Perry Co. Office

# Arkansas Department of Health
Environmental Health Protection

Receipt Number 28771222

## Individual Onsite Wastewater System Permit Application

Permit Type
- [x] New Installation
- [ ] Alteration / Repair

DR Environmental ID # ADH131930 63

| Fee Schedule for Structures | | √ |
|---|---|---|
| Structures 1500 sq ft or less | $ 30.00 | [x] |
| 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)
- [ ] 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

Disposal Method (check one)
- [ ] 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: Ellis williams
2. Phone Number: 5016810194
3. Mailing Address: 801Morris Avenue England Ar. 72046
4. County: Perry
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 572 Cherry Hill Loop Perryville At. 72126
6. Subdivision Name: --
7. Approval Date: --
8. Date Recorded: --
9. Lot Number: --
10. Lot Dimensions: 213' x 213'
11. Total Area (Acres): 1.44
12. # Bedrooms # People: 1
13. Daily Flow (GPD): 150
14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Sec-28, TWP-4n, RNG-18w
15. Water Supply (Specify supplier, if Public Water): City of Perryville
16. GPS Coordinates: 34.97160n, -92.91140w

| 17. Loading Rates | (gpd/ft²) | 18. System Specifications | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Primary Area | .75 | a. Size of Septic Tank | 1000 | gal | f. Trench Depth | 18 | inches | |
| Secondary Area | .75 | b. Size of Dose Tank | - | gal | g. Trench Spacing | 10 | feet | |
| Percolation Test | (min/in) | c. Absorption Area | 200 | ft² | h. Trench Media (List Below) | | I. Trench Width | |
| Primary Area Avg | X | d. Number of Field Lines | 3 | | Infiltrators EQ 24 | | 18/24 | in |
| Secondary Area | | e. Length of Field Lines | 34 | 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.

Ellis Williams — Date: 8/31/2026
4AF222902E934BB...
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.

| Designated Representative Signature | Title | Soil Certified |
|---|---|---|
| Chris Davis | DR | [x] Yes [ ] No |
| Print Name | Date: 9/1/26 | Phone Number: 501-472-4869 |

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: 762 — Date: 09/16/2026

**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/ft²) |
| >42 | 21 | - | - | - | - | Mod21 | .75 |

| 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/ft²) |
| >42 | - | - | - | - | - | Mod- | .75 |

24. Seasonal Water Table (SWT) Classes Detail

| Primary Area | | List Redoximorphic Features and/or Clay Content Restrictions |
|---|---|---|
| Brief 21 | in | Iron Concentrations |
| Moderate - | 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 - | in | Iron Concentrations |
| Moderate - | 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 (check one or installer signs System Installation Verification below) ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)

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.

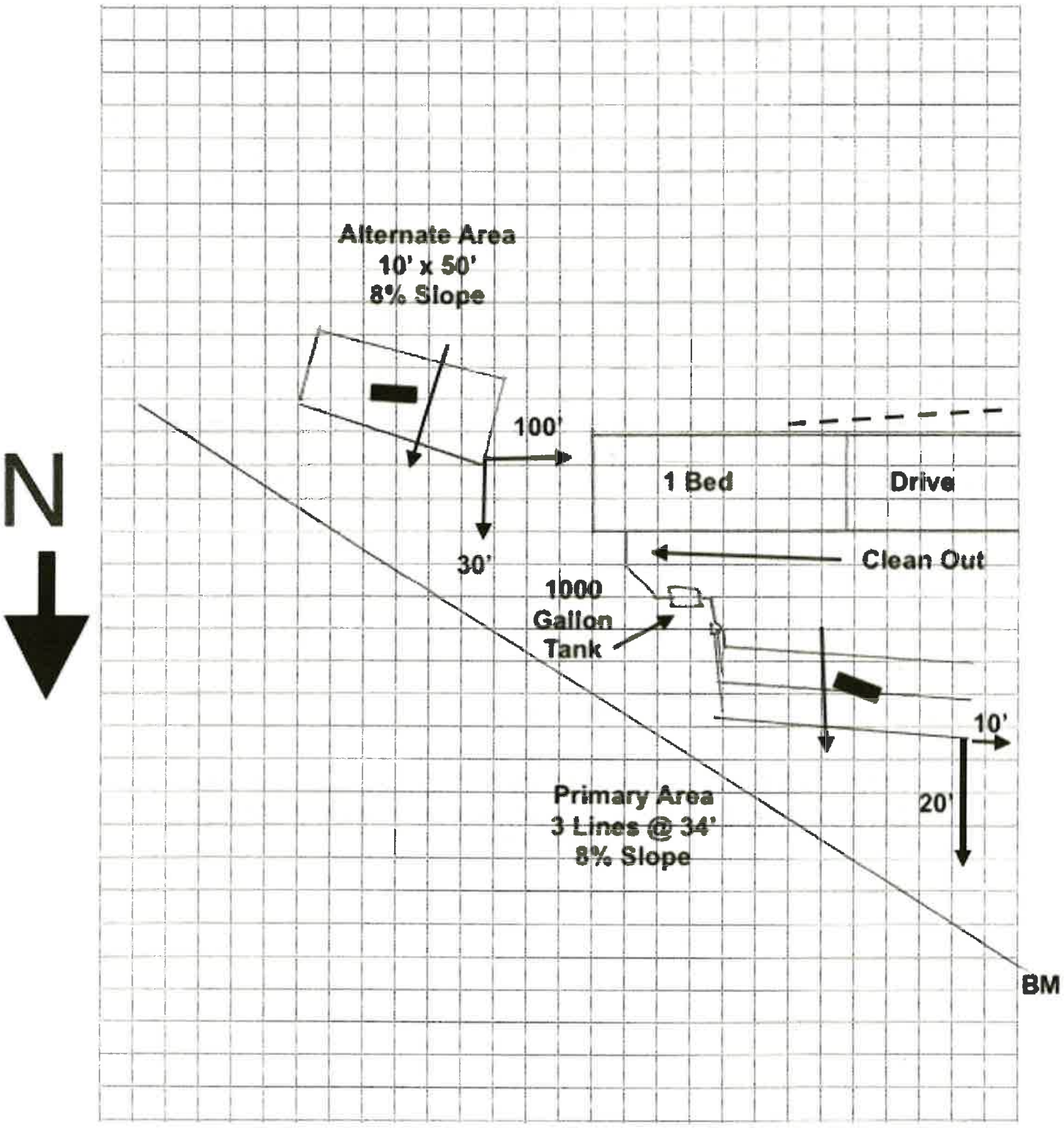
Environmental Health Specialist _____ Signature _____ EHS Number _____ Date _____

Comments

Site Revalidation conducted by (check one) ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)

Signature _____ EHS / License Number _____ Date _____

Natural State Onsite Solutions LLC. 501-472-4869



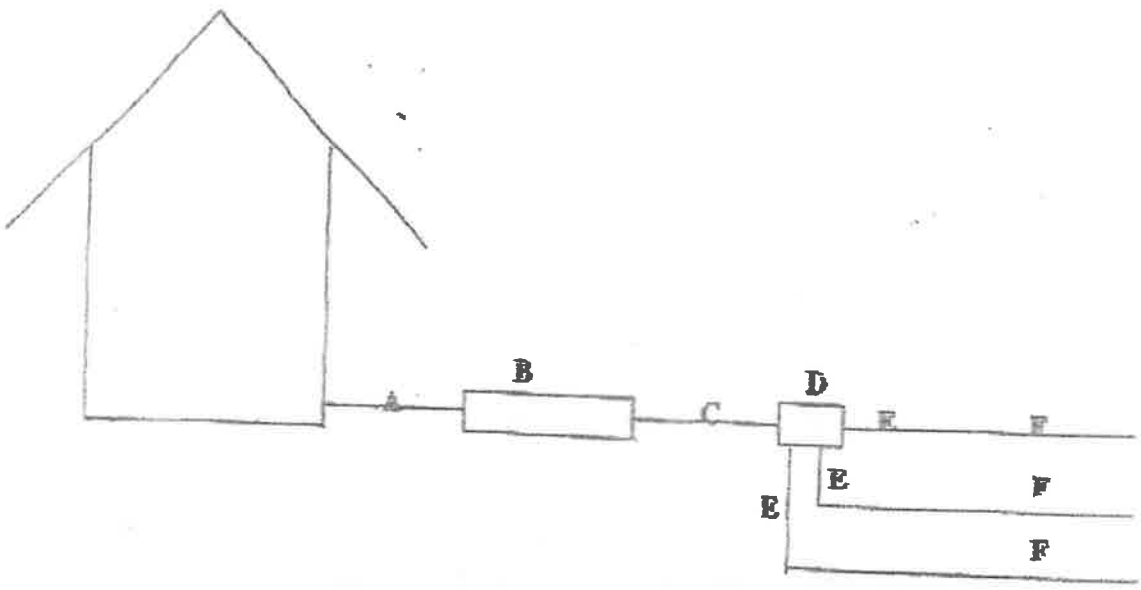

Water Line = ———

Test Pit = ■

1"=30'

| Shot Sheet | | | | | | |
|---|---|---|---|---|---|---|
| All Readings Are Rod Readings/ All Pipe Elevations Are Flowline Elivations | | | | | | |
| Primary Area | Ground Elivations | | | Pipe Elivation | | |
| Stub Out | 7.6 | | | 7.0 | | |
| Tank In | 8.1 | | | 7.5 | | |
| Tank Out | 8.0 | | | 7.6 | | |
| Valve or D Box In | 7.8 | | | 7.6 | | |
| D Box in | 7.8 | | | 7.7 | | |
| | | | | | | |
| In 1 | 7.8 | 7.8 | 7.8 | 9.3 | 9.3 | 9.3 |
| In 2 | 8.7 | 8.7 | 8.7 | 10.2 | 10.2 | 10.2 |
| In 3 | 9.4 | 9.4 | 9.4 | 10.9 | 10.9 | 10.9 |
| In 4 | - | - | - | - | - | - |
| In 5 | - | - | - | - | - | - |
| In 6 | - | - | - | - | - | - |
| In 7 | | | - | - | - | - |
| In 8 | | | | | | |
| NW ALT | 4.8 | | | | | |
| NE ALT | 4.8 | | | | | |
| SE ALT | 4.0 | | | | | |
| SW ALT | 4.0 | | | | | |
| | - | | | | | |
| | | | | | | |
| BM | north west corne 9.3 | | | | | |

**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<br>Schedule 40 ABS<br>Schedule 40 ABS Foam Core |
| B | Septic Tank | Schedule 40 Sanitary T's<br>Inlet and outlet |
| C | Effluent Line | To solid ditch bottom, same as "A".<br>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.<br>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.**

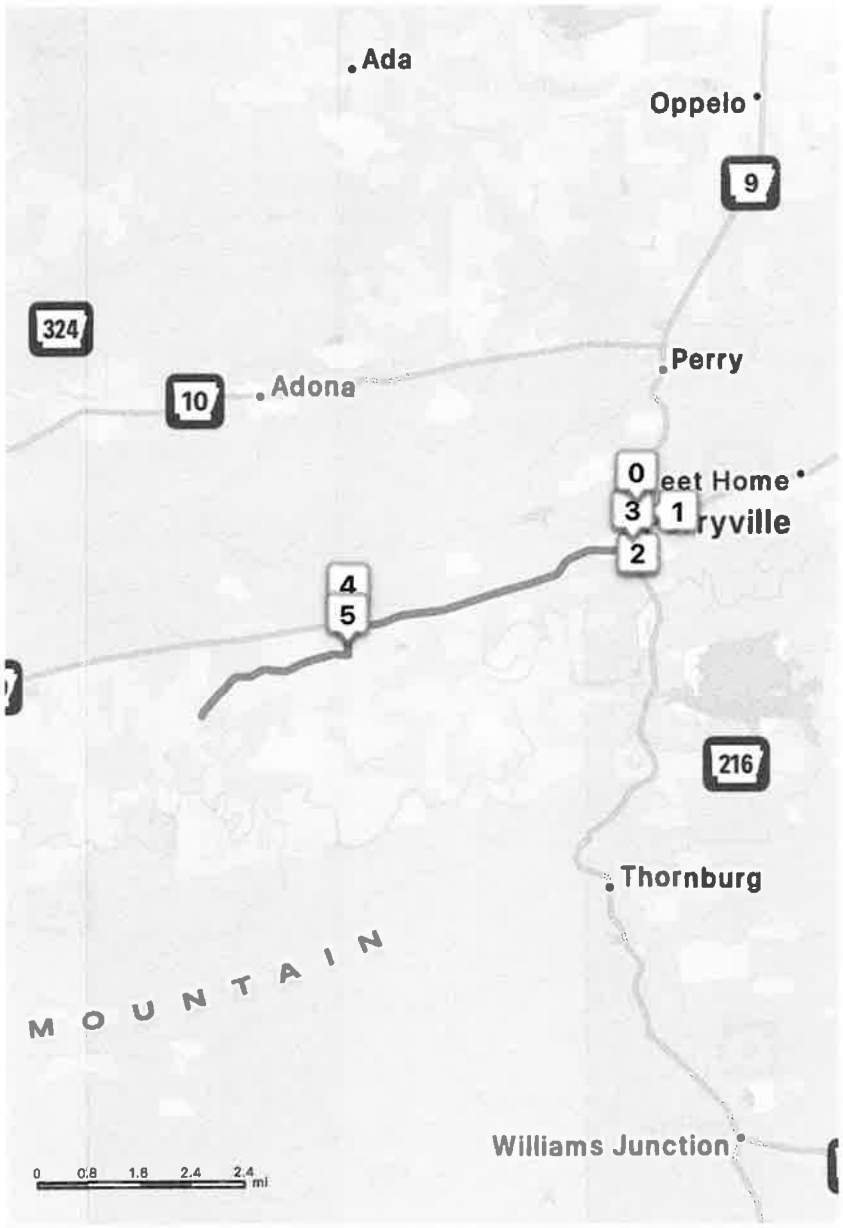
**Install in Dry soil conditions Only!**

**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.**

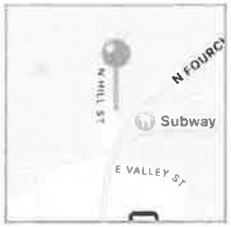
**No Changes to this design without DR and ADH approval.**

**7.9 mi**
13 minutes

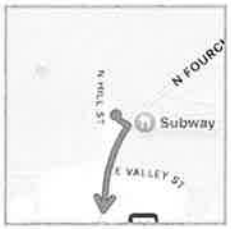



1039 N Fourche Ave, Perryville

572 Cherry Hill Loop, Perryville




1

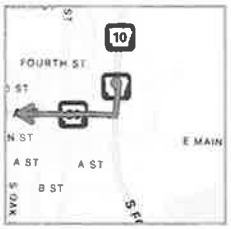



In 150 ft,
Turn right onto N Fourche Ave

2


In 0.5 mi (1 min),
Turn right onto Aplin Ave

3




In 4.4 mi (1 min),
Turn left onto Cherry Hill Loop

4


In 0.4 mi (6 min),
Turn right onto Cherry Hill Loop

**7.9 mi**
13 minutes


1039 N Fourche Ave,
Perryville

572 Cherry Hill Loop,
Perryville

In 2.5 mi (1 min),
The destination is on your left