

2844463
Lot 8f

IMPORTANT NOTICE TO PROPERTY OWNER

The Arkansas Department of Health's approval of a discharging sewage system does not relieve the property owner of any other local, state, or federal requirement regarding sewage discharging systems. Please be advised that all wastewater systems that discharge sewage to the surface are required to notify:

Arkansas Department of Environmental Quality

ATTN: Permits Branch

5301 North Shore Drive

North Little Rock, AR 72118

Phone Number: 501-682-0623

Web Site: www.adeq.state.ar.us



Arkansas Department of Health
Environmental Health Protection

Receipt Number
28444663

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)

Disposal Method (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

- ☐ 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 Matthew Bossick

2. Phone Number (305) 710-1001

3. Mailing Address

18117 Biscayne Blvd Suite 60248 Miami FL 33160

4. County Greene

5. Address of Proposed System (If a 911 address is not available, attach detailed directions or map)

Greene 920 Rd Paragould AR 72450 (NE corner of Greene 920 and 921 Rd)

6. Subdivision Name N/A

7. Approval Date N/A

8. Date Recorded N/A

9. Lot Number 4

10. Lot Dimensions 1450x330

11. Total Area (Acres) 10 +/-

12. # Bedrooms # People 3

13. Daily Flow (GPD) 370

14. Parcel Number or Brief Legal Description of Property (Attach a separate sheet of paper, if necessary)
part of parcel number 0011-26330-001 pt of SW 1/4 of SW 1/4 S26-T16N-R5E

15. Water Supply (Specify supplier, if Public Water)
WGCW

16. GPS Coordinates
35.983162 - 90.529478

17. Loading Rates (gpd/ft²)
Primary Area no load
Secondary Area no load

18. System Specifications

a. Size of Septic Tank	500	gal	f. Trench Depth	N/A	inches
b. Size of Dose Tank	500	gal	g. Trench Spacing	N/A	feet
c. Absorption Area	N/A	ft ²	h. Trench Media (List Below)		
d. Number of Field Lines	N/A				in
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

Date 4/18/26

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.

Designated Representative Signature

Darrell Gann Michael Gann

Print Name

DR

Title

Soil Certified ☐ Yes ☐ No

4/18/26

Date

(870) 219-2107

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

EHS Number

Date

4/28/26

Individual Onsite Wastewater System Permit Application

Receipt Number

2844463

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"	4"	8"	3"	6"	Low/48	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"	4"	8"	3"	6"	Low/48	no load		
24. Seasonal Water Table (SWT) Classes Detail									
Primary Area			List Redoximorphic Features and/or Clay Content Restrictions.						
Brief	0	in	depletions & Fe						
Moderate	4	in	chroma 2						
Long	8	in	chroma 1						
Secondary Area			List Redoximorphic Features and/or Clay Content Restrictions.						
Brief	0	in	depletions & Fe						
Moderate	4	in	chroma 2						
Long	8	in	chroma 1						
Comments precision leveled row crop field.									

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

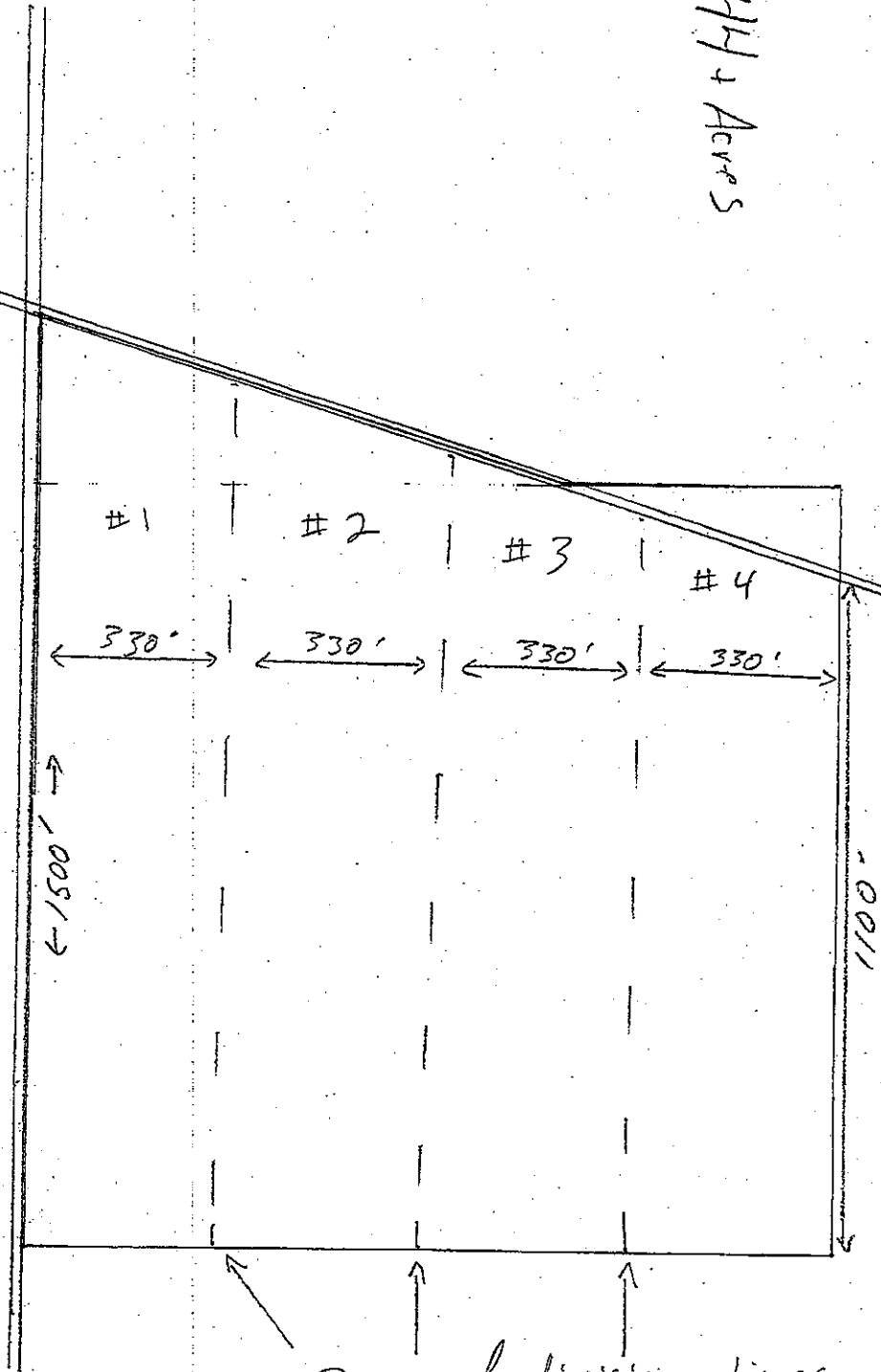
The information contained in Part 1 and 2 of this form has been reviewed and found to meet the requirements of the Arkansas Department of Health. THE PERMIT FOR OPERATION of this system is hereby issued.			
Environmental Health Specialist			
Signature		EHS Number	Date
Comments			
Site Revalidation conducted by ☐ Environmental Health Specialist ☐ Designated Representative (original submitter)			
(check one)			
Signature		EHS / License Number	Date

44+ Acres

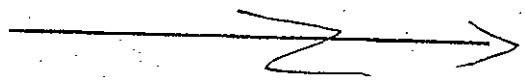
CR 920

CR 921

CR 920
To Hwy
69



Proposed division lines



Not to Scale

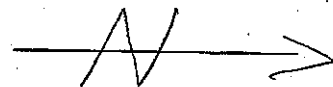
Greene 100 Kd

← 330' →

* edge of
B.M. county Rd.
*

1 inch = 30 ft
zero slope

Driveway 70x15
44'1.44'x15'



50 x 30
1500 sq ft
3 BR 5.0.

10' c.o.

← 500 gallon trash tank

← CES-ATU.

← 500 gallon pump tank

100'

165'

165'

DC point

S/P

1250'

S/P

Proposed
drainage

200' +
Proposed drainage towards
natural drainage ditch

SPECIFICATIONS

Specifications: May not be changed without the approval of the Environmental Health Specialist

Trash Tank: 500 gallons

Pump Tank: 500 gallons, pumped DC using Zoeller 151 or equivalent

ATU: Fuji Clean CE5 with chlorinator and alarm

Pipe Specs: 4" SCH 40 from building to trash tank, 4" schedule 40 from trash tank to ATU and pump tank, 1.5 inch Sch 40 from pump to discharge site

ROD READINGS:

B.M. = 3'8" edge of county road as shown on drawing

GROUND LEVEL		/	FLOW Line BOTTOM OF TRENCH
STUB OUT	3'8"	/	3'8"
TRASH TANK IN	3'8"	/	4'4"
TRASH TANK OUT	3'8"	/	4'7"
ATU IN	3'8"	/	4'7" add fill to cover tank
ATU OUT	3'8"	/	4'9"
PUMP TANK IN	3'8"	/	4'9"
PUMP TANK OUT	3'8"	/	7'9"
DC SITE	3'9"	/	3'9"

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.

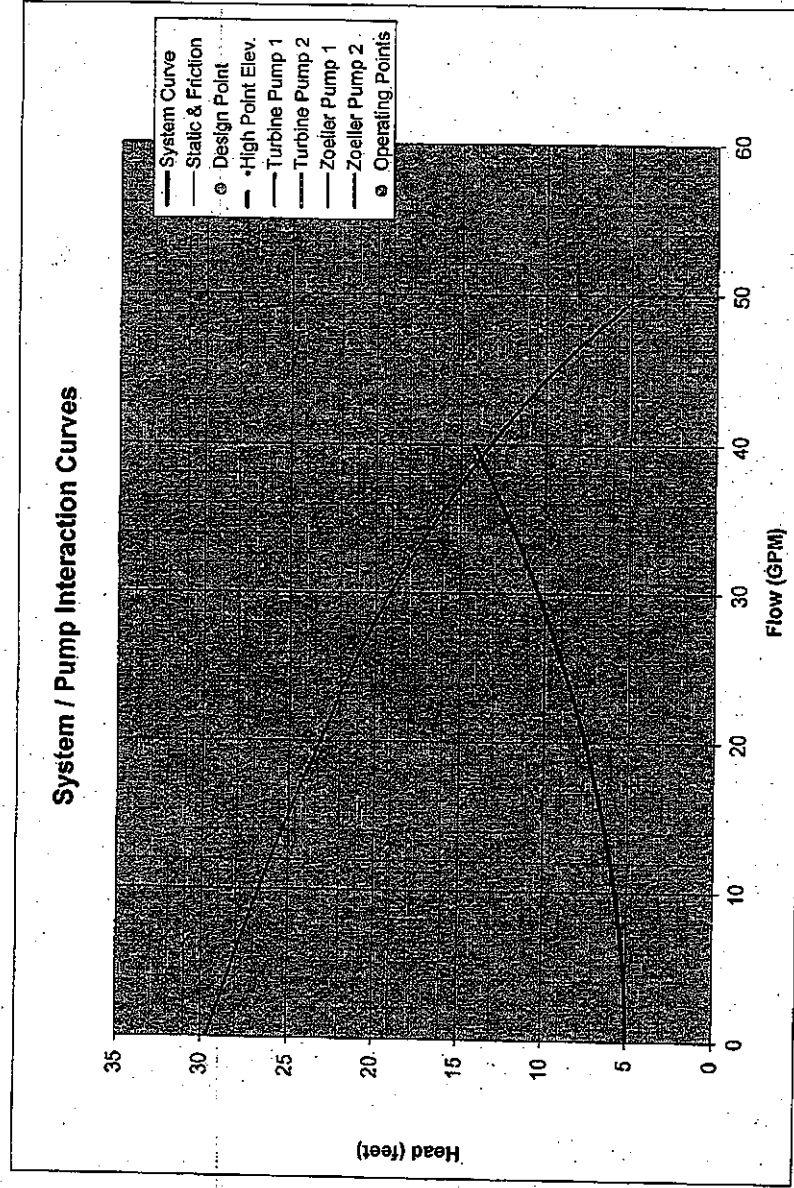
System requires a CMP schedule to assure proper discharge levels.



Zoeller Company

System Head Curve and Pump Selection Tool

Static Head Information Static Head - elevation difference from low water to outfall System high point above outfall?	
Friction Head Information Pipe How many different pipes in the system (not counting laterals)? Pipe 1 Length Pipe 1 Size Pipe 1 Class	
Pressurized Laterals?	
Things & Discharge Assemblies Type Size Quantity Flow	
Special Friction Considerations Weep Hole Add-in Friction Automatic Multicone Valve? Pressure Filter?	
Operating Head Information System Type Specify Flow Requirement?	
Factors and Coefficients Hazen-Williams C-Factor Discharge Coefficient (Cd) Lateral Design Mode	

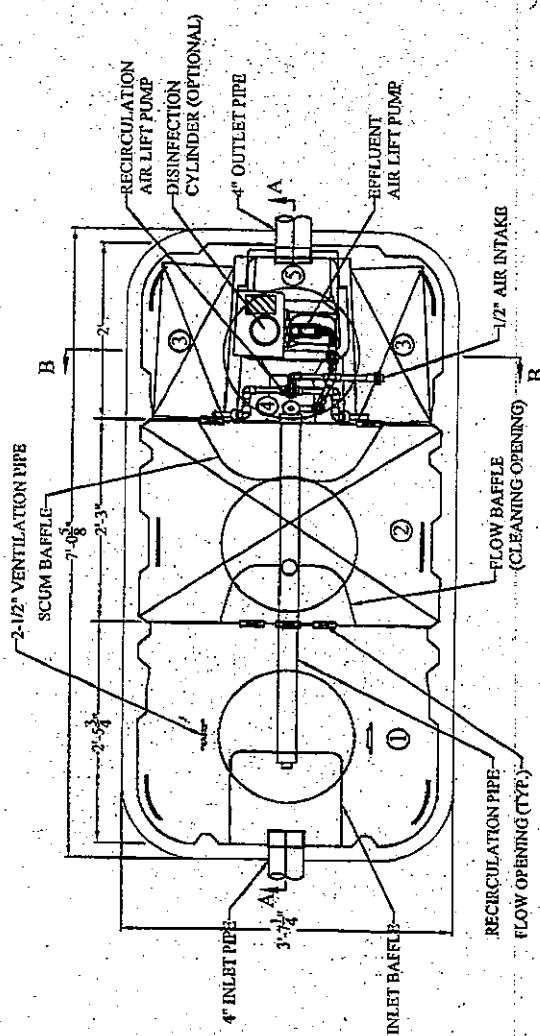


NOTE: THE DISPLAYED PUMP CURVES HAVE BEEN ADJUSTED TO ACCOUNT FOR THE EFFECT OF THE WEEP HOLE

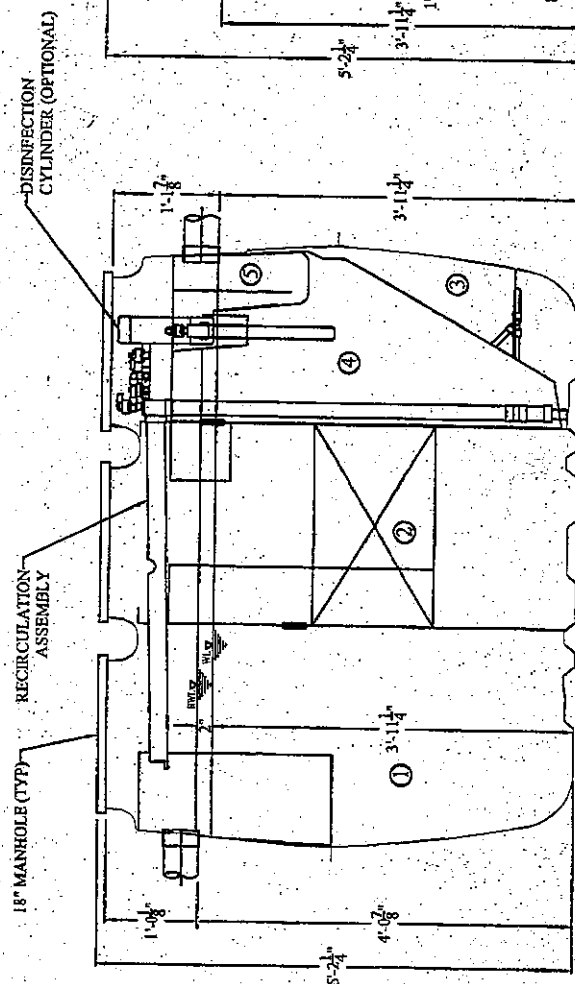
Curve Zoom Range

Project Data
Project Name:
Project Address:
Contact Info:

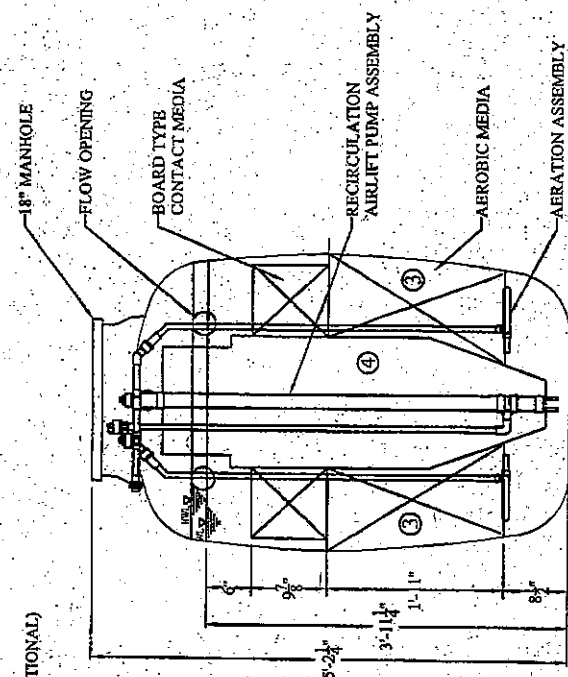
Pump Selection	Frequency	Operating Points
Zoeller Turbine Effluent Pumps		
Turbine Pump 1		
Turbine Pump 2		
Zoeller Centrifugal and Progressing Cavity Pumps		
Zoeller Pump 1		
Zoeller Pump 2		



PLAN VIEW



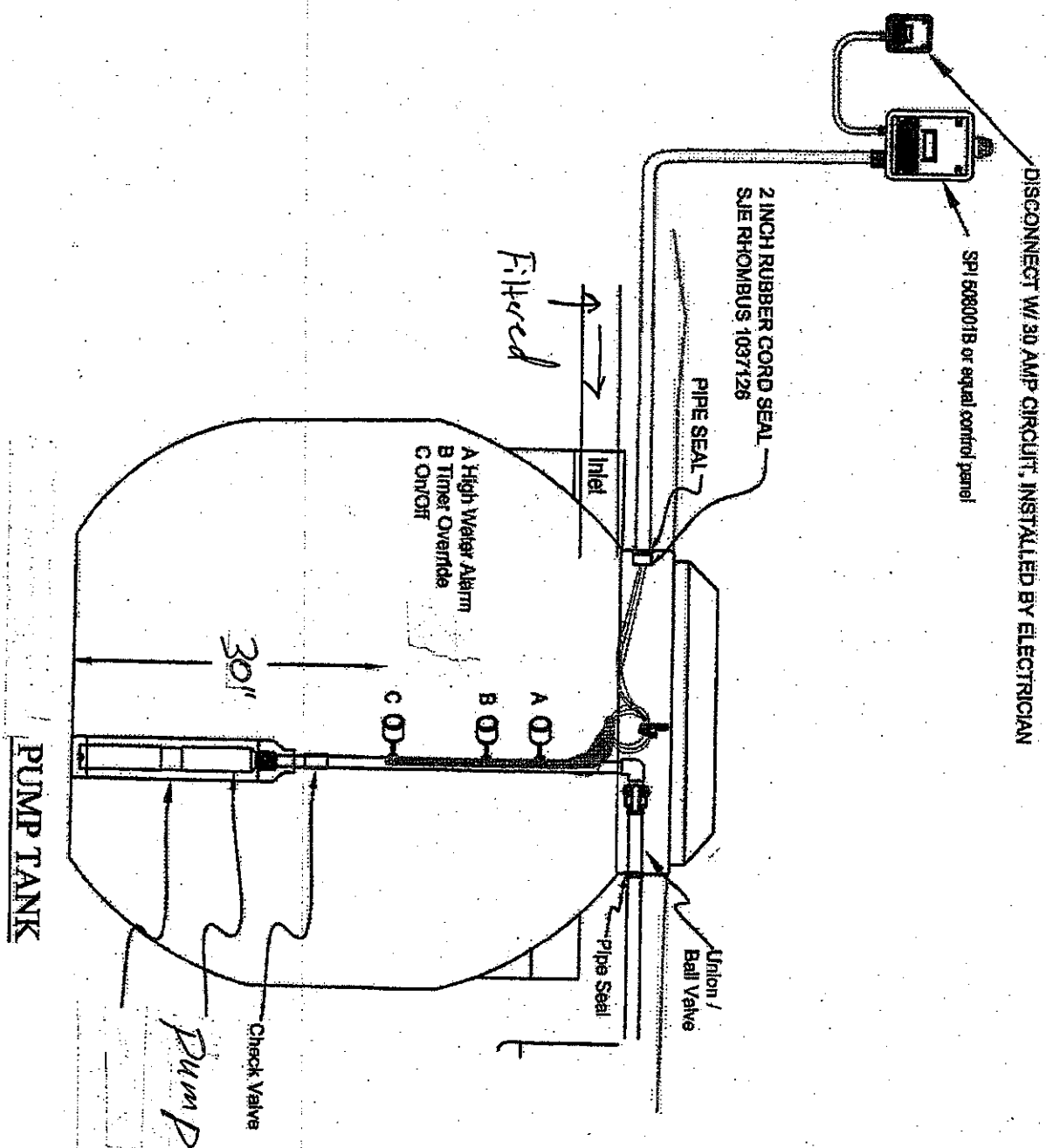
SECTION A-A VIEW



SECTION B-B VIEW

CHAMBER		Volume (gal)
①	Sedimentation Chamber	198
②	Anaerobic Filtration Chamber	198
③	Aerobic Contact Filtration Chamber	95
④	Storage Chamber	44
⑤	Disinfection Chamber	4
Total Volume		540

SPECIFICATIONS			
Anaerobic Media	PP / PE	Filling Rate	31%
Board Type Aerobic Media	PVC / PP / PE	Filling Rate	16%
Aerobic Media	PP / PE	Filling Rate	55%
Blower	2.8 cfm		
Tank	FRP		
Piping	PVC / PP / PE		
Access Covers	Plastic / Cast Iron		
Disinfectant (Optional)	Chlorine Tablets		



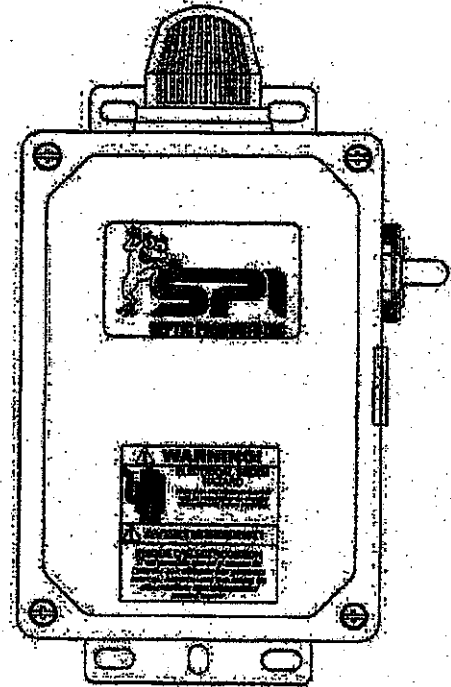


ALARM SYSTEMS

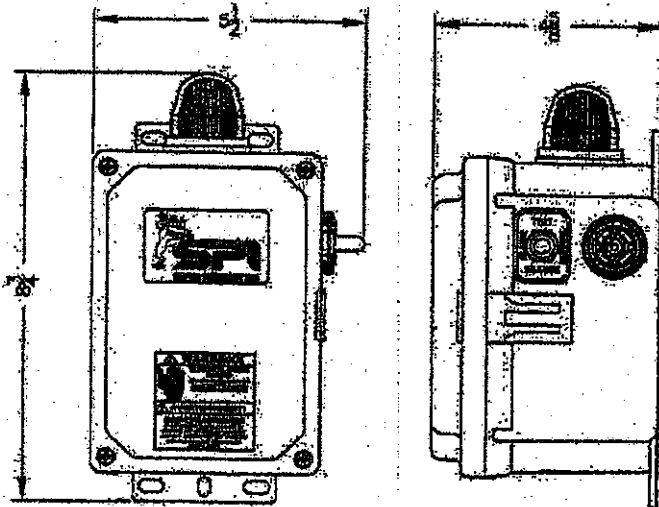
"Observer 400" Series Indoor/Outdoor Alarm

Features & Benefits

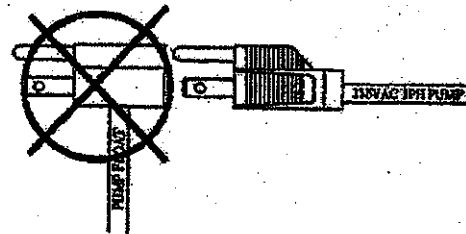
- NEMA 4x Thermoplastic Enclosure
- Large Alarm Condition Indicating Light
- Audible Horn rated 85db @ 10'
- Alarm Test-Normal-Silence switch
- Automatic Alarm Reset
- Auxiliary Dry Alarm Contact
- Easy to Access Terminal Block
- Repairable Design
- Includes 15' Mechanical Alarm Float & mounting tie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

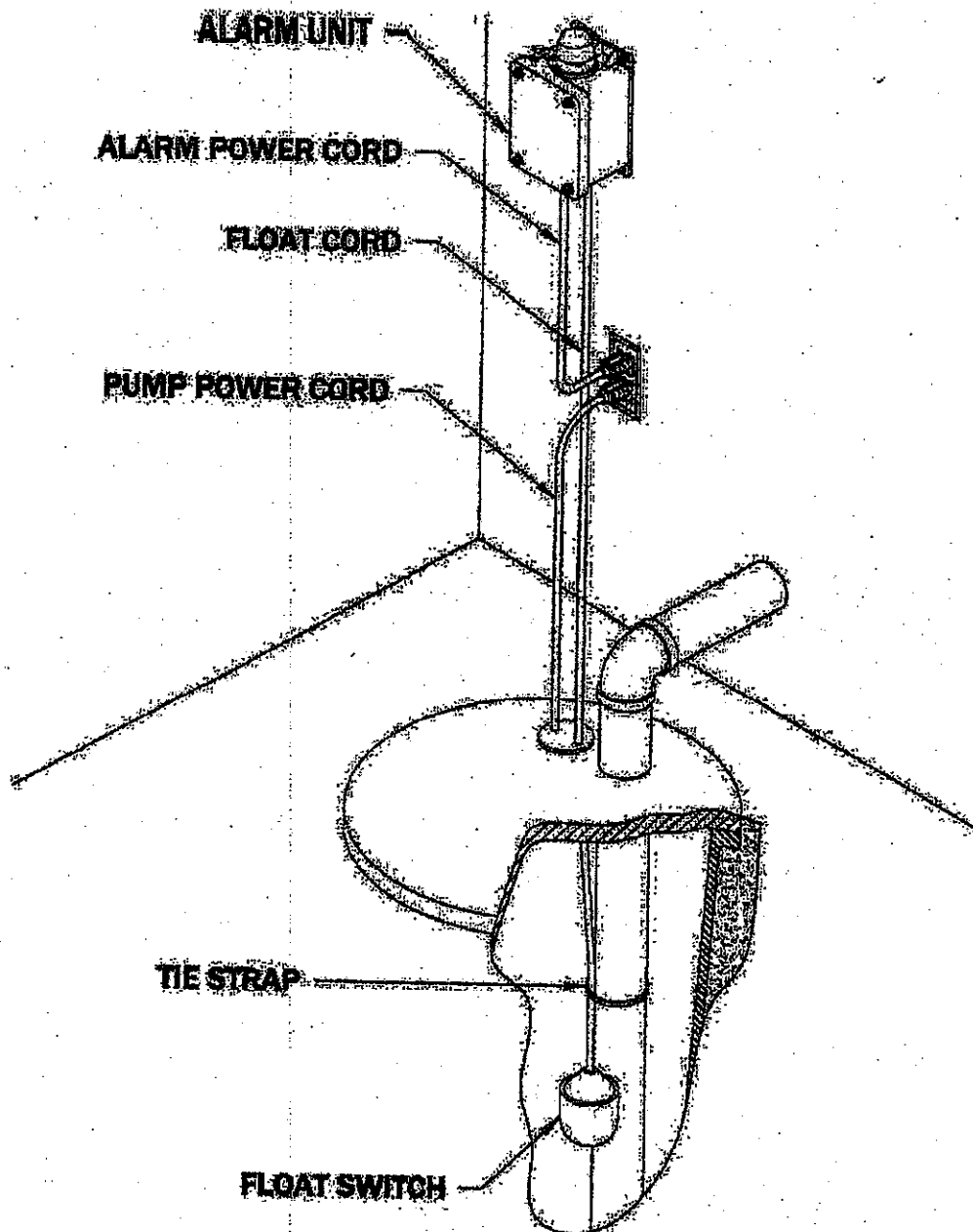
*Note: Consult the factory for other available options.



ALARM SYSTEMS

"Observer 400" Series Indoor/Outdoor Alarm

Typical High Water Alarm Installation



NEA Soil Solutions

Darrell Gann, Owner/Operator

6040 Beaver Creek Ln

Jonesboro, AR 72404

(870) 219-2107

Inspection Agreement / Contract

Date: 4/19/26

Customer and location of system:

Name: Matthew Bossick

Address: Lot 4 Green 920 Rd

City, State, Zip: Danville AL 36001

Phone: (205) 710-1001

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: 

Date: 4/23/26

CMP: 

Lic#: ADH 13846041

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

DE Environmental ID #

A D H 1 3 8 4 6 0 4 1



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

Structures more than 2000 sq ft and up to 3000 sq ft

\$60.00

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

Lot 4 Green 920 Rd Pangloss AL 36650
(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 4/23/26

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)



**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.)

Name of Applicant		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
Location of System		
Name of Installer	License #	

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	Dose Tank Inlet	FL	GE	TE
Tank Outlet	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. _____

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

↩ 3. Turn left onto US 49 S

➡ ➊ Pass by Hardee's (on the left in 3.1 mi)

4.0 mi

↗ 4. Slight right onto US 49 S/Linwood Dr

➡ ➋ Continue to follow US 49 S

4.3 mi

↩ 5. Turn left onto AR-69

0.7 mi

↗ 6. Turn right onto Old Bethel Rd

0.5 mi

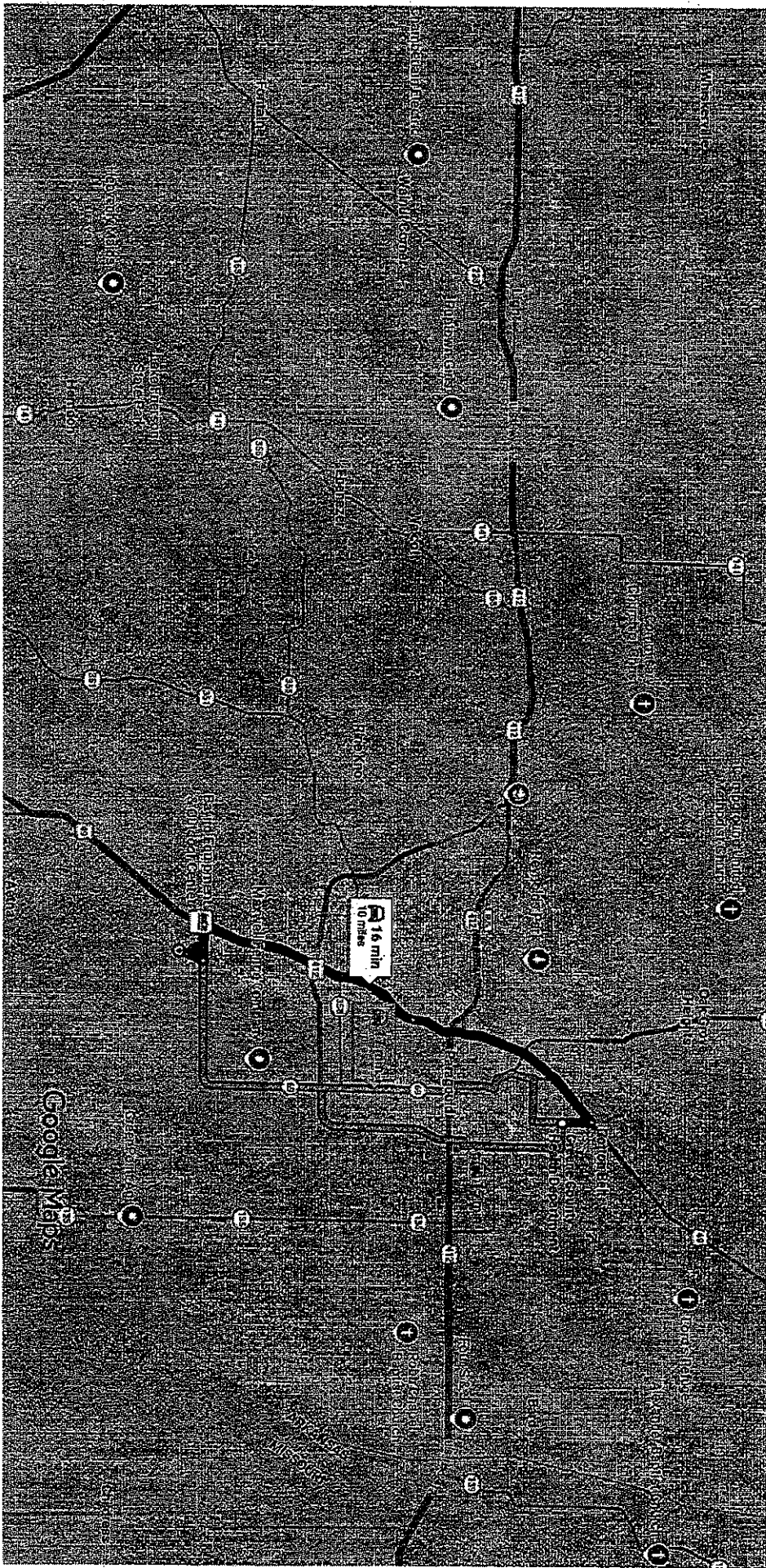
35.9808613, -90.5321084

Live traffic ▼

Fast    Slow

Google Maps

Greene County Health Department, 801 Goldsmith Rd, Paragould, AR 72450 to 35.9808613, -90.5321084 Drive 10.0 miles, 16 min



Imagery ©2026, Map data ©2026 Google 2 mi

Greene County Health Department
801 Goldsmith Rd, Paragould, AR 72450

↑ 1. Head toward Rector Rd

187 ft

↗ 2. Turn right onto Rector Rd

0.6 mi

**ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION**

INDIVIDUAL ONSITE SYSTEM PERMIT APPLICATION AUDIT

Applicant's Name Bessick

Permit # 2841147

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	/	N
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:

No Suitable Soil

EHS Name: _____

Assessor Name: _____

EHP-19a (7/09)

Date: _____