

Plan Review Number
I Idil INCVICW INdilibol

Non-Individual Onsite Wastewater System Permit Application

Permit Type																
DR Enviror]					
							1 1			1						
	nt Type (ch						sposal					ne)				
□ STD = Standard Septic Tank □ ATU = Aerobic Treatment Plant □ STD = Standard Absorption Field □ LPD = Low Pressure Distribution □ ISF = Intermittent Sand Filter □ RSF = Re-circulating Sand Filter □ SUR = Surface Discharge □ HLD = Holding Tank □ PMF = Proprietary Media Filter □ RGF = Re-circulating Gravel Filter □ CPF = Capping Fill □ SRL = Serial Distribution □ OTH = Other (Describe) □ HLD = Holding Tank □ OTH = Other □ DRP = Drip Irrigation																
1. Owner's/Applicant's Name 2. Phone Number																
3. Mailing Address 4. County																
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map.)																
6. Subdivision Name				7. App		8. Date Rec				Recorded			9. Lot Number			
10. Lot Dimensions				11. Total Area (Acres)				12. # Bedrooms\ # People\GPD					13. Daily Flow (GPD)			
14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary.)																
15. Water Supply (Sp	ecify supplie	r if Public Wa	ater.)			16. G	PS Co	ordina	ites							
17. Loading Rates	gpd /ft²	18. System	n Size													
Primary Site		a. Size of S	Septic Ta	ınk	k		ga	I	f. Trench Depth		h				inches	
Secondary Site		b. Size of Dose Tank					ga	l g	g. Tr	. Trench Spacing					feet	
Percolation Test	(min/in)	c. Absorption	c. Absorption Area				ft² h.			Trench Media			ĺ		i.Trench Width	
Primary Site Ave		d. Number											in.			
Secondary Site		e. Length o	f Field L	ines			ft						in.			
TO THE OWNER The authorization 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 authorization, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application\document 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. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) 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, or number of persons (commercial only) or daily flowrate, (gallons per day) of the structures that will utilize the non- individual onsite wastewater system in this application, is accurate. I have reviewed and understand the type of system submitted in this application\document relating but not limited to: layout, installation, maintenance, and operation. Owner/Applicant Signature Date Date																
20. I certify that I have conducted the above tests and that the above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations Pertaining to Onsite Wastewater Systems.																
Designated Representative Signature							ID Number				Soil C	Certified	□ Y	es 🗌 No		
Print Name						Date				Phone Number						
21. Authorization of Health Authority The information and specifications contained in this application\document have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations Pertaining To Onsite Wastewater Systems. AUTHORIZATION FOR CONSTRUCTION is hereby issued.																
Environmental Specialist Signature								ID Number						Date		



Arkansas Department of Health Environmental Health Protection

Plan Review Number	1
	ı

22. Soil Determination (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. MSW			g. H.C./Depth	h. Loading Rate (GPD/ft²)				
				,	,			, , , , , , , , , , , , , , , , , , ,				
23. Soil Determination (Secondary Area) Indicate the depth to items a-f, if observed in the soil (designate inches).												
a. Bedrock	b. BSWT						g. H.C./Depth	h. Loading Rate (GPD/ft²)				
				,	,			, ,				
24. Soil Profile Information												
Primary Site (SWT) Matrix Redoximorphic Features Soil Texture												
Brief	inches											
Mod.	inches											
	Long inches											
Secondary Si	te (SWT)				Redoximo	rphic Featu	res	Soil Texture				
Brief	inches											
Mod.	inches											
Long	inches											
25. Soil Serie		.: OI\W-	T - b.l \									
•	on Test (min/in)	nine Seasonal Wa	ter rabies)									
Primary Site	on rest (min/in)	Primary Site		Primary Site		Primary Site	Average	Secondary Site				
Rate for Hole 1		Rate for Hole 2		Rate for Hole 3		Percolation	· ·	Percolation Rate				
Comments		I .										
Part 2 Insta	llation Inspection	an .										
	•	,,,,			Oth - : :f- :							
Septic tank m					Other infor							
Septic tank m						dia and wid						
Dose tank ma					-	nterceptor dr	ain					
Dose tank ma					Depth of s	ettled fill						
Pump Informa												
Name of Insta	ıller							License Number				
Installation Inspected by Environmental Health Specialist Designated Representative (original submitter)												
(check one or see below)												
		gnature				ID 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.												
Thave mistane	a tilis system a	s acsigned and	iii compilarioc	with all reduce an	u regulation	iis i Citalillii	g to Onsite Waster	water dysterns.				
		0:			_	ID N						
Part 3 Perm	it for Operation	er Signature				ID Number		Date				
			this form has	been reviewed ar	nd found to r	neet the rea	uirements of the A	rkansas Department of				
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 ID Number Date								Date				
Comments												
Site Revalida	tion conducted	by 🗆 Environ	mental Health	Specialist	Designate	ed Represen	tative (original sub	omitter)				
(check one)		•		•	0	•	, 0	,				
		Signature				ID Number		Date				