



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. #

Part 1 Treatment Type (check one)

- ☐ STD = Standard Septic Tank
☐ ISF = Intermittent Sand Filter
☐ PMF = Proprietary Media Filter
☐ OTH = Other (Describe)
- ☐ ATU = Aerobic Treatment Plant
☐ RSF = Re-circulating Sand Filter
☐ RGF = Re-circulating Gravel Filter
☐ HLD = Holding Tank

Disposal Method (check one)

- ☐ STD = Standard Absorption Field
☐ SUR = Surface Discharge
☐ CPF = Capping Fill
☐ OTH = Other
- ☐ LPD = Low Pressure Distribution
☐ HLD = Holding Tank
☐ SRL = Serial Distribution
☐ 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 Size	
Primary Site		a. Size of Septic Tank	gal f. Trench Depth inches
Secondary Site		b. Size of Dose Tank	gal g. Trench Spacing feet
Percolation Test	(min/in)	c. Absorption Area	ft ² h. Trench Media I. Trench Width
Primary Site Ave		d. Number of Field Lines	in.
Secondary Site		e. Length of Field Lines	ft in.

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, or if the information within this application/document is inaccurate or has been found to be misrepresented. If operational approval is granted, said approval states that the system described in this application/document 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. Approval for Operation does not constitute a guarantee that the system will function properly under all conditions. Authorization for Construction is valid for one (1) year from the date of approval. The authorized agent or the original system designer (at the discretion of the Agency) 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, 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. I have reviewed and understand the type of system submitted in this application/document relating but not limited to: layout, installation, maintenance, and operation.

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

ID Number

Print Name

Date

Phone Number

21. Authorization 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

Individual Onsite Wastewater System Permit Application

Receipt Number

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 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 (original submitter) (check one)		
_____ Signature EHS / License Number Date		