

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
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		