



Arkansas Department of Health
Environmental Health Protection

Plan Review Number

Non-Individual Onsite Wastewater System Permit Application

Permit Type [] New Installation [] Alteration / Repair

DR Environmental I.D. #

Grid for DR Environmental I.D. #

Part 1 Treatment Type (check one)

Disposal Method (check one)

Checkboxes for Treatment Type: STD, ISF, PMF, OTH, ATU, RSF, RGF, HLD
Checkboxes for Disposal Method: STD, SUR, CPF, OTH, LPD, HLD, SRL, DRP

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\GPD
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

Table for 17. Loading Rates (gpd/ft²) and 18. System Size (a-i: Septic Tank, Trench Depth, Dose Tank, Spacing, Absorption Area, Field Lines)

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...

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.

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.
Designated Representative Signature ID Number Soil Certified [] Yes [] 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



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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. MSWT	f. Adj. LSWT	g. H.C./Depth	h. Loading Rate (GPD/ft ²)
23. Soil Determination (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 ²)
24. Soil Profile Information							
Primary Site (SWT)		Matrix		Redoximorphic Features		Soil Texture	
Brief	inches						
Mod.	inches						
Long	inches						
Secondary Site (SWT)				Redoximorphic Features		Soil Texture	
Brief	inches						
Mod.	inches						
Long	inches						
25. Soil Series (Do not use Soil Series to determine Seasonal Water Tables)							
26. Percolation Test (min/in)							
Primary Site Rate for Hole 1	Primary Site Rate for Hole 2	Primary Site Rate for Hole 3	Primary Site Average Percolation Rate (1-3)	Secondary Site Percolation Rate			
Comments							

Part 2 Installation Inspection

Septic tank manufacturer	Other information
Septic tank material	Trench media and width
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill
Pump Information	
Name of Installer	License Number
Installation Inspected by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter) (check one or see below)	
_____ Signature	_____ 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.	
_____ Installer Signature	_____ ID 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	_____ ID Number _____ Date
Comments		
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (original submitter) (check one)		
_____ Signature	_____ ID Number	_____ Date