

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
INDIVIDUAL TREATMENT FACILITIES
NPDES GENERAL PERMIT ARG550000

29840 KB

Application Type: New ☒ Renewal ☐ (Permit # ARG55 _____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Prime-Line, Inc.
Wine Dot Land Development, LLC Operator Type:
Permittee Mailing Address: 1201 Mt. Riante Road ☐ State ☐ Partnership
Permittee City: Hot Springs ☐ Federal ☒ Corporation*
Permittee State: AR Zip: 71913 ☒ Sole Proprietorship/Private
Permittee Telephone Number: (800) 624-3471 *State of Incorporation: _____
Permittee Fax Number: (501) 377-9145 The legal name of the Permittee must be
Permittee E-mail Address: brianf@primelineinc.com identical to the name listed with the
Arkansas Secretary of State.

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

Invoice Contact Person: Brian Feeney City: Malvern
Invoice Mailing Company: Prime-Line State: AR Zip: 72104
Invoice Mailing Address: 2088 Wine Dot Road Telephone: (501) 655-1945

III. FACILITY INFORMATION

Facility Name: Prime-Line, Inc. Facility Contact Person: Brian Feeney
Facility Address: 2088 Wine Dot Road Telephone Number: (501) 655-1945
Facility County: Hot Spring Facility City, State & Zip: Malvern, AR 72104
Facility Latitude: 34 Deg 22 Min 52.3 Sec Facility Longitude: 92 Deg 43 Min 37.6 Sec
Datum: WGS
Accuracy: 3M Method: GPS : 84 Scale: N/A Description: Discharge

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 930 gpd (Gallons per Day)
Stream Segment: 08042030603 Hydrologic Basin Code: 2C
Outfall Latitude: 34 Deg 22 Min Sec 52.3 Outfall Longitude: 92 Deg 43 Min 37.7 Sec
Datum:
Accuracy: 3M Method: GPS : N/A Scale: N/A Description: Discharge
Type of Treatment: Aerobic
Receiving Stream: Big Creek, thence Upper Saline

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

WATER DIVISION
5301 NORTHSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

VI. OTHER INFORMATION:

Operator Name: Brian Feeney (Owner) contracted with Peggy Daley of Sitewise LLC [General Permit Part 1.2.1.5]
Operator License Number: 007139 License Class: Industrial B, Municipal 2

Consultant Contact Name: John Rogers, B & F Engineering, Inc.
Consultant Email Address: johnr@bnfeng.com
Consultant Address: 928 Airport Rd City: Hot Springs State: AR Zip: 71913
Consultant Phone Number: (501) 767-2366 Consultant Fax Number: (501) 767-6859

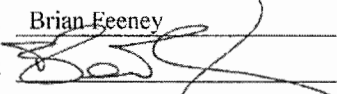
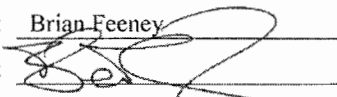
Has this treatment system been approved by AHD? Yes ☒ No ☐

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.adeq.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."

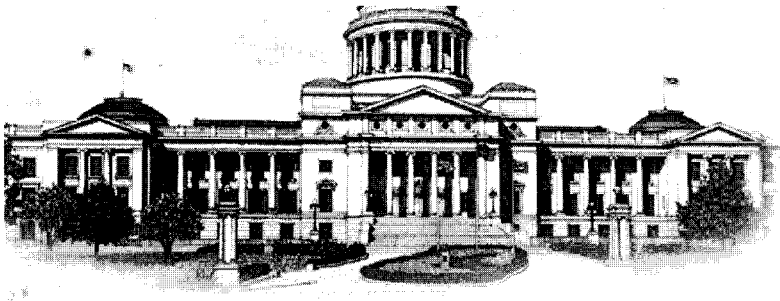
Responsible Official Printed Name: Brian Feeney Title: Manager
Responsible Official Signature:  Date: 11/13/14
Responsible Official Email: brianf@primelineinc.com
Cognizant Official Printed Name: Brian Feeney Title: Manager
Cognizant Official Signature:  Telephone: (501) 655-1945
Cognizant Official Email: brianf@primelineinc.com

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 can not be issued!
Submittal of Complete NOI?	☐	☐	
Submittal of Required Permit Fee?	☐	☐	Check Number: _____
Submittal of AHD Form EHP-19?	☐	☐	
Submittal of Site Map?	☐	☐	

WATER DIVISION
5301 NORTHSORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

ARKANSAS
SECRETARY OF STATE*Mark Martin**Search Incorporations, Cooperatives, Banks and Insurance Companies*[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)For service of process contact the [Secretary of State's office](#).

Corporation Name	PRIME-LINE, INC.
Fictitious Names	
Filing #	100130669
Filing Type	For Profit Corporation
Filed under Act	Dom Bus Corp; 958 of 1987
Status	Good Standing
Principal Address	
Reg. Agent	DOUG FENNEY
Agent Address	HOT SPRING COUNTY ROAD 118 JONES MILL INDUSTRIAL PARK JONES MILL, AR
Date Filed	03/19/1996
Officers	SEE FILE, Incorporator/Organizer ELLIS K WILLIAMSON , Tax Preparer DOUG FEENEY , President DOREEN FEENEY , Secretary BRIAN FEENEY , Vice-President THOMAS ALLEN MADDOX , Controller
Foreign Name	N/A
Foreign Address	
State of Origin	N/A
<u>Purchase a Certificate of Good Standing for this Entity</u>	<u>Pay Franchise Tax for this corporation</u>

C*G3BP0xmi



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

Robbie Crocker, SWR Environmental Program Specialist
870 285 3154, office
870 403 1329, cell

RECEIVED
NOV 18 2014
29840 KB

January 21, 2014

RE: Wine Dot Land Development
2088 Wine Dot Road
Malvern, AR 72104

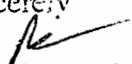
The plans and specifications for the above captioned project have been received and reviewed. Please be advised that as the owner you are responsible for the following:

1. All costs relating to the operation and maintenance of the system.
2. Meeting all effluent requirements.
3. Financial responsibility for effluent monitoring and sampling by a Certified Maintenance Person.
4. Filing for the National Pollutant Discharge Elimination System (NPDES) General Permit (ARG550000) permit with the Arkansas Department of Environmental Quality before any construction begins.
5. Any changes from the specified design will require a new maintenance contract and a resubmission of the permit.
6. This approval is for an on-site retention scheme for all effluent generated from the specified establishment on the permit on 66.88 acres. Any off-site discharge of the effluent may void this approval. Additional measures to insure on-site retention of all sewage effluent generated may be required at a later date should the discharge leave the property.

This system must be installed to meet the specifications for the design attached to the construction permit, and installation should not begin until the installer has reviewed these specifications. Health Department approval of this project does not release the owner of any liability resulting from the discharge of sewage effluent.

If you have any questions, please contact the local environmental health specialist at your local health department.

Sincerely,


Robbie Crocker
SWR Environmental Health Program Specialist



Arkansas Department of Health
Environmental Health Protection

Receipt Number

19203751

Individual Onsite Wastewater System Permit Application

Permit Type

☒ New Installation

☐ Alteration / Repair

DR Environmental ID #

7 6 0 1 0 6 7 0 5 3

Fee Schedule for Structures

Structures 1500 sq ft or less	\$ 30.00	☐
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	☐
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	☐
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	☐
Structures more than 4000 sq ft	\$150.00	☒
Alteration and Repair	\$ 30.00	☐

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

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

- ☒ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

- ☐ STD = Standard Absorption Field
☒ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other

- ☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name

Wine Dot Land Development, LLC

2. Phone Number

501-844-4429

3. Mailing Address

1201 Mt. Riente Road, Hot Springs, AR 71913

4. County

Hot Spring

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

2088 Wine Dot, Malvern, AR 72104

6. Subdivision Name

None

7. Approval Date

None

8. Date Recorded

None

9. Lot Number

None

10. Lot Dimensions

1658.55' x 1336.08' x Various

11. Total Area (Acres)

~ 66.88

12. # Bedrooms # People

63 People - 12 Hr Shift

13. Daily Flow (GPD)

1,920

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

Section 16, Township 4 South, Range 16 West

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

Perla Water Association

16. GPS Coordinates

Pri-N34 22' 52.3" W92 43' 37.7"

17. Loading Rates

(gpd/ft²)

18. System Specifications

Primary Area

N/A

a. Size of Septic Tank

2,000

gal

f. Trench Depth

N/A

inches

Secondary Area

N/A

b. Size of Dose Tank

N/A

gal

g. Trench Spacing

N/A

feet

Percolation Test

(min/in)

c. Absorption Area

N/A

ft²

h. Trench Media (List Below)

i. Trench Width

Primary Area Avg

d. Number of Field Lines

N/A

N/A

N/A

in

Secondary Area

e. Length of Field Lines

N/A

ft

N/A

N/A

in

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

Date

12/19/13

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

Soil Certified

☒ Yes ☐ No

Designated Representative Signature

Title

J. Don Daley

December 17, 2013

501-617-1046

Print Name

Date

Phone Number

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

EHS Number

Date

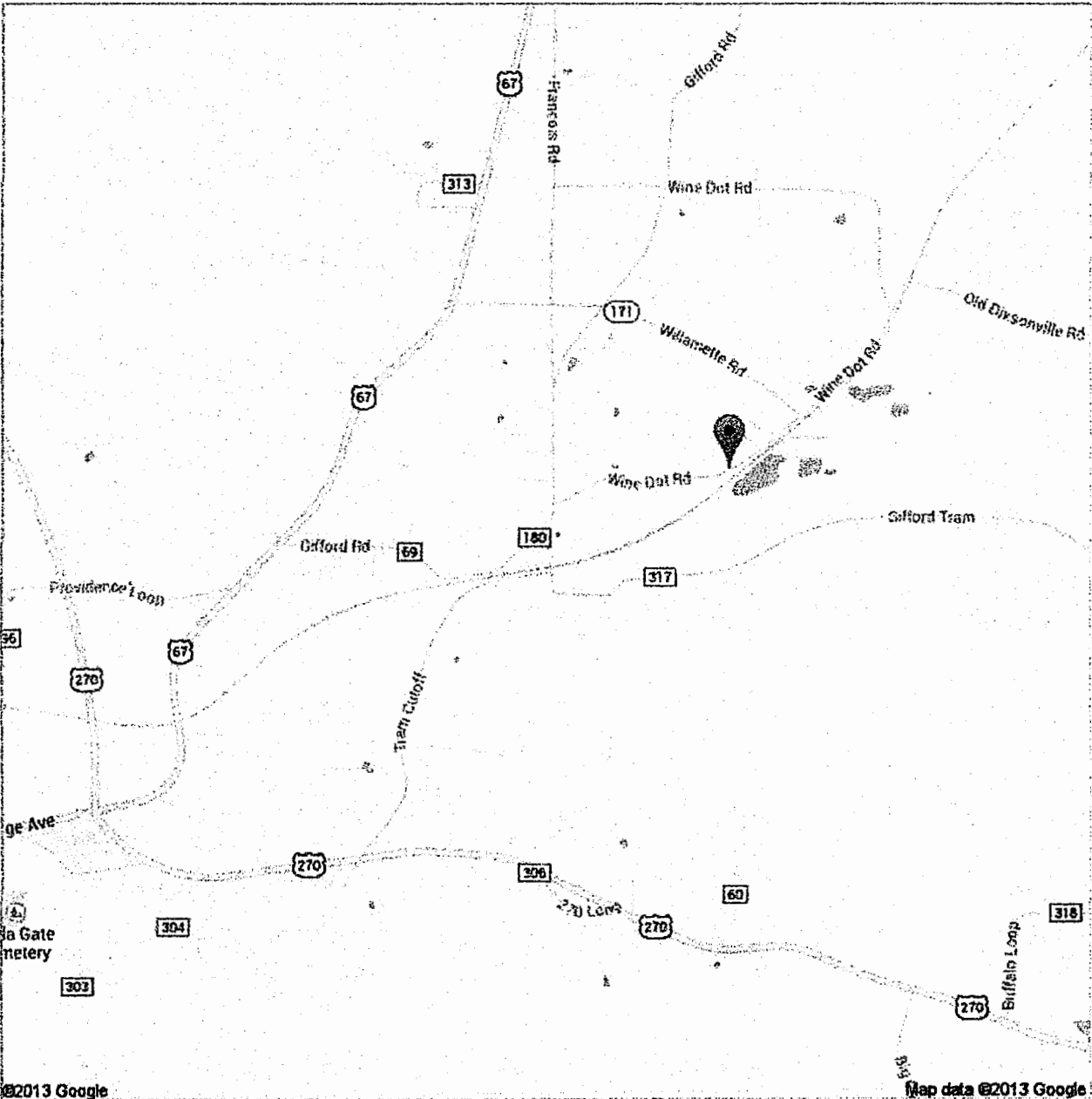
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12/1/14



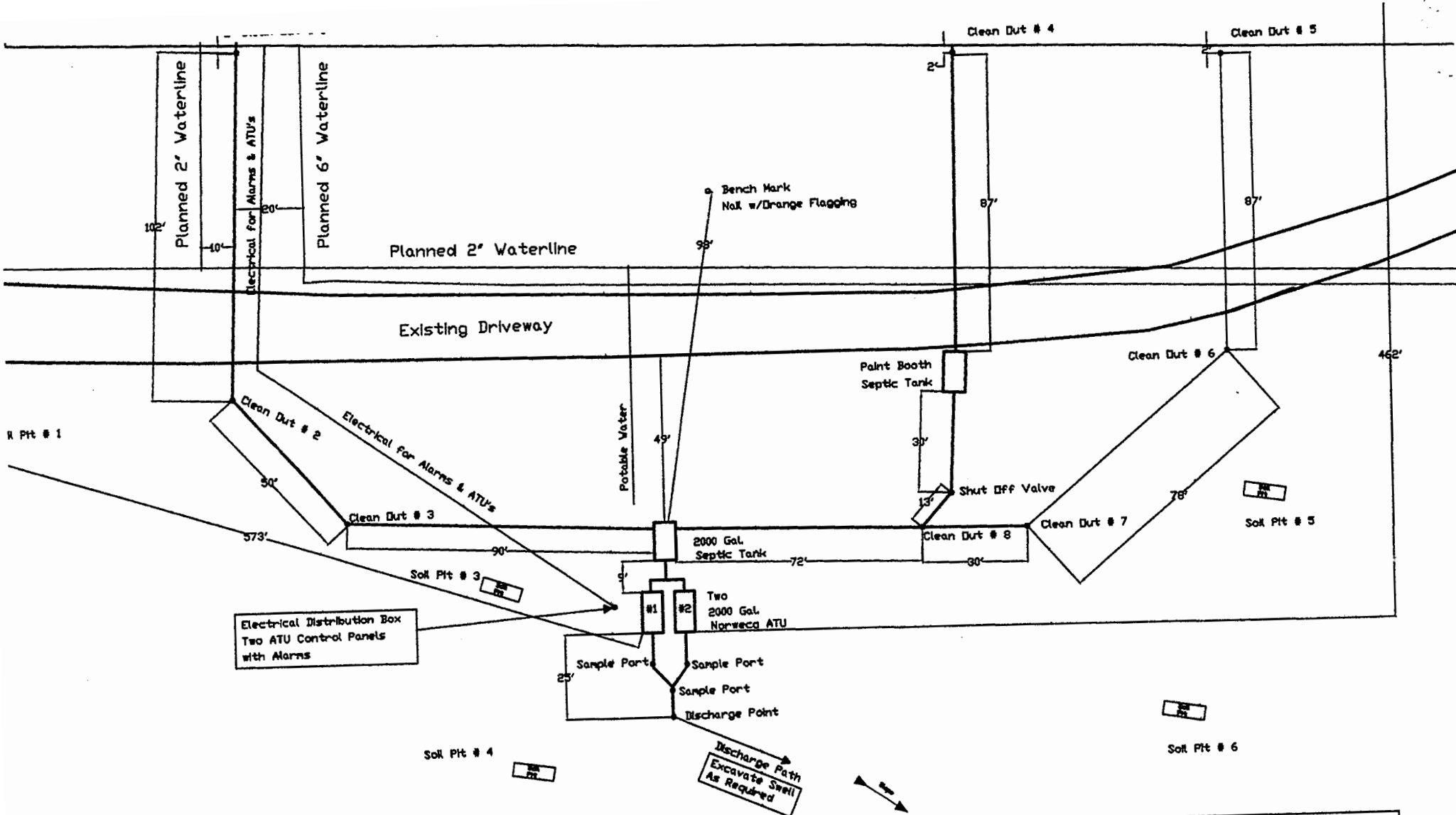
Address **2088 Wine Dot Rd**
Malvern, AR 72104

Wine Dot Development, LLC



©2013 Google

Map data ©2013 Google



System Type	ATU with Surface Discharge	
No. of Lines	N/A	
Length of Lines	N/A	
Field Area (Sq. Ft.)	N/A	
Elevations	Ground	Flowline
Septic Tank In	7' 5"	9' 7"
Septic Tank Out	8' 1"	9' 10"
ATU # 1 In	8' 2"	10' 1"
ATU # 1 Out	8' 1"	9' 9"
ATU # 2 In	8' 0"	10' 1"
ATU # 2 Out	8' 1"	9' 9"
Discharge Point	8' 4"	10' 0"

Benchmark: 3' 1" Nail w/Orange Tape in Concrete

Scale 1" = 40'

DISCHARGE POINT EXCEEDS!

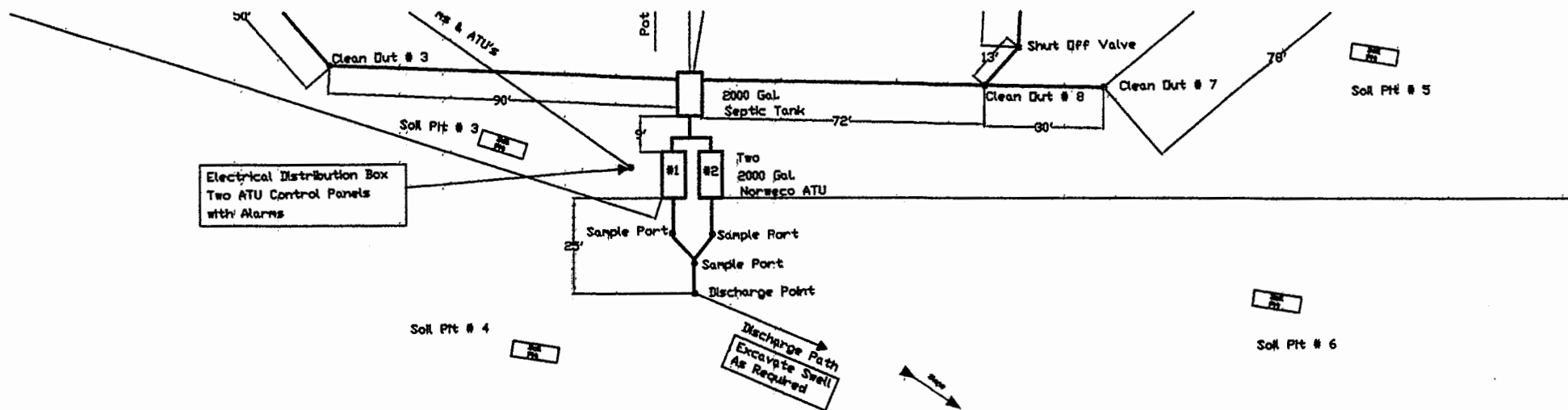
300' from any adjacent home or building
150' from any adjacent property line
200' of flow before discharge leaves property
100' from buildings

Client: Vine Dot Land Development, LLC
Mailing Address: 314 Reynolds Rd., Bldg. 4, Malvern, AR 72104
Lot Address: 2088 Vine Dot, Malvern, AR 72104

Directions:
From Malvern, East on Hwy 67, Right on Hwy 171,
Right on Vine Dot; First Driveway on Left
Over Railroad Tracks, Signal at Location
Just Past Pine Rest Mobile Home Park on Right
and Just Before Electrical Substation on Right

PROVIDED BY OTHER THAN SEPTIC INSTALLER

1. - Project Contractor will provide Electrical to Treatment Facility Location.
2. - Project Contractor will provide Potable Water Faucet to Treatment Facility Location.
3. - Project Contractor will install 4" Sewer Line within 50' of 2,000 Gallon Septic Tank -after Clean Out # 3 and after Clean Out # 8.
4. - Sewer stub out at Treatment Facility will not exceed 12" below grade.
5. - Slope of Sewer Line to be between 1/8" and 1/4" per foot.
6. - Final Elevations of Clean Outs will be determined after building site work (grading, fill, compacting, etc.) has been determined.



System Type: ATU with Surface Discharge
 No. of Lines: N/A
 Length of Lines: N/A
 Field Area (Sq. Ft.): N/A

Elevations:	Ground	Flowline
Septic Tank In:	7' 5"	9' 7"
Septic Tank Out:	8' 1"	9' 10"
ATU # 1 In:	8' 2"	10' 1"
ATU # 1 Out:	8' 1"	9' 9"
ATU # 2 In:	8' 0"	10' 1"
ATU # 2 Out:	8' 5"	9' 9"
Discharge Point:	8' 4"	10' 0"

Benchmark: 3' 1" Nail w/Orange Tape in Concrete

Scale: 1" = 4'

DISCHARGE POINT EXCEEDS:

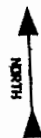
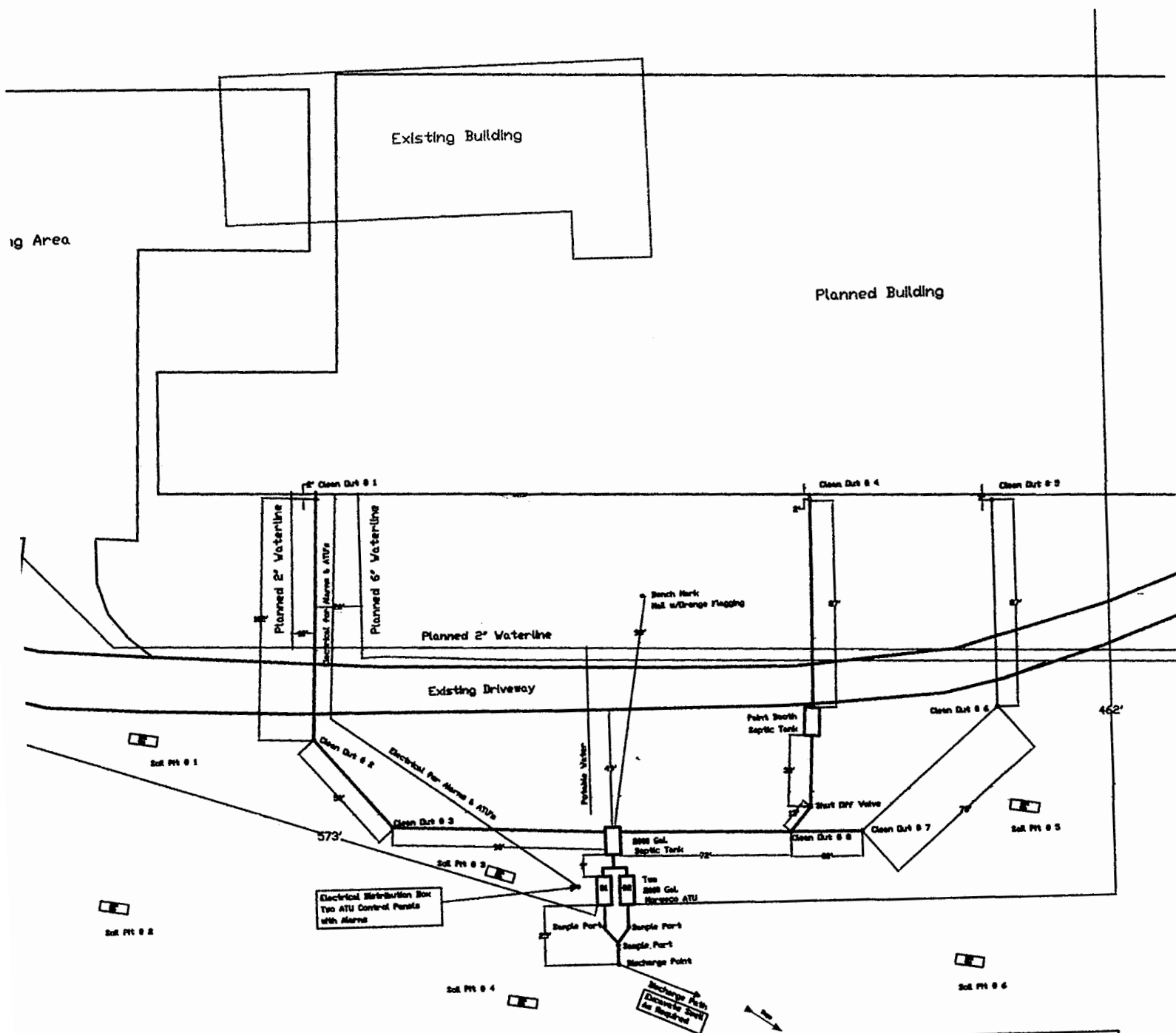
300' from any adjacent home or building
 150' from any adjacent property line
 200' of flow before discharge leaves property
 100' from buildings

Client: Vine Dot Land Development, LLC
 Mailing Address: 314 Reynolds Rd, Bldg. 4, Malvern, AR 72104
 Lot Address: 2088 Vine Dot, Malvern, AR 72104

Directions:
 From Malvern, East on Hwy 67, Right on Hwy 171,
 Right on Vine Dot; First Driveway on Left
 Over Railroad Tracks, Signal at Location
 Just Past Pine Rest Mobile Home Park on Right
 and Just Before Electrical Substation on Right

PROVIDED BY OTHER THAN SEPTIC INSTALLER:

- 1 - Project Contractor will provide Electrical to Treatment Facility Location.
- 2 - Project Contractor will provide Potable Water Faucet to Treatment Facility Location.
- 3 - Project Contractor will install 4" Sewer Line within 50' of 2,000 Gallon Septic Tank -after Clean Out # 3 and after Clean Out # 8.
- 4 - Sewer stub out at Treatment Facility will not exceed 12" below grade.
- 5 - Slope of Sewer Line to be between 1/8" and 1/4" per foot.
- 6 - Final Elevations of Clean Outs will be determined after building site work (grading, fill, compacting, etc.) has been determined.



System Type	ATU with Surface Discharge	
No. of Lines	N/A	
Length of Lines	N/A	
Field Area (Sq. Ft.)	N/A	
Excavations	Ground	Finished
Septic Tank Box	7' 0" x 7' 0"	7' 0" x 7' 0"
Septic Tank Duct	6' 0" x 1' 0"	7' 0" x 1' 0"
ATU # 1 Box	6' 0" x 1' 0"	7' 0" x 1' 0"
ATU # 1 Duct	6' 0" x 1' 0"	7' 0" x 1' 0"
ATU # 2 Box	6' 0" x 1' 0"	7' 0" x 1' 0"
ATU # 2 Duct	6' 0" x 1' 0"	7' 0" x 1' 0"
Discharge Point	6' 0" x 1' 0"	7' 0" x 1' 0"

Benchmarks 2' 1" Rail w/Orange Tape in Concrete
Scale 1" = 40'

BEFORE WORK BEGINS

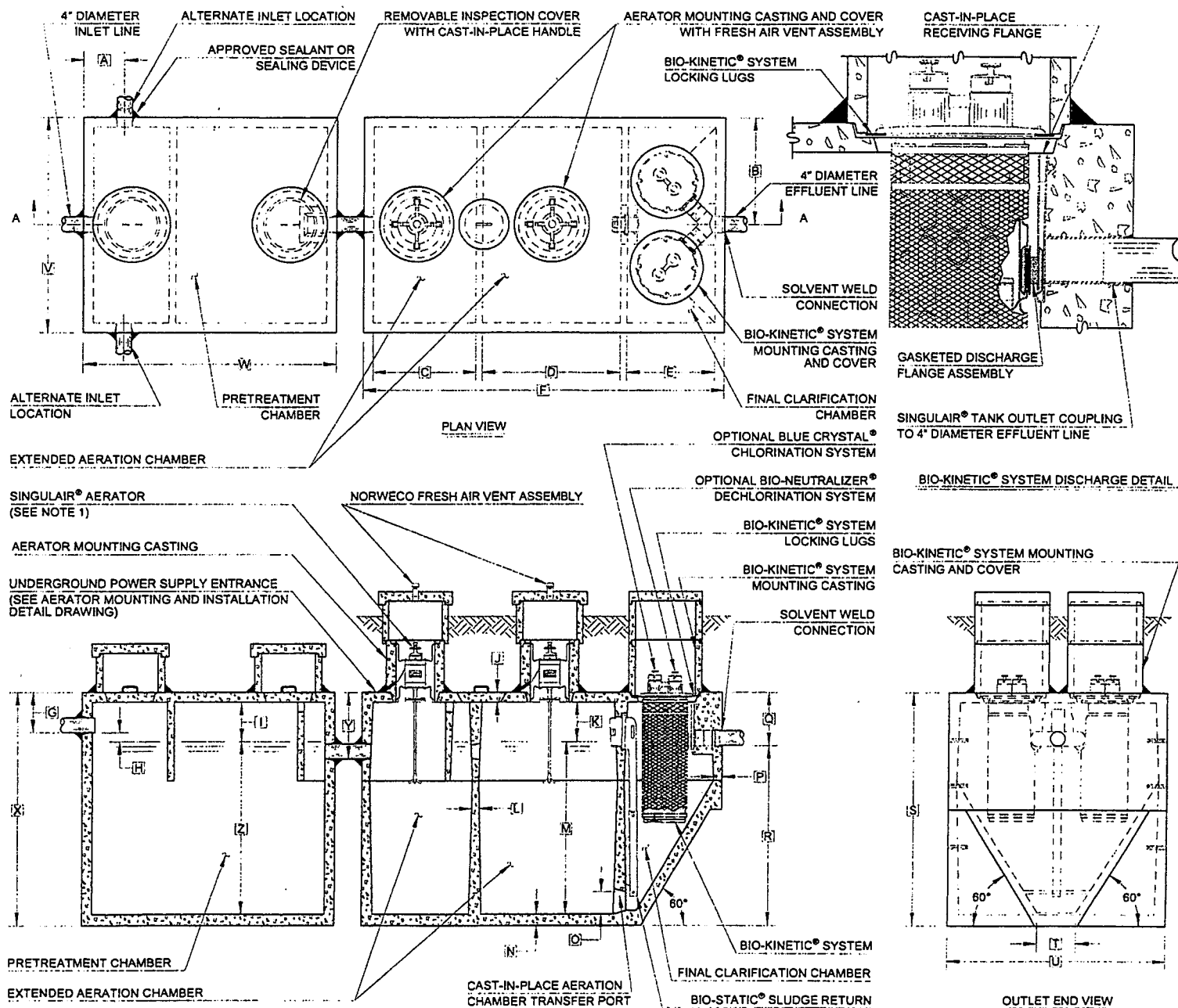
30' from any adjacent home or building
100' from any adjacent property line
30' of floor before discharge leaves property
30' from buildings

Client: Vine Bot Land Development, LLC
Billing Address: 364 Reynolds Rd, Bldg. 4, Natick, MA 02544
Lot Address: 2888 Vine Rd, Natick, MA 02544

From Natick, East on Hwy 67, Right on Hwy 171.
Right on Vine Rd. First driveway on Left
Over Railroad Tracks, Signal at Location
Just Past Pine Rest Mobile Home Park on Right
and Just Before Electrical Substation on Right

PROVIDED BY OTHER THAN SEPTIC INSTALLER

- 1 - Project Contractor will provide Electrical to Treatment Facility Location.
- 2 - Project Contractor will provide Portable Water Faucet to Treatment Facility Location.
- 3 - Project Contractor will install 4" Sewer Line within 50' of 2,000 Gallon Septic Tank - after Clean Out # 3 and after Clean Out # 8.
- 4 - Sewer stub out at Treatment Facility will not exceed 12' below grade.
- 5 - Slope of Sewer Line to be between 1/8" and 1/4" per foot.
- 6 - Final Elevations of Clean Outs will be determined after building site work (grading, fill, compacting, etc.) has been determined.



GENERAL NOTES:

- 1) SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF.
- 2) FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- 3) ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE. INSPECTION COVER ON PRETREATMENT CHAMBER MUST BE DEVELOPED TO WITHIN TWELVE INCHES OF GRADE.
- 4) TANK REINFORCED PER ACI STD. 318-05.
- 5) REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- 6) CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CRITICAL DIMENSIONS

A) 1'-0"	N) 0'-3"
B) 2'-9"	O) 0'-6"
C) 2'-8"	P) 0'-2 1/2"
D) 3'-7"	Q) 1'-4"
E) 2'-3"	R) 4'-8"
F) 9'-3"	S) 6'-0"
G) 1'-0"	T) 1'-0"
H) 0'-3"	U) 5'-6"
I) 1'-0"	V) 1'-0"
J) 0'-3"	W) 1'-0"
K) 1'-0"	X) 1'-8"
L) 0'-2"	Y) 1'-8"
M) 4'-6"	Z) 1'-8"

NOTE: PRETREATMENT CHAMBER MINIMUM REQUIREMENTS SHALL BE: 1,000 GALLONS CAPACITY, 15 GALLONS PER INCH OF LIQUID LEVEL AND 12 INCHES OF FREEBOARD.

SECTION A-A

NOTE: SOME CRITICAL DIMENSIONS ARE INTENTIONALLY LEFT BLANK TO BE FILLED IN PER INDIVIDUAL JOB SITE SPECIFICATIONS.

NOTE: TOTAL SYSTEM CAPACITY: 2,300 GALLONS
RATED CAPACITY: 1,000 GALLONS PER DAY

U.S. AND FOREIGN PATENTS PENDING	norweco	1-29-07	1
SINGULAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM MODEL 960 - 1000 GPD		BDS	GLS
		1-9-96	NTS
		PC-S-7008	

norweco® SINGULAIR®

OHIO NPDES TREATMENT SYSTEM

INSTALLATION INSTRUCTIONS

All National Pollutant Discharge Elimination System (NPDES) installations in Ohio must be remotely monitored or equipped with a failsafe pump lock out. The Service Pro TNT control center features remote monitoring via standard residential telephone lines to comply with Ohio NPDES requirements. Digital Subscriber Line (DSL) phone service requires the use of a low-cost optional DSL filter. Voice Over Internet Protocol (VOIP) is not reliable with any telemetry system and not recommended. In order to meet Ohio Department of Health and Ohio EPA permit requirements, the distributor must record each installation online into the Service Pro MCD database, and a valid monitoring agreement must be maintained. The monitoring service of the Singulair NPDES system for the first two years is included in the initial installation cost. After the initial two year service contract has expired, the homeowner is still required by law to maintain a monitoring agreement and service contract, at their own expense, either from the distributor or another authorized service provider.

INTRODUCTION

Singulair NPDES treatment systems will treat domestic wastewater flows up to 600 gallons per day. The system includes either a concrete or Singulair Green Model TNT treatment system, one Model AT 1500 UV disinfection system and one post-aeration air pump. In addition to these components provided by Norweco, a state approved sampling port must be supplied by the distributor. All components must be properly installed for compliance with Ohio NPDES requirements. To insure proper treatment system operation, please take the time to familiarize yourself with the contents of these instructions.

COMPONENTS

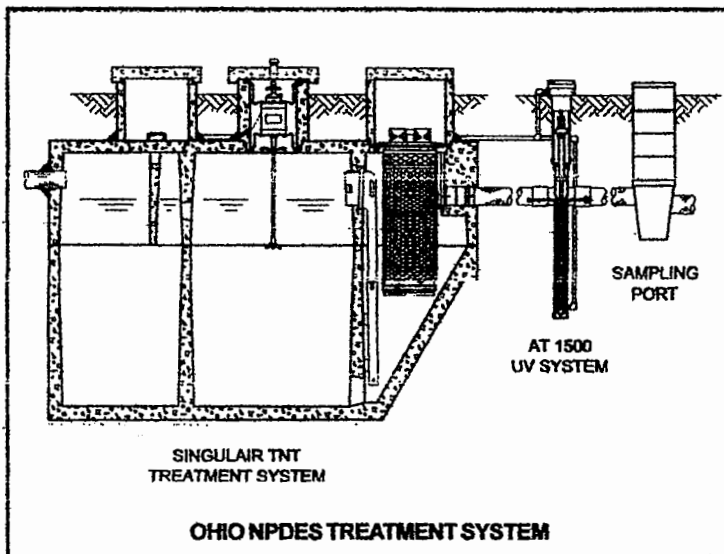
The Singulair NPDES accessory equipment package is installed for use with the Singulair TNT system to meet NPDES permit requirements in the State of Ohio. For instructions on the proper installation, start-up, maintenance and service of the TNT wastewater treatment system, please refer to the Singulair Bio-Kinetic Installation Manual.

The Singulair NPDES accessory package consists of the following components:

- 1) Model A20 air pump with integral pressure switch
- 2) Model AT 1500 ultraviolet (UV) disinfection system with post-aeration port

The following items should be supplied by the installer:

- 1) Disconnect Switch
 - 2) Electrical conduit
 - 3) Electrical cable
 - 4) 1/2" PVC air plumbing and fittings
 - 5) *Sampling port
 - 6) *Solvent primer and cement
 - 7) *Proper cover for air pump, if installed outdoors
- * Available for purchase from Norweco



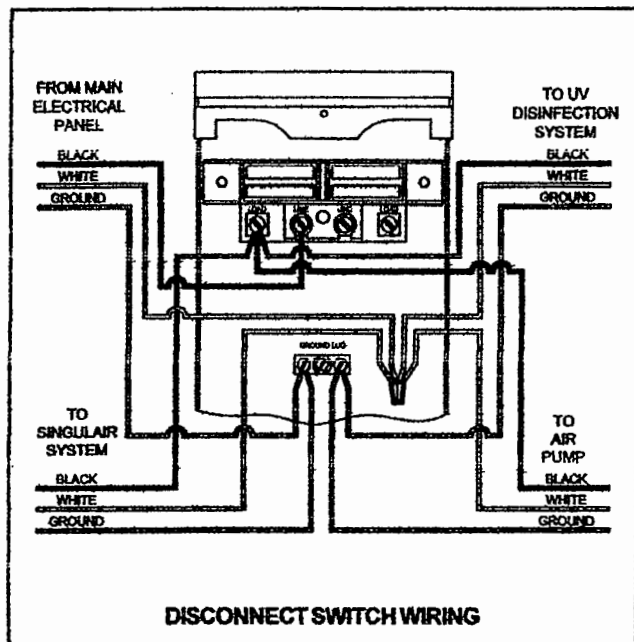
The distributor **MUST** install a state approved sampling port downstream of the UV disinfection system so that a free falling effluent sample can be obtained. The NPDES permit requires collection and testing of an effluent sample from each installation on an annual basis. An improperly designed sampling port will negatively affect the test results. The sampling port can be as simple as a PVC pipe cross with a sump. It is essential to properly clean and sterilize the sampling port prior to collection of a free falling

sample. Pre-engineered sampling ports are available for purchase from Norweco. **IT IS A VIOLATION OF STATE AND FEDERAL LAW TO INSTALL AN OFF-LOT DISCHARGING SYSTEM IN THE STATE OF OHIO WITHOUT AN APPROVED SAMPLING PORT.** Always follow proper sampling procedures to insure accurate results are obtained. Consult the Norweco Technical Bulletin EFFLUENT SAMPLING TECHNIQUES FOR RESIDENTIAL TREATMENT SYSTEMS for additional information regarding proper sampling procedures.

SINGULAIR® OHIO NPDES INSTALLATION INSTRUCTIONS (Cont.)

ELECTRICAL WIRING

All electrical work must be performed in accordance with the latest edition of the National Electrical Code, as well as all applicable state and local codes. Detailed wiring instructions for the Singulair Model TNT system are provided in the Singulair Bio-Kinetic System Installation Manual. Detailed wiring instructions for the UV system are provided in the Model AT 1500 UV Disinfection System Installation and Operation Manual.



A disconnect switch must be provided by the installer for use with the Singulair NPDES treatment system. The disconnect switch provides an accessible method for disabling power to components of the Singulair NPDES treatment system when maintenance is required. A #14/2 AWG minimum electrical cable should be installed from the main service panel to the disconnect switch. The hot (black) lead from the main service panel should be connected to the LINE terminal of the disconnect switch. The black leads to all Singulair NPDES treatment system components should be connected to the LOAD terminal of the disconnect switch. All common (white) leads should be twisted together and secured with a wire nut connector. All ground leads should be connected to the ground lug provided in the disconnect switch enclosure.

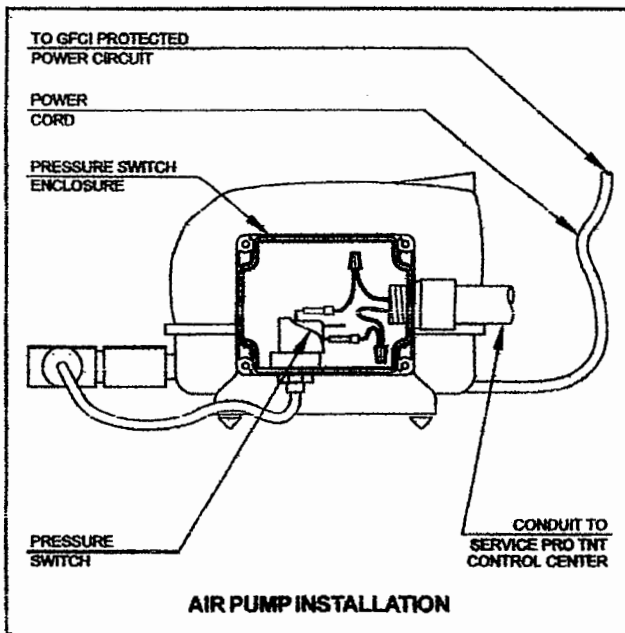
MODEL A20 AIR PUMP INSTALLATION

Fresh air for post-aeration is supplied by the Model A20 air pump. The air pump must not be installed where it will be exposed to moisture or direct sunlight. Excessive heat will cause premature air pump failure. Mount the air pump in a horizontal orientation indoors or in a well-ventilated weatherproof enclosure. Installation of the air pump with inadequate ventilation, in a wet location or vertical orientation may damage the pump and will void the warranty.

The Model A20 air pump is equipped with a power cord that must be connected to a 120 volt GFCI protected power circuit. A GFCI circuit should be used to protect service personnel from the potential of electric shock.

An air pressure switch is included with each Model A20 air pump to monitor proper operation. The pressure switch must be connected in conduit to the Auxiliary Input 2 in the Service Pro TNT control center. Alarm leads carry low voltage and must be run in a conduit separate from any power wire. To make this connection:

1. Remove the gasketed cover from the pressure switch enclosure and set aside.
2. Drill the appropriate size hole in the pressure switch enclosure to accept the conduit that will contain the alarm leads.
3. Install a conduit from the pressure switch enclosure to the Service Pro TNT control center.
4. Insure that all conduit connections are watertight.
5. Two alarm leads (minimum #18 AWG) should be included in the conduit for connection of the pressure switch to the Service Pro TNT control center.
6. Connect each alarm lead to one of the red wires from the pressure switch and secure with wire nut connectors.



7. In the Service Pro TNT control center, connect the alarm leads to the RELAY terminals of Auxiliary Input 2.
8. Replace the gasketed cover on the air pump pressure switch enclosure.

MANUFACTURED BY

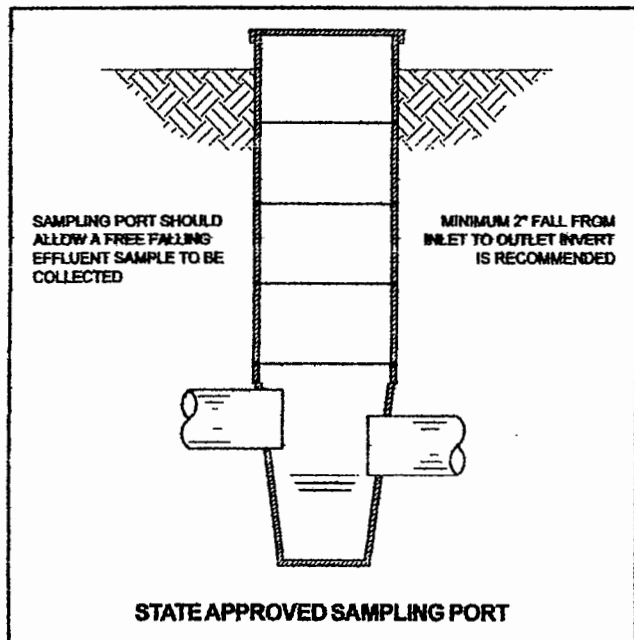
norweco
Enabling the future of water
and wastewater treatment

NORWECO, INC.
NORWALK, OHIO
U.S.A. 44857
www.norweco.com

SINGULAIR® OHIO NPDES INSTALLATION INSTRUCTIONS (Cont.)

SAMPLING PORT INSTALLATION

The installer must provide a state approved sampling port downstream of the UV disinfection system. To insure accurate results, it is essential that the sampling port allows a free falling effluent sample to be collected. Pre-engineered sampling ports are available for purchase from Norweco. The sampling port should always be installed within 3 feet of the UV disinfection system. Installing the sampling port further than 3 feet from the UV system may negatively affect the accuracy of effluent samples.



BACKFILL

Once the sampling port has been installed, the system should be backfilled. Backfill the Singulair tank per the Tank Delivery and Setting Instructions. Insure the air line for the post-aeration system is protected during the backfilling process. Always use sand, gravel or fine crushed stone to backfill the UV system and sampling port up to the inlet and outlet plumbing. Then backfill with native soil to finished grade. The control enclosure on the UV disinfection system should be completely above grade in the finished installation. Final grading should slope away from all access covers and risers so surface runoff will drain away from the system.

ACTIVATING THE SYSTEM

Inspect all electrical connections and insure that all junction boxes have been covered to maintain watertight integrity. Verify that all conduit connections are properly sealed. Energize the dedicated circuit breaker in the main service panel and turn on power at the disconnect switch. Insure proper operation of the NPDES system components. The green indicator lamp should be lit on the UV system and the air pump should be operating. Close and secure all access covers prior to leaving the site.

NPDES SYSTEM SERVICE

The Singulair NPDES treatment system must be serviced at six month intervals to maintain proper operation and insure that permit requirements are met. Detailed instructions for servicing the Singulair system are included in the Singulair Service Manual. For service of the UV disinfection system, consult the Model AT 1500 UV Disinfection System Installation and Operation Manual.

The post-aeration air pump contains an air filter that should be inspected at each service visit. Remove the air filter cover to inspect the filter media. If the filter requires cleaning, simply rinse it with cold water. Replace the media into the empty filter cavity and reinstall the air filter cover. If the air flow is reduced, the alarm in the Service Pro TNT control center will activate, indicating the diaphragms and flapper valves may need to be replaced. Air pump rebuild kits are available for purchase from Norweco.

EFFLUENT SAMPLING

Special precautions and record keeping are required when collecting samples for compliance with the ~~Ohio~~ NPDES permit. Consult the Norweco document titled EFFLUENT SAMPLING FOR RESIDENTIAL TREATMENT for detailed sampling procedures. Always wear proper eye protection and disposable gloves when collecting samples.

Prior to sample collection, the bottle, sampling equipment and effluent pipe must be cleaned and sterilized. It is essential that the sampling point allows a free falling effluent sample to be collected. Samples taken directly from a sump will provide inaccurate results due to the accumulation of solids over time.

A proper sample can only be collected when there is effluent flow. Flow may be induced by adding water to the system inlet or pretreatment chamber. Induced flows must be typical of the normal incoming flow rate. A surge flow will create a washout of solids and skew test results. Once effluent is flowing, place the mouth of the bottle directly into the falling stream of effluent to collect the sample.

The sample should be chilled during transport and handling to inhibit further biological activity. Invalid data will result if the sample is held for a longer period of time than the guidelines permit. For this reason, travel time, laboratory operating hours, weekend and holiday schedules all must be considered when collecting effluent samples for compliance with NPDES permit requirements.

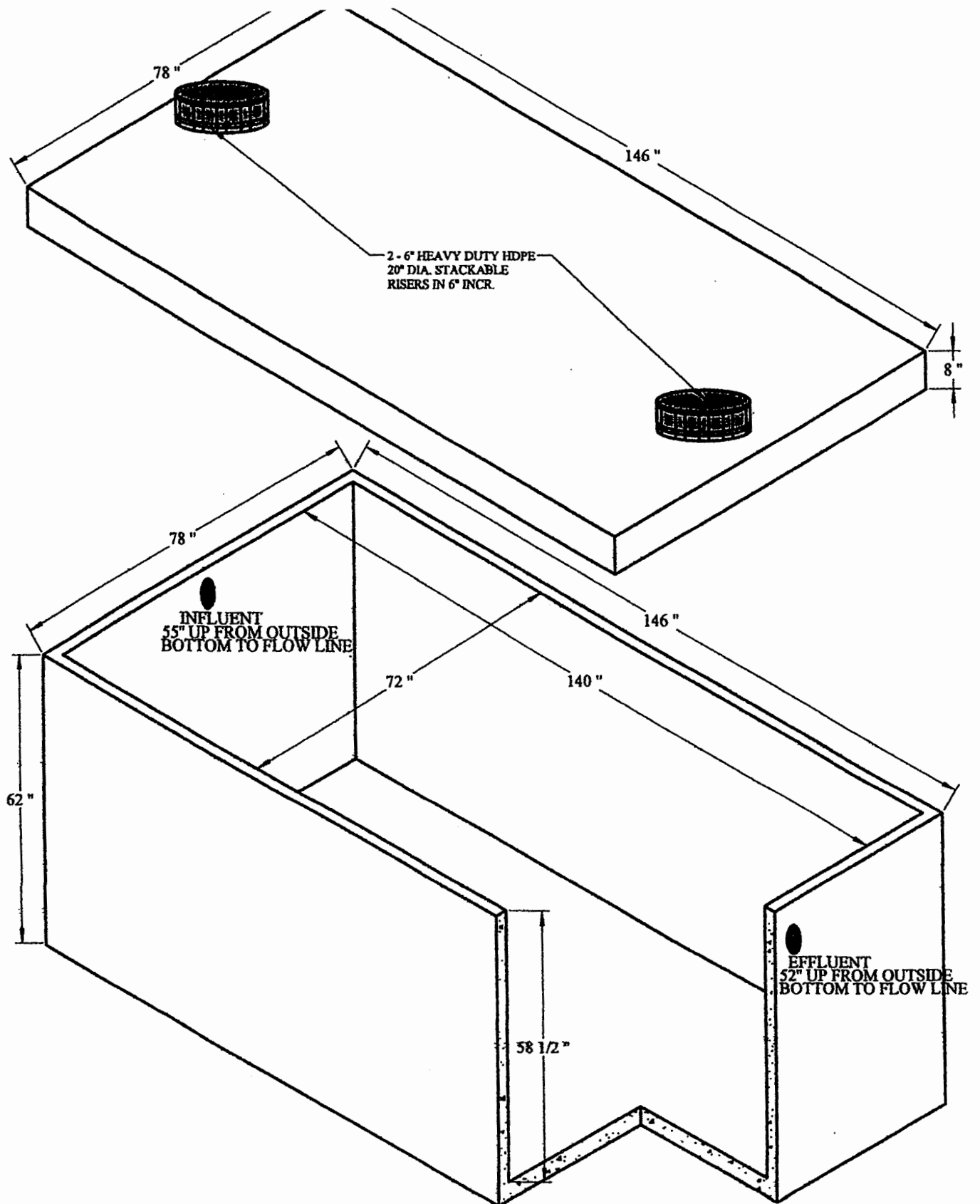
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Engineering the future of water
and wastewater treatment

**NORWECO, INC.
NORWALK, OHIO
U.S.A. 44857**

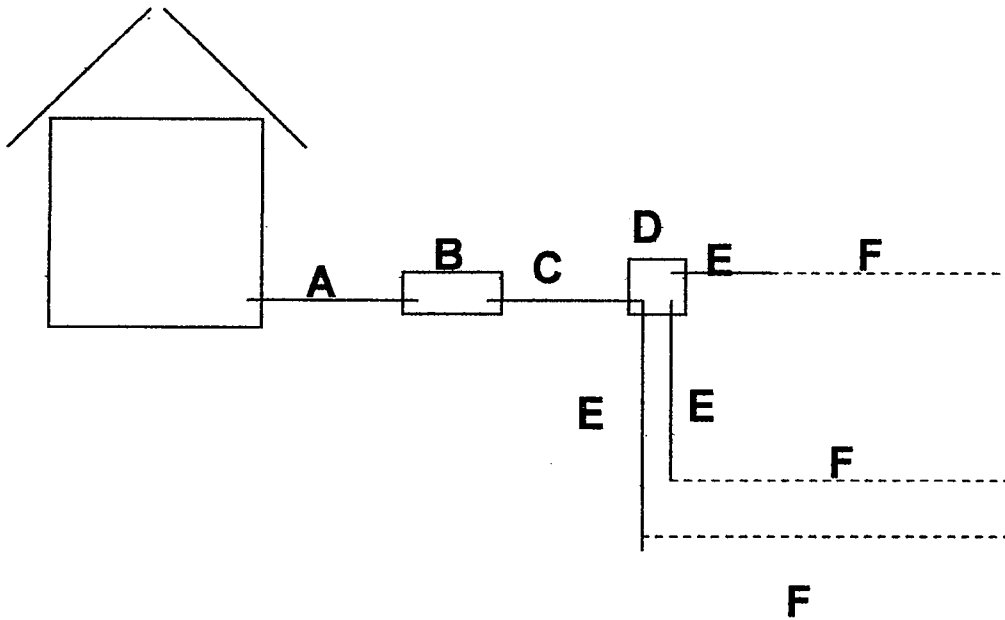
www.norweco.com



	SPECIFICATIONS	
	CONCRETE REINFORCEMENT	4500 PSI @ 28 DAYS TOP & BOTTOM-6X6X10 WIRE MESH #4 REBAR ON 20" CENTERS SIDES-#4 REBAR ON 20" CENTERS POLYSEAL PIPE SEALS AT INLET & OUTLET 4" TEE BAFFLES
PIPES		

2,000 GALLON SEPTIC TANK

PIPE SPECIFICATIONS



	Name	Pipe Approved
A	House Sewer Line	Schedule 40 PVC Schedule 40 ABS Schedule 40 ABS Foam Core
B	Septic Tank	Schedule 40 Sanitary T's Inlet and outlet
C	Effluent Line	To solid ditch bottom, same as 'A'. Beyond that point must be 'A' or SDR 35 PVC or if polyethylene pipe is used ASTM 3034 P.E.
D	Distribution Box or Valve	
E	Solid Pipe of Field Line	SDR 35 PVC or 'A' or ASTM 3034 P.E.
F	Perforated Field Line	ASTM F810 P.E. ASTM 2729 PVC



March 8, 2012
Control No. 155697
Page 1 of 4

Prime Line Inc.
ATTN: Mr. Brian Feeney
314 Reynolds Road Bldg #4
Malvern, AR 72104

This report contains the analytical results and supporting information for samples submitted on February 29, 2012. Attached please find a copy of the Chain of Custody and/or other documents received. Note that any remaining sample will be discarded two weeks from the original report date unless other arrangements are made.

This report is intended for the sole use of the client listed above. Assessment of the data requires access to the entire document.

This report has been reviewed by the Laboratory Director or a qualified designee.

John Overbey
Laboratory Director

Prime Line Inc.
314 Reynolds Road Bldg #4
Malvern, AR 72104

SAMPLE INFORMATION

Project Description:

Three (3) water sample(s) received on February 29, 2012
ADEQ

Receipt Details:

A Chain of Custody was provided. The samples were delivered in one (1) ice chest.

Each sample container was checked for proper labeling, including date and time sampled. Sample containers were reviewed for proper type, adequate volume, integrity, temperature, preservation, and holding times. Any exceptions are noted below:

Sample Identification:

<u>Laboratory ID</u>	<u>Client Sample ID</u>	<u>Sampled Date/Time</u>	<u>Notes</u>
155697-1	Water 2-29-12 8:30am	29-Feb-2012 0830	
155697-2	Paint/Water 2-29-12 8:30am	29-Feb-2012 0830	
155697-3	Trip Blank		

Qualifiers:

J Result is less than the sample's quantitation limit but greater than MDL

References:

"Methods for Chemical Analysis of Water and Wastes", EPA/600/4-79-020 (Mar 1983) with updates and supplements EPA/600/5-91-010 (Jun 1991), EPA/600/R-92-129 (Aug 1992) and EPA/600/R-93-100 (Aug 1993).
"Test Methods for Evaluating Solid Waste Physical/Chemical Methods (SW846)", Third Edition.
"Standard Methods for the Examination of Water and Wastewaters", 20th edition, 1998.
"American Society for Testing and Materials" (ASTM).
"Association of Analytical Chemists" (AOAC).



Prime Line Inc.
314 Reynolds Road Bldg # 4
Malvern, AR 72104

ANALYTICAL RESULTS

AIC No. 155697-1

Sample Identification: Water 2-29-12 8:30am

Analyte	Result	RL	Units	Qualifier
Mercury, low level	< 0.2	0.2	ng/l	
EPA 1631E	Prep: 07-Mar-2012 1427 by 270	Analyzed: 08-Mar-2012 0943 by 270	Batch: S31971	

AIC No. 155697-2

Sample Identification: Paint/Water 2-29-12 8:30am

Analyte	Result	RL	Units	Qualifier
Mercury, low level	0.28	0.2	ng/l	J
EPA 1631E	Prep: 07-Mar-2012 1427 by 270	Analyzed: 08-Mar-2012 0951 by 270	Batch: S31971	

AIC No. 155697-3

Sample Identification: Trip Blank

Analyte	Result	RL	Units	Qualifier
Mercury, low level	< 0.2	0.2	ng/l	
EPA 1631E	Prep: 07-Mar-2012 1427 by 270	Analyzed: 08-Mar-2012 0936 by 270	Batch: S31971	

Prime Line Inc.
314 Reynolds Road Bldg # 4
Malvern, AR 72104

LABORATORY CONTROL SAMPLE RESULTS

Analyte	Spike Amount	%	Limits	RPD	Limit	Batch	Preparation Date	Analysis Date	Dil	Qual
Mercury, low level	5 ng/l	92.0	66.9-119			S31971	07Mar12 1427 by 270	08Mar12 0959 by 270		

MATRIX SPIKE SAMPLE RESULTS

Analyte	Sample	Spike Amount	%	Limits	Batch	Preparation Date	Analysis Date	Dil	Qual
Mercury, low level	155697-1	5 ng/l	108	66.7-121	S31971	07Mar12 1427 by 270	08Mar12 1006 by 270		
	155697-1	5 ng/l	112	66.7-121	S31971	07Mar12 1427 by 270	08Mar12 1014 by 270		
	Relative Percent Difference:			3.81	17.0	S31971			

LABORATORY BLANK RESULTS

Analyte	Result	RL	PQL	QC Sample	Preparation Date	Analysis Date	Qual
Mercury, low level	< 0.2 ng/l	0.2	0.5	S31971-1	07Mar12 1427 by 270	08Mar12 0928 by 270	



Arkansas Department of Health

4815 West Markham, Slot 46
Little Rock, Arkansas 72205-3867

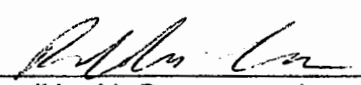
MEMORANDUM OF AGREEMENT

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: 
(Property Owner)

SIGNED: 
(Health Department)

DATE: 12/19/13

DATE: 1/21/14

MONITORING CONTRACT

Our Company, Sitewise LLC, will monitor the Onsite Wastewater System, Permit # TBD, located at (Physical Address) 2088 Wine Dot, Malvern, AR 72104, Garland County, for the period of 1 (one) year, after installation date of Onsite Wastewater System.

Hot Springs
This contract will provide the following listed inspections and testing of your septic system as required by Arkansas Department of Health and Arkansas Department of Environmental Quality regulations (as of issue of this contract). The policy will include the following:

1. One (1) inspection/service call per month, for a total of Twelve (12) over the one-year period.
2. Visual inspection of Septic System area.
3. Sample collection and testing the Chlorine Level.
4. Sample collection and testing of the pH.
5. Filing inspection reports with the Arkansas Department of Health, if required.
6. Filing inspection reports (DMR's) with the Arkansas Department of Environmental Quality, if required.
7. Reporting of any component not found to be functioning correctly. If any improper operation is observed, **which cannot be corrected at the time of the service visit**, you will be notified immediately in writing of the conditions and need for correction.

Any testing required not listed above is not included in this contract.

The Business/Homeowner is responsible for maintaining a chlorine residual of at least 1mg/L in the treatment system. This can be accomplished by using *chlorine tablets designed for waste water use*, **NOT SWIMMING POOL TABLETS**.

Any additional visits, inspections or sample collections and repairs required due to failure of the system to meet standards are the responsibility of the Business/Homeowner under this policy. **All repairs or modifications required to maintain or repair the system are solely the responsibility of the Business/Homeowner.**

The Business/Homeowner agrees to a fee of \$ 1200.00 per month. **If the Business/Homeowner fails to remit the balance due within 45 days of the installation date, this contract is Null and Void and the Arkansas Department of Health will be notified of termination of contract.**

By signing this form, both Sitewise LLC and Business/Homeowner agree to the terms of this policy.

WINE DOT LAND DEVELOPMENT, LLC
Name (Printed)

1201 MT RIAUTE RD
Mailing Address

HOT SPRINGS, AR 71913
City

(501) - 655-1945 (501) - 844-4429
Home Phone Business Phone

Peggy D. Daley

Service Company Representative Name (Printed)

P. O. Box 3024

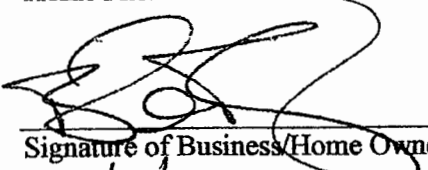
Remit Address

Hot Springs, AR 71914

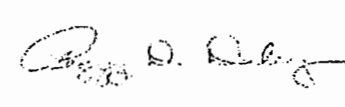
City

(501) - 767-1123 (501-617-4146)

Business Phone


Signature of Business/Home Owner

12/19/13
Date (Month/Day/Year)

 CMPC05
Signature of Service Provider and License #

December 17, 2013
Date (Month/Day/Year)

General Permit Route Sheet

EC ✓

HUC: 8040203

Facility Name		Prime Line Inc	
Permit Number		ARG 550475	AFIN NO.* 30-00634
Stream Segment:	2C	Receiving Stream:	Big Creek
Assigned	Activity	Initials	Date Complete/Entered
Sect.	Application Logged/Assign Tracking Number/Place in red folder with appropriate route sheet and filing folders (1-day)	KB	N/A
Engineer	Completeness and Technical Review/Enter permit information into Database (3-days)	AK	11/20
AA (Max of 5 business days) PN 11/20/14	AFIN request (1-day)	na	
	Enter AFIN and other information into PDS and NPDES database prior to requesting invoice (same day)	TB	11/20
	Complete Invoice Request Form and submit Invoice Request (same day)	TB	11/20
	Prepare Authorization letter and attach appropriate permit, forms (1-day)	TB	11/20/TB 12/5
Engineer	Review/organize folder for scanning (1-day)	AK	12/1
Engineer Supervisor	Review all the documents/permits/perform technical review for the proposed project. (1-day)	○	12/2 TB 12/5/14
Assistant Chief	Review the documents and sign the authorization letter or the permit. (1-day)		
AA	Enter Into PDS: Permit Status/Effective Date. <i>Reviewed 12/9</i> Input effective date in access database. (1-day)	TB	12/9
Sect.	Mail original to applicant. Scan complete folder and place in appropriate E-drive folders. Update Zylab. Be sure to include this permit in weekly report, due every Tuesday by 2:00 P.M.	KB	12-10

REMARKS: _____