



Arkansas Department of Health
Environmental Health Protection

Receipt Number

Individual Onsite Wastewater System Permit Application

Permit Type New Installation
 Alteration / Repair

DR Environmental ID #

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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. Parcel Number or 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 ²)	18. System Specifications		
Primary Area	a. Size of Septic Tank	gal	f. Trench Depth
Secondary Area	b. Size of Dose Tank	gal	g. Trench Spacing
Percolation Test (min/in)	c. Absorption Area	ft ²	h. Trench Media (List Below)
Primary Area Avg	d. Number of Field Lines		i. Trench Width
Secondary Area	e. Length of Field Lines	ft	

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 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.

_____ Date _____

Owner/Applicant/Developer/Designated Representative Signature

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 this application have been reviewed and found to meet the requirements of the Arkansas Department of Health Rules Pertaining To Onsite Wastewater Systems. A PERMIT FOR CONSTRUCTION is hereby issued.

_____ Environmental Specialist Signature

_____ EHS Number

_____ Date

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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 ²)								
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 ²)								
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 (original submitter) (check one or installer signs System Installation Verification below)		
_____ Signature		_____ EHS / License Number
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 (original submitter) (check one)		
_____ Signature		_____ EHS / License Number
_____ Date		