Date: 11/9/2026

Arkansas
Department of Health
Keeping Your Hometown Healthy

SEPTIC TANK PERMIT

Customer Name: TOM HENDRIX
Customer No: ADH14236259

Transaction Date: 11/9/2026
Transaction No: 28895386 Created By: haward

Amount Received: $30.00 Payment Method: Check No. 1604

Paid By: Tomahawk Drain and Service LLC/Tom L. Hendrix

Owner's Name:	William N. Ozier
Site Location:	122 S Eclipse Road Saint Joe, AR 72675
Subdivision:	NA
Lot Number:	NA
Desiginated Rep:	ADH1423625 TOM HENDRIX
Sanitarian:	Miller, Caleb

Thank you for your payment

Searcy County Health Unit - Marshall
742 Airport Rd

Marshall AR 72650

Arkansas Department of Health
Environmental Health Protection

Receipt Number: 28895386

Individual Onsite Wastewater System Permit Application

Permit Type: ☒ New Installation ☐ Alteration / Repair

DR Environmental ID #: A D H 1 4 2 3 6 2 5 9

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: William N. Ozier	2. Phone Number: 620 820 1739
3. Mailing Address: 714 S 34th St Parson, KS 67357	4. County: Searcy
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): 122 S Eclipse Rd St. Joe,	

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)**
attached	5	1 Bdrm / 1 person	150

14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): Pt SE/4 SE/4 Sec 24 T-16-N R-18-W

15. Water Supply (Specify supplier, if Public Water)	16. GPS Coordinates
SPG Water	N 36.013783° W 92.840448°

17. Loading Rates	(gpd/ft²)	18. System Specifications						
Primary Area	.75	a. Size of Septic Tank	1000	gal	f. Trench Depth	18	inches	
Secondary Area	.75	b. Size of Dose Tank	NA	gal	g. Trench Spacing	8	feet	
Percolation Test	(min/in)	c. Absorption Area	200	ft²	h. Trench Media (List Below)		I. Trench Width	
Primary Area Avg	NA	d. Number of Field Lines	2		ASTM 2729 & gravel	24	in	
Secondary Area	NA	e. Length of Field Lines	50	ft	EQ 24 infiltrator	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.

x William N Ozier — Date 10-28-26
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.

Tom L Hendrix — D.R. — Soil Certified ☒ Yes ☐ No
Designated Representative Signature — Title

Tom L Hendrix — 11-4-26 — 870 504 2467
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 — #148 EHS Number — 11/10/26 Date

Individual Onsite Wastewater System Permit Application

Receipt Number 28895386

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)
44"	15"	42"	NA	33"	NA	mod / 33"	.75
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)
46"	NA	39"	NA	NA	NA	mod / 39"	.75

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief 15	in	chroma 3
Moderate 42	in	Chroma 2
Long	in	
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief	in	
Moderate 39	in	chroma 2
Long	in	

Comments: Possible low shrink swell clay. No Fe or Mn staining or leaching throughout pit wall until visible moderate seasonal water table

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

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 (check one) ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)

Signature _____ EHS / License Number _____ Date _____

Project Name Ozier DR Hendrix

Bench mark location Base of red oak east of cabin location (4.32')

Ground Elevation

Line #	Beginning	Middle	End
1	7.22	→	→
2	8.00	→	→
3			
4			
5			
6			
7			
8			

Flow Line Elevation

Beginning	Middle	End
8.72	→	→
9.50	→	→

If the ground elevation reading between line 1 and the last line is 6 inches or greater, enter ground elevation reading from line 1 into box "B" otherwise enter ground elevation reading into box "A".

	Ground Elevation	Minimum Flowline Elevation
Stub out	5.49'	5.82
Tank inlet	6.45'	6.84
Tank Outlet	6.68' *	"A" → 7.01
D-Box	6.84	"B" → 7.22

length of line(s)

Building to inlet of tank	12'
Tank outlet to D-Box or other	5'
D-box(other) to Line 1	5'

NOTE

If the ground elevation across the dispersal field is 5 inches or less, the flowline of the tank outlet shall be at or above the ground elevation of line 1

If the ground elevation across the dispersal field is 6 inches or greater, the flowline of the D-box shall be at or above the ground elevation of line 1

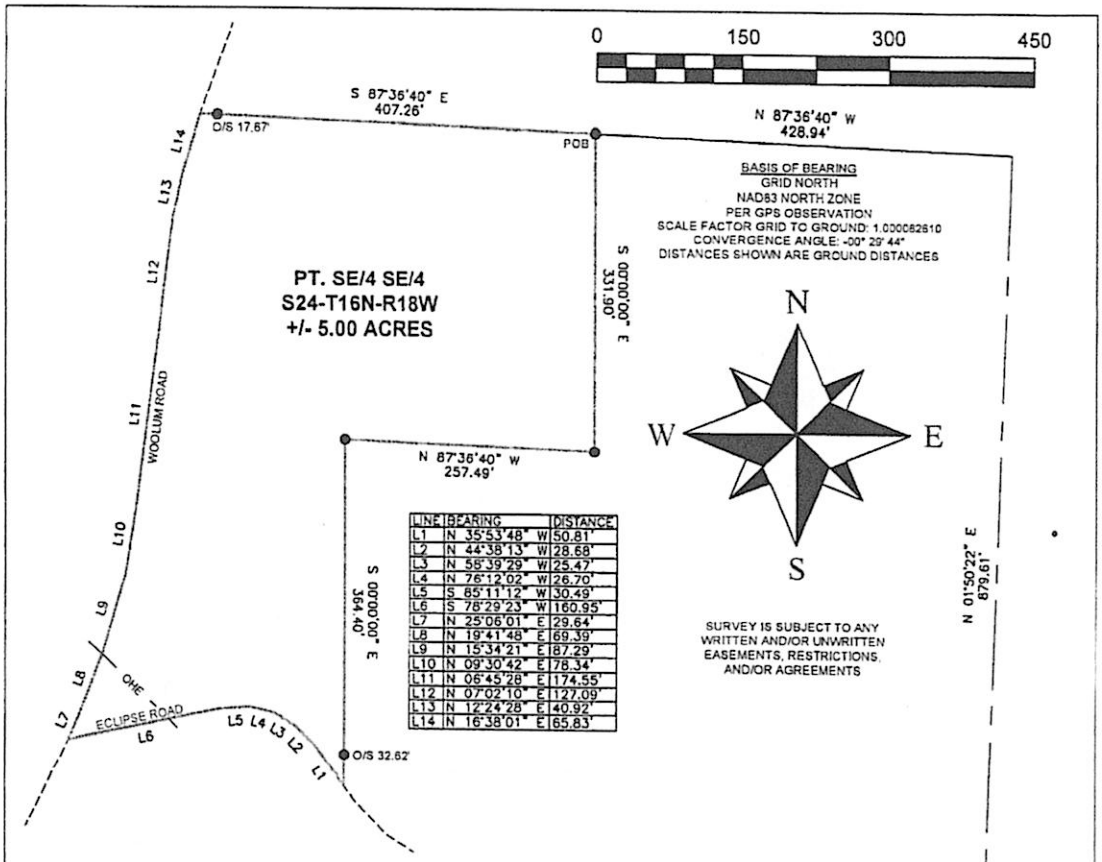
Distance between lines

	Beginning	Middle	End
1&2	11' 7"	8'10"	8' 4"
2&3			
3&4			
4&5			
5&6			
6&7			
7&8			

Comments

* Tank outlet will need to be .33 below ground elevation to accomodate flowline to distribution box.

Survey



LINE	BEARING	DISTANCE
L1	N 35°53'48" W	50.81'
L2	N 44°38'13" W	28.68'
L3	N 58°39'29" W	25.47'
L4	N 76°12'02" W	26.70'
L5	S 85°11'12" W	30.49'
L6	S 78°29'23" W	160.95'
L7	N 25°06'01" E	29.64'
L8	N 19°41'48" E	69.39'
L9	N 15°34'21" E	87.29'
L10	N 09°30'42" E	78.34'
L11	N 06°45'28" E	174.55'
L12	N 07°02'10" E	127.09'
L13	N 12°24'28" E	40.92'
L14	N 16°38'01" E	65.83'

LAND DESCRIPTION

PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER (SE/4 SE/4) OF SECTION TWENTY-FOUR (24), TOWNSHIP SIXTEEN (16) NORTH, RANGE EIGHTEEN (18) WEST OF THE FIFTH PRINCIPAL MERIDIAN, SEARCY COUNTY, ARKANSAS AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT AN EXISTING AGC MONUMENT MARKING THE SOUTHEAST CORNER OF THE SE/4 SE/4 OF SAID SECTION 24; THENCE ALONG THE EAST LINE OF SAID SE/4 SE/4 NORTH 01° 50' 22" EAST (BEARINGS BASED ON GRID NORTH NAD 83), 879.61 FEET (DISTANCES ARE GROUND DISTANCE) TO A POINT; THENCE LEAVING SAID EAST LINE NORTH 87° 36' 40" WEST, 428.94 FEET TO A SET ONE-HALF INCH REBAR WITH ID CAP #1786, SAID POINT ALSO BEING THE POINT OF BEGINNING OF TRACT BEING DESCRIBED; THENCE SOUTH 00° 00' 00" EAST, 331.90 FEET TO A SET ONE-HALF INCH REBAR WITH ID CAP #1786; THENCE NORTH 87° 35' 40" WEST, 257.49 FEET TO A SET ONE-HALF INCH REBAR WITH ID CAP #1786; THENCE SOUTH 00° 00' 00" EAST, 364.40 FEET TO A POINT IN THE CENTERLINE OF ECLIPSE ROAD; THENCE ALONG SAID CENTERLINE THE FOLLOWING COURSES: NORTH 35° 53' 48" WEST 50.81 FEET, NORTH 44° 38' 13" WEST 28.68 FEET, NORTH 58° 39' 29" WEST 25.47 FEET, NORTH 76° 12' 02" WEST 26.70 FEET, SOUTH 85° 11' 12" WEST 30.49 FEET, SOUTH 78° 29' 23" WEST 160.95 FEET TO THE INTERSECTION WITH THE CENTERLINE OF WOOLUM ROAD; THENCE LEAVING SAID CENTERLINE OF ECLIPSE ROAD AND ALONG SAID CENTERLINE OF WOOLUM ROAD THE FOLLOWING COURSES: NORTH 25° 05' 01" EAST 29.64 FEET, NORTH 19° 41' 48" EAST 69.39 FEET, NORTH 15° 34' 21" EAST 87.29 FEET, NORTH 09° 30' 42" EAST 78.34 FEET, NORTH 06° 45' 28" EAST 174.55 FEET, NORTH 07° 02' 10" EAST 127.09 FEET, NORTH 12° 24' 28" EAST 40.92 FEET, NORTH 16° 38' 01" EAST 65.83 FEET TO A POINT; THENCE LEAVING SAID CENTERLINE SOUTH 87° 36' 40" EAST, 407.26 FEET TO THE POINT OF BEGINNING, CONTAINING 5.00 ACRES MORE OR LESS, SUBJECT TO THE RIGHT OF WAYS OF ECLIPSE ROAD AND WOOLUM ROAD.

LEGEND

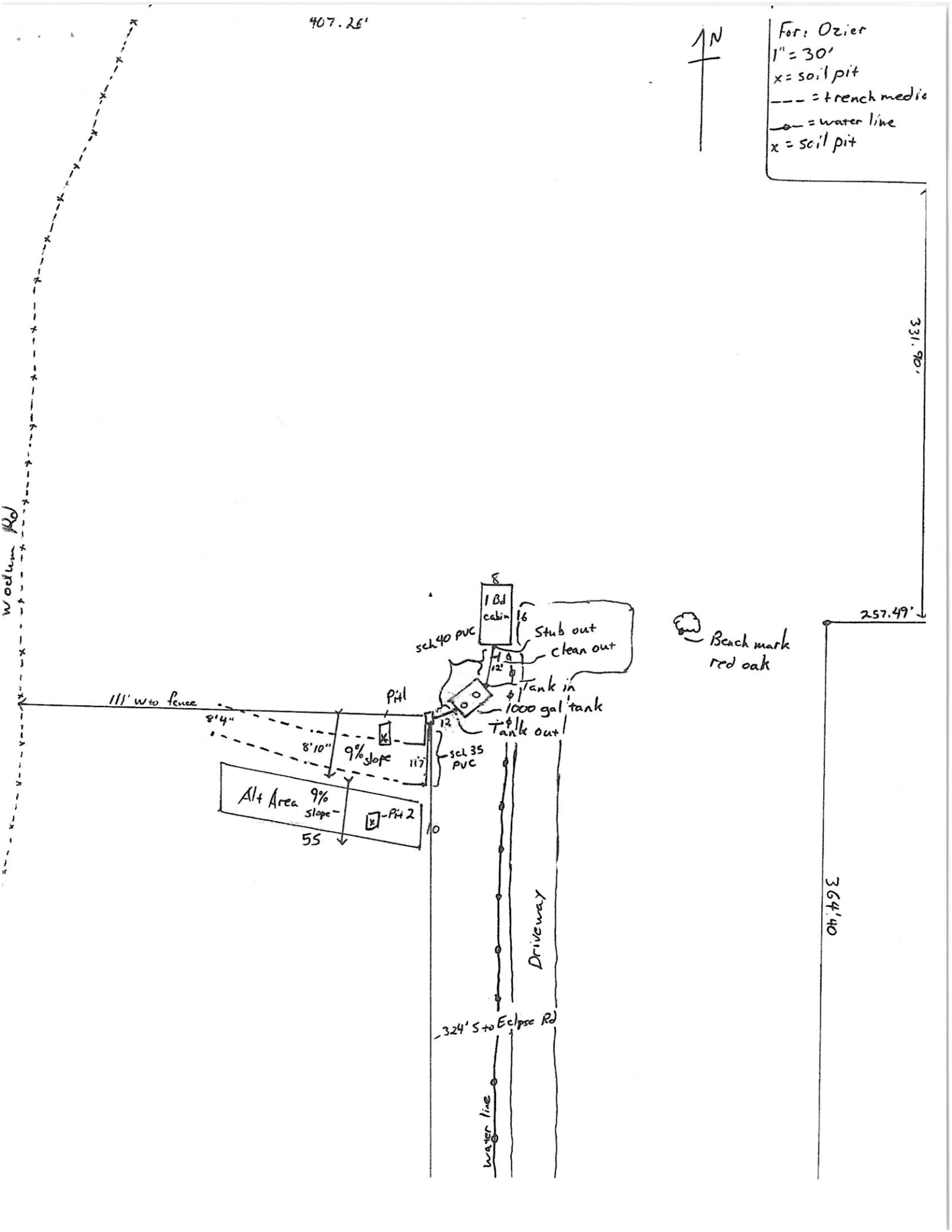
- ● SET 1/2" REBAR W/ ID CAP #1786
- ○ EXISTING MONUMENT AS NOTED
- OHE — OVERHEAD ELECTRIC
- BOUNDARY
- CENTERLINE EXISTING ROAD



CERTIFICATE OF AUTHORIZATION
TYLER AND HARRIS LAND SURVEYING, INC
No. 3022
ARKANSAS

LICENSED PROFESSIONAL SURVEYOR
STATE OF ARKANSAS
No. 1786
SIGNATURE
03-30-2025
HALEN D. HARRIS

TYLER AND HARRIS LAND SURVEYING, INC 712 NORTH HWY 65 MARSHALL, AR 72650 (870) 504-1099 (501) 733-1187 atyler1099@gmail.com halendharris@gmail.com	SURVEYOR'S CERTIFICATION I, HALEN D. HARRIS, CERTIFY THE ABOVE PLATTED AND DESCRIBED PROPERTY WAS SURVEYED UNDER MY SUPERVISION, AND THE CORNERS WERE MONUMENTED AS SHOWN, TO THE BEST OF MY KNOWLEDGE AND ABILITY.	PLAT OF SURVEY PT. SE/4 SE/4 OF SECTION 24, T16N, R18W OF THE FIFTH PRINCIPAL MERIDIAN, SEARCY COUNTY, ARKANSAS.	STATE SURVEYOR'S FILE CODE NUMBER: 500-16N-18W-0-24-220-54-1786 SURVEY FOR: William N. and Brenda J. Ozier ELECTRONIC FILE NUMBER: T16NR18WSEC24/25-126	DATE: 03-28-2025 SCALE: 1"=150' DRAWN BY: H. HARRIS JOB NO: 25-126 SHEET 1 OF 1


407.26'
N
For: Ozier
1" = 30'
x = soil pit
--- = trench media
—o— = water line
x = soil pit
331.90'
257.49'
364.40'
Woodlawn Rd
1 Bd cabin
16
Stub out
clean out
sch 40 PVC
12'
Tank in
1000 gal tank
Tank out
12
Pit1
111' w to fence
8'4"
8'10"
9% slope
117
sch 35 PVC
Alt Area 9% slope
Pit 2
55
10
Beach mark red oak
Driveway
324' S to Eclipse Rd
water line

ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

Applicant's Name William N. Ozier Permit # 28895386

	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)	N/A	
13	Location, elevation, and distance of surrounding property's wells shown (100 ft)	N/A	
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: * Low Shrink Swell Clay in both Primary / Alternate Pits.

EHS Primary Soil Data: BSWT N/O MSWT 39" LSWT N/O ADJ MSWT 39" Bed Rock 42+" Clay Low Shrink Swell Clay 15"-39"

EHS Alternate Soil Data: BSWT N/O MSWT 35" LSWT N/O ADJ MSWT 35" Bed Rock 42+" Clay Low Shrink Swell Clay 16"-35"

EHS Verification Shots: (Location & Ground Elevation)

Did Not Shoot

Flagging:

All Located on contour

EHS Name: Caleb R. Miller Assessor Name: Tom Hendrix

Date: 11/10/26