* Optional System Utilization Verification Form

Arkansas Department of Health
Environmental Health Protection

Individual Onsite Wastewater System Permit Application

Permit Type

☐ New Installation

☐ Alteration / Repair

DR Environmental ID #

Fee Schedule for Structures

<table>
<thead>
<tr>
<th>Structure Size</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structures 1500 sq ft or less</td>
<td>$30.00</td>
</tr>
<tr>
<td>Structures more than 1500 sq ft and up to 2000 sq ft</td>
<td>$45.00</td>
</tr>
<tr>
<td>Structures more than 2000 sq ft and up to 3000 sq ft</td>
<td>$90.00</td>
</tr>
<tr>
<td>Structures more than 3000 sq ft and up to 4000 sq ft</td>
<td>$120.00</td>
</tr>
<tr>
<td>Structures more than 4000 sq ft</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Alteration and Repair

$30.00

☐ Homeowner

☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location:________________________________________________________

(Address of Proposed System, City, State, Zip)

I hereby attest there are ____ 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 ____________________________

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)