



Arkansas Department of Health
Environmental Health Protection

Receipt Number

29790846

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)

5297 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

906x 774

11. Total Area (Acres)

16

12. # Bedrooms # People

1

13. Daily Flow (GPD)

15

14. Parcel Number of 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

Primary Area

0

a. Size of Septic Tank

1500

gal

f. Trench Depth

N/A

inches

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)

N/A

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.

See opt A Darrell Gann
Owner/Applicant/Developer/Designated Representative Signature

Date 9/17/26

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.

Darrell Gann Michael Gann
Designated Representative Signature

DR

Soil Certified

☒ Yes ☐ No

Title

(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.

Environmental Specialist Signature

867

Date

Individual Onsite Wastewater System Permit Application

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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)
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 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)
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

Individual Onsite Wastewater System Permit Application

Permit Type

- ☒ New Installation
☐ Alteration / Repair

DR Environmental ID #

ADH13846041

☐ Homeowner

☒ Builder/Developer

Fee Schedule for Structures	✓
Structures 1500 sq ft or less \$90.00	☒
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 \$180.00	☐
Alteration and Repair \$90.00	☐

TO THE PROPERTY OWNER:

Onsite Wastewater System Utilization Verification

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

I hereby attest there are 1 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 I. Gas.

Date X 9/5/20

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 Isles
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 opt
Date: 9/15/26

CMP Darrell Gann

Lic#: A2413846041



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
Customer's Signature


Nuckles and Son, LLC



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 1/4 inch of fall per foot between stub out and tank inlet.

	GROUND LEVEL / FLOW LINE BOTTOM OF TRENCH		
<i>Bench Mark</i>	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



zero slope
not to scale

774'

HWY 18 E

Existing building

Driveway 40x20

Existing building

New Building

*5299 Hwy 18

150x150

1500
10' x 10'
5.0'

454'

New Building

*5297 Hwy 18

200x150

1500
10' x 10'
5.0'

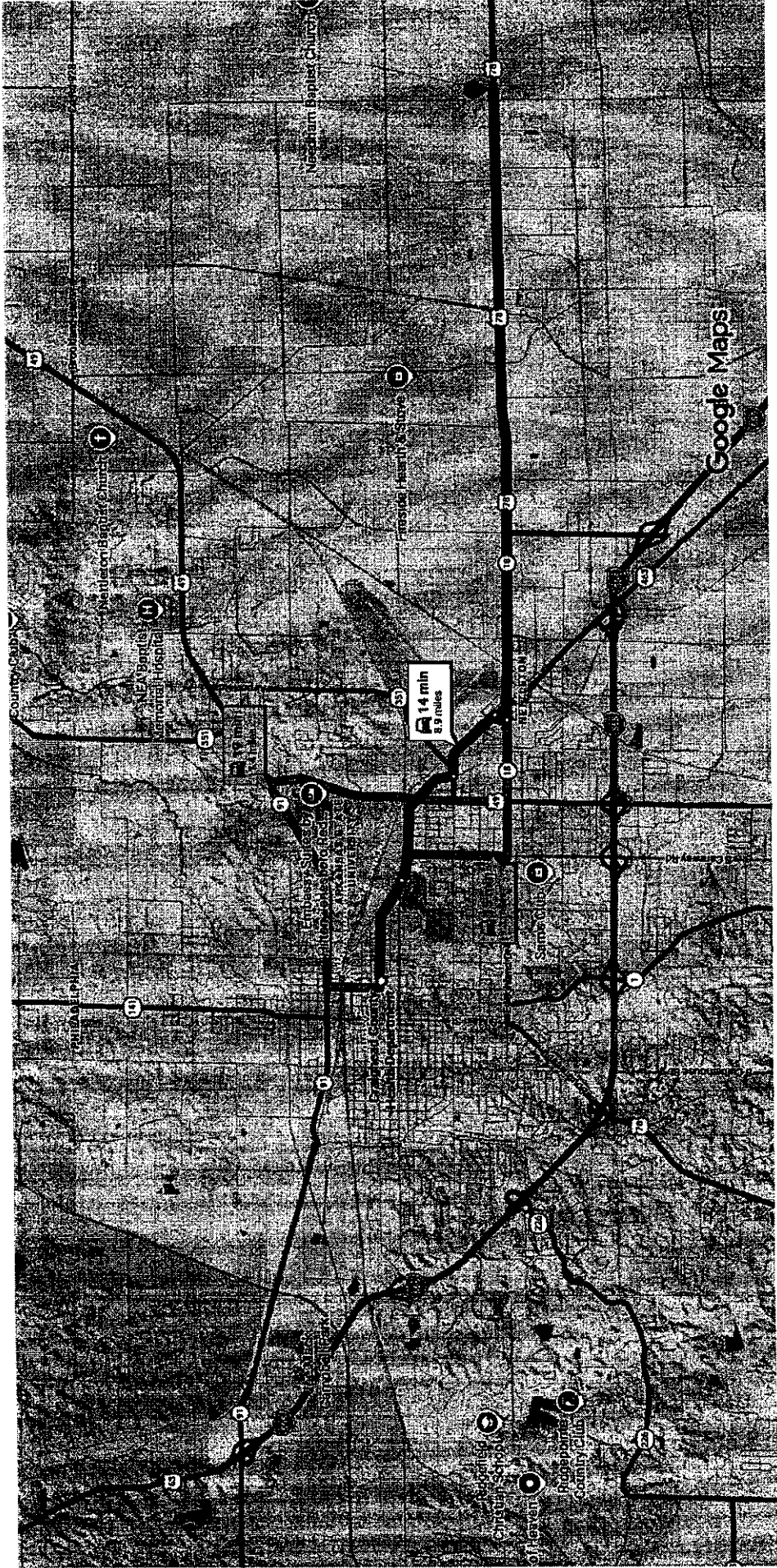
250'

200'

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

Drive 8.9 miles, 14 min

Google Maps



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

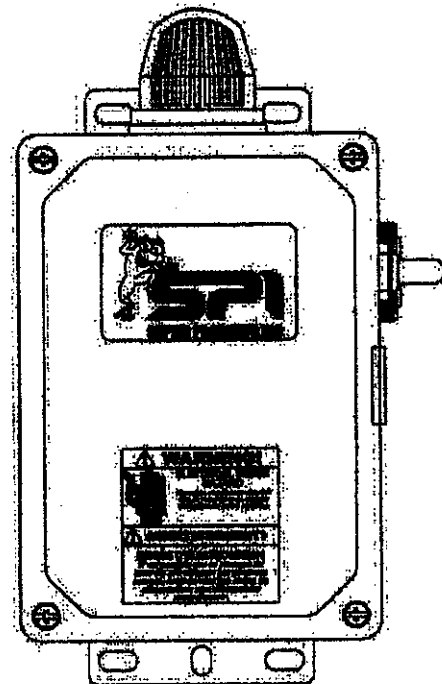


ALARM SYSTEMS

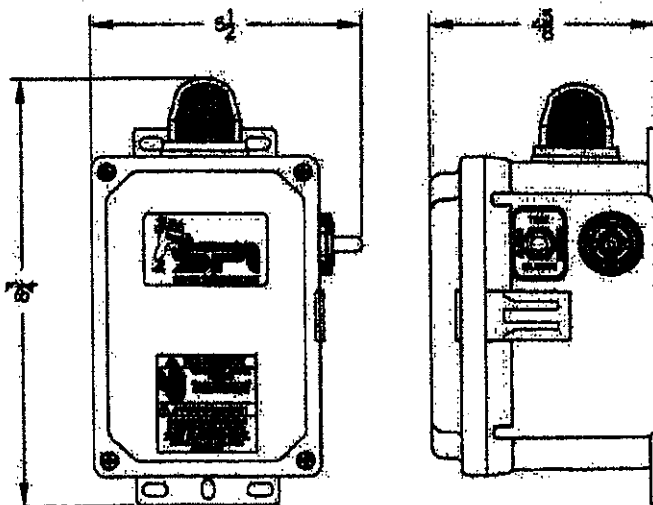
"Observer 400" Series Indoor/Outdoor Alarm

Features & Benefits

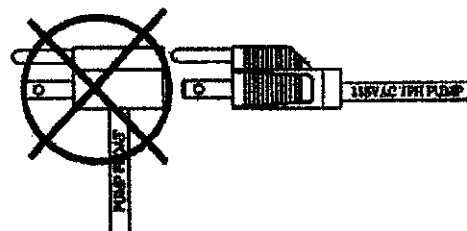
- NEMA 4x Thermoplastic Enclosure
- Large Alarm Condition Indicating Light
- Audible Horn rated 85db @ 10'
- Alarm Test-Normal-Silence switch
- Automatic Alarm Reset
- Auxillary Dry Alarm Contact
- Easy to Access Terminal Block
- Repairable Design
- Includes 15' Mechanical Alarm Float & mounting tie 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)**

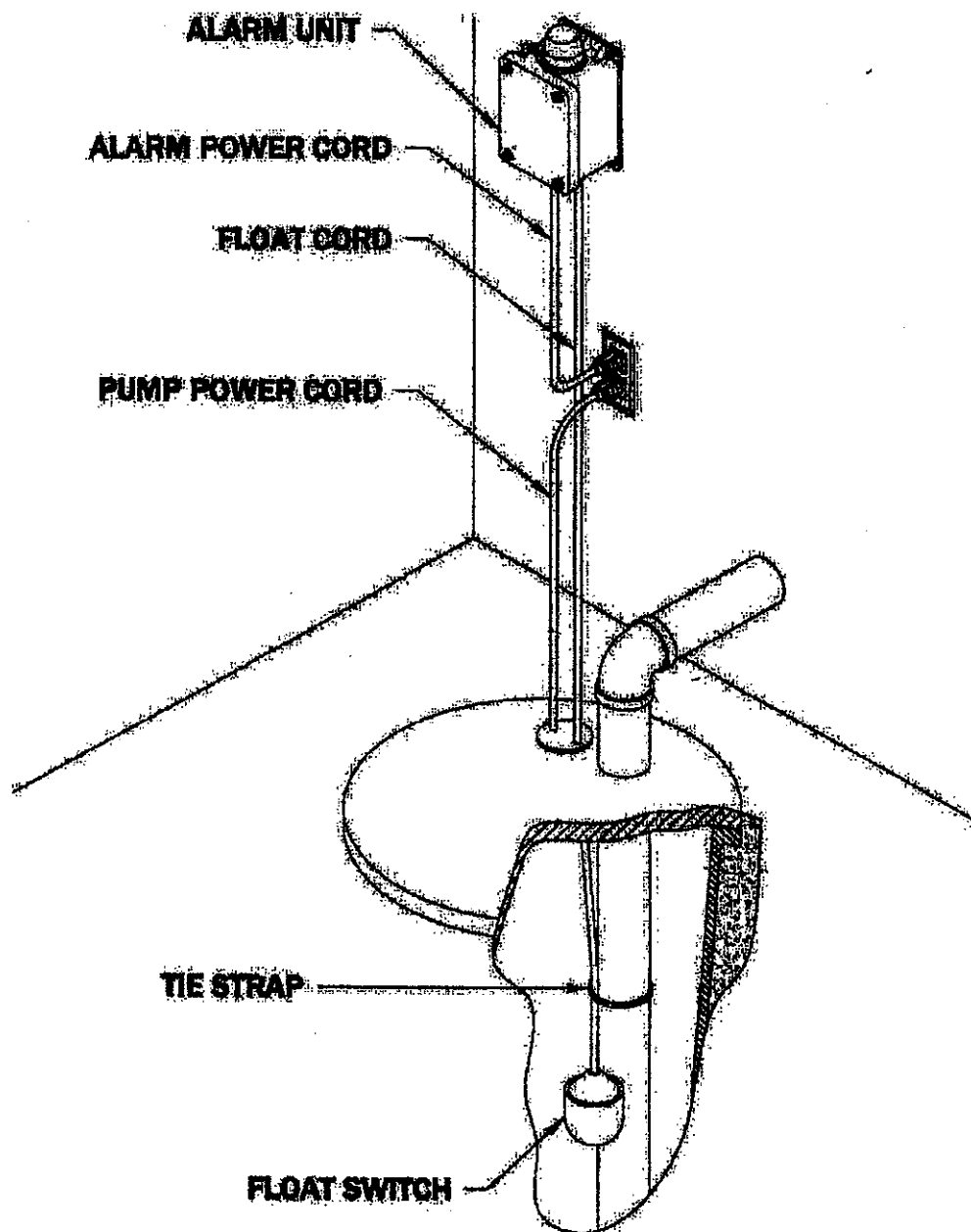
***Note: Consult the factory for other available options.**



ALARM SYSTEMS

"Observer 400" Series Indoor/Outdoor Alarm

Typical High Water Alarm Installation



**ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION**

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

28790846

Applicant's Name _____

Permit # _____

PLAT DRAWING		Y	N	EHP-19		Y	N
1	Scale 1:20 or 1:30 indicated and used	/	/	19	Application submitted in triplicate	/	/
2	North indicated	/	/	20	Items 1-15 filled in adequately and accurately	/	/
3	Benchmark indicated	/	/	21	Vicinity Map provided	/	/
4	Slope Indicated	/	/	22	Directions provided	/	/
5	Property lines defined and dimensions shown	/	/	23	Items 17-19 filled in adequately (if applicable)	/	/
6	Distance to two opposing property lines shown	/	/	24	Item 20 filled in accurately	/	/
7	Structures and their dimensions shown	/	/	25	Items 21 and 23 signed and dated	/	/
8	Setbacks indicated (utilities, geographic features, etc.)	/	/	EHP-6 attached and completed			
9	Driveway and parking area dimensions shown (if applicable)	/	/	PUMP SYSTEMS			
10	Ground elevation shots indicated	/	/	26	All pump calculations provided	/	/
11	Flow-line elevation shots calculated and shown	/	/	27	Pump selected has a pump curve attached	/	/
12	Location, elevation, and distance of well shown (100 ft)	/	/	28	Alarm selected has a spec sheet attached	/	/
13	Location, elevation, and distance of surrounding property's wells shown (100 ft)	/	/	29	Distribution device (spider valve, hydrosplitter, etc.) spec sheet attached	/	/
14	Primary absorption area located and sized accurately	/	/	OMP SYSTEMS			
15	Alternate absorption area located and sized accurately	/	/	30	OPM contract signed by a certified provider	/	/
16	Location of soil pits/perc holes shown for primary and alternate area	/	/	31	Aerobic unit spec sheet attached	/	/
17	Clean out and stub out shown	/	/	32	Disinfection type indicated	/	/
18	Unusual site conditions indicated (pond, sinkholes, etc.)	/	/	33	Disinfection type spec sheet provided	/	/
NOTE: Justify items checked "N" in the Comments Section.				PRE-SITE REVIEW			
				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:

Per shed 9/21/26
Lot is covered in fill material

EHS Name: John H

Assessor Name: [Signature]

EHP-19a (7/09)

Date: [Signature]