



# Arkansas Department of Health

Environmental Health Protection

Receipt Number

## Individual Onsite Wastewater System Permit Application

Permit Type  New Installation  Alteration / Repair

DR Environmental ID #

\_\_\_\_\_

Fee Schedule for Structures		√
Structures 1500 sq ft or less	\$ 30.00	<input type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input type="checkbox"/>

### Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

<input type="checkbox"/> STD = Standard Septic Tank	<input type="checkbox"/> ATU = Aerobic Treatment Plant	<input type="checkbox"/> STD = Standard Absorption Field	<input type="checkbox"/> LPD = Low Pressure Distribution
<input type="checkbox"/> ISF = Intermittent Sand Filter	<input type="checkbox"/> RSF = Re-circulating Sand Filter	<input type="checkbox"/> SUR = Surface Discharge	<input type="checkbox"/> HLD = Holding Tank
<input type="checkbox"/> PMF = Proprietary Media Filter	<input type="checkbox"/> RGF = Re-circulating Gravel Filter	<input type="checkbox"/> CPF = Capping Fill	<input type="checkbox"/> SRL = Serial Distribution
<input type="checkbox"/> OTH = Other (Describe)	<input type="checkbox"/> HLD = Holding Tank	<input type="checkbox"/> OTH = Other	<input type="checkbox"/> 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. Approval Date \_\_\_\_\_ 8. Date Recorded \_\_\_\_\_ 9. Lot Number \_\_\_\_\_

10. Lot Dimensions \_\_\_\_\_ 11. Total Area (Acres) \_\_\_\_\_ 12. # Bedrooms # People \_\_\_\_\_ 13. Daily Flow (GPD) \_\_\_\_\_

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

15. Water Supply (Specify supplier, if Public Water) \_\_\_\_\_ 16. GPS Coordinates \_\_\_\_\_

17. Loading Rates (gpd/ft<sup>2</sup>) \_\_\_\_\_ 18. System Specifications

Primary Area \_\_\_\_\_ a. Size of Septic Tank \_\_\_\_\_ gal \_\_\_\_\_ f. Trench Depth \_\_\_\_\_ inches

Secondary Area \_\_\_\_\_ b. Size of Dose Tank \_\_\_\_\_ gal \_\_\_\_\_ g. Trench Spacing \_\_\_\_\_ feet

Percolation Test (min/in) \_\_\_\_\_ c. Absorption Area \_\_\_\_\_ ft<sup>2</sup> \_\_\_\_\_ h. Trench Media (List Below) \_\_\_\_\_ i. Trench Width \_\_\_\_\_

Primary Area Avg \_\_\_\_\_ d. Number of Field Lines \_\_\_\_\_ in

Secondary Area \_\_\_\_\_ e. Length of Field Lines \_\_\_\_\_ ft \_\_\_\_\_ 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 \_\_\_\_\_

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.

Soil Certified  Yes  No

Designated Representative Signature \_\_\_\_\_ Title \_\_\_\_\_

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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Continue Part 1

22. Soil Criteria (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. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )								
23. Soil Criteria (Secondary Area)								Indicate the depth to items a-f, if observed in the soil (designate inches)							
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (gpd/ft <sup>2</sup> )								
24. Seasonal Water Table (SWT) Classes Detail															
Primary Area				List Redoximorphic Features and/or Clay Content Restrictions											
Brief		in													
Moderate		in													
Long		in													
Secondary Area				List Redoximorphic Features and/or Clay Content Restrictions											
Brief		in													
Moderate		in													
Long		in													
Comments															

**Part 2 Installation Inspection**

Septic tank manufacturer				Pump information			
Septic tank material				Trench media and width			
Dose tank manufacturer				Depth of interceptor drain			
Dose tank material				Depth of settled fill			
Name of Installer						License Number	
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one or installer signs System Installation Verification below)							
_____		_____		_____		_____	
Signature		EHS / License 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.							
_____		_____		_____		_____	
Installer Signature		License Number		Date			

**Part 3 Permit for Operation**

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				EHS Number		Date	
Comments							
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)							
_____		_____		_____		_____	
Signature		EHS / License Number		Date			