Arkansas Department of Health
Environmental Health Protection

Receipt Number 28788242

Individual Onsite Wastewater System Permit Application

Permit Type: ☑ New Installation ☐ Alteration / Repair

DR Environmental ID #: A0H139628090

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)

- ☑ 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: GARY D. COOPER
2. Phone Number: 479-871-8728
3. Mailing Address: 9cooper1@swbell.net
4. County: Crawford
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 9944 Bonyard Rd Winslow, AR
6. Subdivision Name: —
7. Approval Date: —
8. Date Recorded: —
9. Lot Number: —
10. Lot Dimensions: See Attached / 330' x 330'
11. Total Area (Acres): 2.5
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): Parcel #001-18028-002 Sec 6 – Township 12 – Range 30
15. Water Supply (Specify supplier, if Public Water): Washington Water
16. GPS Coordinates: 35.750659 -94.222270

17. Loading Rates	(gpd/ft²)	18. System Specifications			f. Trench Depth		inches
Primary Area	.73	a. Size of Septic Tank	1000	gal		18"	
Secondary Area	.175	b. Size of Dose Tank	—	gal	g. Trench Spacing	10'	feet
Percolation Test	(min/in)	c. Absorption Area	510'	ft²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	—	d. Number of Field Lines	3		E-2 Flow 1201	18"	in
Secondary Area	—	e. Length of Field Lines	85'	ft	Piped 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.

Gary D. Cooper — Date 9-17-2026
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.

Soil Certified ☑ Yes ☐ No

Johnny Wiks — DR — 9-17-2026 — 479-595-1108
Designated Representative Signature — Title — Date — Phone Number
Johnny Wiks
Print Name

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.

[signature] — #930 — 9/21/2026
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/ft²)
N/A	N/A	28"	N/A	28"	N/A	Mod	.173
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)
N/A	N/A	34"	N/A	34"	N/A	Mod	.175

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief —	in	—
Moderate 28"	in	Chroma 2, Little Grey
Long —	in	—
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief —	in	
Moderate 34"	in	Chroma 2, Little Grey
Long —	in	

Comments

Pre-Site done 9/21/2026

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 _____ Date _____

Comments

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

Signature _____ EHS / License Number _____ Date _____

Gary D. Cooper
9944 Bunyard Rd. Winslow, AR.
Parcel # 001-18028-002
2.5 Acres

Benchmark G 6'2"	Electric Box 16' From L1B west (Pink Ribbon)		
Stubout G 2'3"	FL 2'7"		
Cleanout G 2'3"	FL 2'7"		
Tank Inlet G 3'	FL 3'8"		
Tank Outlet G 3'	FL 3'11"		
D-Box Inlet G 4'5"	FL 5'		
D-Box Outlet G 4'5"	FL 5'2"		
L1G 5'4"	FLB 6'10"	FLM 6'10"	FLE 6'10"
L2G 6'4"	FLB 7'10"	FLM 7'10"	FLE 7'10"
L3G 7'	FLB 8'6"	FLM 8'6"	FLE 8'6"

Use Piles Concrete 1000 gallon Tank
Use Sch 40 4" From House to Tank Inlet 10'
Use Sch 40 4" From Tank Outlet to D-Box Inlet 13'
Use SDR 35 4" or Sch 40 4" From D-Box Outlet to 5' of each Field Lines
Use Pipe & Gravel or E-Z Flow 150 for Field Line 3@85' / Total 255'

Part of Parcel Number: 001-18028-001

Doc Num 2026008220
$25.00
08/28/2026 10:00:25 AM
Filed & Recorded in the Official Records of
SHARON BLOUNT BAKER, CIRCUIT CLERK
By: CM

WARRANTY DEED

BE IT KNOWN BY THESE PRESENTS:

THAT **Scott K. Ridenoure and Kimberly A. Ridenoure**, hereinafter called GRANTOR, for and in consideration of the sum of One Dollar ($1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, do hereby grant, bargain, sell and convey unto **Gary D. and Sheila Cooper**, hereinafter called GRANTEE, and unto Grantee's successors and assigns, the following described land situated in the County of Crawford, State of Arkansas, to-wit:

The Northeast Quarter (NE 1/4) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of the Northwest Quarter (NW 1/4), Section Six (6), Township Twelve (12) North, Range Thirty (30) West, Crawford County, Arkansas containing 2.5 Acres, more or less.

Access and Utility Easement on an Alternate Document due to Ownership.

TO HAVE AND TO HOLD the said lands and appurtenances hereunto belonging unto the said Grantee and Grantee's successors and assigns, forever. And the said Grantors, hereby covenant that they are lawfully seized of said lands and premises; that the same is unencumbered, and that the Grantors will forever warrant and defend the title to the said lands against all legal claims whatever.

WITNESS the execution hereof on this the 26 day of August, 2026.

REVENUE STAMPS AFFIDAVIT

The foregoing deed has the correct amount of Revenue Stamps affixed to it or is exempt from such stamps.

Signed: Gary D. Cooper

GARY D. Cooper
1630 N. Pershing Sy.
Fayetteville, AR.
72704

ACKNOWLEDGMENT

STATE OF ARKANSAS)
) ss.
COUNTY OF (Washington

BE IT REMEMBERED, that on this date, before the undersigned, a duly commissioned and acting Notary Public within and for said County and State, personally appeared Scott & Kimberly Ridenour to me well known as the person(s) who executed the foregoing document, and who stated and acknowledged that he/she/they had so signed, executed and delivered said instrument for the consideration, uses and purposes therein mentioned and set forth.

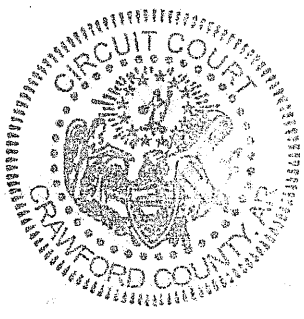
WITNESS my hand and seal on this 26 day of August, 2026.

Notary Public

MY COMMISSION EXPIRES:
6/11/2028

AMY SIMCO
Notary Public - Arkansas
Washington County
Commission # 12365869
My Commission Expires Jun 11, 2028

$25 - Gary Cooper



CERTIFICATE OF RECORD
STATE OF ARKANSAS, COUNTY OF CRAWFORD
I hereby certify that this instrument was
Filed and Recorded in the Official Records
in Doc Num 2026006220
06/28/2026 10:00:25 AM
SHARON BLOUNT BAKER
CRAWFORD County Circuit Clerk & Recorder
By: Cherilyn Malone

Crawford County Health Clinic

Exit the parking lot toward US-64 E/ US-71 BUS N/E Main St

100 ft

Turn right

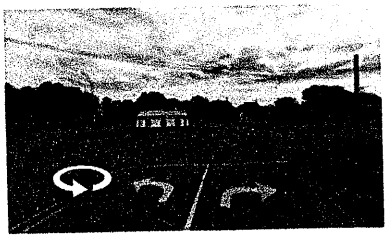
0.1 mi

Turn right onto Crawford Memorial Dr/ Hospital Dr

Continue to follow Crawford Memorial Dr

0.3 mi

Turn right onto US-64 E/ US-71 BUS N/E Main St



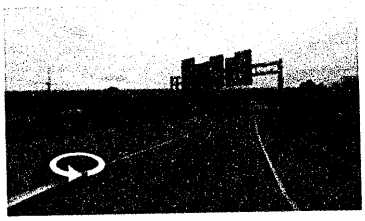
Continue to follow US-64 E/ US-71 BUS N

1.3 mi

Use the right lane to take the I-540 N ramp to I-40/Little Rock/ Oklahoma City

0.2 mi

Merge onto I-540



0.4 mi

Use the right lane to take exit 1B for I-40 E toward Little Rock/Memphis

4.6 mi

Take exit 12 for I-49 N toward Fayetteville

15 mi

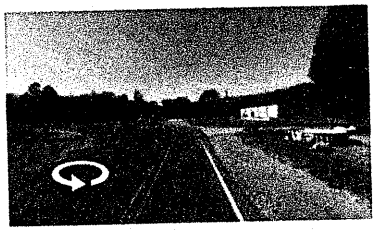
Take exit 34 for AR-282 W

0.3 mi

Keep right, follow signs for AR-282 W

1.1 mi

Turn left onto S Brown



5.4 mi

Slight right onto Freedom Rd

6.9 mi

Turn left onto Bunyard Rd/Wc 41

1.5 mi 1.4 miles. Top of Hill on Right

Turn right to stay on Bunyard Rd

~~0.7 mi~~ ★ Jobsite Will Be on the Right ★

Gary D. Cooper
9944 Bunyard Rd. Winslow, AR.
Parcel # 001-18028-002
2.5 Acre
1-479-871-8728