Date: 11/10/2026

Arkansas
Department of Health
Keeping Your Hometown Healthy

SEPTIC TANK PERMIT

Customer Name: Greenwood & Son-Texarkana
Customer No: ADH12803851

Transaction Date: 11/10/2026
Transaction No: 28899057 Created By: shdwhite

Amount Received: $30.00 Payment Method: Check No. 1632

Paid By: Greenwood and Son LLC

Owner's Name:	Jhase Laird
Site Location:	145 MC 490 Texarkana, Ar 71854
Subdivision:	NA
Lot Number:	NA
Desiginated Rep:	1326510 MATTHEW GREENWOOD
Sanitarian:	Owen, Brandon

Thank you for your payment

Miller County Health Unit - Texarkana
503 Walnut St

Texarkana AR 71854

Arkansas Department of Health
Environmental Health Protection

Receipt Number 28899057

Individual Onsite Wastewater System Permit Application

Permit Type: ☒ New Installation ☐ Alteration / Repair

DR Environmental ID # 0 0 7 0 1 5 8 5 2 5

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: Jhase Laird (Jhase Laird) — 2. Phone Number: 903-701-5506
3. Mailing Address: 145 MC 490 Texarkana AR 71854 — 4. County: Miller
5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map): Same as above 145 MC 490, TXK, AR. 71854
6. Subdivision Name: N/A — 7. Approval Date: N/A — 8. Date Recorded: N/A — 9. Lot Number: N/A
10. Lot Dimensions: 220 x 418 x 258 x 470 — 11. Total Area (Acres): ±2.28 — 12. # Bedrooms / # People: 4 — 13. Daily Flow (GPD): 450
14. Brief Legal Description of Property (Attach a separate sheet of paper, if necessary): S-07 T-16-S R-27-W Attached Report
15. Water Supply (Specify supplier, if Public Water): TWU — 16. GPS Coordinates: 33.396171 93.933772

17. Loading Rates	(gpd/ft²)	18. System Specifications			f. Trench Depth		inches
Primary Area	.75	a. Size of Septic Tank	1250	gal		18	
Secondary Area	.75	b. Size of Dose Tank	N/A	gal	g. Trench Spacing	8	feet
Percolation Test	(min/in)	c. Absorption Area	600	ft²	h. Trench Media (List Below)		i. Trench Width
Primary Area Avg	—	d. Number of Field Lines	3		EQ2d - Arc 18	18	in
Secondary Area	—	e. Length of Field Lines	100	ft	Pipe + Gravel	24	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 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 expense(s) that may be associated with this system.

Owner/Applicant Signature: Mercedes Laird DA — Date: 10-28-26

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.

Designated Representative Signature — Title: PR — Soil Certified ☒ Yes ☐ No

Print Name: MATT GREENWOOD — Date: 10-28-26 — Phone Number: 870-703-1165

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: Brandon Owen — EHS Number: 645 — Date: 11/10/26

Individual Onsite Wastewater System Permit Application

Receipt Number

28899057

Continue Part 1

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	28	—	—	—	—	MOD	.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)
N/A	26	41	—	36	—	MOD	.75

24. Seasonal Water Table (SWT) Classes Detail

Primary Area		List Redoximorphic Features and/or Clay Content Restrictions
Brief 28	in	Iron Conc
Moderate	in	
Long	in	
Secondary Area		**List Redoximorphic Features and/or Clay Content Restrictions**
Brief 26	in	Iron Conc
Moderate 41	in	Chroma 2
Long	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
(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

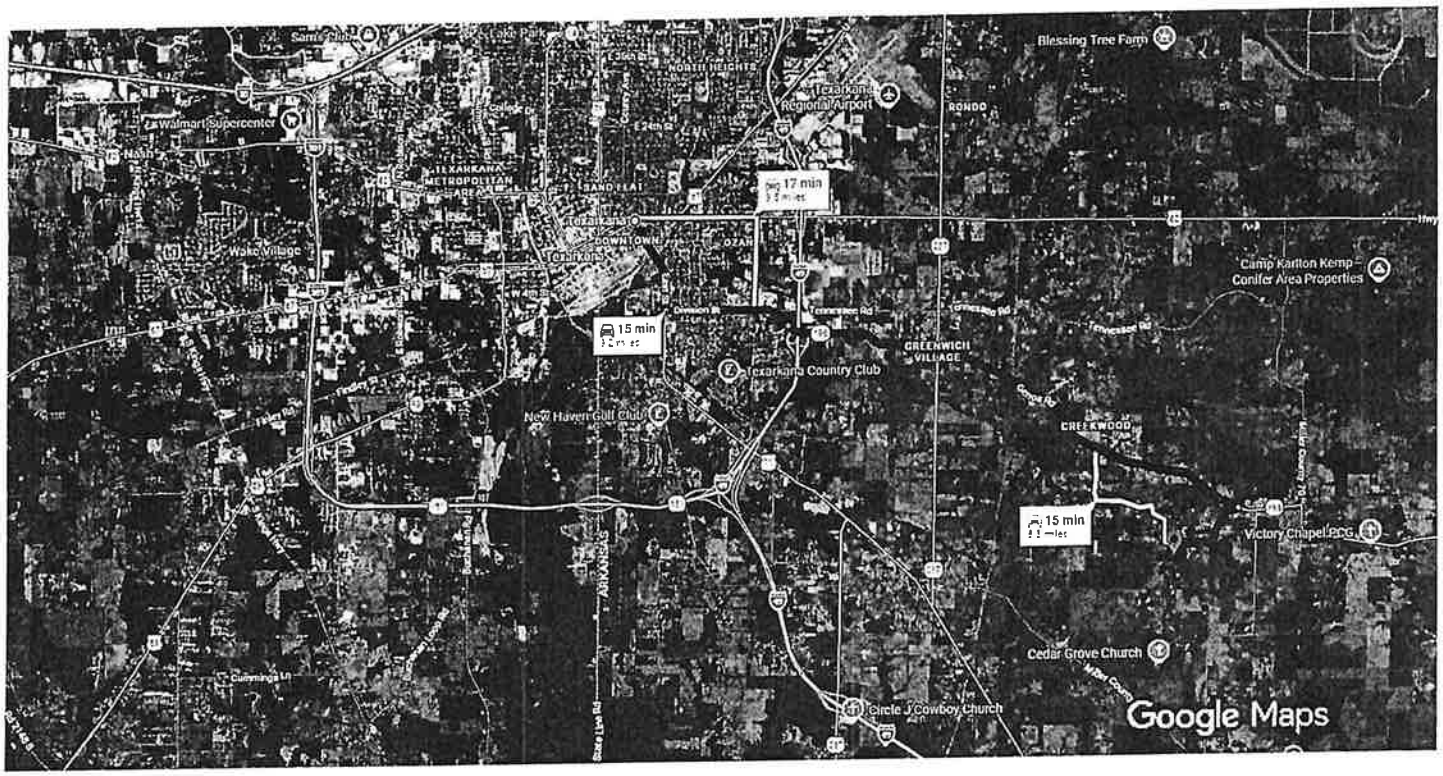
Site Revalidation conducted by ☐ Environmental Health Specialist ☐ Designated Representative
(check one)

Signature _____ EHS / License Number _____ Date _____

Google Maps

Texarkana, Arkansas 71854 to 145 Miller County 490, Texarkana, AR 71854

Drive 9.2 miles, 15 min



Imagery ©2026 Airbus, Landsat / Copernicus, Maxar Technologies, Map data ©2026 Google 1 mi

Texarkana
Arkansas 71854

↑	1. Head toward E 6th St **Continue to follow US-71 S**	1.1 mi
↰	2. Turn left onto Division St	1.4 mi
↑	3. Continue onto AR-196 E/Genoa Rd	5.6 mi
↱	4. Turn right onto Miller County 290	0.9 mi
↰	5. Turn left	328 ft
↑	6. Continue straight **Destination will be on the left**	0.1 mi

145 Miller County 490
Texarkana, AR 71854

Parcel: 00473709
Previous Parcel: 00473708
As of: 10/30/2026 11:45:14 PM

Miller County Report

Property Owner

Name: LAIRD, JHASE & MARANDA AUTHEMENT

Mailing Address: 151 RANDALL RD
TEXARKANA, TX 75501

Type: (RV) Res. Vacant

Tax District: (01) GENOA

Millage Rate: 55.80

Property Information

Physical Address: MC 490

Subdivision: 07-16S-27W

Block/Lot: N/A / N/A

S-T-R: 07-46S-27W

Size (Acres): 2.28

Legal: PT NW SE TR #4 1.268AC & PT TR #3 NW SE 1.015AC

Market and Assessed Values

	Estimated Market Value	Full Assessed (20% Market Value)	Taxable Value
Land	27,400	5,480	5,480
Building	0	0	0
Totals	**27,400**	**5,480**	**5,480**

Taxes

Estimated Taxes: 306

Homestead Credit: 0 Note: Tax amounts are estimates only. Contact the county/parish tax collector for exact amounts.

Status: (N) - No Adj

Land

Land Use	Size	Units
N/A	2.283	Acres
Total	**2.28**	

Deed Transfers

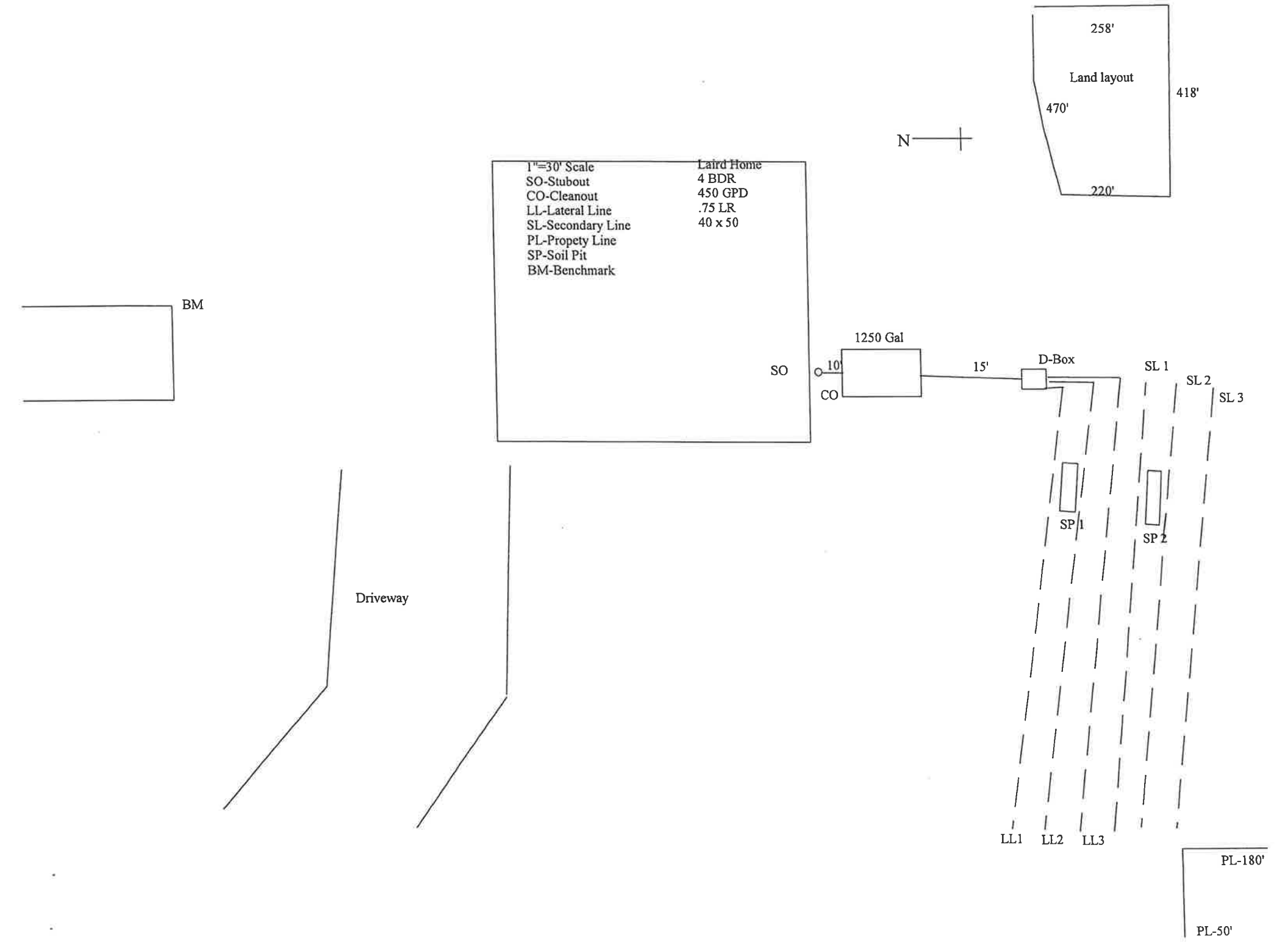
Deed Date	File Date	Book	Page	Deed Type	Stamps	Est. Sale	Grantee	Code	Type
8/5/2026	8/5/2026	2026	R005673	CorrDeed	0.00	$0	YEATMAN, DONALD W & MARY JEAN - TRUSTEES	Relative	Land Only
7/14/2026	8/6/2026	2026	R005684	Warr. Deed	105.60	$32,000	LAIRD, JHASE & MARANDA AUTHEMENT	Unval.	Land Only
7/8/2026	7/14/2026	2026	R005085	Warr. Deed	N/A	N/A	YEATMAN, DONALD W & MARY JEAN - TRUSTEES	Unval.	Land Only
9/17/2024	9/18/2024	2024	R005716	Warr. Deed	N/A	N/A	CHUMLEY, DENNIS & KELLY	Relative	Land Only
5/2/2024	5/5/2024	2024	R002645	Warr. Deed	N/A	N/A	CHUMLEY, DENNIS & KELLY	Unval.	Land Only

Reappraisal Value History

Tax Year	Total Value	Total Assessed
2025	27,400.00	5,480.00
2024	13,700.00	2,740.00

Not a Legal Document

Subject to terms and conditions
www.actDataScout.com


258'
Land layout
418'
470'
220'
N
1"=30' Scale
SO-Stubout
CO-Cleanout
LL-Lateral Line
SL-Secondary Line
PL-Propety Line
SP-Soil Pit
BM-Benchmark
Laird Home
4 BDR
450 GPD
.75 LR
40 x 50
BM
SO
1250 Gal
10'
CO
15'
D-Box
SL 1
SL 2
SL 3
SP 1
SP 2
Driveway
LL1
LL2
LL3
PL-180'
PL-50'

Shot Sheet for Septic System

E=Flow Line Elevation GE=Ground Elevation LL=Lateral Line TB=Trench Bottom

Stub Out- E 40 GE 31

Tank Inlet E 42 GE 40

Tank Outlet E 45 GE 39 Length from House 10'

Pump Tank E NA GE _____ Length from Septic tank _____

	Beg		End	
D-Box E 47"	GE _____	GE 42	Length from Septic/PumpTank 15'
LL1 TB 65"	GE 47"	GE 47	Length From D-Box 6'
LL2 TB 68"	GE 50"	GE 50	Length from LL1 8'
LL3 TB 75"	GE 57"	GE 57	Length from LL2 8'
LL4 TB _____	GE _____	GE _____	Length from LL3 _____
LL5 TB _____	GE _____	GE _____	Length form LL4 _____
LL6 TB _____	GE _____	GE _____	Length from LL5 _____

Alternate Area-

LL1- GE 64"

LL2-GE 70"

LL3-GE 76"

LL4-GE _____

LL5-GE _____

LL6-GE _____

Alternate Area Size

50 X 100 Ft

Slope %

Primary- 2.88

Secondary- 2%

Benchmark- Edge of Rd. 18" PermitName- Laird

SITE EVALUATION FORM

Applicant Laird _____ Permit Application _____

Evaluator _____ Date _____

PIT # OR LOCATION #1

DEPTH (inches)	MATRIX COLOR	REDOX COLOR	SOIL TEXTURE	SOIL STRUCTURE
0-24				
24-36				

Depth to Seasonal Water Table — Hydraulic Conductivity

Brief SWT 18 — High _____ to _____ inches

Moderate SWT _____ (Adjusted) _____ — Moderate _____ to 6 inches

Long SWT _____ (Adjusted) _____ — Low _____ to _____ inches

Depth to Bedrock _____

PIT # OR LOCATION #2

DEPTH (inches)	MATRIX COLOR	REDOX COLOR	SOIL TEXTURE	SOIL STRUCTURE
0-24				
24-36				
36+				

Depth to Seasonal Water Table — Hydraulic Conductivity

Brief SWT 24 — High _____ to _____ inches

Moderate SWT 11 (Adjusted) 36 — Moderate _____ to _____ inches

Long SWT _____ (Adjusted) _____ — Low _____ to _____ inches

Depth to Bedrock _____

NOTES:

_____

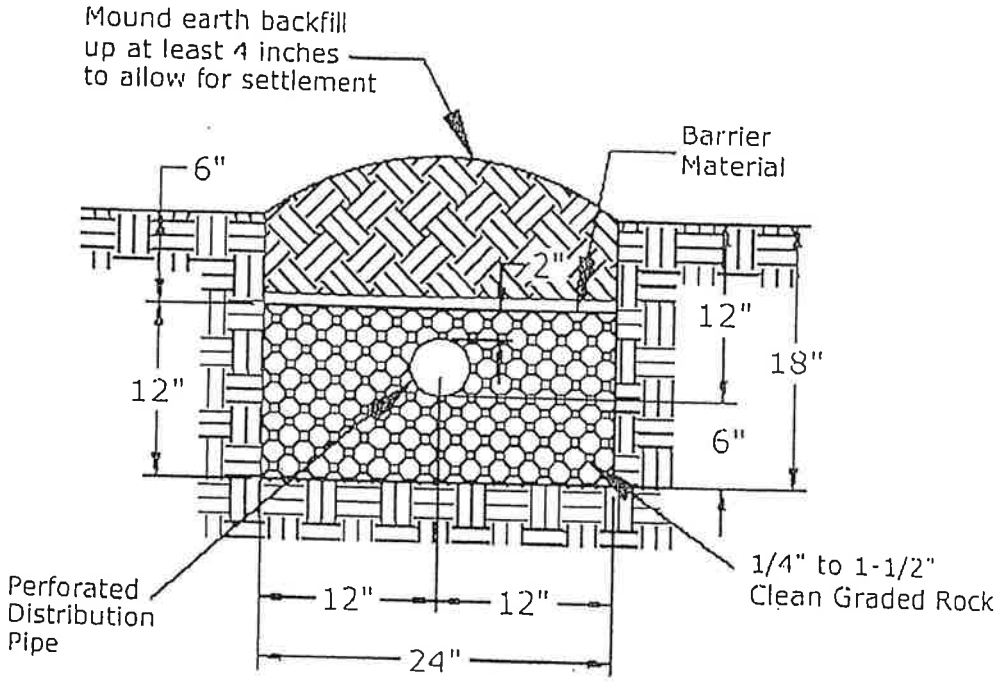
_____

_____

_____

_____

Lateral Line Trench Detail



18" Trench Depth

SOLID PIPE

Pipe installed from the outlet tee of the septic tank to the distribution box or diversion device shall be Schedule 40 pipe for whatever distance is required to reach undisturbed soil, but in no case shall be less than ten feet. Once a solid trench bottom is achieved the Schedule 40 pipe may be adapted to SDR 35 PVC pipe or ASTM 3034 PE (polyethylene) pipe for the remaining distance to the distribution box or diversion device. SDR 35 PVC, ASTM 3034 PE or Schedule 40 PVC shall be used from the distribution box or diversion device to the perforated field line pipe.

PERFORATED DRAIN PIPE

Perforated pipe in absorption lines shall be ASTM 2729 PVC or ASTM F-810 PE.

9.10.8.1. Any pipe under driveways, roadways, parking areas, or any area where traffic will pass over shall be constructed of Schedule 40 PVC, cast iron, or use a steel sleeve. A cleanout shall be located between the stub-out and the septic tank.

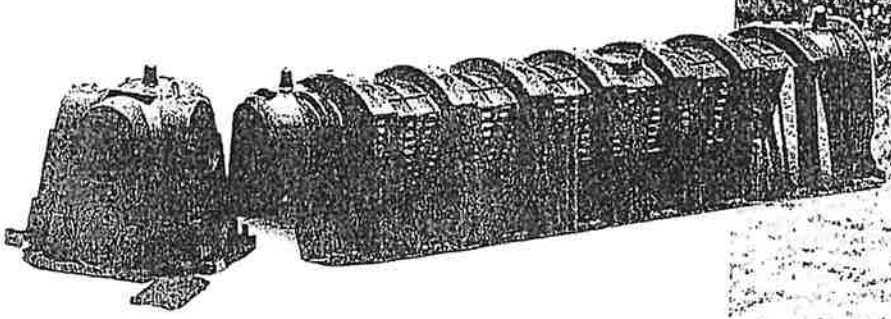
9.10.8.2. House sewer lines shall be installed and maintained in accordance with the Arkansas State Plumbing Code.

INFILTRATOR
water technologies

Quick4 CHAMBER SYSTEMS

The Quick4® Equalizer 24 Chamber

Quick4® Series





The Quick4® Equalizer 24 Chamber fits in a 18" wide trench and is ideal for curved or straight systems. It features the patent-pending Contour Swivel Connection™ which permits turns up to 10°, right or left. The MultiPort™ endcap allows multiple piping options and eliminates pipe fittings. The chamber's four-foot length provides optimal installation flexibility.

Chamber Benefits:

- Advanced contouring connections swivel up to 10°, right or left
- Reinforced ribs provide increased structural capability and durability
- Compact nesting provides more trench length in an equivalent stack height
- Four-foot chambers are easy to handle and install
- The Quick4 Equalizer 24 Chamber supports wheel loads of 16,000 lbs/axle with only 12" of cover
- Certified by the International Association of Plumbing and Mechanical Officials (IAPMO)

IAPMO R&T

MultiPort Endcap Benefits:

- Tear-out seals on inlet ports provide a tight fit to the pipe
- Six molded-in inlets/outlets allow for maximum piping flexibility
- Fits on either end of the Quick4 Equalizer 24 Chamber

APPROVED in _____

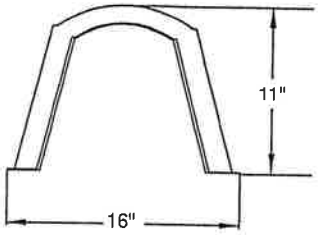
Quick4® Series

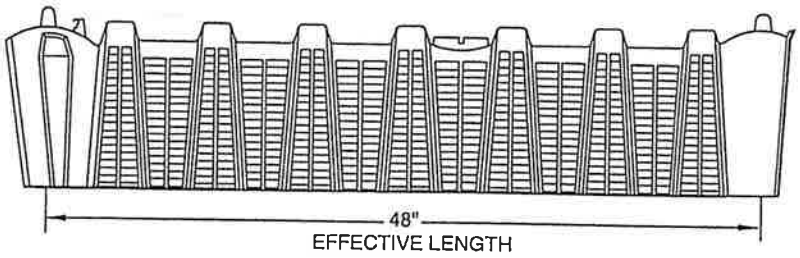
Because installations are faster with Quick4 chambers, you save on heavy equipment operation and labor.

Quick4® Series

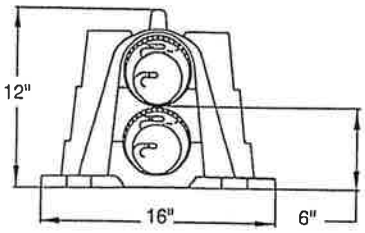
Quick4 CHAMBER SYSTEMS

Quick4 Equalizer 24 Chamber

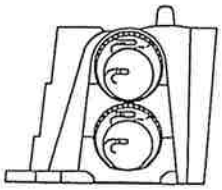




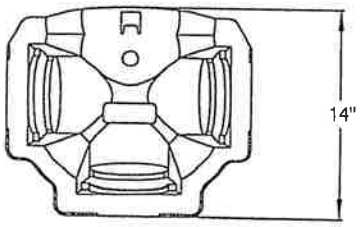
MultiPort EndCap



FRONT VIEW

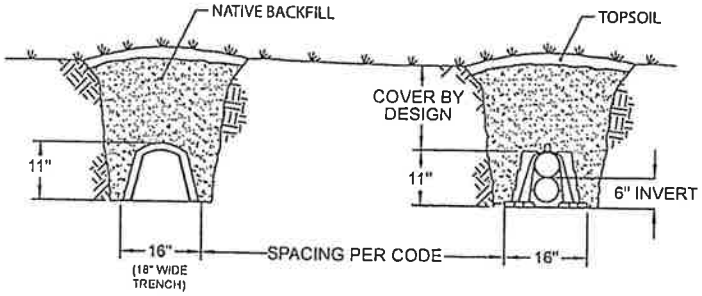


SIDE VIEW



TOP VIEW

Typical Trench View



Quick4® Equalizer 24 Chamber Specifications	
Size	16"W x 53"L x 11"H (406 mm x 1346 mm x 279 mm)
Effective Length	48" (1219 mm)
Louver Height	9.10" (231 mm)
Storage Capacity	21 gal (79 L)
Invert Height	6" (152 mm)

INFILTRATOR water technologies

4 Business Park Road
P.O. Box 768
Old Saybrook, CT 06475
860-577-7000 • Fax 860-577-7001
1-800-221-4436
www.infiltratorwater.com

INFILTRATOR WATER TECHNOLOGIES STANDARD LIMITED WARRANTY

(a) The structural integrity of each chamber, endcap and other accessory manufactured by Infiltrator ("Units"), when installed and operated in a leachfield of an onsite septic system in accordance with Infiltrator's instructions, is warranted to the original purchaser ("Holder") against defective materials and workmanship for one year from the date that the septic permit is issued for the septic system containing the Units; provided, however, that if a septic permit is not required by applicable law, the warranty period will begin upon the date that installation of the septic system commences. To exercise its warranty rights, Holder must notify Infiltrator in writing at its Corporate Headquarters in Old Saybrook, Connecticut within fifteen (15) days of the alleged defect. Infiltrator will supply replacement Units for Units determined by Infiltrator to be covered by this Limited Warranty. Infiltrator's liability specifically excludes the cost of removal and/or installation of the Units.

(b) THE LIMITED WARRANTY AND REMEDIES IN SUBPARAGRAPH (a) ARE EXCLUSIVE. THERE ARE NO OTHER WARRANTIES WITH RESPECT TO THE UNITS, INCLUDING NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE

(c) This Limited Warranty shall be void if any part of the chamber system is manufactured by anyone other than Infiltrator. The Limited Warranty does not extend to incidental, consequential, special or indirect damages. Infiltrator shall not be liable for penalties or liquidated damages, including loss of production and profits, labor and materials, overhead costs, or other losses or expenses incurred by the Holder or any third party. Specifically excluded from Limited Warranty coverage are damage to the Units due to ordinary wear and tear, alteration, accident, misuse, abuse or neglect of the Units; the Units being subjected to vehicle traffic or other conditions which are not permitted by the installation instructions; failure to maintain the minimum ground covers set forth in the installation instructions; the placement of improper materials into the system containing the Units; failure of the Units or the septic system due to improper siting or improper sizing, excessive water usage, improper grease disposal, or improper operation; or any other event not caused by Infiltrator. This Limited Warranty shall be void if the Holder fails to comply with all of the terms set forth in this Limited Warranty. Further, in no event shall Infiltrator be responsible for any loss or damage to the Holder, the Units, or any third party resulting from installation or shipment, or from any product liability claims of Holder or any third party. For this Limited Warranty to apply, the Units must be installed in accordance with all site conditions required by state and local codes; all other applicable laws; and Infiltrator's installation instructions.

(d) No representative of Infiltrator has the authority to change or extend this Limited Warranty. No warranty applies to any party other than the original Holder.

The above represents the Standard Limited Warranty offered by Infiltrator. A limited number of states and counties have different warranty requirements. Any purchaser of Units should contact Infiltrator's Corporate Headquarters in Old Saybrook, Connecticut, prior to such purchase, to obtain a copy of the applicable warranty, and should carefully read that warranty prior to the purchase of Units.

U.S. Patents: 4,759,661; 5,017,041; 5,156,488; 5,336,017; 5,401,116; 5,401,459; 5,511,903; 5,716,163; 5,588,776; 5,839,844 Canadian Patents: 1,329,959; 2,004,564 Other patents pending.
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Q18 0713

Contact Infiltrator Water Technologies' Technical Services Department for assistance at 1-800-221-4436

ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

Applicant's Name _____ Permit # _____

	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:

EHS Name: _____ Assessor Name: _____

EHP-19a (7/09)

Date: _____

Arkansas Department of Health
Environmental Health Protection

Receipt No. 28899057

Individual Onsite Wastewater System Installation Specifications

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

Name of Applicant	
Location of System	
Name of Installer	License #

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

Trench Media	Trench Width
Stub-out	FL / GE

Tank Inlet	FL	GE	TE
Tank Outlet	FL	GE	TE

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

D-box Inlet	FL	GE	D-box Outlet	FL	GE	Other Devices	GE / PE

Line 1

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 2

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 3

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Line 4

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

Receipt No. 2889905 7

Line 5

Line Length	Beginning	Middle	End
	TB	TB	TB
	GE	GE	GE

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

_____ License Number

_____ Date