

Arkansas Department of Health Environmental Health Protection

Receipt No.	

Individual Onsite Wastewater System Installation Specifications

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

(Widst be si	igned and rett	arrica	וו אס	Authorized	Agent	WILLIIII IIV	e wo	ı Kiii	g uays	·- <i>)</i>				
Name of Applicant								TB = Trench Bottom Elevation						
Location of System							PE = Top of Pipe Elevation GE = Ground Elevation							
	-											ation (Top of P	ipe Elev	·. + 4")
Name of Installer License #								TE = Tank Lid Elevation						
							D=				<u> </u>			
Septic Tank Size Gal Dos			l Dose					Prawdown nches			Benchmark			
Type of System					Number Lines				nber and Length of es			at		ft
Orifice Head ft			Pump	Pump Run min s				Р	Pump Rest min				sec	
Tropob Modio								Tro	nah Mi	dth				
Trench Media						Trench Width								
Stub-out			FL	FL					GE					
Tank Inlet	FL	GE		TE Dose Tank Ir			ık Inle	t	FL G			GE TE		
Tank Outlet	FL	GE		TE				let	FL G				TE	
								I			<u> </u>			
D-box Inlet	FL	GE		D-box Outl	pox Outlet FL G			Other Devices			GE	GE PE		
				J [Devices	-			
Line 1														
Line Length					Middle				End					
			ГВ	ТВ	ТВ				ТВ					
			GE	GE	GE				GE					
Line 2														
Line Length			Beginning				Middle				End			
			ГВ	ТВ	ТВ				ТВ					
		C	GE			GE				ı	GE			
Line 3														
Line Length			Beginning				Middle				End			
		Т	ГВ			ТВ					TB			
		G	SE .			GE					GE			
Line 4														
Line Length			Beginning				Middle				End			
			ТВ				ТВ				ТВ			
			2E		GE	CE					CE			

			Receipt No.
Line 5 Line Length	Beginning	Middle	End
	ТВ	ТВ	ТВ
	GE	GE	GE
	I		1
Line 6			
Line Length	Beginning	Middle	End
	ТВ	ТВ	ТВ
	GE	GE	GE
Line 7		·	
Line 7 Line Length	Beginning	Middle	End
	ТВ	ТВ	ТВ
	GE	GE	GE
Line 8		N.C.1.11	
Line Length	Beginning	Middle	End
	TB	TB	ТВ
	GE	GE	GE
Line 9			
Line Length	Beginning	Middle	End
	ТВ	ТВ	ТВ
	GE	GE	GE
Line 10			
Line Length	Beginning	Middle	End
	ТВ	ТВ	ТВ
	GE	GE	GE
Facility and a stall be able to	De a dialitat		Date
Environmental Health S	pecialist		Date
I have installed this syst	tem as designed and in compliance with	all Rules and Regulations Pertaini	ng to Onsite Wastewater Systems.

License Number

Date

Installer Signature