Online Septic Permit Portal Instructions

- 1) Go to https://septictankpermitonline.adh.arkansas.gov/
- 2) Log in using first and last name and license number

	Arkansas Department of Health
Septic Tank Permit Entry:	
Designated Representative	
First Name:	
Last Name:	
License No:	
Submit	

3) Page should look like page below; click "HERE" to open



4) Enter permit information

Double check fee structure box at top

ALL BOXES REQUIRE SOME INFORMATION (N/A or NONE or 0 are acceptable)

Except subdivision approval date for non subdivion properties

Read Only Fields: = *	Back to Start
Part 1 Application	
DR Email:	
DR License No: 198	Fee Structures: (pelett)
Ireatment Type: ((MIRT)	Disposal Method: (jeaner)
David Dee	
Set Ormer	
dat on ba.	
Mailing Address 1:	County bute: (poloci)
Mailing City: Mailing State:	AR Mailing Zig:
Site Location 1:	
SiteLocation 2:	
City: State:	AR Zip
Subdivision Name:	
El Approval Date:	
Date Recorded:	
Lot Number	
Lot Dimensions:	
Total Area:	
# Beframe:	
# People:	
Daily Flow	
Bio Cland Demonstra Clabra Advant Community	
Deter Lega Lescription (Opond sheet it necessary:	
SectionNo:	
Township # :	
TownshipNorS:	
Range # :	
RangeEorW:	
Water Supply (Specify supplier, if Public Water):	
Latitude:	00.00000

5) Click on "Open Loading Rates", "Open Seasonal Water Table Area", and "Open Soil Criteria" to continue entering permit information

Longitude:	-00.00000
Parcel #:	XXX-XXXXX-XXX
Open Loading Rates	
Open Seasonal Water Table Area	
<u>Open Soil Criteria</u>	
Do you have Attachment: ○ Yes ○ No Attachments: <mark>Choose File</mark> No file choser <u>Upload</u>	1
TO THE OWNER The permit for construction may be deemed invalid by the local Environm and or soil conditions have changed after approval of this permit, or if the be misrepresented. Approval for operation does not constitute a guarantee system was designed and installed according to the Arkansas Department of Systems, unless there are exceptions or deviations noted in the comments. of approval. the authorized agent must revalidate a permit more than one (Utilization Verification I hereby attest that the number of bedrooms (number of persons for comm designed individual onsite wastewater system in this permit application, is the layout, installation, maintenance, operation and expense(s) that may be Site Owner from above:	ental Health Specialist before the start of construction, if thesite information within this permit is inaccurate or has been found to that the system will function properly. The approval states that the of Health, Rules and Regulations Pertaining to Onsite Wastewater A Permit for Construction is valid for one (1) year from the date 1) year old prior to the start of any contruction. ercial) and square footage of the structure that will utilize the accurate. I have reviewed the permit application and understand associated with this system. tests and that the above listed information is in accordance with gulations Pertaining to Onsite Wastewater Systems.
Submit	

- 6) Upload attachments (permit layout, any spec sheets, OPT-A forms, etc). If attachment file is too large, split into multiple attachments. Not necessary to upload an EHP-19 form. System will generate an EHP-19E form for EHS.
- 7) Click "Submit" when finished. Correct any error messages (if any)
- 8) Complete payment form and hit "Confirm"

Information is not saved on our servers until payment is submitted

Payment Summary	
Payment Due:	\$45.00
	Pay now through Arkansas.gov: \$47.35
* The total amount has been adjusted to allow	for the electronic processing of the transaction.
Please enter credit card information.	
All fields are Required.	
Name	
(as it appears on the card)	
Billing Address	
Country UNITED STATES	~
City Conway	
State AR V	
ZIP/Postal Code	
Credit Card Type MasterCard 🗸	
(no dashes or spaces)	
Expiration Date 1 V / 2023 V	
CVV Number: What is CVV?	
Phone Number (000) 000-0000	
Email Address:	
	Confirm >