



Arkansas Department of Health
Environmental Health Protection

Receipt Number

23327212

Individual Onsite Wastewater System Permit Application

Permit Type

☒ New Installation

☐ Alteration / Repair

DR Environmental ID #

0 0 3 2 0 0 6 0 1 9

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 checked="" 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)

☒ 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

☒ 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
Jesse Ellison

2. Phone Number
501-250-3514

3. Mailing Address
4 Shady Grove Ln, Greenbrier, AR 72058

4. County
Faulkner

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
257 Hwy 285 N, Greenbrier, AR 72058

6. Subdivision Name
N/A

7. Approval Date
N/A

8. Date Recorded
N/A

9. Lot Number
N/A

10. Lot Dimensions
400x130

11. Total Area (Acres)
1.2

12. # Bedrooms # People
3

13. Daily Flow (GPD)
370

14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Part of the SW 1/4 NE 1/4 of Section 22, T-7-N, R-14-W, Faulkner County, Arkansas

15. Water Supply (Specify supplier, if Public Water)
Public/Wooster

16. GPS Coordinates
35.231694 92.473202

17. Loading Rates (gpd/ft²)

18. System Specifications

Primary Area	.68	a. Size of Septic Tank	1000	gal	f. Trench Depth	18 max	inches
Secondary Area	.64	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	10 min	feet
Percolation Test	(min/in)	c. Absorption Area	544.12	ft ²	h. Trench Media (List Below)	i. Trench Width	
Primary Area Avg		d. Number of Field Lines	4		4" inch Pipe & Gravel	24	in
Secondary Area		e. Length of Field Lines	70	ft	EZ Flow 1202 / EQ 24 Chambers	24 / 18	in

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 and Regulations 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.

Owner/Applicant Signature

See attached verification form Date 1-15-20

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.

Designated Representative Signature

Designated Representative

Soil Certified ☒ Yes ☐ No

Title

Tim P. Tyler

1-15-2020

501-328-7800

Print Name

Date

Phone Number

21. Approval of Health Authority

The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations 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

Continue Part 1

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)
48"+	18	32	N/O	27	N/A	27	.68
23. Soil Criteria (Secondary 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)
48"+	18	30	N/O	26	N/A	26	.64
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	18	in	Iron concentrations and depletions				
Moderate	32	in	Features of chroma 2 or less				
Long	N/O	in	N/A				
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	18	in	Iron concentrations and depletions				
Moderate	30	in	Features of chroma 2 or less				
Long	N/O	in	N/A				
Comments FINISH GRADE FIELD AREA TO REMOVE SURFACE WATER. DIVERT ROOF DRAINS AWAY FROM FIELD AREA "INSTALL IN DRY SOIL CONDITIONS							

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 (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
Comments	Date	
Site Revalidation conducted by <input type="checkbox"/> Environmental Health Specialist <input type="checkbox"/> Designated Representative (check one)		
Signature	EHS / License Number	Date

* Optional System Utilization Verification Form



Arkansas Department of Health
Environmental Health Protection

Receipt Number _____

Individual Onsite Wastewater System Permit Application

Permit Type ☐ New Installation
☐ Alteration / Repair

DR Environmental ID #

0032000019

☐ Homeowner

☒ Builder/Developer

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 checked="" type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft \$ 60.00	<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"/>

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 257 Hwy 285 N, Greenbrier, AR
(Address of Proposed System, City, State, Zip)

I hereby attest there are _____ bedrooms (_____ number of persons for commercial) and the square footage of the structure that will utilize the designed 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.

As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature Jane Ellison

Date 1-15-20

This document must be submitted with the permit application, if the Owner/Applicant Signature Section (number 19 on the EHP-19) is not signed.

EHP-19, OPT-A (R 8/13)

1"-30'



257

4/10/20 2:05 PM

Date: 1-12-2020

Customer Name: Jesse Ellison

Project Location: 257 Hwy 385 N, Greenbrier, AR

All readings are rod readings - All pipe elevations are flowline elevations

Primary Site	Ground Elevation			Pipe Elevation		
Stub Out	96.1			96.1		
Septic Tank In	96			95.5		
Septic Tank Out	96			95.2		
D-Box IN	92.1			92.2		
D-Box OUT	92.1			92.1		
	Begin	Mid	End	Begin	Mid	End
Ln 1	92.1	92.3	92.3	90.8	90.8	90.8
Ln 2	92	91.9	92	90.5	90.5	90.5
Ln 3	91.6	91.6	91.6	90.1	90.1	90.1
Ln 4	91.1	91.1	91.1	89.6	89.6	89.6
Ln 5						
Ln 6						
Well						
Benchmark	96.3 HUB					

Pipe Specifications:

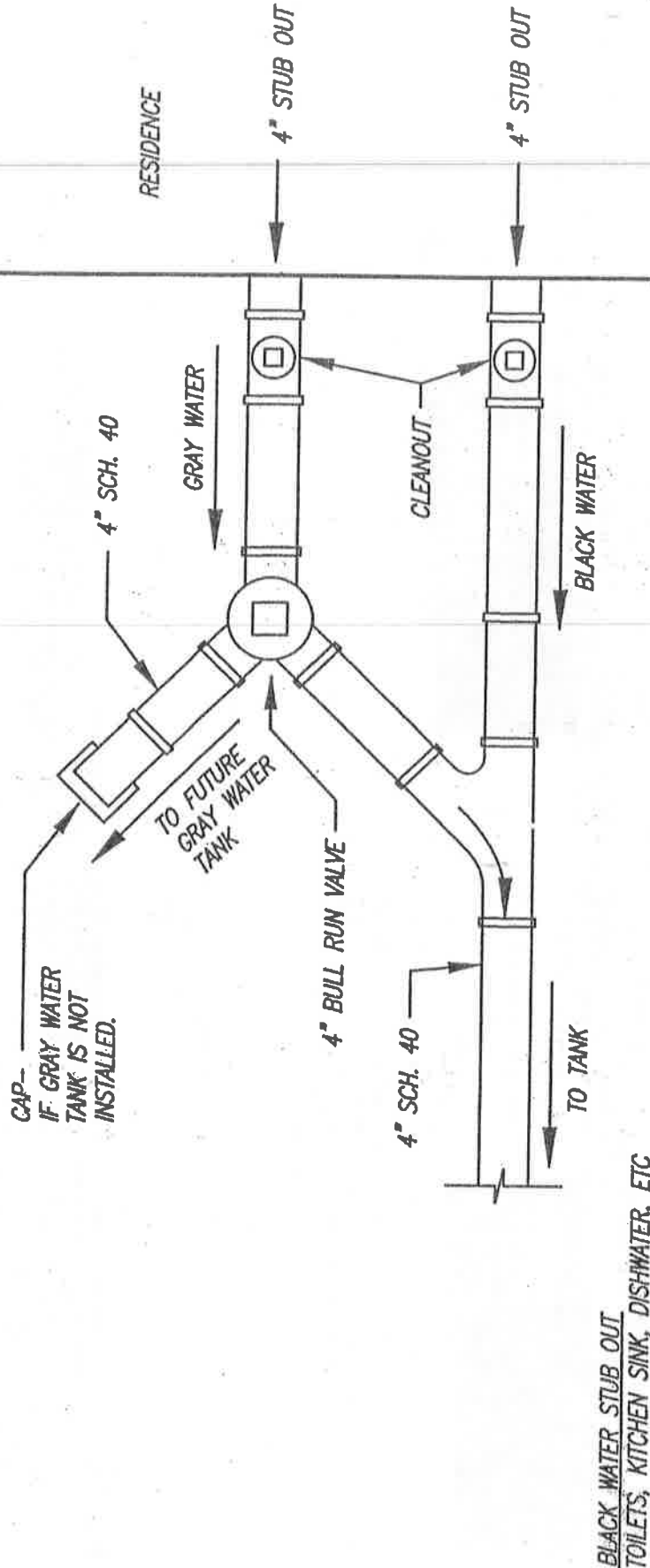
- House Sewer Line = SCH 40
- Septic Tank to D-Box = SCH 40
- all other tight lines = SDR 35
- Perforated Pipe = ASTM D2729

*Ground elevations shots for the secondary absorption area will be indicated on the drawing.

4" STUB OUT DETAIL A

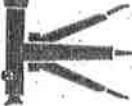
SCALE: 1" = 1'

GRAY WATER STUB OUT
BATH WATER, SHOWER WATER, BATHROOM SINKS,
CLOTHES WASHER, ETC



BLACK WATER STUB OUT
TOILETS, KITCHEN SINK, DISHWATER, ETC

DRAWN BY	EW/GKE
CHECKED BY	TPT
DATE	10/18/13



Tyler Group

surveying-mapping-engineering

1240 SETLINE DR. STE 3000/CONWAY, AR. 73532

TEL 501.326.1408 / FAX 501.327.5973 / info@tylergroup.net / www.tylergroup.net

SCALE	1" = 1'
JOB NO.	(DETAIL)
JOB NAME	STUB OUT DETAIL A
SHEET NO.	1 OF 1

EXCLUDING STUB OUT

Applicant/ Site

Onsite Wastewater Site Evaluation/Absorption Area Sizing Calculator

Location:

257 Hwy 285 N G.B. Ave

Total Area (Acres):

1.2 ±

County:

FAYETTE

72058

Date: 11/2/20

Permit #:

Evaluator:

GPS Coord: Primary: N35°23'16.4" W92°47'32.0"

Secondary: N3 ° W9 °

DR's Proposed System Specifications

of Bedrooms/

of People:

3

Trench Spacing (ft):

10

of Field Lines:

4

Daily Flow (GPD):

370

Absorption Area (sq ft): 544

Tank Size (gal):

1000

lin ft of line (sq ft/2):

Length of Lines (ft):

70

min Cu Yds of Gravel:

Site Evaluation

Primary Area Pit:

Soil Series/ Slope:

Notes on this pit:

Secondary Area Pit:

Soil Series/ Slope:

Notes on this pit:

Water Tables	Depth:	Loading Rate:	Redox Features:
BSWT:			
MSWT:			
LSWT:			
Adj. MSWT:			
Adj. ALSWT:			
Most Restrictive Loading Rate:			

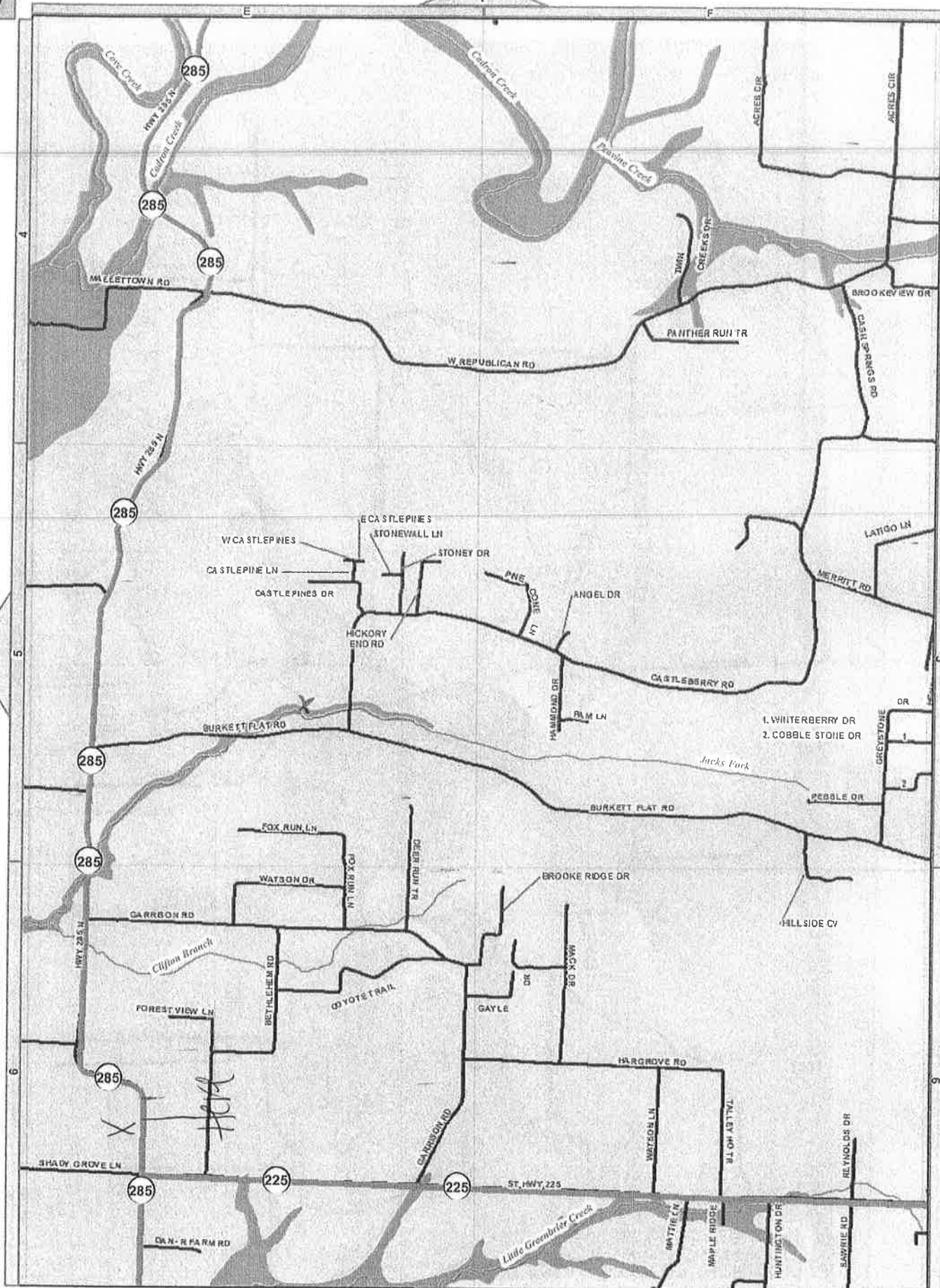
Water Tables	Depth:	Loading Rate:	Redox Features:
BSWT:			
MSWT:			
LSWT:			
Adj. MSWT:			
Adj. ALSWT:			
Most Restrictive Loading Rate:			

Minimum System Requirements Based on Soil Pit Observations:

Absorption Area (sq ft):	
Linear ft of perf. Line:	
# of Lines:	
Cu Yds of gravel required:	

Absorption Area (sq ft):	
Linear ft of perf. Line:	
# of Lines:	
Cu Yds of gravel required:	

Comments:





Perce Submission Checklist

Property Location: #257 Hwy 285N
G.B. Ar 72058

Drawing:

Date: 1/12/20

- ✓ Scaled drawing (1" = 20' or 1" = 30")
- ✓ Proposed/Present house and any other out buildings affecting the system are shown
- ✓ Direction of North indicated
- ✓ All property dimensions shown
- ✓ Onsite wastewater system setbacks/distances shown
- ✓ Driveway/Parking dimensions shown
- N/A Location/Elevation of water well shown along with distance from all parts of the system and secondary absorption area
- ✓ Public water system: distances from onsite system's components and secondary absorption area location to water mains shown
- N/A Location/Elevation/Distances of all wells and/or onsite systems on adjoining properties within 100 feet of proposed septic/secondary absorption area shown
- ✓ Locate and properly size the primary/secondary absorption area; include contour lines or arrows indicating direction/degree of the lot's slope
- ✓ Benchmark designated and elevation shots/rods shown for all parts of system
- ✓ Ground elevation/Flow line elevation provided for all system components; includes stub out and the beginning, middle and end of each absorption trench (trench designed on contour, not to exceed 2" difference in elevation from beginning to end)
- ✓ Tank size/ location indicated
- ✓ Unusual soils/ topography affecting the site shown
- ✓ Perce holes on property shown (holes used to determine absorption area size must be within the primary area)
- ✓ Location of soil pits shown
- ✓ Flow line elevation of building sewer stub-out shown
- ✓ The flow line elevation of tank inlet/outlets shown
- ✓ The flow line elevation of D-Box/device shown
- ✓ Location of clean out(s) shown
- ✓ Pipe specs of all parts of system provided
- ✓ Absorption trench depth shown
- ✓ Absorption trench media/product shown
- ✓ Soil info including hydraulic conductivity, redoximorphic features and depth to bedrock found in the primary/secondary absorption areas from the soil pit shown
- N/A Pumped effluent systems: specs/pump information provided (www.zoeller.com)
- ✓ Diversion device to be use and location shown

Application/Submission:

- ✓ Completed Application
- ✓ Customer Signature (Box #23)
- ✓ Vicinity Map
- N/A Pump Specs (if required)
- ✓ 3 copies of all documents

Important!

This septic system will not be allowed to be installed during wet soil conditions! Plan accordingly.

Do not allow anyone to drive over your primary or secondary areas. Systems will not be installed in areas that have been rutted up or compacted! This always cost the homeowner more money in redesigns and more expensive systems.

Be sure to provide your plumber with a copy of your septic system design, so he will know the correct location and elevation for your sewer stub out.

If you have a pump as part of your septic system design, notify your electrician to wire for two circuits at the location of the stub out.

Get on a regular schedule of having your septic tank pumped out. Try to do it during the summer time when prices are usually lower.

Do not put grease or strong chemicals down your drain. There is no need for adding supplement to your system under normal conditions.

Divert roof gutter drains away from your field line area.