Arkansas Department of Health
Environmental Health Protection

Receipt Number 28790844

Individual Onsite Wastewater System Permit Application

Permit Type: ☑ New Installation ☐ Alteration / Repair

DR Environmental ID #: A D H 1 3 8 4 6 0 4 1

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: Miguel Islas
2. Phone Number: 870-253-1906
3. Mailing Address: 1840 Bradshaw Rd Jonesboro AR 72401
4. County: Craighead
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 5299 Hwy 18 E Jonesboro AR 72401
6. Subdivision Name: N/A
7. Approval Date: N/A
8. Date Recorded: N/A
9. Lot Number: N/A
10. Lot Dimensions: 306 x 774
11. Total Area (Acres): 16
12. # Bedrooms # People: 1
13. Daily Flow (GPD): 15
14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): 12-145222-00103 S22-T14N-R5E
15. Water Supply (Specify supplier, if Public Water): CWL
16. GPS Coordinates: 35.823419 -90.550615

17. Loading Rates	(gpd/ft²)	18. System Specifications			f. Trench Depth		inches
Primary Area	0	a. Size of Septic Tank	1500	gal			
Secondary Area	0	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	N/A	feet
Percolation Test	(min/in)	c. Absorption Area	N/A	ft²	h. Trench Media (List Below)		I. Trench Width
Primary Area Avg	N/A	d. Number of Field Lines	N/A		N/A		in
Secondary Area	N/A	e. Length of Field Lines	N/A	ft			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.

Except [signature] Date 9/17/26
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.

[signature] DR ☑ Soil Certified Yes ☐ No
Designated Representative Signature — Title

Darrell Gann Michael Gann — (870) 219-2107
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.

[signature] RS 867 9/22/26
Environmental Specialist Signature — EHS Number — Date

EHP-19 (R 9/24) Page 1 of 2

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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	0"	0"	0"	—	—	—	No load

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	0"	0"	0"	—	—	—	No load

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief 0	in	Fill across entire area
Moderate 0	in	
Long 0	in	Chroma 1 to surface
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief 0	in	
Moderate 0	in	
Long 0	in	Chroma 1 across entire surface

Comments
entire property has been raised over 4 feet with Fill material leaving no suitable soil for standard system

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 _____

* Optional System Utilization Verification Form

Arkansas Department of Health
Environmental Health Protection

Receipt Number
2879,98 44

Individual Onsite Wastewater System Permit Application

Permit Type ☑ New Installation ☐ Alteration / Repair

DR Environmental ID #

A	D	#	1	3	8	4	6	0	4	1

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 $150.00	☐
Structures more than 4000 sq ft $180.00	☐
Alteration and Repair $ 90.00	☐

☐ Homeowner

☑ Builder/Developer

TO THE PROPERTY OWNER

Onsite Wastewater System Utilization Verification

Property location: 1840 Randshaw Jonesboro AR 72401
(Address of Proposed System, City, State, Zip)

I hereby attest there are ____ bedrooms (1 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 X Miguel Dos.

Date X 9/15/26

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

NEA Soil Solutions

Darrell Gann, Owner/Operator
6040 Beaver Creek Ln
Jonesboro, AR 72404
(870) 219-2107

Inspection Agreement / Contract

Date: 9/15/26
Customer and location of system:
Name: Miguel Islas
Address: 1840 Bradshaw
City, State, Zip: Jonesboro AR 72401
Phone: 870-253-1906

Customer agrees to employ CMP to perform inspections twice a year or as directed by the Arkansas Department of Health at $ 150.00 per visit. Parts are under a 2 year warranty. Any parts and extra labor after 2 years will be billed to the customer. Either party may cancel this contract at any time with notification to ADH.

Customer x
Date: 9/15/26

CMP

Lic#: ADH 1384604

Nuckles & Son
PLUMBING · SEPTIC TANK · LINE CLEANING
310 N CULBERHOUSE JONESBORO AR 72401
870-972-6613

Nuckles and Sons, LLC will be pumping a holding tank for Miguel Islas 1840 Bradshaw Jonesboro AR 72401. Nuckles and Sons, LLC will pump tank within 24 hours of notification.

X Miguel Islas
Customers Signature

Nuckles and Son, LLC

TERESA MICHELLE FORE
Comm. Exp. 08-25-32
NOTARY PUBLIC
Comm. No. 12389413
CRAIGHEAD COUNTY, ARKANSAS

5/17/23

Teresa Michelle Fore

* Needs notary *

SPECIFICATIONS

Specifications: May not be changed without the approval of the Environmental Health Specialist

Holding Tank: 1500 gallon with riser to above ground level and audible and visible alarm to alert at 75% of tank capacity.

Pipe Specs: 4" SCH 40 from building to holding tank

Flowlines: Tank at least 10 feet from building with 2 way cleanout between. 1/8 to ¼ inch of fall per foot between stub out and tank inlet.

	GROUND LEVEL / FLOW LINE BOTTOM OF TRENCH		
Bench Mark	3,2"		
STUB OUT	3'2"	/	3'2"
TANK IN	3'2"	/	3'8"

IMPORTANT INFORMATION

Permit: The permit is good for one year. If the system is not installed within one year contract the county environmental health specialist for renewal procedures.

A permit does not guarantee that a system can be installed due to unforeseen circumstances such as, but not limited to, extreme changes in soil, subsurface rock formations or underground streams.

Grass should be planted immediately after construction to prevent erosion and promote evaporation.

System requires a CMP schedule and pumper contract to assure proper care and functionality

Existing building

Existing building

New Building
*5299 Hwy 18
150x150

1500

10' c.o.c.

Hwy 5.0.

New Building
*5297 Hwy 18
200x150

1500

10' c.o.c.

Hwy 5.0.

Driveway 480x20

450'

250'

N

Zero slope
not to scale

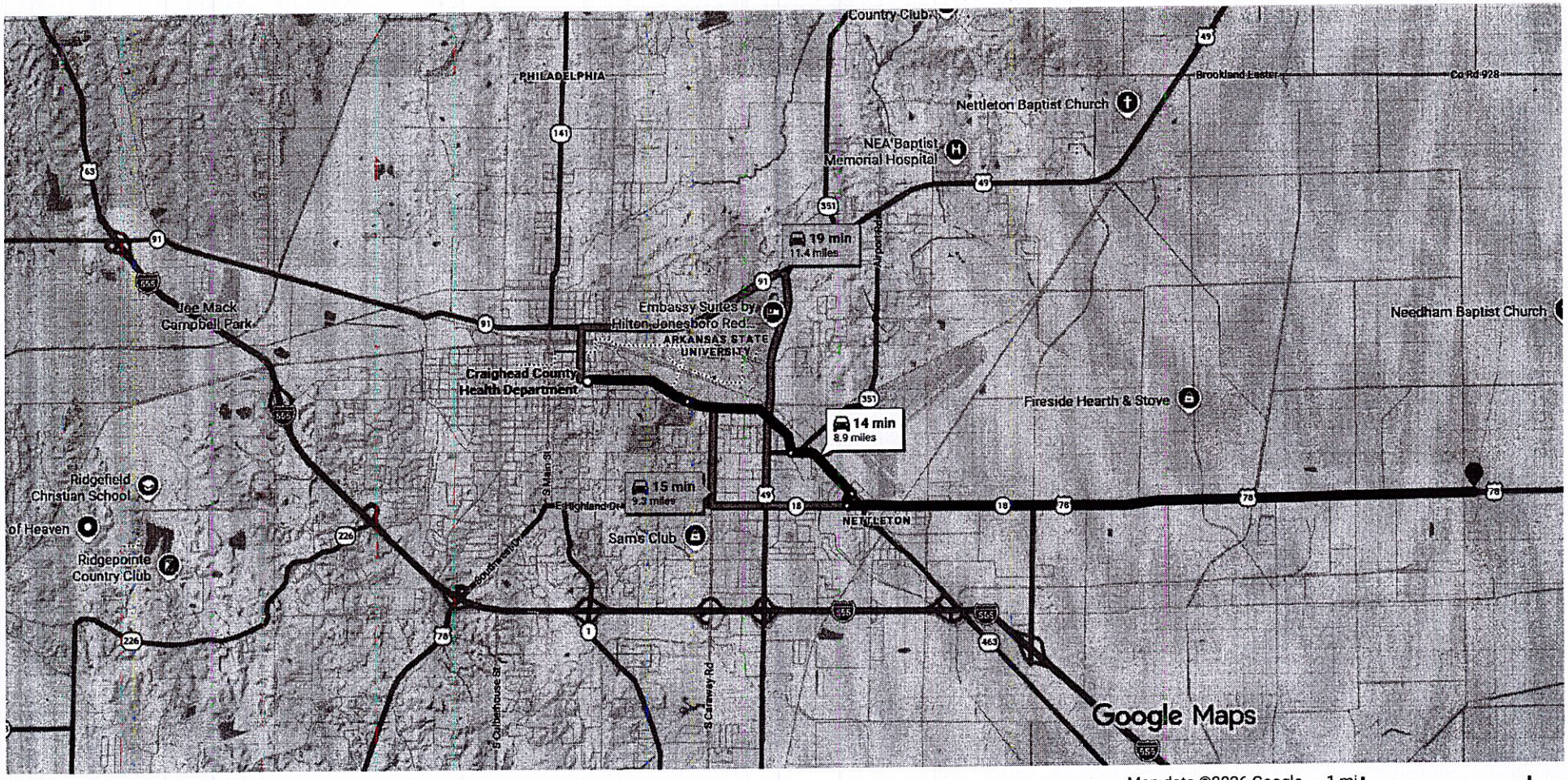
← 774'

HWY 18E

Google Maps

Craighead County Health Department, 611 E Washington Ave, Jonesboro, AR 72401 to 5280 AR-18, Jonesboro, AR 72401

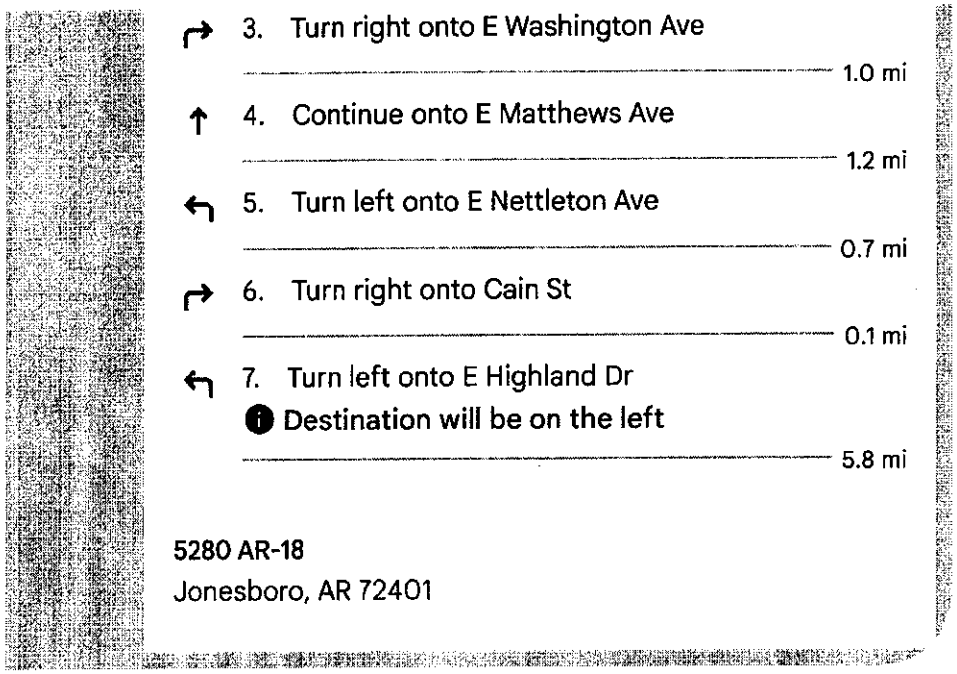
Drive 8.9 miles, 14 min



Map data ©2026 Google 1 mi

Craighead County Health Department
611 E Washington Ave, Jonesboro, AR 72401

1. Head east
66 ft
2. Turn left toward E Washington Ave
49 ft



3. Turn right onto E Washington Ave

1.0 mi

4. Continue onto E Matthews Ave

1.2 mi

5. Turn left onto E Nettleton Ave

0.7 mi

6. Turn right onto Cain St

0.1 mi

7. Turn left onto E Highland Dr

Destination will be on the left

5.8 mi

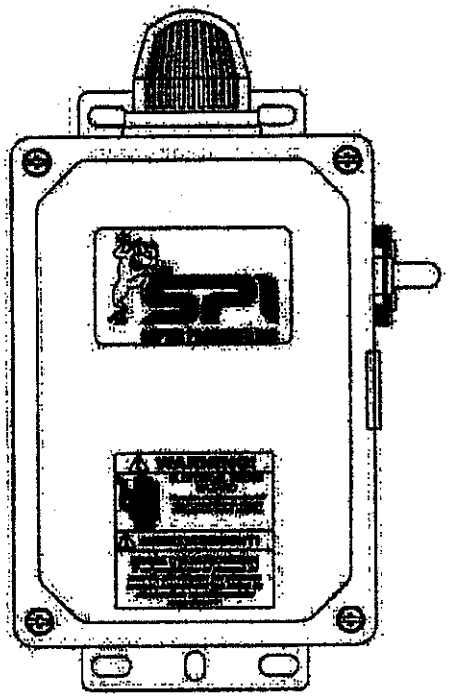
5280 AR-18
Jonesboro, AR 72401

ALARM SYSTEMS

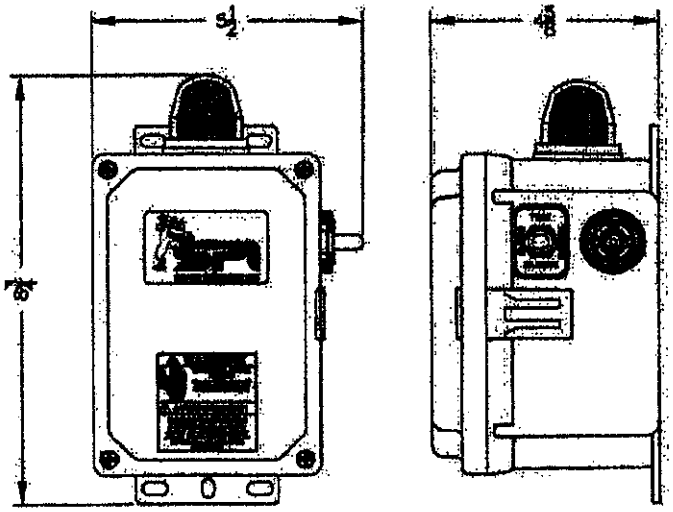
"Observer 400" Series Indoor/Outdoor Alarm

Features & Benefits

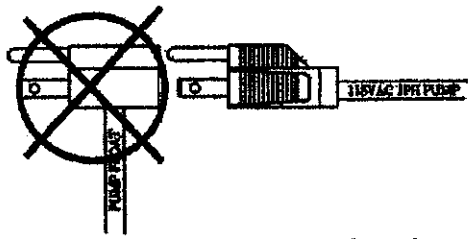
- NEMA 4x Thermoplastic Enclosure
- Large Alarm Condition Indicating Light
- Audible Horn rated 85db @ 10'
- Alarm Test-Normal-Silence switch
- Automatic Alarm Reset
- Auxiliary Dry Alarm Contact
- Easy to Access Terminal Block
- Repairable Design
- Includes 15' Mechanical Alarm Float & mounting tie strap
- Suitable for Indoor or Outdoor Use
- Available Circuit for Pump Connection (115VAC-1PH Only)
- Two Year Limited Warranty
- Standard Available in both High Water & Low Level Alarm versions
- Includes terminals for Pump and Pump Float
- Built and Labeled to UL 508A



Dimensions



(Standard Observer 400 Shown)



Not compatible with piggyback float plugs
(See 10A650 for alternative option)

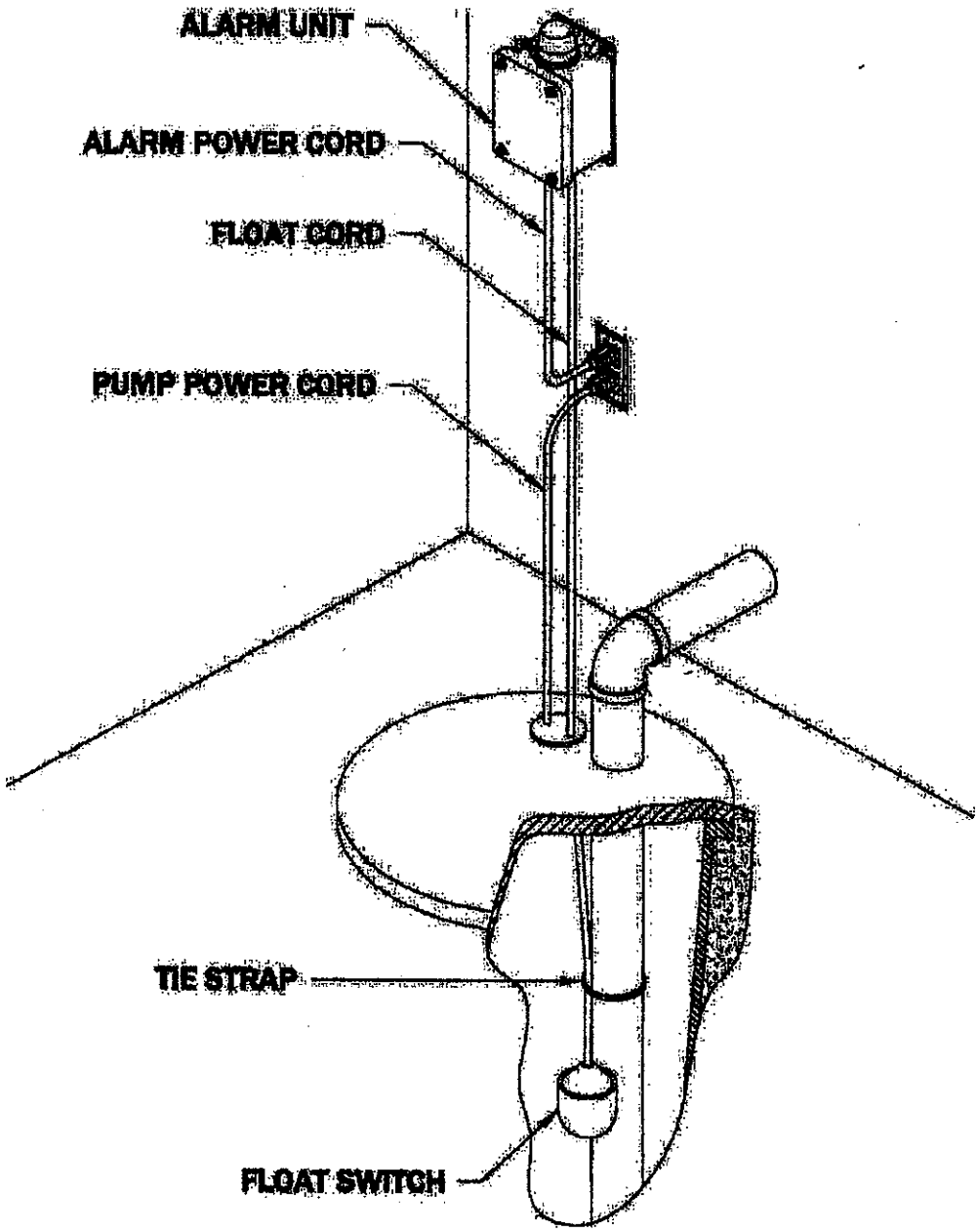
*Note: Consult the factory for other available options.

Septic Products, Inc. 1378 Twp Rd Ashland, Ohio 44805 Ph: (419)282-5933 Fax: (419)282-5943

ALARM SYSTEMS

"Observer 400" Series Indoor/Outdoor Alarm

Typical High Water Alarm Installation



Septic Products, Inc. 1378 Twp Rd 743 Ashland, Ohio 44805 Ph: (419)282-5933 Fax: (419)282-5943

Location 1

ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

Applicant's Name Islas - Holding Tank Permit # 25790874

	PLAT DRAWING	Y	N
1	Scale 1:20 or 1:30 indicated and used		
2	North indicated		
3	Benchmark indicated		
4	Slope Indicated		
5	Property lines defined and dimensions shown		
6	Distance to two opposing property lines shown		
7	Structures and their dimensions shown		
8	Setbacks indicated (utilities, geographic features, etc.)		
9	Driveway and parking area dimensions shown (if applicable)		
10	Ground elevation shots indicated		
11	Flow-line elevation shots calculated and shown		
12	Location, elevation, and distance of well shown (100 ft)		
13	Location, elevation, and distance of surrounding property's wells shown (100 ft)		
14	Primary absorption area located and sized accurately		
15	Alternate absorption area located and sized accurately		
16	Location of soil pits/perc holes shown for primary and alternate area		
17	Clean out and stub out shown		
18	Unusual site conditions indicated (pond, sinkholes, etc.)		
	NOTE: Justify items checked "N" in the Comments Section.		

	EHP-19	Y	N
19	Application sumitted in triplicate		
20	Items 1-15 filled in adequately and accurately		
21	Vicinity Map provided		
22	Directions provided		
23	Items 17-19 filled in adequately (if applicable)		
24	Item 20 filled in accurately		
25	Items 21 and 23 signed and dated		
	EHP-6 attached and completed		
	PUMP SYSTEMS	**Y**	**N**
26	All pump calculations provided		
27	Pump selected has a pump curve attached		
28	Alarm selected has a spec sheet attached		
29	Distribution device (spider valve, hydrosplitter, etc.) spec sheet attached		
	OMP SYSTEMS	**Y**	**N**
30	OPM contract signed by a certified provider		
31	Aerobic unit spec sheet attached		
32	Disinfection type indicated		
33	Disinfection type spec sheet provided		
	PRE-SITE REVIEW	**Y**	**N**
34	All system components staked and identified		
35	Primary area lateral lines flagged and on contour		
36	Alternate area flagged and on contour		
37	Perc holes/test pits flagged		

Comments:

Fill over entire Lot.

Presited 9-21-2026

2 Holding Tanks

EHS Name: _____ Assessor Name: _____

EHP-19a (7/09) Date: _____