



**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
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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

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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