

Reuth

Onsite Wastewater System Inspection Form

Site Address: 14240 TRUELOVE ROAD (WC154)

City: WEST FORK

County: WASHINGTON

Parcel #: 001-02566-000

Current owner: JEFF & DAWN HOLIFIELD

Purpose for inspection
Ordinance 37 Water Service Other _____

Structure type: House # of bedrooms 2
CABIN Business # of employees _____

Water usage available: Y/N N
Gallons per day: _____

Construction permit by ADH: Y/N Y Date issued: 02-19-2012 Unknown _____

Operation permit by ADH: Y/N Y Date issued: 04-01-2012 Unknown _____

Permit Attached Y/N Y

Actual # of bedrooms (water usage) consistent with design: Yes No Unknown

Date System Installed: 04-01-2012 Unknown

By: Licensed installer Homeowner Unknown

Gravity System Pump System Serial Distribution Capping Fill Unknown
If other please list _____

Septic tank size: 1,000 gal Unknown _____ Tank material: PLASTIC Unknown _____

Risers in place: Y/N Y Baffles (T's) in place: Y/N _____ Unknown X

Date tank was last pumped: _____ Unknown X Pumping recommended: Y/N Y
YES IF UNKNOWN

Pump functional: Y/N _____ N/A X Unknown _____ Clean out accessible: Y/N Y

Structure currently inhabited: Y/N N Time vacant _____ months Unknown X

D-Box accessible: Y/N N N/A _____ D. valve accessible: Y/N _____ N/A

Number of field lines: 2 Unknown _____ Length of lines 90' Unknown _____

Treatment unit: Y/N N Operational: Y/N _____

Brand: _____ Model # _____ Maintenance contract current: Y/N _____

**Arkansas Department of Health
Environmental Health Protection**

Receipt Number
18044642

Individual Onsite System Permit Application

Permit Type New Installation
 Alteration / Repair

Fee Schedule for Structures		✓
Structures 1500 sq ft or less	\$ 30.00	<input checked="" type="checkbox"/>
Structures more than 1500 sq ft and up to 2000 sq ft	\$ 45.00	<input type="checkbox"/>
Structures more than 2000 sq ft and up to 3000 sq ft	\$ 90.00	<input type="checkbox"/>
Structures more than 3000 sq ft and up to 4000 sq ft	\$120.00	<input type="checkbox"/>
Structures more than 4000 sq ft	\$150.00	<input type="checkbox"/>
Alteration and Repair	\$ 30.00	<input type="checkbox"/>

DR Environmental ID #

7 6 0 2 1 4 7 0 4 7

Part 1: Treatment Type (check one) Disposal Method (check one)

<input checked="" type="checkbox"/> ISF = Intermittent Sand Filter	<input type="checkbox"/> ATU = Aerobic Treatment Plant	<input checked="" type="checkbox"/> STD = Standard Absorption Field	<input type="checkbox"/> LPD = Low Pressure Distribution
<input type="checkbox"/> PMP = Proprietary Media Filter	<input type="checkbox"/> RSF = Re-circulating Sand Filter	<input type="checkbox"/> SUR = Surface Discharge	<input type="checkbox"/> HLD = Holding Tank
<input type="checkbox"/> OTH = Other (Describe)	<input type="checkbox"/> RGF = Re-circulating Gravel Filter	<input type="checkbox"/> CPF = Capping Fill	<input type="checkbox"/> SRL = Serial Distribution
	<input type="checkbox"/> HLD = Holding Tank	<input type="checkbox"/> OTH = Other	<input type="checkbox"/> DRP = Drip Irrigation

1. Owner/Applicant's Name: **Craig Frisby** 2. Phone Number: **1 (479) 278-0875**

3. Mailing Address: **PO Box 188 West Fork, AR 72774** 4. County: **Washington**

5. Address of Proposed System (if a 911 address is not available, attach detailed directions or map.): **911: 14240 True Love Rd. Hwy 71 S. Lon Hwy 154 2.9 mi. R at "Go Away" "Trespassers will be violated", drive down hill to site.**

6. Subdivision Name: **NA** 7. Approval Date: **NA** 8. Date Recorded: **NA** 9. Lot Number: **NA**

10. Lot Dimensions: **1520' x 660'** 11. Total Area (Acres): **20** 12. # Bedrooms # People: **2 270** 13. Daily Flow (GPD): **270**

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary): **SW 1/4, NE 1/4, Section 7, Township 14 North, Range 20 West**

15. Water Supply (Specify source of Public Water): **hauling water** 16. GPS Coordinates: **N 35 54.173 W 094 05.906 N 35 54.156 W 094 05.886**

17. Soil Determination (Primary 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/ft ²)
>36"	26"	NA	NA	NA	NA	Mod	.75

18. Soil Determination (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/ft ²)
>36"	NA	32"	NA	NA	NA	Mod	.75

19. Percolation Test (min/in) 20. System Size

Rate for Hole 1	NA	a. Size of Septic Tank	1,000	gal	f. Trench Depth	18"	inches
Rate for Hole 2	NA	b. Size of Dosa Tank	NA	gal	g. Trench Spacing	6'	feet
Rate for Hole 3	NA	c. Absorption Area	360	ft ²	h. Trench Media		Trench Width
Air Area Perc.	NA	d. Number of Field Lines	2		Pipe and Gravel		24 in.
Average Perc. (1-3)	NA	e. Length of Field Lines	90	ft	EZ Flow		18 in.

Comments

21. 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 Representatives and Installers.

Mark Corbett Designated Representative Soil Certified Yes No

Signature Title

Mark Corbett 02/03/12 Date 1 (479) 466-6183 Phone Number

Typed Name Date Phone Number

22. Approval of Health Authority: The information above has been reviewed and found to meet the requirements of the Arkansas Department of Health for Onsite Wastewater Systems, Designated Representatives and Installers.

A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Health Specialist William C. Ceile Date 2/19/12

Owner's/Applicant's Name	Receipt Number
23. 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.	
Owner/Applicant <u>Craig Frigh</u>	Date <u>2/3/12</u>

Part 2 Installation Inspection	
Septic tank manufacturer	Other information
Septic tank material <u>PIPS Concrete</u>	Trench media and width <u>EC #10W</u>
Dose tank manufacturer	Depth of interceptor drain
Dose tank material	Depth of settled fill
Pump Information	
Name of Installer	License Number
Environmental Health Specialist <u>Home owner Melissa Thomas</u>	Date <u>2/1/12</u>

Part 3 Permit for Operation	
The information contained in Part 1 and Part 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 <u>M. Thomas</u>	Date <u>2/1/12</u>

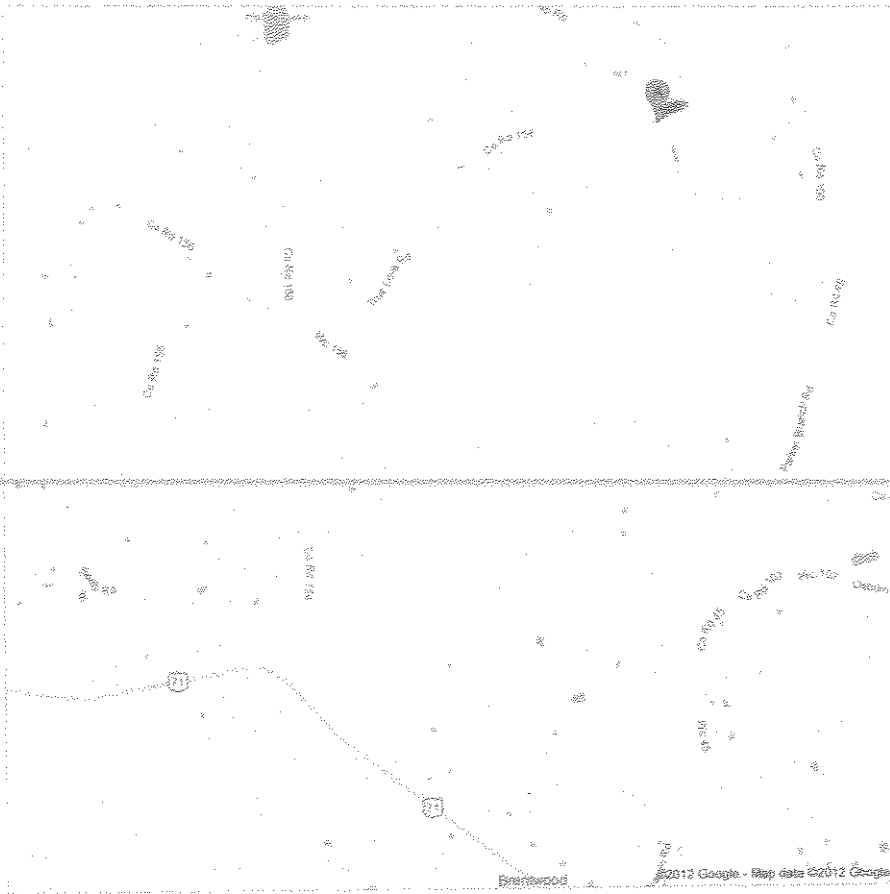
Comments

TO THE OWNER		
The permit for construction may be deemed invalid by the local Environmental Health Specialist before construction if the site and/or soil conditions have changed after approval of the permit or if the information on the permit is inaccurate.		
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, Designated Representatives and Installers, unless there are exceptions or deviations noted in the comments.		
A permit is valid for one (1) year from the date of approval. A permit more than one (1) year old must be revalidated by the authorized agent prior to the start of any construction.		
Site Revalidation Conducted by	<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Environmental Health Specialist
_____	_____	Date _____
Site Revalidation Conducted by	<input type="checkbox"/> Designated Representative	<input type="checkbox"/> Environmental Health Specialist
_____	_____	Date _____



Address 14240 Truelove Rd
West Fork, AR 72774

Get Google Maps on your phone
Text the word "GMAPS" to 466453



Tank & Leach Field: Designed with 2 lateral lines at 90'
Lateral lines are 18" inches deep, 24" inches wide on 8' centers.
1,000-gallon septic tank, and Distribution Box

Pipe Specifications: House to Tank is 4" SCH 40 Distance 10'
Tank to D-Box is 4" SCH 40 or SDR 35 Distance 50'
All tightlines are 4" SCH 40 or SDR 35

- Installer Notes:**
- Maximum trench depth should not exceed 18".
 - Flow line out of distribution box should be at or above ground elevation at Line 1.
 - Each soil absorption trench should be installed on contour as designed.
 - Gravel trench should begin 5' from the tight line.
 - Tight line trenches should be no deeper than 6".
 - Excavation of trenches by backhoe needs to be done in a manner to prevent compaction of trench bottom.
 - To avoid smearing of the sidewall of trenches, no digging should be done while the ground is wet.
 - Final grading over the absorption area shall be done to drain all surface water off and away from septic system.

The location and/or elevation of any existing utilities as shown on these plans should not be relied on as being exact or complete. The contractor is advised to contact Arkansas One Call at 1-800-482-8998 for information on existing utilities on this property.

System Elevations:

	Ground Elevation (top of natural grade)			Flow Line Elevation (bottom of pipe)		
Stub out				3' ½"		
Septic tank inlet	2'9"			5'9"		
Septic tank outlet	3'9"			6		
Distribution box in	5'8"			6'7"		
Distribution box out	5'8"			6'9"		
	Ground Elevation			Flow Line Elevation (Bottom of Trench)		
	Beg	Mid	End	Beg	Mid	End
Line 1	6'9"	6'9"	6'9"	8'3"	8'3"	8'3"
Line 2	8'5"	8'5"	8'5"	9'11"	9'11"	9'11"

Benchmark= 2'8 ½" top of stub out pipe

Property owner Notes:

- Guttering should be in such a manner to carry runoff water around and away from the lateral field.
- Garbage grinders are not recommended for septic systems.
- Recommend topsoil and seeding to prevent erosion.

Notice: This is only a plan and does not necessarily reflect the actual size shape or location of any improvements, which may be constructed on this property. This individual sewage disposal system was designed according to the Arkansas Department of Health Rules and Regulations Pertaining to Sewage Disposal Systems, DR's, and installers. However, this does not constitute a guarantee that the system will function properly.

ONSITE WASTEWATER SYSTEM CHECKLIST

Applicant's Name _____

Permit # _____

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 1-16 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.)			PUMP SYSTEMS		Y	N
9	Driveway and parking area dimensions shown (if applicable)			26	All pump calculations provided		
10	Ground elevation shots indicated			27	Pump selected has a pump curve attached		
11	Flow-line elevation shots calculated and shown			28	Alarm selected has a spec sheet attached		
12	Location, elevation, and distance of well shown (100 ft)			29	Distribution device (spider valve, hydrosplitter, etc.) spec sheet attached		
13	Location, elevation, and distance of surrounding property's wells shown (100 ft)			OPM SYSTEMS		Y	N
14	Primary absorption area located and sized accurately			30	OPM contract signed by a certified provider		
15	Alternate absorption area located and sized accurately			31	Aerobic unit spec sheet attached		
16	Location of soil pits/perc holes shown for primary and alternate area			32	Disinfection type indicated		
17	Clean out and stub out shown			33	Disinfection type spec sheet provided		
18	Unusual site conditions indicated (pond, sinkholes, etc.)			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:							

 Checklist Verification: _____
EHS signature

Date _____