



Arkansas Department of Health
Environmental Health Protection

Received

JAN 23 2026

Benton Co Health Unit

Receipt Number
28224493

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

C

DR Environmental ID #

7 6 0 2 1 4 7 0 4 7

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
☐ 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 **Kendall and Pam Harrelson** 2. Phone Number **479-233-0782**

3. Mailing Address **P.O. Box 684 Gentry, AR. 72734** 4. County **Benton**

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map) **13578 Fairmount Rd**
911: 18568 Gentry Rd, Siloam Springs, AR. 72761 Parcel #: 18-13619-000 Email: krayha47@yahoo.com

6. Subdivision Name **NA** 7. Approval Date **NA** 8. Date Recorded **NA** 9. Lot Number **NA**

10. Lot Dimensions **See Survey** 11. Total Area (Acres) **25.01** 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)
Part of the SE 1/4 of the SE 1/4 of Section 13, T-18-N, R-33-W

15. Water Supply (Specify supplier, if Public Water) **Gentry** 16. GPS Coordinates **36° 13' 53" N 94° 26' 42" W AA: 36° 13' 52" N 94° 26' 40" W**

17. Loading Rates	(gpd/ft ²)	18. System Specifications					
Primary Area	0.32	a. Size of Septic Tank	1000	gal	f. Trench Depth	18	inches
Secondary Area	0.32	b. Size of Dose Tank	NA	gal	g. Trench Spacing	8	feet
Percolation Test	(min/in)	c. Absorption Area	1200	ft ²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	NA	d. Number of Field Lines	6		Pipe and gravel		24 in
Secondary Area	NA	e. Length of Field Lines	100	ft	EzFlow 1201		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 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.

Cyrt A _____ 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.

Mark Corbitt _____ D.R. _____ Soil Certified ☒ Yes ☐ No

Designated Representative Signature _____ Title _____

Mark W. Corbitt _____ **12/11/25** _____ **479-466-6183**

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.

Mark W. Corbitt _____ *HL6* _____ *2.12.26* _____
Environmental Specialist Signature _____ EHS Number _____ Date _____

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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)
>36"	NA	20"	NA	NA	NA	NA	0.32
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/ft ²)
>36"	NA	20"	NA	NA	NA	NA	0.32
24. Seasonal Water Table (SWT) Classes Detail							
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	NA	in					
Moderate	20	in	15% Chroma 2 Depletion				
Long	NA	in					
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions				
Brief	NA	in					
Moderate	20	in	10% Chroma 2 Depletion				
Long	NA	in					
Comments							

Part 2 Installation Inspection

Septic tank manufacturer	Lynch	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	Matt McPhetrids	License Number
		0957113
Installation Inspected by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)		
(check one or installer signs System Installation Verification below)		
Signature <u>Shane and lower per ADH</u> 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 <u>See shot sheet</u> 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	<u>Carl M</u>	<u>149</u>
	Signature	EHS Number
Date <u>9-21-2026</u>		
Comments		
Site Revalidation conducted by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)		
(check one)		
Signature _____ EHS / License Number _____ Date _____		

* Optional System Utilization Verification Form



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DR Environmental ID #

7 6 0 2 1 4 7 0 4 7

☒ Homeowner

☐ Builder/Developer

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	☐

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 13578 Fairmount Rd. S. / Oak Springs
(Address of Proposed System, City, State, Zip) AR. 72761

I hereby attest there are 3 bedrooms (0 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 Kendall R. Handson

Date 1-17-26

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

Individual Sewage Disposal System Design Specs for: **Kendall and Pam Harrelson 18568 Garmon Rd**

Tank and Leach Field	
Number of Lateral Lines	6
Length of Lateral Lines	100'
Depth of Lateral Lines	18"
Width of Lateral Lines	24"
Centers	8'
1,000 Gallon Septic Tank	
7 Hole Distribution Box	

Pipe Specifications	
House to Tank is 4" SCH 40	Distance: 12'
Tank to Distribution Box is 4" SCH 40 (first 10')	Distance: 10'
Tank to Distribution Box is 4" SCH 40 or SDR 35	Distance: 73'
All Tight Lines are 4" SCH 40 or SDR 35	
Leach Field Lines are Perforated 4" ASTM 2729	

System Elevations						
	Ground Elevation (Top of Natural Grade)			Flow Line Elevation (Bottom of Pipe)		
Stub Out	70.1			Above 67.85		
Septic Tank Inlet	69.7			67.7		
Septic Tank Outlet	69.4			67.45		
D-Box in	66.9			66.67		
D-Box out	66.9			66.5		
	Ground Elevation			Flow Line Elevation (Bottom of Trench)		
	Beg	Mid	End	Beg	Mid	End
Line 1	66.5	66.4	66.5	64.9	64.9	64.9
Line 2	66.2	66.2	66.0	64.5	64.5	64.5
Line 3	65.7	65.7	65.7	64.2	64.2	64.2
Line 4	65.4	65.4	65.3	63.8	63.8	63.8
Line 5	64.9	64.8	64.8	63.3	63.3	63.3
Line 6	64.3	64.4	64.4	62.8	62.8	62.8
Benchmark: 66.8 GE T Post W/ Pink Ribbon						

Property Owner Notes

- Guttering should be in such a manner to carry runoff water around and away from the Lateral Field.
- Garbage grinders are not recommended for septic systems.
- Recommend topsoil and seeding to prevent erosion.

Notice: This is only a plan and does not necessarily reflect the actual size, shape, or location of any improvements that may be constructed on this property. This individual sewage disposal system was designed according to the Arkansas Department of Health Rules and Regulations pertaining to Sewage Disposal Systems, DRs, and installers. However, this does not constitute a guarantee that the system will function properly.

Installer Notes

- Risers need to be kept accessible for maintenance.
- Maximum trench depth should not exceed 18".
- Flow Line out of Distribution Box should be at or above ground elevation at Line One.
- Each Soil Absorption Trench should be installed on contour as designed.
- Gravel trench should begin 5' from the Tight Line.
- Tight Line Trenches should be no deeper than 6".
- Excavation of trenches by backhoe needs to be done in a manner to prevent compaction of trench bottom.
- To avoid smearing of the sidewall of trenches, no digging should be done while the ground is wet.
- Final grading over the absorption area shall be done to drain all surface water off and away from septic system.

Notice: The location and/or elevation of any existing utilities as shown on these plans should not be relied on as being exact or complete. The contractor is advised to contact Arkansas One Call at 1-800-482-8998 for information on existing utilities on this property.



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Individual Onsite Wastewater System Installation Specifications
(Must be signed and returned to ADH Authorized Agent within five working days.)

Name of Applicant Kendall Hartsell
Location of System 13578 Fairmont
Name of Installer Matt McReynolds License # 095710

TB = Trench Bottom Elevation
PE = Top of Pipe Elevation
GE = Ground Elevation
FL = Flow Line Elevation
TE = Tank Lid Elevation

Received
SEP 17 2026
Benton Co Health Unit

Septic Tank Size 1000 Gal Dose Tank Size 1000 Gal
Type of System 52-Flow Benchmark 6 at 100 ft
Orifice Head ft Pump Run min sec Pump Rest min sec

Trench Media 52-Flow Trench Width 18"
Stub-out FL 3.7 GE 2.7

	FL	GE	TE
Tank Inlet	<u>4.7</u>	<u>3.7</u>	<u>3.7</u>
Tank Outlet	<u>4.9</u>	<u>3.7</u>	<u>3.7</u>

D-box Inlet FL 6.2 GE 5.95 D-box Outlet FL 6.35 GE 6.1 Other Devices GE PE

Line 1	Line Length	Beginning	Middle	End
	<u>100</u>	TB <u>7.85</u>	TB <u>7.85</u>	TB <u>7.85</u>
		GE <u>6.35</u>	GE <u>6.35</u>	GE <u>6.35</u>

Line 2	Line Length	Beginning	Middle	End
	<u>100</u>	TB <u>8.2</u>	TB <u>8.2</u>	TB <u>8.2</u>
		GE <u>6.6</u>	GE <u>6.6</u>	GE <u>6.8</u>

Line 3	Line Length	Beginning	Middle	End
	<u>100</u>	TB <u>8.75</u>	TB <u>8.75</u>	TB <u>8.75</u>
		GE <u>7.25</u>	GE <u>7.25</u>	GE <u>7.25</u>

Line 4	Line Length	Beginning	Middle	End
	<u>100</u>	TB <u>9.3</u>	TB <u>9.35</u>	TB <u>9.4</u>
		GE <u>7.85</u>	GE <u>7.8</u>	GE <u>7.9</u>

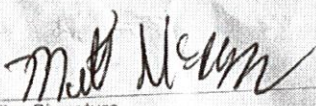
Receipt No. 2822 44B

Line	Line Length	Beginning	Middle	End
Line 5	100	99	99	99
		TB 8.3	TB 8.4	TB 8.4
		GE	GE	GE
Line 6	100	10.4	10.4	10.4
		TB 8.9	TB 8.8	TB 8.8
		GE	GE	GE
Line 7				
		TB	TB	TB
		GE	GE	GE
Line 8				
		TB	TB	TB
		GE	GE	GE
Line 9				
		TB	TB	TB
		GE	GE	GE
Line 10				
		TB	TB	TB
		GE	GE	GE

Date _____

Environmental Health Specialist _____

I have installed this system as designed and in compliance with all Rules and Regulations Pertaining to Onsite Wastewater Systems.

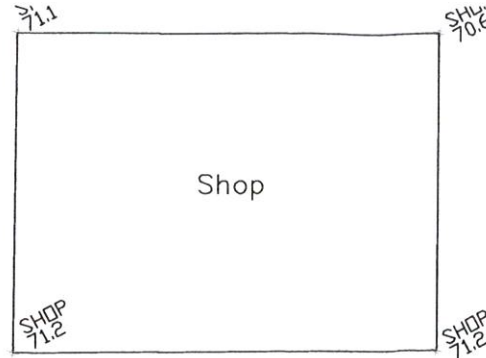

 Installer Signature

0957113
 License Number

9-15-20
 Date

FAIRMOUNT ROAD

824.50'

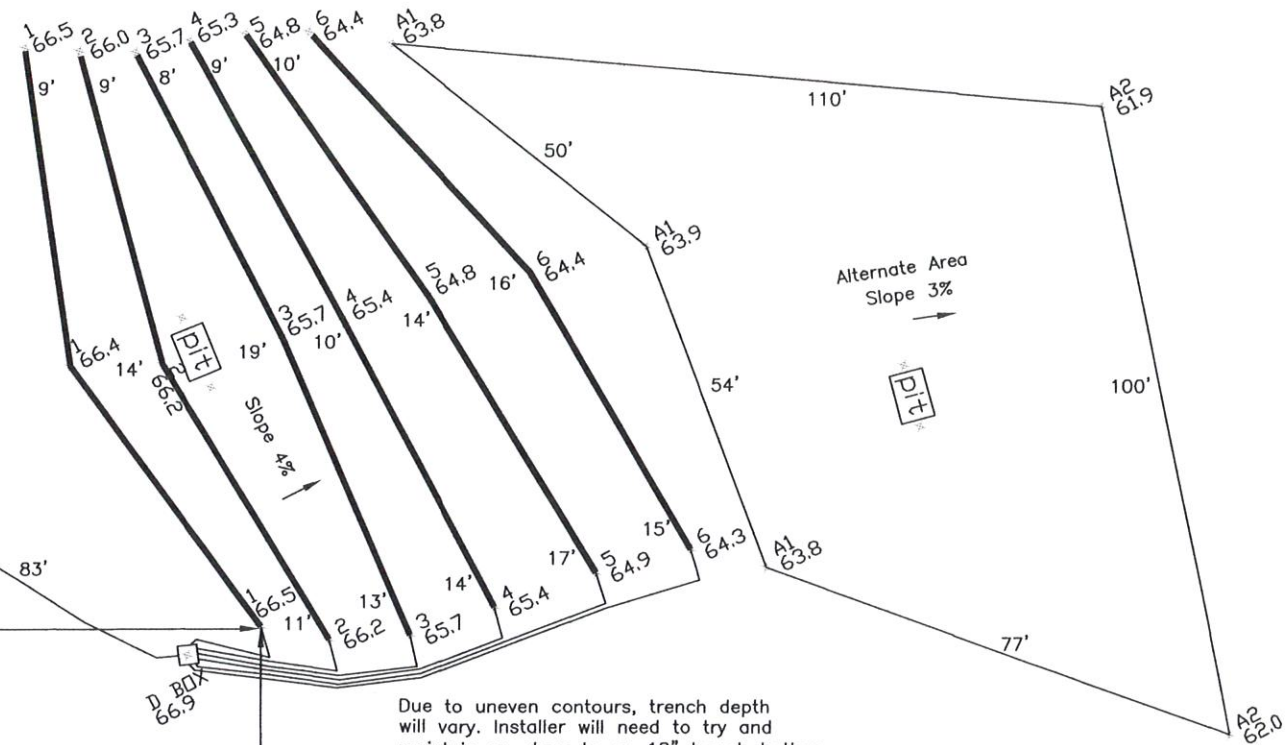
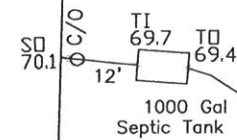
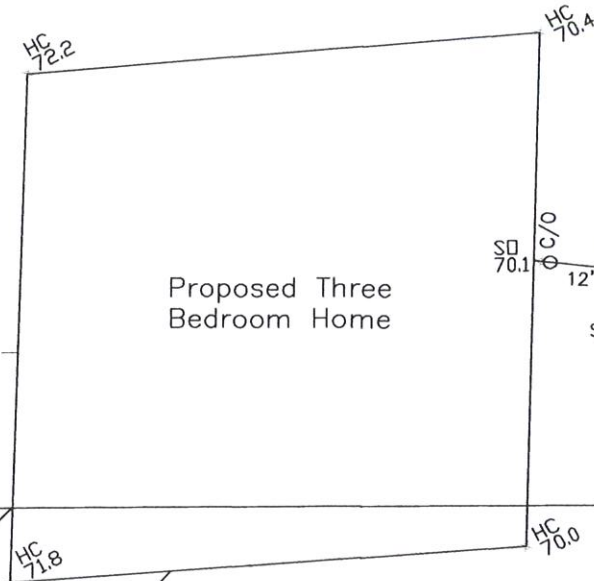


Scale 1" = 30'

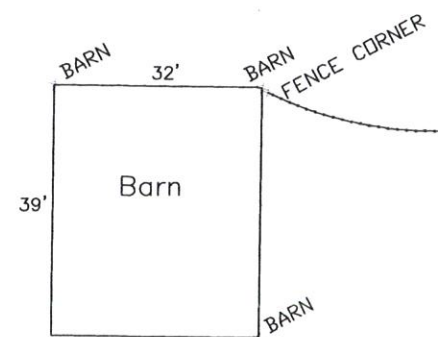
All utilities must be
10' away from all parts
of septic system

6 Lines @ 100' x 2' x 18"

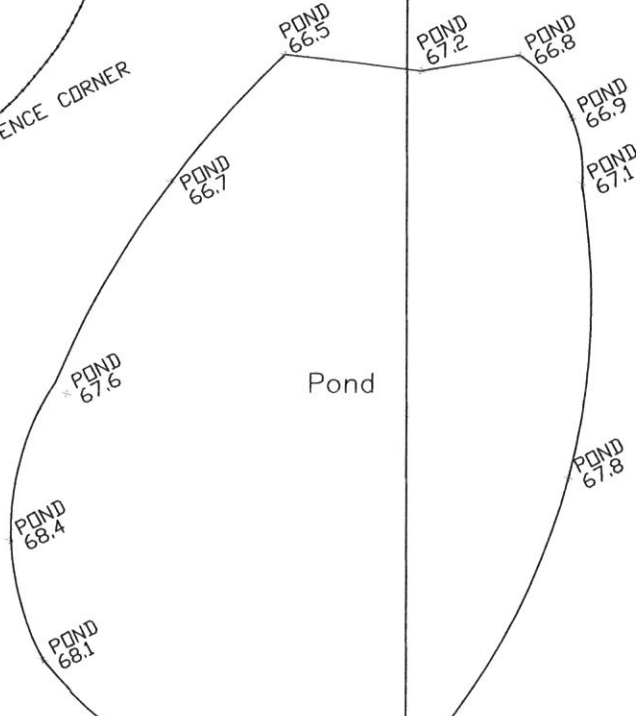
BM 66.8
GE T POST
W/ PINK RIBBON



Prop Drive



FENCE
FENCE CORNER



28224493

KIK #166
2.12.26

installer must email
ADH.EHSBentoncounty@arkansas.gov
24 hrs prior to installation