



Arkansas Department of Health
Environmental Health Protection

Office

Receipt Number
287 660 85

Individual Onsite Wastewater System Permit Application

Permit Type



New Installation



Alteration / Repair

DR Environmental ID #

ADH13193063

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	☐
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	☒
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	☐
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	☐
Structures more than 4000 sq ft	\$150.00	☐
Alteration and Repair	\$ 30.00	☐

Part 1 Application

Treatment Type (check one)

Disposal Method (check one)

☒ STD = Standard Septic Tank	☐ ATU = Aerobic Treatment Plant	☒ STD = Standard Absorption Field	☐ LPD = Low Pressure Distribution
☐ ISF = Intermittent Sand Filter	☐ RSF = Re-circulating Sand Filter	☐ SUR = Surface Discharge	☐ HLD = Holding Tank
☐ PMF = Proprietary Media Filter	☐ RGF = Re-circulating Gravel Filter	☐ CPF = Capping Fill	☐ SRL = Serial Distribution
☐ OTH = Other (Describe)	☐ HLD = Holding Tank	☐ OTH = Other	☐ DRP = Drip Irrigation

1. Owner's/Applicant's Name Eduard Millan		2. Phone Number 870-490-2418	
3. Mailing Address 1105 DEER ST STE 6		4. County Faulkner	
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) 352 Sellers rd, Vilonia, AR 72173			
6. Subdivision Name Sellers Rd - Sub	7. Approval Date 06-11-25	8. Date Recorded 06-11-25	9. Lot Number 9
10. Lot Dimensions 145' x 298'	11. Total Area (Acres) 1	12. # Bedrooms # People 3	13. Daily Flow (GPD) 370
14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary) Sec-36, TWP-6n, RNG-12w			
15. Water Supply (Specify supplier, if Public Water) Vilonia		16. GPS Coordinates 35.10225n, -92.23570w	
17. Loading Rates (gpd/ft ²)	18. System Specifications		
Primary Area .44	a. Size of Septic Tank 1000 gal	f. Trench Depth 18 inches	
Secondary Area .157	b. Size of Dose Tank - gal	g. Trench Spacing 10 feet	
Percolation Test (min/in)	c. Absorption Area 841 ft ²	h. Trench Media (List Below) Infiltrators EQ 24	i. Trench Width 18/24 in
Primary Area Avg X	d. Number of Field Lines 5		
Secondary Area	e. Length of Field Lines 84 ft	4" Pipe & Gravel 24 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 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.

Eduard Millan

9/3/2026

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.

Chris Davis

DR

Soil Certified



Yes



No

Designated Representative Signature
Chris Davis

Title

9/8/26

501-472-4869

Print Name

Date

Phone Number

21. Approval 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)		
742	17	25	-	22	-	Mod22	.44		
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)		
742	18w/drain	23	-	21	D	Mod23	.157 Dip		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	17	in	Iron Concentrations						
Moderate	25	in	Iron Concentrations w/ Depletions Chroma 2 less than 50%						
Long		in	Iron Concentrations w/ Depletions Chroma 2 more than 50%						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions						
Brief	0	in	Iron Concentrations						
Moderate	23	in	Iron Concentrations w/ Depletions Chroma 2 less than 50%						
Long		in	Iron Concentrations w/ Depletions Chroma 2 more than 50%						
Comments No changes without ADH approval, install in dry soil conditions only									

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 ☐ Environmental Health Specialist ☐ 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

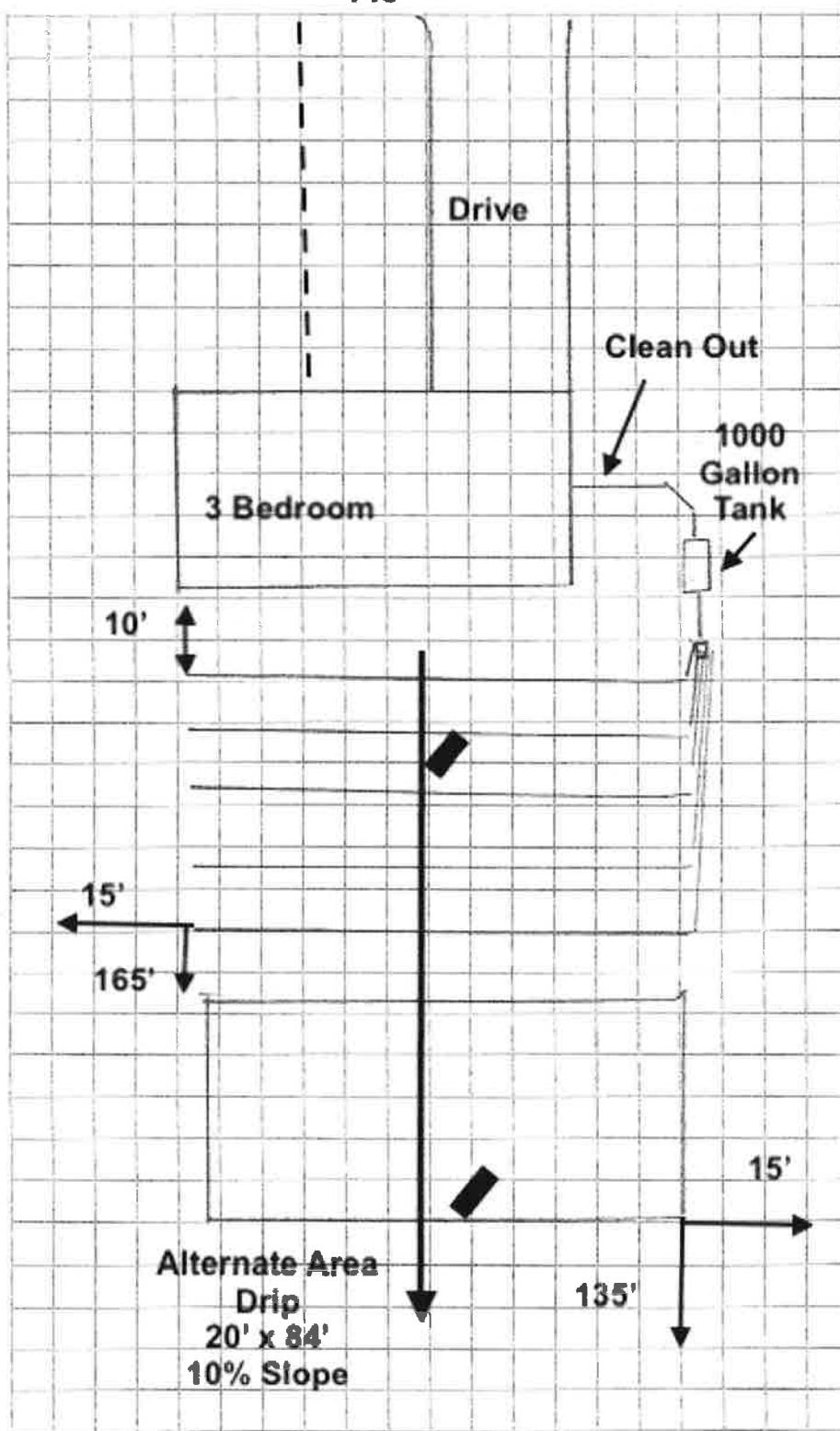
Part 3 Permit for Operation

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
Comments		Date	
Site Revalidation conducted by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter) (check one)			
Signature		EHS / License Number	Date

145'



298'



145'

Primay Area
5 Lines @ 84'
9.75 % Slope

298'

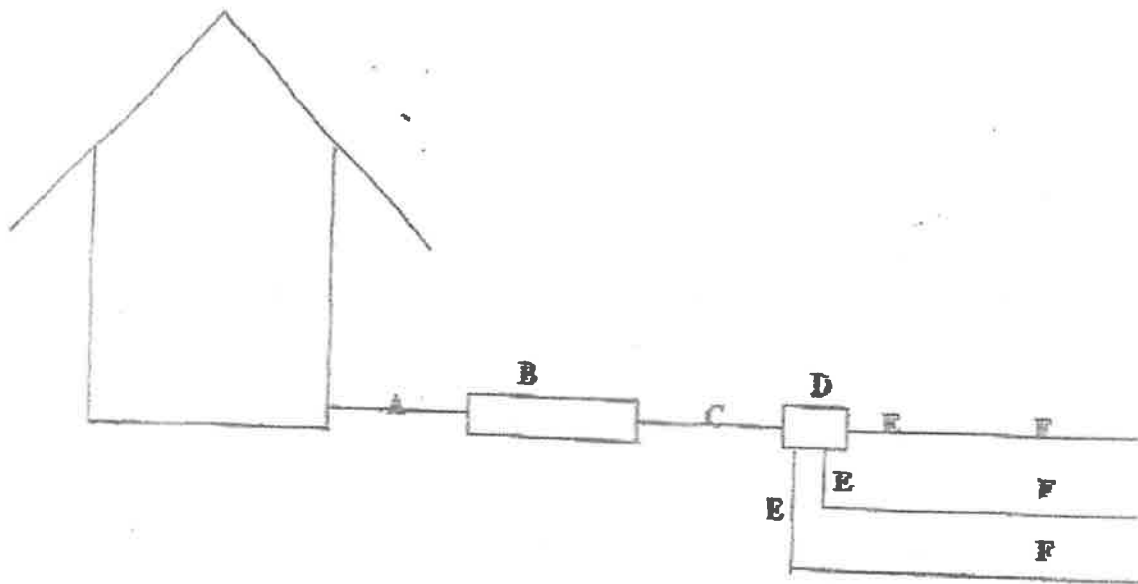
Water Line = - - - -

Test Pit = ■

1"=30'

Shot Sheet						
All Readings Are Rod Readings/ All Pipe Elevations Are Flowline Elevations						
Primary Area	Ground Elevations			Pipe Elevation		
Stub Out	11.2			11.2		
Tank In	11.7			12.8		
Tank Out	12.8			13.0		
Valve or D Box In	13.5			13.2		
D Box In	13.5			13.4		
In 1	13.5	13.5	13.5	15.0	15.0	15.0
In 2	14.8	14.8	14.8	16.3	16.3	16.3
In 3	15.7	15.7	15.7	17.2	17.2	17.2
In 4	16.5	16.5	16.5	18.0	18.0	18.0
In 5	17.4	17.4	17.4	18.9	18.9	18.9
In 6	-	-	-	-	-	-
In 7			-	-	-	-
In 8						
NW ALT	18.3					
NE ALT	18.3					
SE ALT	20.3					
SW ALT	20.3					
BM	north west corner 5.8					

**TANK AND OR DBOX MAY BE ELEVATED ABOVE THE
GROUND. PUMP MAY BE REQUIRED IF TANK BURIAL IS
DESIRED**



	Name	Pipe Approved
A	House Sewer Line	Schedule 40 ABC Schedule 40 ABS Schedule 40 ABS Foam Core
B	Septic Tank	Schedule 40 Sanitary T's Inlet and outlet
C	Effluent Line	To solid ditch bottom, same as "A". Beyond that point must be "A" or SDR 35 PVC or if polyethylene pipe is used ASTM 3034 P.E.
D	Distribution Box or Valve	
E	Solid Pipe of Field Line	SDR 35 PVC or "A" or ASTM 3034 P.E.
F	Perforated Field Line	ASTM F810 P.E. ASTM 2729 PVC

Important

All septic systems will be designed as a gravity flow system when possible, elevations are given for the septic components. On some lots, septic components may be located above grade. A pump might be required to allow septic components such as the tank to be placed lower. Check all elevations before beginning construction.

Do not alter the Primary and Alternate Fieldline Areas!

No Excavation or Buildup of fill material in the Fieldline area!

Inform the plumber of sewer drain location and elevation.

If a pump is needed, inform the electrician of electrical needs.

All runoff water from the house should be diverted away from the Fieldline area.

Install in Dry soil conditions Only!

Final grade should be done to eliminate all standing water on the Fieldline area.

After installation, backfilling of trenches should be left mounded up to settle naturally.

No Changes to this design without DR and ADH approval.



13 mi
22 minutes



1

In 80 ft,
Turn right onto N Creek Dr

2

In 0.3 mi (1 min),
Turn right onto Museum Rd

3

In 0.3 mi (2 min),
Turn left onto E Oak St

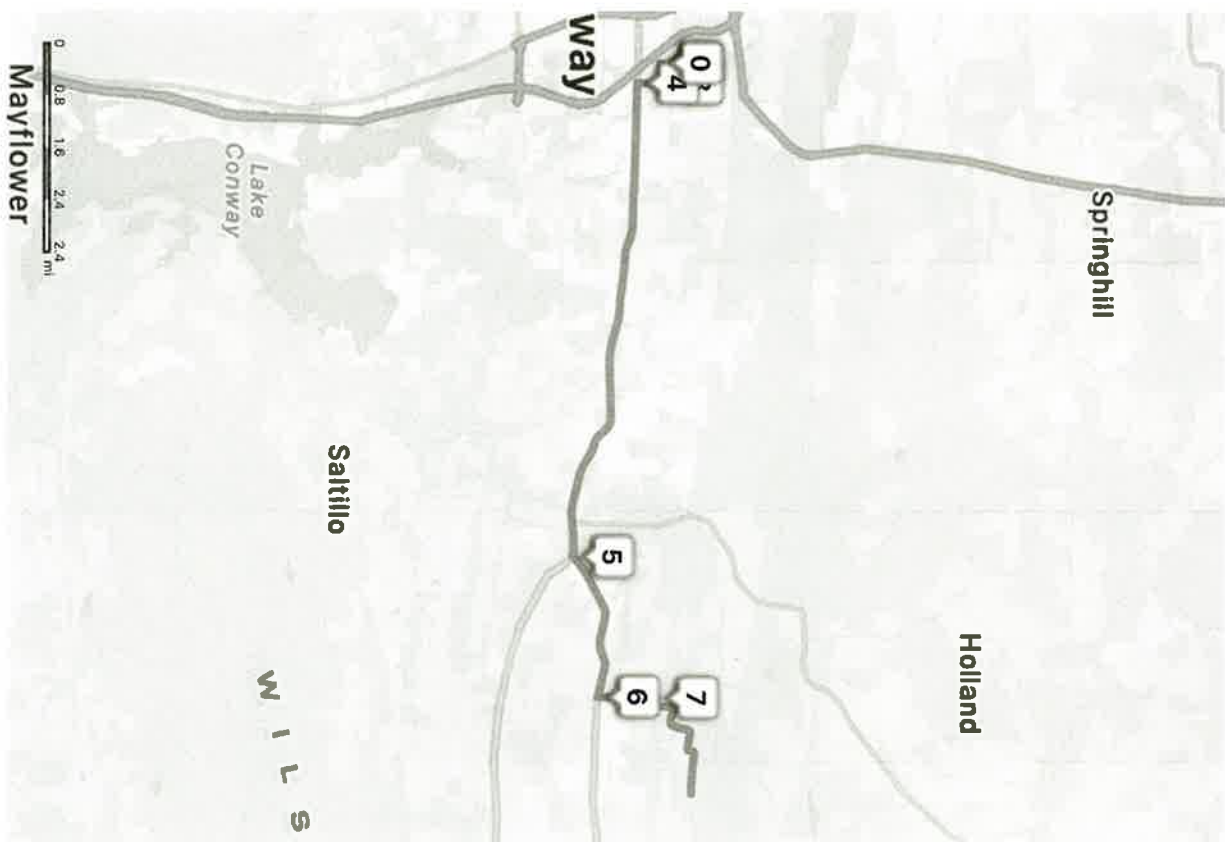
4

In 7.1 mi (2 min),
Turn left onto Bus US-64B

811 N Creek Dr, Conway



13 mi
22 minutes



5

In 2.2 mi (11 min),
Turn left onto N Beryl Rd

6

In 0.9 mi (3 min),
Turn right onto Liberty Rd



In 1.9 mi (2 min),
The destination is on your
right



811 N Creek Dr, Conway

