

## Arkansas Department of Health Environmental Health Protection

Receipt No.	

## **Individual Onsite Wastewater System Installation Specifications**

(Must be signed and returned to ADH Authorized Agent within five working days.)

Name of Applicant						TB = Trench Bottom Elevation PE = Top of Pipe Elevation								
Location of System							GE = Ground Elevation							
Name of Installer License #							FL = Flow Line Elevation (Top of Pipe Elev. + 4") TE = Tank Lid Elevation							
Septic Tank Size Gal Dose Tank Size				Tank Size	Gal Drawdo Inches							Benchmark		
Type of Syste	em							ımber nes	r and Lo	ength of		at	ft	
Orifice Head	ft Pump Run min			sec	c Pump Rest			min		sec				
Trench Media	<u> </u>							Tre	ench Wi	dth				
Stub-out			FL					GE						
	Γ			Γ				· · ·			1		<u> </u>	
Tank Inlet	FL	GE		TE		Dose Tank In		t	FL		GE		TE	
Tank Outlet	FL	GE		TE		Dose Tan	Dose Tank Outle		FL		GE		TE	
D-box Inlet	D-box Inlet FL GE			D-box Out	let FL		GE			Other Devices			PE	
Line 1				D. vissis s				N 41 -1 -	-11 -			F	-1	
Line Length		TR	Beginning TB			TB	Middle TB				End TB			
		GE				GE				GE				
Line 2										<u>l</u>				
Line Length				Beginning				Midd	dle			En	d	
		ТВ				ТВ					ТВ			
GE		}E 			GE	GE				GE				
Line 3														
Line Length				Beginning				Midd	dle			En	d	
		ТВ				ТВ					ТВ			
GE		GE	GE			GE	GE				GE			
Line 4														
Line Length			Beginning				Middle			_	End			
			ТВ			ТВ					ТВ			
GE				GE					GE					

Beginning	Middle	End
		ТВ
GE	GE	GE
	I	
Beginning	Middle	End
ТВ	ТВ	ТВ
GE	GE	GE
Beginning	Middle	End
ТВ	ТВ	ТВ
GE	GE	GE
Beginning	Middle	End
ТВ	ТВ	ТВ
GE	GE	GE
		End
ТВ	ТВ	ТВ
GE	GE	GE
Beginning	Middle	End
ТВ	ТВ	ТВ
GE	GE	GE
	Beginning TB GE  Beginning	Beginning Middle  TB TB  GE GE  Beginning Middle  TB GE  Beginning Middle  TB TB  GE GE

License Number

Date

Installer Signature