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Received

JAN 23 2026

Benton Co Health Unit

Receipt Number 28224493

Arkansas Department of Health
Environmental Health Protection

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)
- [■] 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: 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): ~~911: 18568 Garmon Rd. Siloam~~ 13578 Fairmount Rd ✓ 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/ft²)	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	ft²	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.

Cyt A -kk _____ 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.

_____ #160 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 poly-aggregate (EZ-Flow)
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill

Name of Installer: Matt McReynolds — License Number: 0957113

Installation Inspected by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)
(check one or installer signs System Installation Verification below)

Shot and cover per MM

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.

See shot sheet

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) | 149 (EHS Number) | 9-21-2026 (Date)

Comments

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

Signature | EHS / License Number | Date

* Optional System Utilization Verification Form

Arkansas Department of Health
Environmental Health Protection

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Individual Onsite Wastewater System Permit Application

Permit Type ☑ New Installation
☐ Alteration / Repair

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. Siloam Springs AR. 72761
(Address of Proposed System, City, State, Zip)

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. Hamelon

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.

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

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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Arkansas Department of Health
Environmental Health Protection

Receipt No. 28224493

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

Received
SEP 17 2026
Benton Co Health Un

Name of Applicant	Kendall Hartsell
Location of System	13578 Fairmont
Name of Installer	Matt McReynolds License # 095113

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

Lynch

Septic Tank Size	1,000 Gal	Dose Tank Size	Gal	Drawdown Inches	Benchmark
Type of System				Number and Length of Lines	6 at 100 ft
Orifice Head	ft	Pump Run	min sec	Pump Rest	min sec

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

Tank Inlet	FL 4.7	GE 3.7	TE 3.7
Tank Outlet	FL 4.9	GE 3.9	TE 3.7

Dose Tank Inlet	FL	GE	TE
Dose Tank Outlet	FL	GE	TE

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 100	Beginning	Middle	End
	TB 7.85	TB 7.85	TB 7.85
	GE 6.35	GE 6.35	GE 6.35

Line 2

Line Length 100	Beginning	Middle	End
	TB 8.2	TB 8.2	TB 8.2
	GE 6.6	GE 6.6	GE 6.8

Line 3

Line Length 100	Beginning	Middle	End
	TB 8.75	TB 8.75	TB 8.75
	GE 7.25	GE 7.25	GE 7.25

Line 4

Line Length 100	Beginning	Middle	End
	TB 9.3	TB 9.35	TB 9.4
	GE 7.85	GE 7.8	GE 7.9

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	Line Length	Beginning	Middle	End
Line 5	100	TB 9.9	9.9	TB 9.9
		GE 8.3	8.4	GE 8.4
Line 6	100	TB		TB
		GE 8.9 10.4	10.4 9.9	GE 10.4 8.3
Line 7		TB		TB
		GE		GE
Line 8		TB		TB
		GE		GE
Line 9		TB		TB
		GE		GE
Line 10		TB		TB
		GE		GE

Environmental Health Specialist _____ Date _____

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

Matt McCann — Installer Signature

095713 — License Number

9-15-20 — Date

EHP-6 (R 6/13)

FAIRMOUNT ROAD

Shop

SHOP 71.1

SHOP 70.6

SHOP 71.2

SHOP 71.2

N

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

HC 72.2

HC 70.4

Proposed Three Bedroom Home

SD 70.1

C/O

TI 69.7

TD 69.4

12'

1000 Gal Septic Tank

83'

H20

302'

HC 71.8

HC 70.0

Prop Drive

D BOX 66.9

271'

824.50'

FENCE

FENCE CORNER

FENCE CORNER

BARN

32'

BARN

39'

Barn

BARN

1 66.5 2 66.0 3 65.7 4 65.3 5 64.8 6 64.4

A1 63.8

110'

A2 61.9

50'

A1 63.9

54'

100'

Alternate Area
Slope 3%

D/T

9' 9' 8' 9' 10'

1 66.4 2 66.2 3 65.7 4 65.4 5 64.8 6 64.4

14' 19' 10' 14' 16'

Slope 4%

1 66.5 2 66.2 3 65.7 4 65.4 5 64.9 6 64.3

11' 13' 14' 17' 15'

A1 63.8

77'

A2 62.0

Due to uneven contours, trench depth will vary. Installer will need to try and maintain as close to an 18" trench bottom as possible. See additional notes below flow line chart for elevations.

POND 66.5

POND 67.2

POND 66.8

POND 66.9

POND 67.1

POND 66.7

POND 67.6

Pond

POND 67.8

POND 68.4

POND 68.1

28224493

KK#166
2.12.26

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