date Recorded

NA

9. Lot Number

NA

10. Lot Dimensions

SEE ATTACHED DRAWING

11. Total Area (Acres)

1.98 AC

12. # Bedrooms # People

THREE

13. Daily Flow (GPD)

3,700 GALLONS

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)

SE 1/4 OF THE SE 1/4 OF SEC. 32, T 16 S, R 15 W, UNION COUNTY, AR

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

EL DORADO WATER ASSOC.

16. GPS Coordinates

33° 16' 56.66" N

70° 40' 00.89" W

17. Loading Rates (gpd)

18. System Specifications

a. Size of Septic Tank

b. Size of Dose Tank

c. Absorption Area

d. Number of Field Lines

e. Length of Field Lines

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

JEREMY HARRIS

Date

11-5-19

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.

Eddie Sullivan

Designated Representative Signature

D.R. # 173

Soil Certified

DATE

WITNESS

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

Date

2-4-2020

EHS Number

1-13-2020

12-16-19.
Individual Onsite Wastewater System Permit Application

Continue Part 1

22. Soil Criteria (Primary Area) Indicate the depth to items a-f, if observed in the soil (designate in inches)
   a. Bedrock b. BSWT c. MSWT d. LSWT e. Adj. MSWT f. Adj. LSWT g. H.C./Depth h. Loading Rate (gpd/ft²)

23. Soil Criteria (Secondary Area) Indicate the depth to items a-f, if observed in the soil (designate inches)
   a. Bedrock b. BSWT c. MSWT d. LSWT e. Adj. MSWT f. Adj. LSWT g. H.C./Depth h. Loading Rate (gpd/ft²)

24. Seasonal Water Table (SWT) Classes Detail
   Primary Area List Redoximorphic Features and/or Clay Content Restrictions
   Brief in
   Moderate in
   Long in
   Secondary Area List Redoximorphic Features and/or Clay Content Restrictions
   Brief in
   Moderate in
   Long in
   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
# ONSITE WASTEWATER PROGRAM WAIVER REQUEST

**Part 1:** To be completed by the Environmental Specialist Requesting the waiver (Please Print or Type)

<table>
<thead>
<tr>
<th>Name of Permit Applicant</th>
<th>Permit Receipt Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeremy Harris</td>
<td>23274390</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Property</th>
<th>City</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>6015 Northwest Avenue</td>
<td>El Dorado</td>
<td>Union</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environmental Specialist Requesting the Waiver</th>
<th>Regional Environmental Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robbie Crocker</td>
<td>David McKinnon</td>
</tr>
</tbody>
</table>

**Justification (Must reference applicable Section of Act 402 or Onsite Wastewater Rules and Regulations)**

System does not meet setbacks for alternate systems as stated in section 10.5.7 of Rules and Regulations Pertaining to Onsite Wastewater Systems. This is a repair.

*Attach a copy of the permit application, plat drawing and vicinity map.*

**Part 2:** To be completed by the Environmental Section Staff Member reviewing the waiver request

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Waiver Granted</th>
<th>[] Waiver Not Granted</th>
</tr>
</thead>
</table>

**Justification**

**Director, Onsite Wastewater Section**

Signature: [Signature]

**Date:** 1-2-2020
Individual Onsite Wastewater System Permit Application

Permit Type
☐ New Installation
☒ Alteration / Repair

DR Environmental ID #
#0029000177

☒ Homeowner
☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 6015 NORTHWEST AVE, EL DORADO, AR 71730
(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

Date 11-5-19

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 perspective 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: 11/5/19

DATE: ________________

EHP-35 (R)
Onsite Maintenance Contract

Date: 11-5-19

Homeowner: JEREMY HARRIS

Property address: 6015 NORTHWEST AVE.
EL DORADO, AR 71730

Contact number: 1-800-814-6254

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 paper work 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]
IMPORTANT NOTICE TO PROPERTY OWNER

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.adeq.state.ar.us
Norweco
(SINGULAR) TNT-500

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

Hole
7' Deep
6' Wide
12' Long
**Constructed Discharge Route**

When a discharging sewer system is installed on locations with limited fall along the discharge route, especially where surface contours are irregular and may allow effluent to pond. Or, where the natural drainage doesn’t provide the required minimum 200 ft. of distance from property lines, suitable drainage will need to be constructed at the time of the installation by the installer. Such is the case with the installation of this system.

This constructed discharge route must provide constant and uniform elevation drop over the length of the discharge route. Depending on the location, there may not be enough fall over the length of the discharge route to allow cutting into natural ground to form the terrace. In such cases, fill must be supplied to form the sides of the trough. A discharge route will start at the system’s discharge point and often end near the edge of the property. A constructed discharge route is a shallow V shaped ditch, that where specified on the permit drawing forms the discharge route. It must be constructed in accordance with the drawing shown below.

This configuration is for relatively flat surfaces, or where the discharge route is running more or less with the direction of the ground slope. Where the direction of the discharge route is more or less at right angles to the direction of significant ground slope, the discharge terrace should be shaped somewhat differently. And another drawing with different specifications will be furnished.