* Optional System Utilization Verification Form



Arkansas Department of Health Environmental Health Protection

Receipt Number	

Individual Onsite Wastewater System Permit Application Fee Schedule for Structures	ما
Structures 1500 sq ft or less	√ □
Permit Type	
Alteration / Repair \$45.00 Structures more than 2000 sq ft and up to 3000 sq ft	
DR Environmental ID # \$90.00 Structures more than 3000 sq ft and up to 4000 sq ft	
\$120.00 Structures more than 4000 sq ft \$150.00	
Afteration and Repair \$ 30.00	
□ Homeowner	
☐ Builder/Developer	
TO THE PROPERTY OWNER	
TO THE PROPERTY OWNER	
Onsite Wastewater System Utilization Verification	
Property location: (Address of Burnaged States City, State 27th)	
(Address of Proposed System, City, State, Zip)	
I hereby attest there are bedrooms (number of persons for commercial) a	and
the square footage of the structure that will utilize the designed onsite wastewa	ater
system in this permit application is accurate. I have reviewed the permit application a	and
understand the layout, installation, maintenance, operation and expense(s) that may	be
associated with this system.	
, and the second	
As Developer/Builder, I hereby attest that the above information is correct and prio	r to
the sale of the property, I will convey, to the buyer, all information associated with	this
system.	
Owner/Applicant Signature_	
e whom pplicant eight to in	_
Date	

EHP-19, OPT-A (R 9/24)

(number 19 on the EHP-19) is not signed.