Arkansas Department of Health
Environmental Health Protection

Individual Onsite Wastewater System Permit Application

Receipt Number 28893986

DR Environmental ID # ADH14220943

Fee Schedule for Structure	
1500 to 2000 sq ft	$45.00

Part1 Application Treatment Type — **Disposal Method**

STD = Standard Septic Tank	STD (Standard)

1. Owner/Applicant Name:	2. Phone Number:
Joshua Jansen	228-328-8924
3. Mailing Address:	**4. County:**
2730 Dave Ward Apt 1014, Conway 72032	SEARCY

5. Address of Proposed System:
6983 AR-27, Marshall 72650

6. Subdivision Name:	7. Approval Date	8. Date Recorded	9. Lot number
n/a			n/a
10. Lot Dimensions	**11. Total Area (Acres)**	**12. # Bedrooms, People**	**13. Daily Flow (GPD)**
See Drawing	4.00	3 0	370

14. Brief Legal Description of Property or Parcel Number (or see attachment if provided)
Section 3 Township: 15N Range: 15W

15. Water Supply (Specify supplier, if Public Water)	16. GPS Coordinates	
Morning Star	35.975198	-92.574802

17. Loading Rates	(gpd/sq ft)	18. System Specifications						
Primary Area	.68	a. Size of Septic Tank	1000	gal	f. Trench Depth	18	Inches	
Secondary Area	.54	b. Size of Dose Tank	n/a	gal	g. Trench Spacing	10	feet	
percolation Test	(min/in)	c. Absorption Area	544	Sq ft	h. Trench Media (Below)			
Primary Area Avg	n/a	d. Number of Field Lines	3		Pipe/Gravel, EQ24		24,1	in
Secondary Area Avg	n/a	e. Length of Field Lines	90	ft				in

TO THE OWNER/APPLICANT/DR
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 with permit is inaccurate, of 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 and Regulations 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 expenses that may be associated with this system.

Owner/Applicant/DR Signature Bradley Lumpkin Date 11/08/2026

20. I certify that I have conducted the above tests and that above listed information is in accordance with the latest requirements of the Arkansas Department of Health Rules and Regulations pertaining to Onsite Wastewater Systems.

Bradley Lumpkin		Soil Certified
Designated Representative Signature	Title	Designated Representative
Bradley Lumpkin	11/09/2026	5015562016
Printed Name	Date	Phone Number

21. Approval of Health Authority
The information and specifications in the application has been reviewed and found to meet the requirements of the Arkansas Department of Health Rules and Regulations pertaining to Onsite Wastewater Systems A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Specialist Signature — #148 EHS Number — 11/10/2026 Date

EHP-19E

Individual Onsite Wastewater System Permit Application

Receipt Number
28893986

Continue Part 1

22. Soil Criteria (Primary Area)				Depth to items a-f in inches			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
42	24	28	n/o	26	n/a	mod/26	.68
23. Soil Criteria (Secondary Area)				**Depth to items a-f in inches**			
a. Bedrock	b. BSWT	c. MSWT	d. LSWT	e. Adj.MSWT	f. Adj.LSWT	g. HC Depth	h. Loading Rate (gpd/sq ft)
42	23	25	n/o	24	n/a	mod/24	.54

24. Seasonal Water Table (SWT) Classes Detail

Primary Area	**Redoximorphic Features and/or Clay Content Restrictions**
Brief 24	iron
Moderate 28	chroma 2<50%
Long n/o	n/a
Secondary Area	
Brief 23	iron
Moderate 25	chroma2<50%
Long n/o	n/a

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 soil

Name of Installer **License Number**

Installation Inspected by

Name 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 Name License Number Date

Part 3 Permit for Operation

The information 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

Name EHS Number Date

Comments

Site Revalidation conducted by

Name EHS/Llicense Number Date

* Optional System Utilization Verification Form

Arkansas Department of Health
Environmental Health Protection

Receipt Number 28893986

Individual Onsite Wastewater System Permit Application

Permit Type
- [x] New Installation
- [ ] Alteration / Repair

DR Environmental ID #

A	D	H	1	4	2	2	0	9	4	3

- [x] 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	[x]
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: 6983 AR-27, Marshall, AR 72650
(Address of Proposed System, City, State, Zip)

I hereby attest there are 3 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.

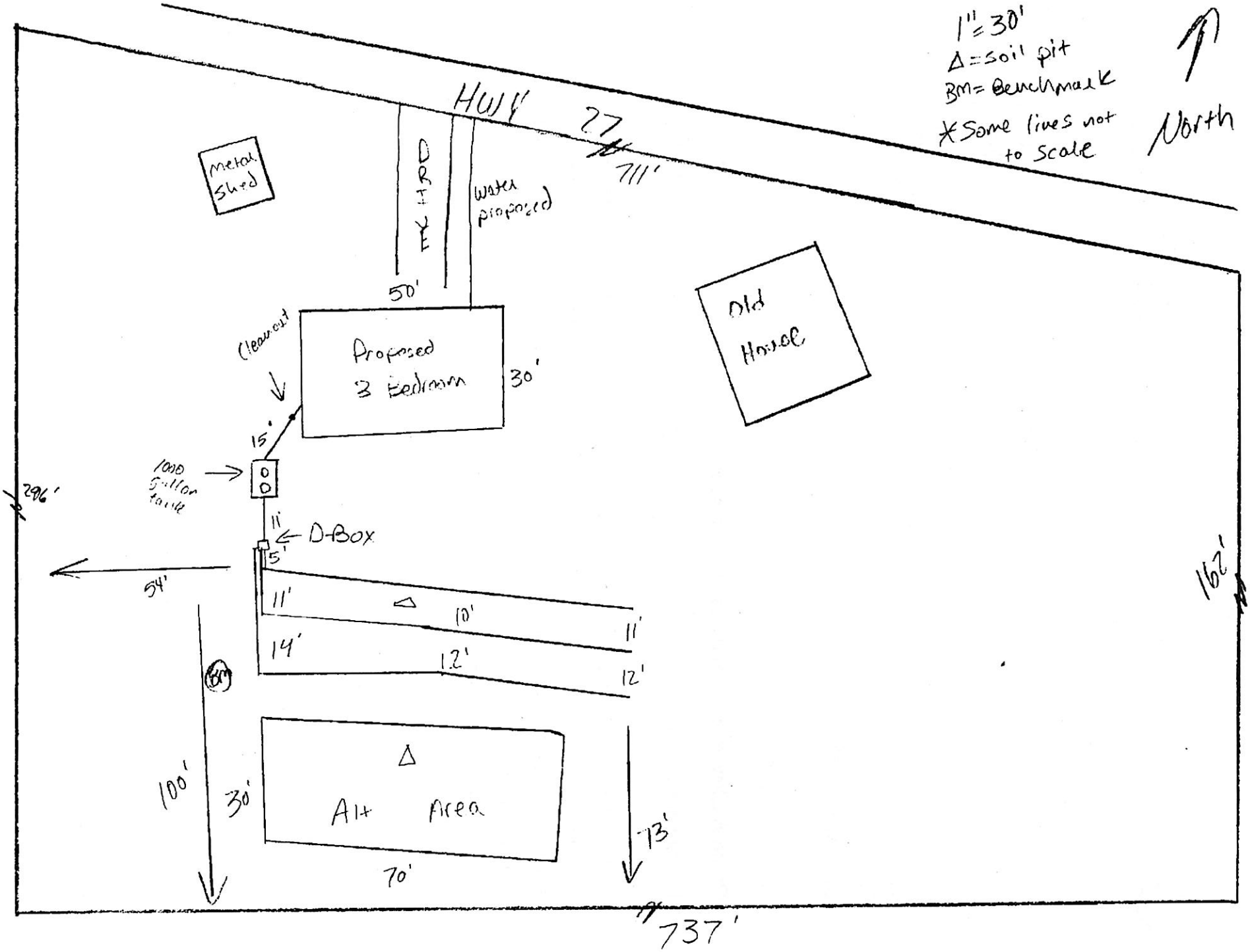
As Developer/Builder, I hereby attest that the above information is correct and prior to the sale of the property, I will convey, to the buyer, all information associated with this system.

Owner/Applicant Signature _____

Date 10/30/26

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 9/24)


1" = 30'
Δ = soil pit
BM = Benchmark
* Some lines not to scale
North
Hwy 27
711'
Metal Shed
ELEC HRD
Water proposed
50'
Clearcut
Proposed 3 Bedroom
30'
Old House
15'
1000 Gallon tank
296'
11'
D-Box
5'
54'
11'
10'
11'
14'
12'
12'
BM
100'
30'
Alt Area
70'
73'
162'
737'

Elevations (Rod Readings)

Primary	Ground	Flowline
Stubout	1'0	0'6"
Tank In	2'6	4'6"
Tank out	3'7	4'8"
D-Box	4'10	5'7
Line 1	5'7	6'7
Line 2	7'8½	8'8½
Line 3	8'3	9'3

Alt

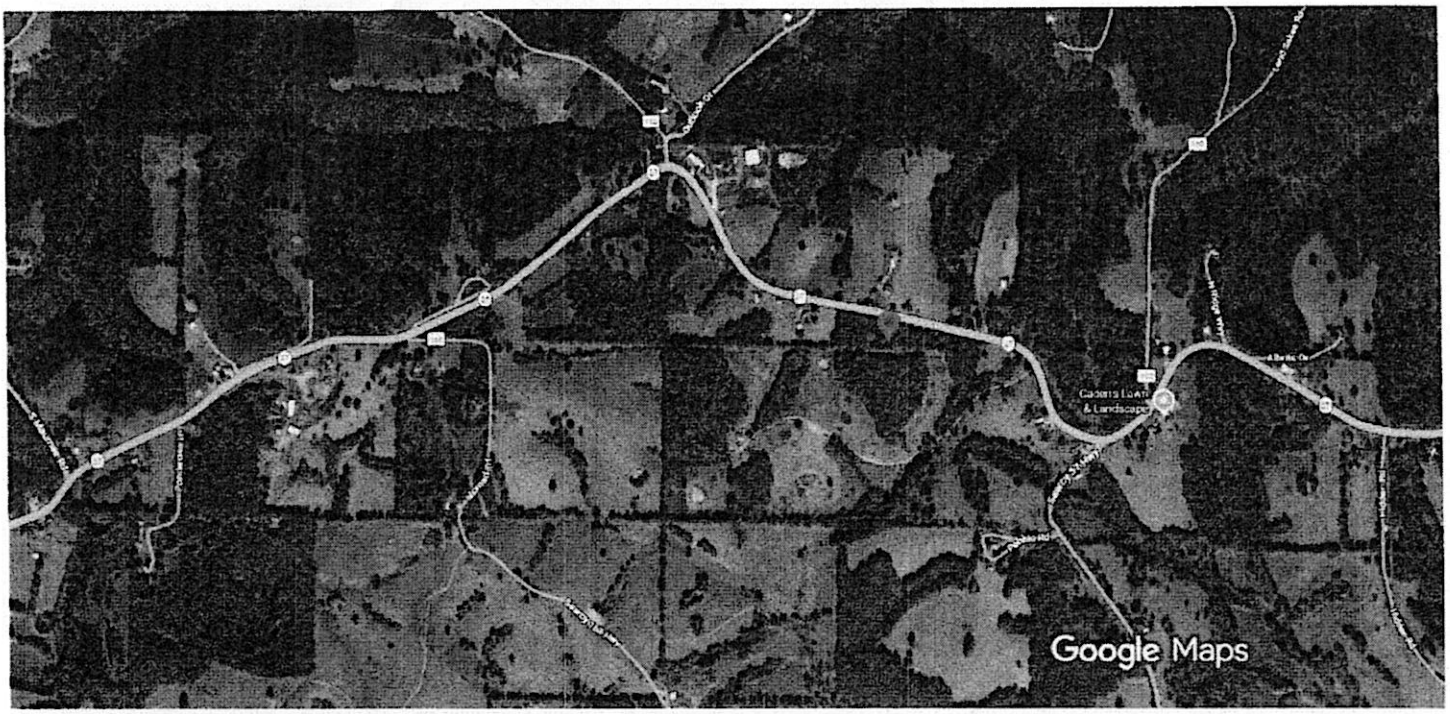
9'4 12'3

BM

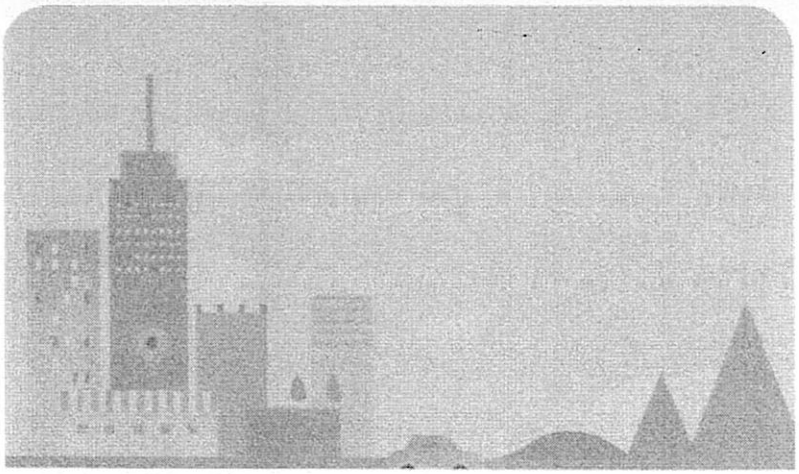
Nail in oak tree

8'5

Google Maps 6983 AR-27



Imagery ©2026 Maxar Technologies, Map data ©2026 500 ft

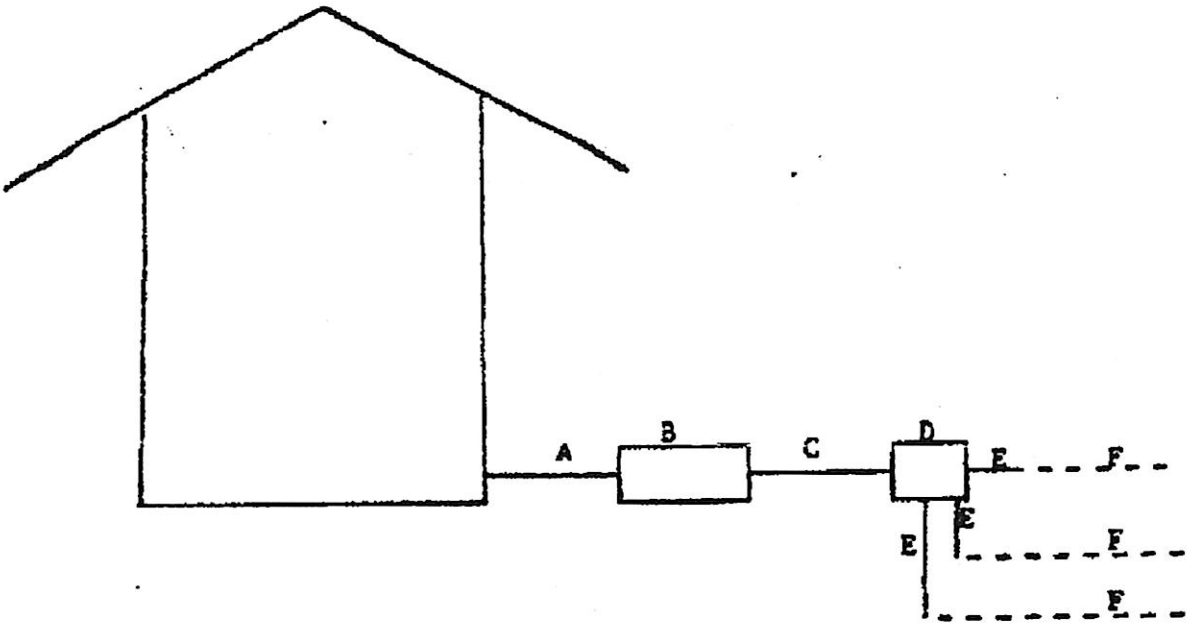


6983 AR-27

Directions Save Nearby Send to phone Share

6983 AR-27, Marshall, AR 72650

Confirm or fix this location
The location shown is not precise



	Name	Pipe Approved
A	House Sewer Line	Schedule 40 PVC Schedule 40 ABS Schedule 40 ABS Foam Core
B	Septic Tank	Schedule 40 Sanitary T's inlet & outlet
C	Effulent Line	To solid ditch bottom, same as "A". Beyond that point must be "A" or SDR 35 PVC or 1" polyethylene pipe is used ASTM 3034 P.E.
D	Distribution Box or Valve	
E	Solid Pipe of Field Line	SDR 35 PVC or "A" or ASTM 3034 P.E.
F	Perforated Field Line	ASTM F810 P.E. ASTM 2729 PVC

ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

Applicant's Name Joshua Jansen Permit # 2889386

	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)	NA	
13	Location, elevation, and distance of surrounding property's wells shown (100 ft)	NA	
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	✓	

EHS Comments:

*Gated Entry

EHS Primary Soil Data: BSWT 24" MSWT 29" LSWT N/O ADJ MSWT 27" Bed Rock 42" Clay 30-40% @ 30" depth
Mod H.C.

EHS Alternate Soil Data: BSWT 23" MSWT 25" LSWT N/O ADJ MSWT 24" Bed Rock 38" Clay 30-40% @ 30" depth
Mod H.C.

EHS Verification Shots: (Location & Ground Elevation)

Did not Shoot

Flagging:

ALL Located

EHS Name: Caleb R. Miller Assessor Name: Bradley Lumpkin

Date: 11/10/26