

**Arkansas Department of Health
Environmental Health Protection**

Receipt No.

Individual Sewage Disposal System Installation Specifications

(Must be signed and returned to ADH Authorized Agent within five working days.)

Name of Applicant	
Location of System	
Name of Installer	License #

E = Pipe or Trench Bottom (Circle One)

GE = Ground Elevation

TE = Tank Elevation

Septic Tank Size	Gal	Dose Tank Size	Gal	Drawdown	Inches	Benchmark
Type of System				Number and Length of Lines	at	ft
Orifice Head	ft	Pump Run	min	Pump Rest	Min	sec

Trench Media		Trench Width
Stub-out	PE	GE

Tank Inlet	E	GE	TE	Dose Tank Inlet	E	GE	TE
Tank Outlet	E	GE	TE	Dose Tank Outlet	E	GE	TE

Line 1

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 2

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 3

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 4

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 5

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 6

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 7

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 8

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 9

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Line 10

Line Length	Beginning	Middle	End
	E	E	E
	GE	GE	GE

Environmental Health Specialist _____ Date _____

I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems, Designated Representatives and Installers.

Installer Signature

License Number

Date