OC 2

Received

OCT 07 2025

Arkansas Department of Health
Environmental Health Protection

Benton Co Health Unit

Receipt Number 27982552

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: Dale & Amanda Gainey
2. Phone Number: 479-877-0714
3. Mailing Address: 3601 W. Legacy Ln., Rogers, AR. 72758
4. County: Benton

18037 & 18039

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)
911: Pepper Hills Dr., Siloam Springs, AR. 72761 Parcel #: 18-10958-001 Barndominium ✓

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

10. Lot Dimensions	11. Total Area (Acres)	12. # Bedrooms # People	13. Daily Flow (GPD)
See Survey	7.43	4	450

14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
Pt. of the SW 1/4 of the NE 1/4 of Section 19, T-18-N, R-32-W

15. Water Supply (Specify supplier, if Public Water): Siloam Springs

16. GPS Coordinates: 36 13' 25" N 94 25' 49" W AA: 36 13' 25" N 94 25' 50" W

17. Loading Rates	(gpd/ft²)	18. System Specifications						
Primary Area	0.48	a. Size of Septic Tank	1250	gal	f. Trench Depth	18	inches	
Secondary Area	0.48	b. Size of Dose Tank	NA	gal	g. Trench Spacing	8	feet	
Percolation Test	(min/in)	c. Absorption Area	1000	ft²	h. Trench Media (List Below)		I. Trench Width	
Primary Area Avg	NA	d. Number of Field Lines	5		Pipe and gravel		24	in
Secondary Area	NA	e. Length of Field Lines	100	ft	Ez Flow 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.

OPA A 10/15 EL — 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 — 09/11/25 — 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.

Environmental Specialist Signature — 109 EHS Number — 10-15-25 Date

Individual Onsite Wastewater System Permit Application

27982552 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)
>36"	NA	24"	NA	NA	NA	NA	0.48
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)
>36"	NA	24"	NA	NA	NA	NA	0.48

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief NA	in	
Moderate 24	in	15% Chroma 2 Depletions
Long NA	in	
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief NA	in	
Moderate 24	in	15% Chroma 2 Depletions
Long NA	in	

Comments

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

Individual Onsite Wastewater System Permit Application 27982552 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)
>36"	NA	24"	NA	NA	NA	NA	0.48

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)
>36"	NA	24"	NA	NA	NA	NA	0.48

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief NA	in	
Moderate 24	in	15% Chroma 2 Depletions
Long NA	in	
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief NA	in	
Moderate 24	in	15% Chroma 2 Depletions
Long NA	in	

Comments

Part 2 Installation Inspection

Septic tank manufacturer Pile's	Pump information
Septic tank material concrete	Trench media and width See EHP-6
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill

Name of Installer: Nathan Florer — License Number: 1327090

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

Shoot and cover per AOM — 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 | 1327090 License Number | 7-1-26 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

Receipt Number
27982552

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	

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	☐

☑ Homeowner

☐ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: Pepper Hills, Siloam Springs- See attached Legal Description
(Address of Proposed System, City, State, Zip)

I hereby attest there are 4 bedrooms (_____ 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 Amanda Gainey

Date 10/03/2025 10:56 am

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: **Dale & Amanda Gainey Pepper Hills Dr. (Barndominium)**

Tank and Leach Field	
Number of Lateral Lines	**5**
Length of Lateral Lines	**100'**
Depth of Lateral Lines	**18"**
Width of Lateral Lines	**24"**
Centers	**8'**
1,250 Gallon Septic Tank	
7 Hole Distribution Box	

Pipe Specifications	
House to Tank is **4" SCH 40**	Distance: **10'**
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	79.3			Above 77.0		
Septic Tank Inlet	78.9			76.9		
Septic Tank Outlet	78.7			76.65		
D-Box in	75.9			75.87		
D-Box out	75.9			75.7		
	Ground Elevation			**Flow Line Elevation (Bottom of Trench)**		
	Beg	**Mid**	**End**	**Beg**	**Mid**	**End**
Line 1	75.7	75.7	75.7	74.2	74.2	74.2
Line 2	75.3	75.3	75.3	73.8	73.8	73.8
Line 3	74.5	74.5	74.5	73.0	73.0	73.0
Line 4	73.9	73.9	73.9	72.4	72.4	72.4
Line 5	73.4	73.4	73.4	71.9	71.9	71.9
Benchmark: 77.2 GE of H Fence Post at Cross Fence						

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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Received

SEP 18 2026

Benton Co Health Unit

Arkansas Department of Health

Environmental Health Protection

Receipt No. 27982552

FOR INSTALLER

The INSTALLER must complete this form and return to the Benton Co Health Unit after installation or your septic permit will not be signed for operation.

Received SEP 18 2026 Benton Co Health Unit

Individual Onsite Wastewater System Installation Specifications

(Must be signed and returned to ADH Authorized Agent within five working days.)

Name of Applicant	Dale + Amanda Gainey
Location of System	18025 Pepper Hills Dr Silver Springs AR
Name of Installer	Nathan Fore
License #	132080

TB = Trench Bottom Elevation
PE = Top of Pipe Elevation
GE = Ground Elevation
FL = Flow Line Elevation (Top of Pipe Elev. + 4")
TE = Tank Lid Elevation

Septic Tank Size	1250 Gal	Dose Tank Size	Gal	Drawdown Inches	Benchmark
Type of System	Gravity			Number and Length of Lines	5 at 100 ft
Orifice Head	ft	Pump Run	min sec	Pump Rest	min sec

Trench Media	1" rock + perf pipe	Trench Width	24"
Stub-out	~~FL~~ TP 1.60	GE	

Tank Inlet	~~FL~~ TP 2.92	GE	TE 2.35
Tank Outlet	~~FL~~ TP 3.22	GE	TE 2.38

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

D-box Inlet	~~FL~~ FL 5.97	GE	D-box Outlet	FL 6.19	GE	Other Devices	GE PE

Line 1

Line Length	Beginning	Middle	End
100'	~~TB~~ TP 6.76	~~TB~~ TP 6.82	~~TB~~ TP 6.86
	GE 6.10	GE 6.11	GE 6.05

Line 2

Line Length	Beginning	Middle	End
100'	~~TB~~ TP 7.74	~~TB~~ TP 7.74	~~TB~~ TP 7.78
	GE 7.2	GE 7.15	GE 7.18

Line 3

Line Length	Beginning	Middle	End
100'	~~TB~~ TP 8.32	~~TB~~ TP 8.42	~~TB~~ TP 8.45
	GE 7.8	GE 7.9	GE 7.9

Line 4

Line Length	Beginning	Middle	End
100'	~~TB~~ TP 9.05	~~TB~~ TP 9.15	~~TB~~ TP 9.20
	GE 8.5	GE 8.55	GE 8.57

EHP-6 (R 6/13)

INSTALLER MUST SIGN AND DATE THE BACK PAGE

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Line 5

Line Length	Beginning	Middle	End
100'	~~TB~~ TP 9.95	~~TB~~ TP 10.10	~~TB~~ TP 10.15
	GE 9.35	GE 9.38	GE 9.4

Line 6

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 7

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 8

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 9

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 10

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	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.

Installer Signature

1327090
License Number

7-1-26
Date

27982552

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

N

Scale 1" = 30'

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

Proposed Three
Bedroom Home

1000 Gal
Septic Tank

Prop
Drive

Proposed Four
Bedroom Barndominium

1250 Gal
Septic Tank

Alternate Area
for House
Slope 7%

Alternate Area
for Barndominium
Slope 8%

5 Lines @ 100' x 2' x 18"
Slope 6%

4 Lines @ 100' x 2' x 18"
Slope 8%

PIT NOT USED

PIT NOT USED

BM 77.2
EDGE OF H
POST AT FENCE CROSS

WEST FENCE

WEST FENCE

SOUTH FENCE
73.9

SOUTH FENCE
72.0

759.64'

SOUTH FENCE
66.4

425.38'

219'

370'

161'

83'

10/13 EQ

House marked barn
has only 4 lines
flagged

P: 26" 2' - chert
mid @ 36"

A: pit only 24" deep
on side walls
heavy chars