



## APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION

Planning & Zoning, P.O. Box 1845, Jonesboro, AR 72403 – (870) 932-0406, fax (870) 336-3036  
www.jonesboro.org

<b>(OFFICE USE ONLY) PERMIT NO. ISSUED:</b> SFR 17-282		<b>DATE:</b>	
<b>Property Information</b>		Parcel No. (if known)	
Address: 409 BROOKSTONE CV		City: Jonesboro	
Zoning Classification: R-2			
Please describe proposed use: SFR			
<b>Applicant's Name:</b> BLUE BYRD CONSTRUCTION, LLC			
Address: 2520 EUTE LN			
City: JONESBORO		State: AR	
Phone: 870-588-5644		ZIP Code: 72404	
Email Address: woodybyrd@hotmail.com			
Arkansas Contractor License #: 0342690518		Privilege #: 4341	
<b>Owner's Name:</b> (If Same, Input Same) SAME			
Address:			
City:		State:	
Phone:		ZIP Code:	
Email Address:			
One (1) Copy of Site Plan: <input checked="" type="radio"/> Yes / <input type="radio"/> No (Please circle)			
One (1) Set of Construction Documents: Yes / <input type="radio"/> No (Please circle)			
Type of Construction: SFR			
Code Review Included: Yes / <input type="radio"/> No (Please circle)			
Seismic Zone #3 Signed Certification: Yes / <input checked="" type="radio"/> No (Please circle)			
Engineering Firm:			
Engineer's Certification and Signature: Yes / <input checked="" type="radio"/> No (Please circle)		Phone:	
Address:		City:	
		State:	
Architectural Firm/Plans Drawn By:			
Architect's Certification and Signature: Yes / <input checked="" type="radio"/> No (Please circle)		Phone:	
Address:		City:	
		State:	
CONTRACTED PRICE OF PROJECT: \$ 160,000.00			
Flood Plain: Yes / <input checked="" type="radio"/> No (Please circle)			
Flood Zone District:			
Elevation Certificate Required: <input checked="" type="radio"/> Yes / <input type="radio"/> No (Please circle)			
FEMA CLOMA/LOMA Required: Yes / <input checked="" type="radio"/> No (Please circle)		GF Issuance:	
		Certificate #:	

**APPLICATION FOR RESIDENTIAL BUILDING & ZONING PERMIT APPLICATION PAGE 2**

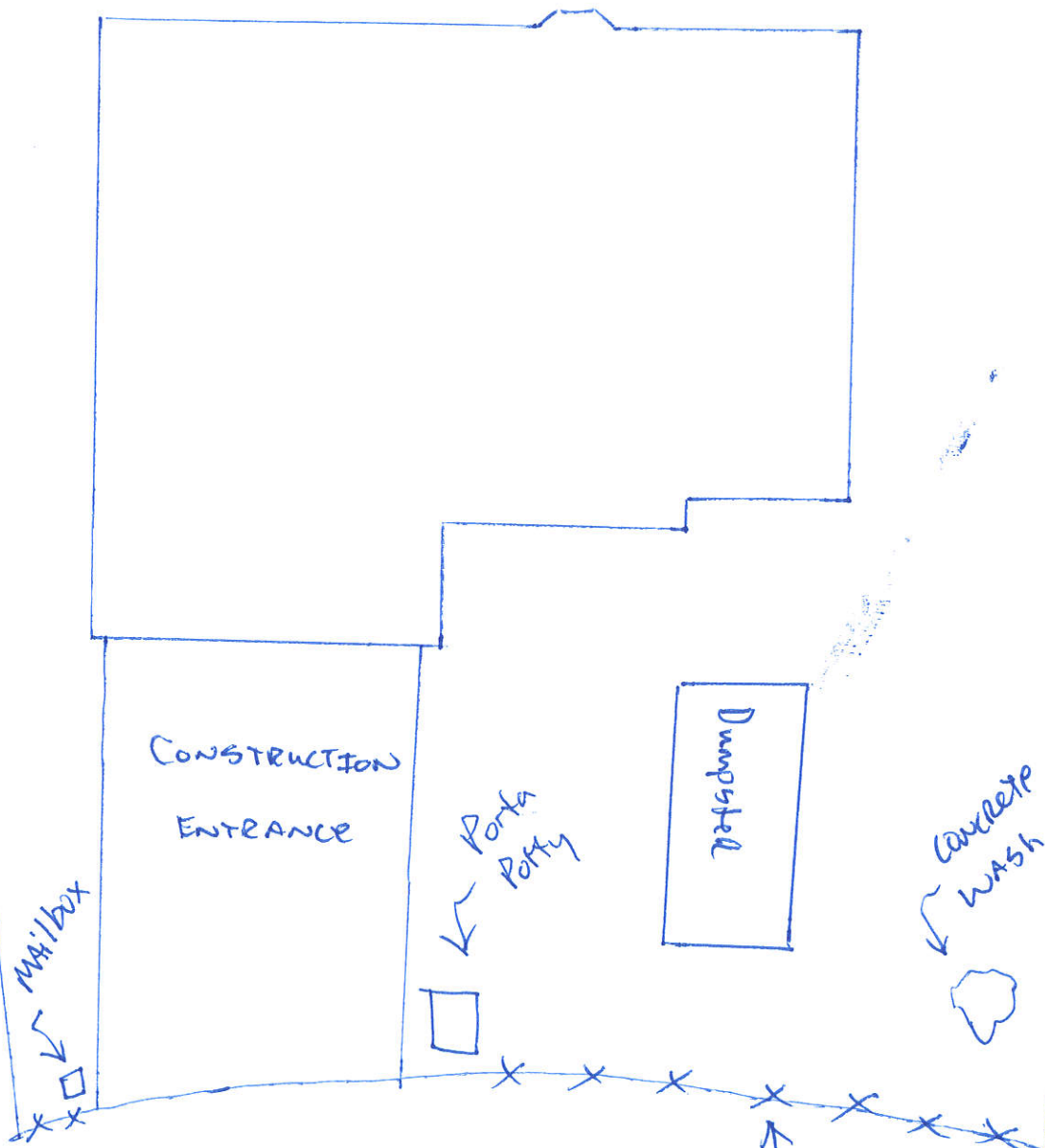
<b>TYPE OF IMPROVEMENT:</b>		<b>PROPOSED USE:</b>	
New Building: <u>SFR</u>		Multi-Family:	No of Units:
Addition:		Institution:	
Alteration:			
Demolition:		Temporary Structure:	
Moving:		Home Occupation:	
Foundation Only:		Storage Shed:	
Pool:		Fence:	
Accessory Apartment:		Pool House:	
Other:			
<b>COMMENTS (OFFICE USE ONLY)</b>			
Planners Remarks: <u>MUST adhere to All setback requirements And Any easements on the property. Jonathan Smith 6-12-17 House only!</u>			
Engineering Remarks:			
Building Department Remarks:			
Review Status:			
Zoning:	Engineering:	Building:	C.O. Issuance Date:
<b>APPLICANT'S CERTIFICATION</b>			
I certify that the answers to the above questions and any statements made on same are true and complete to the best of my knowledge.			
Print Name : <u>Woodrow Byrd</u>	Designation: <u>OWNER</u>	Phone/Fax: <u>870-588-5644</u>	
Email: <u>woodybyrd@hotmail.com</u>			
Signature: <u>Woodrow Byrd</u>		Date: <u>6/7/17</u>	

25' setback

SFR 17-282

7'6" setback

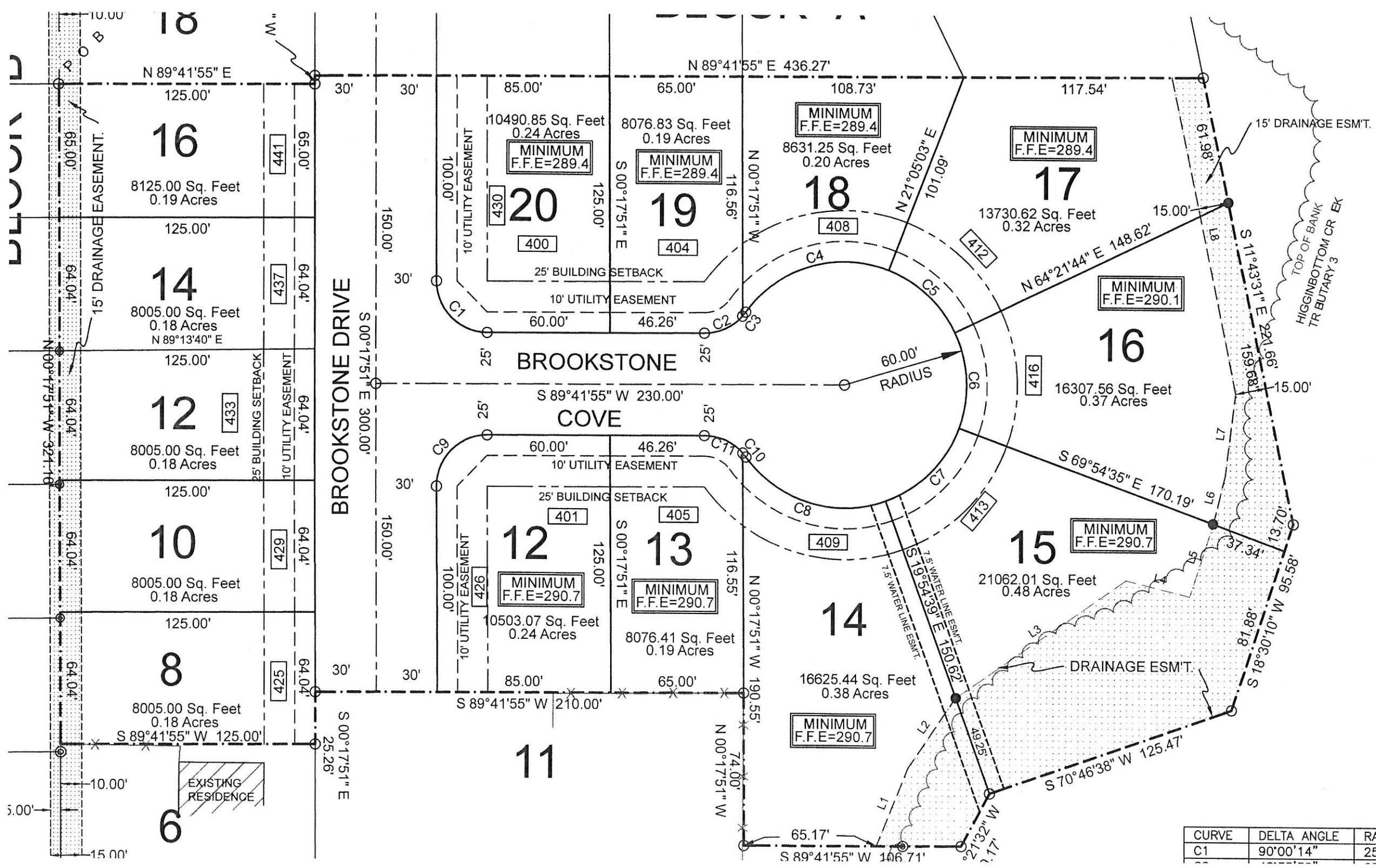
7'6" setback



25' setback

Silt Fence As Needed

408 Brookstone Cove



1488 DENOTES STREET ADDRESS

BUILDING SETBACK  
25' FRONT AND REAR SETBACK  
7.5' SIDE YARD SETBACK

FLOOD INSURANCE NOTE: By graphics plotting this property is in ZONE X of the Flood Insurance Rate Map, Community Plan 05031C0150 effective date of SEPT. 27. Exact designations can only be determined by a Certificate. Based on the above information, this is NOT in a Special Flood Hazard Area.

LINE	BEARING	DISTANCE
L1	N 22°08'27" E	41.09'
L2	N 34°07'46" E	41.24'
L3	N 55°19'25" E	101.19'
L4	S 76°24'11" E	32.14'
L5	N 18°16'05" E	37.53'
L6	N 14°00'49" E	23.80'
L7	N 07°20'20" E	40.37'
L8	N 11°43'31" W	157.08'

RECORDED  
BOOK C PAGE 261  
DATE 3-10-2016 TIME 3:51 p.m.  
CRAIGHEAD COUNTY  
CANDACE EDWARDS, CLERK  
BY Shannon Vukobratovic  
JB2016R-00347

CURVE	DELTA ANGLE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1	90°00'14"	25.00'	39.27'	S 45°17'58" E	35.36'

SEAL  
CLERK OF CIRCUIT COURT  
CRAIGHEAD COUNTY  
RECORDED 04/10/2016 04:02PM  
BY *[Signature]* D. C.

NW CORNER OF  
BROOKSTONE PHASE 3  
MAPPING POINT  
N 53°55' 62  
E 169°49' 74

S 89°52'18" E 711.21'

BLOCK "D"

19

20

21

22

23

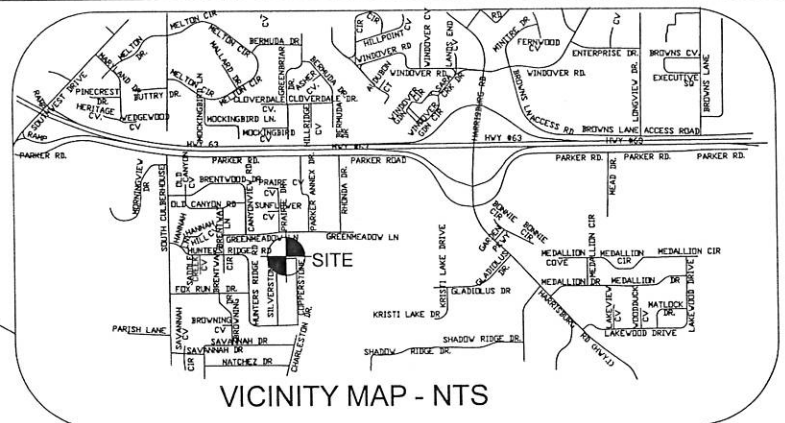
24

25

BROOKSTONE SUBDIVISION  
PHASE 4B

WHITESTONE DRIVE

BLOCK "D"



VICINITY MAP - NTS

DESCRIPTION:  
A PART OF THE NORTH HALF OF SECTION 31, TOWNSHIP 14 NORTH, RANGE 4 EAST, CRAIGHEAD COUNTY, ARKANSAS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:  
Commencing at the Center of said Section 31; thence South 89°47'36" West 540.96 feet to the center of an existing ditch, said point being the Southeast corner of Brookstone Subdivision, Phase 1; thence South 89°47'36" West 768.35 feet along the South line of Brookstone Subdivision, Phase 1; thence North 00°17'51" West 1306.01 feet along the West line of aforesaid Phase 1; thence South 89°52'18" East 711.21 feet; thence South 00°16'04" East 212.62 feet; thence South 89°41'55" West 66.20 feet; thence South 00°17'51" East 344.95 feet to the point of beginning proper;  
thence North 89°41'55" East 125.00 feet; thence North 00°17'51" West 4.10 feet; thence North 89°41'55" East 436.27 feet; thence South 11°43'31" East 221.66 feet; thence South 18°30'10" West 95.58 feet; thence South 70°46'38" West 125.47 feet; thence South 28°21'32" West 29.17 feet; thence South 89°41'55" West 106.71 feet; thence North 00°17'51" West 74.00 feet; thence South 89°41'55" West 210.00 feet; thence South 00°17'51" East 25.26 feet; thence South 89°41'55" West 125.00 feet; thence North 00°17'51" West 321.16 feet to the point of beginning proper, having an area of 190366.18 square feet, 4.37 acres more or less and being subject to all public and private roads and easements.

OWNER CERTIFICATION:  
WE HEREBY CERTIFY THAT WE THE OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT WE ADOPT THE PLAN OF THE SUBDIVISION AND DEDICATED PERPETUAL USE OF ALL STREETS AND EASEMENTS AS NOTED.

JIM ABEL  
*[Signature]*

SURVEYOR'S CERTIFICATION:  
THIS IS TO CERTIFY I HAVE ON THIS DATE SURVEYED THE ABOVE DESCRIBED PROPERTY IN ACCORDANCE WITH MONUMENTS FOUND THIS PLAT CONFORMS TO THAT SURVEYED.

H&S HIME PROFESSIONAL SURVEYING SERVICES  
2619 CARAWAY RD. STE. "D"  
JONESBORO, ARKANSAS 72401

City of *[Signature]* DATE 3/9/16  
JONESBORO  
CITY PLANNER  
CITY ENGINEER  
CITY SURVEYOR  
CITY WATER & LIGHT

N 89°47'36" E 768.35

SOUTHWEST CORNER  
BROOKSTONE SUBDIVISION  
PHASE 1

BROOKSTONE SUBDIVISION PHASE 1  
PLAT "C" @ PAGE 191

SOUTHEAST CORNER  
BROOKSTONE SUBDIVISION  
PHASE 1

S 89°47'36" W 540.96'

CENTER OF SECTION 31,  
TOWNSHIP 14 NORTH, RANGE 4 EAST  
(1.9' X 1.9' BRICK COLUMN)

COPPERSTONE DRIVE

BROOKSTONE SUBDIVISION  
PHASE 4A  
PLAT "C" @ PAGE 249

BROOKSTONE SUBDIVISION PHASE 2  
PLAT "C" @ PAGE 197

BLOCK "B"

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

S 89°41'55" W  
66.20'

N 00°17'51" W  
4.10'

S 00°17'51" E  
344.95'

S 00°17'51" E  
321.16'

29

28

27

21

22

23

24

20

19

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

17

18

15

16

13

14

11

12

9

10

7

8

5

6

25

26

23

24

21

22

19

20

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name WOODY BYRD				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 408 BROOKSTONE COVE				Company NAIC Number:	
City JONESBORO		State Arkansas		ZIP Code 72401	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, BLOCK "A" OF BROOKSTONE , PHASE 4-C					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N35-48-05.8</u> Long. <u>W090-42-21.9</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>400.00</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0.00</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF JONESBORO 050048			B2. County Name CRAIGHEAD		B3. State Arkansas
B4. Map/Panel Number 05031C0150	B5. Suffix	B6. FIRM Index Date 09-27-1991	B7. FIRM Panel Effective/ Revised Date 09-27-1991	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 288.4
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>CRAIGHEAD FOREST LAKE DAN BREACH STUD</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 408 BROOKSTONE COVE			Policy Number:
City JONESBORO	State Arkansas	ZIP Code 72401	Company NAIC Number

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: USGS PID 02570 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>289.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>289.40</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>289.40</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>288.20</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>288.50</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name  
HERBERT HIME

License Number  
PLS 1142

Title  
PROFESSIONAL SURVEYOR

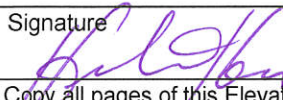
Company Name

Address  
2619 SO. CARAWAY RD. STE "D"

City  
JONESBORO

State  
Arkansas

ZIP Code  
72501

Signature  


Date  
06-07-2017

Telephone  
(870) 972-1288

Ext.



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

C2e IS AN OUTSIDE AC UNIT  
TBM 1: TOP CURB AT LOT BETWEEN LOTS 18 & 19 - ELEV: 287.84  
TBM 2: NORTH RIM MANHOLE @ LOTS 14 & 15 - ELEV: 288.59

**ELEVATION CERTIFICATE**OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 408 BROOKSTONE COVE			Policy Number:
City JONESBORO	State Arkansas	ZIP Code 72401	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 408 BROOKSTONE COVE			Policy Number:
City JONESBORO	State Arkansas	ZIP Code 72401	Company NAIC Number

## SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

**FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
408 BROOKSTONE COVE

Policy Number:

City  
JONESBORO

State  
Arkansas

ZIP Code  
72401

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

front

Clear Photo One



Photo Two

Photo Two Caption

side

Clear Photo Two

# ELEVATION CERTIFICATE

## BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

**FOR INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
408 BROOKSTONE COVE

Policy Number:

City  
JONESBORO

State  
Arkansas

ZIP Code  
72401

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

# SITE WITH AUTOMATIC COVERAGE (LESS THAN 5 ACRES) CONSTRUCTION SITE NOTICE

FOR THE  
Arkansas Department of Environmental Quality (ADEQ)  
Storm Water Program  
**NPDES GENERAL PERMIT NO. ARR150000**

The following information is posted in compliance with **Part I.B.8.b** of the ADEQ General Permit Number **ARR150000** for discharges of stormwater runoff from sites with automatic coverage. Additional information regarding the ADEQ stormwater program may be found on the internet at:

*[www.adeq.state.ar.us/water/branch\\_npdes/stormwater](http://www.adeq.state.ar.us/water/branch_npdes/stormwater)*

Permit Number	ARR150000
Contact Name: Phone Number:	<u>BLUE BYRD CONSTRUCTION</u> <u>870-588-5644</u>
Project Description (Name, Location, etc.): Start Date: End Date: Total Acres: Grading Permit Number:	<u>SFR 408 BROOKSTONE COVE</u> <u>6/17/17</u> <u>6/17/18</u> <u>.20</u> <u></u>
Location of Stormwater Pollution Prevention Plan:	<u>IN MAILBOX ON SITE</u>

For Construction Sites Authorized under **Part I.B.6.b** (Automatic Coverage) the following certification must be completed:

I WOODROW BYRD (Typed or Printed Name of Person Completing this Certification) certify under penalty of law that I have read and understand the eligibility requirements for claiming an authorization under Part I.B.2. of the ADEQ General Permit Number ARR150000. A stormwater pollution prevention plan has been developed and implemented according to the requirements contained in Part II.A.2.B & D of the permit. I am aware there are significant penalties for providing false information or for conducted unauthorized discharges, including the possibility of fine and imprisonment for knowing violations.

Woodrow Byrd Owner  
Signature and Title

6-8-2017  
Date

**LAMINATE AND POST ON OUTSIDE OF ADEQ MAILBOX ON JOB SITE**

Stormwater Pollution Prevention Plan (SWPPP) for Construction Activity  
for Small Construction Sites

National Pollutant Discharge Elimination System (NPDES)  
General Permit # ARR150000

Prepared for:

BLUE BYRD CONSTRUCTION

Date:

6/9/2017

Prepared by:

WOODROW BYRD

Project Name and Location: SFR 408 BROOKSTONE COVE

Property Parcel Number (Optional): \_\_\_\_\_

Operator Name and Address: BLUE BYRD CONSTRUCTION 2520 EVIE LN JONESBORO, AR

A. Site Description

a. Project description, intended use after NOI is filed: SFR

b. Sequence of major activities which disturb soils: REMOVAL OF TREES,  
CUTTING GRADE, FOOTING, DRIVEWAY, SEWER, WATERLINE, SODDING OF LOT

c. Total Area: .20 Disturbed Area: .20

B. Responsible Parties:

Individual/Company	Phone Number	Service Provided for SWPPP (i.e., Inspector, SWPPP revisions, Stabilization Activities, BMP Maintenance, etc.)
BLUE BYRD CONSTRUCTION	870-588-5644	CONTRACTOR

C. Receiving Waters

a. The following waterbody (or waterbodies) receives stormwater from this construction site: UNNAMED DITCH

b. Is the project located within the jurisdiction of an MS4? ☒ Yes ☐ No

i. If yes, Name of MS4: CITY OF JONESBORO

c. Ultimate Receiving Water:

☒ St. Francis River

☐ L'anguille River

☐ Cache River

D. Site Map Requirements (Attach Site Map): Reference attached Sample Plan

a. Pre-construction topographic view; ( [www.efsedge.com/craighead/](http://www.efsedge.com/craighead/) )

- b. Direction of stormwater flow (i.e., use arrows to show which direction stormwater will flow) and approximate slopes anticipated after grading activities;
- c. Delineate on the site map areas of soil disturbance and areas that will not be disturbed under the coverage of this permit;
- d. Location of major structural and nonstructural controls identified in the plan;
- e. Location of main construction entrance and exit;
- f. Location where stabilization practices are expected to occur;
- g. Locations of off-site materials, waste, borrow area, or equipment storage area;
- h. Location of areas used for concrete wash-out;
- i. Location of all surface water bodies (including wetlands);
- j. Locations where stormwater is discharged to a surface water and/or municipal separate storm sewer system if applicable,
- k. Locations where stormwater is discharged off-site (should be continuously updated);
- l. Areas where final stabilization has been accomplished and no further construction phase permit requirements apply.

E. Stormwater Controls

- a. Initial Site Stabilization, Erosion and Sediment Controls, and Best Management Practices:

- i. Initial Site Stabilization: SITE STABILIZATION COULD INCLUDE NATURAL BUFFER, SILT FENCE, OR OTHER BMP'S
- ii. Erosion and Sediment Controls: ALL CONTROL MEASURES WERE SELECTED TO RETAIN SEDIMENT ON SITE TO THE MINIMAL
- iii. If periodic inspections or other information indicates a control has been used inappropriately or incorrectly, the operator will replace or modify the control for site situations: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_
- iv. Off-site accumulations of sediment will be removed at a frequency sufficient to minimize off-site impacts: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_
- v. Sediment will be removed from sediment traps or sedimentation ponds when design capacity has been reduced by 50%: ☒ Yes ☐ No  
If No, explain: \_\_\_\_\_

- vi. Litter, construction debris, and construction chemicals exposed to stormwater shall be prevented from becoming a pollutant source for stormwater discharges: ☒ Yes ☐ No

If No, explain: \_\_\_\_\_

- vii. Off-site material storage areas used solely by the permitted project are being covered by this SWPPP: ☐ Yes ☒ No

If Yes, explain additional BMPs implemented at off-site material storage area: \_\_\_\_\_

b. Stabilization Practices

- i. Description and Schedule: EXISTING VEGETATION WILL BE PRESERVED WHERE ATTAINABLE. DISTURBED AREAS WILL BE STABILIZED W/ SILT FENCE, MULCH, OR OTHER BMP'S

- ii. Are buffer areas required? ☐ Yes ☒ No

If Yes, are buffer areas being used? ☐ Yes ☐ No

If No, explain why not: \_\_\_\_\_

If Yes, describe natural buffer areas: \_\_\_\_\_

- iii. A record of the dates when grading activities occur, when construction activities temporarily or permanently cease on a portion of the site, and when stabilization measures are initiated shall be included with the plan.

☒ Yes ☐ No

If No, explain: \_\_\_\_\_

- iv. Deadlines for stabilization: Stabilization procedures will be initiated 14 days after construction activity temporarily ceases on a portion of the site.

c. Structural Practices

- i. Describe any structural practices to divert flows from exposed soils, store flows, or otherwise limit runoff and the discharge of pollutants from exposed areas of the site: ROCK CHECKS AND SILT FENCE INSTALLED TO DIRECT AND SLOW DOWN RUN OFF IF NEEDED

- ii. Sediment Basins:

Are 10 or more acres draining to a common point? ☐ Yes ☒ No

Is a sediment basin included in the project? ☐ Yes ☒ No

If Yes, what is the designed capacity for the storage?

☐ 3600 cubic feet per acre = : \_\_\_\_\_

or

☐ 10 year, 24 hour storm = : \_\_\_\_\_

☐ Other criteria were used to design basin: \_\_\_\_\_

If No, explain why no sedimentation basin was included and describe required natural buffer areas and other controls

implemented instead: \_\_\_\_\_

iii. Describe Velocity Dissipation Devices: N/A

#### F. Other Controls

a. Solid materials, including building materials, shall be prevented from being discharged to Waters of the State: ☒ Yes ☐ No

b. Off-site vehicle tracking of sediments and the generation of dust shall be minimized through the use of:

☒ A stabilized construction entrance and exit

☐ Vehicle tire washing

☐ Other controls, describe: \_\_\_\_\_

c. Temporary Sanitary Facilities: ON SITE

d. Concrete Waste Area Provided:

☒ Yes

☐ No. Concrete is used on the site, but no concrete washout is provided.

Explain why: \_\_\_\_\_

☐ N/A, no concrete will be used with this project

e. Fuel Storage Areas, Hazardous Waste Storage, and Truck Wash Areas: N/A

#### G. Non-Stormwater Discharges

a. The following allowable non-stormwater discharges comingled with stormwater are present or anticipated at the site:

☒ Fire-fighting activities;

☒ Fire hydrant flushings;

- ☐ Water used to wash vehicles (where detergents or other chemicals are not used) or control dust in accordance with Part II.A.4.H.2;
  - ☒ Potable water sources including uncontaminated waterline flushings;
  - ☒ Landscape Irrigation;
  - ☐ Routine external building wash down which does not use detergents or other chemicals;
  - ☐ Pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled materials have been removed) and where detergents or other chemicals are not used;
  - ☐ Uncontaminated air conditioning, compressor condensate (See Part I.B.12.C of the permit);
  - ☐ Uncontaminated springs, excavation dewatering and groundwater (See Part I.B.12.C of the permit);
  - ☐ Foundation or footing drains where flows are not contaminated with process materials such as solvents (See Part I.B.12.C of the permit);
- b. Describe any controls associated with non-stormwater discharges present at the site: NONE
- 

H. Applicable State or Local Programs: The SWPPP will be updated as necessary to reflect any revisions to applicable federal, state, or local requirements that affect the stormwater controls implemented at the site. ☒ Yes ☐ No

I. Inspections

- a. Inspection frequency:
  - ☒ Every 7 calendar days
  - or
  - ☐ At least once every 14 calendar days and within 24 hours of the end of a storm even 0.5 inches or greater (a rain gauge must be maintained on-site)
- b. Inspections:
  - Completed inspection forms will be kept with the SWPPP.
  - ☒ ADEQ's inspection form will be used (See Appendix B)
  - or
  - ☐ A form other than ADEQ's inspection form will be used and is attached (See inspection form requirements Part II.A.4.L.2)
- c. Inspection records will be retained as part of the SWPPP for at least 3 years from the date of termination.
- d. It is understood that the following sections describe waivers of site inspection requirements. All applicable documentation requirements will be followed in accordance with the referenced sections.
  - i. Winter Conditions (Part II.A.4.L.3)
  - ii. Adverse Weather Conditions (Part II.A.4.L.4)

J. Maintenance:

The following procedures to maintain vegetation, erosion and sediment control measures and other protective measures in good, effective operating condition will be followed:

Any necessary repairs will be completed, when practicable, before the next storm event, but not to exceed a period of 3 business days of discovery, or as otherwise directed by state or local officials.

K. Employee Training:

The following is a description of the training plan for personnel (including contractors and subcontractors) on this project: I WILL MAKE ALL PARTIES  
AWARE OF THE SWPPP AND EXPLAIN THAT THEY HAVE A  
RESPONSABILITY TO FOLLOW GUIDELINES OF THE SWPPP

\*\*Note, Formal training classes given by Universities or other third-party organizations are not required, but recommended for qualified trainers; the permittee is responsible for the content of the training being adequate for personnel to implement the requirements of the permit.

Certification

"I certify under penalty of law that this document and all attachments such as Inspection Form were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those 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."

Signature of Responsible or Cognizant Officer: Woodha Burd

Title: Owner

Date: 6/8/17

Signature of Builder or Contractor: \_\_\_\_\_

Date: \_\_\_\_\_