Arkansas Department of Health and Human Services
Division of Health, Environmental Health Protection
4815 West Markham, Little Rock, Arkansas 72205-3867

Receipt Number: ST0075816

Individual Sewage Disposal System Permit Application

Permit Type: [X] New Installation [ ] Alteration / Repair

Fee Schedule for Structures		
Structures 1500 sq feet or less	$ 30.00	
Structures more than 1500 sq ft and up to 2000 sq ft	$ 45.00	X
Structures more than 2000 sq ft and up to 3000 sq ft	$ 90.00	
Structure more than 3000 sq ft and up to 4000 sq ft	$120.00	
Structures more than 4000 sq ft	$150.00	
Alteration and Repair	$ 50.00	

Part 1 Treatment Type (check one)

- [X] STD = Standard Septic Tank
- [ ] FTF = Fixed Plant Filter
- [ ] PMF = Processing Media Filter
- [ ] ISF = Intermittent Sand Filter
- [ ] OTH = Other (Describe)
- [ ] ATU = Aerobic Treatment Plant
- [ ] RSF = Recirculating Sand Filter
- [ ] RGF = Recirculating Gravel Filter
- [ ] HLD = Holding Tank

Disposal Method (check one)

- [ ] STD = Standard Absorption Field
- [ ] SUR = Surface Discharge
- [X] CPF = Capping Fill
- [ ] HLD = Holding Tank
- [ ] OTH = Other
- [ ] LPD=Low Pressure Distribution
- [ ] RAA = Reduced Absorption Area
- [ ] SRL = Serial Distribution
- [ ] DRP = Drip Irrigation

1. Owner's/Applicant's Name	2. Phone Number
Russell Marshall C/O Nigel Stout	661-294-8446
3. Mailing Address	**4. County**
27015 St Tropez Pl Castaic Ca 91384	Cleburne

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

from hwy 110 travel South on Section Line Rd to 4 way intersection continue South for 500 feet to site

6. Subdivision Name	7. Approval Date	8. Date Recorded	9. Lot Number
metes and bounds	n/a	n/a	n/

10. Lot Dimensions	11. Total Area (Acres)	12. No. of Bedrooms or No. of Persons (Commercial)	13. Est. Daily Flow (GPD)
361x218x287	0.72	3	370

14. Brief Legal Description of Property (Attach a separate sheet of paper if necessary).

Part of NE 1/4 of SE 1/4 33-11-11

15. Water Supply (Specify supplier if Public Water).	16. GPS Coordinates
Community	35d32'31.8" 92d09'37.6"

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/ft²)
37	20	23		22+6=28			0.73

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/ft²)
42+	16	19		18+6=24			0.54

19. Percolation Test (minutes) - non-soil certified DPs

Rate for Hole 1	
Rate for Hole 2	
Rate for Hole 3	
All Areas Perc	
Average Perc (1-3)	

20. System Size

a. Size of Septic Tank	1000	GAL	f. Trench Depth	12	in
b. Size of Dose Tank	XXXX	GAL	g. Trench Spacing	10	ft
c. Absorption Area	506.84	ft²	Remarks		
d. Number of Field Lines	5		PRIOR ACH APPRO		
e. Length of Field Lines	51	ft.	WILL VOID PERMIT		

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 Individual Sewage Disposal Systems.

Signature	Title	D. R. Number
	Land Surveyor	48
Clifton Stark	12/15/05	501-206-7976
Typed Name	Date	Phone Number

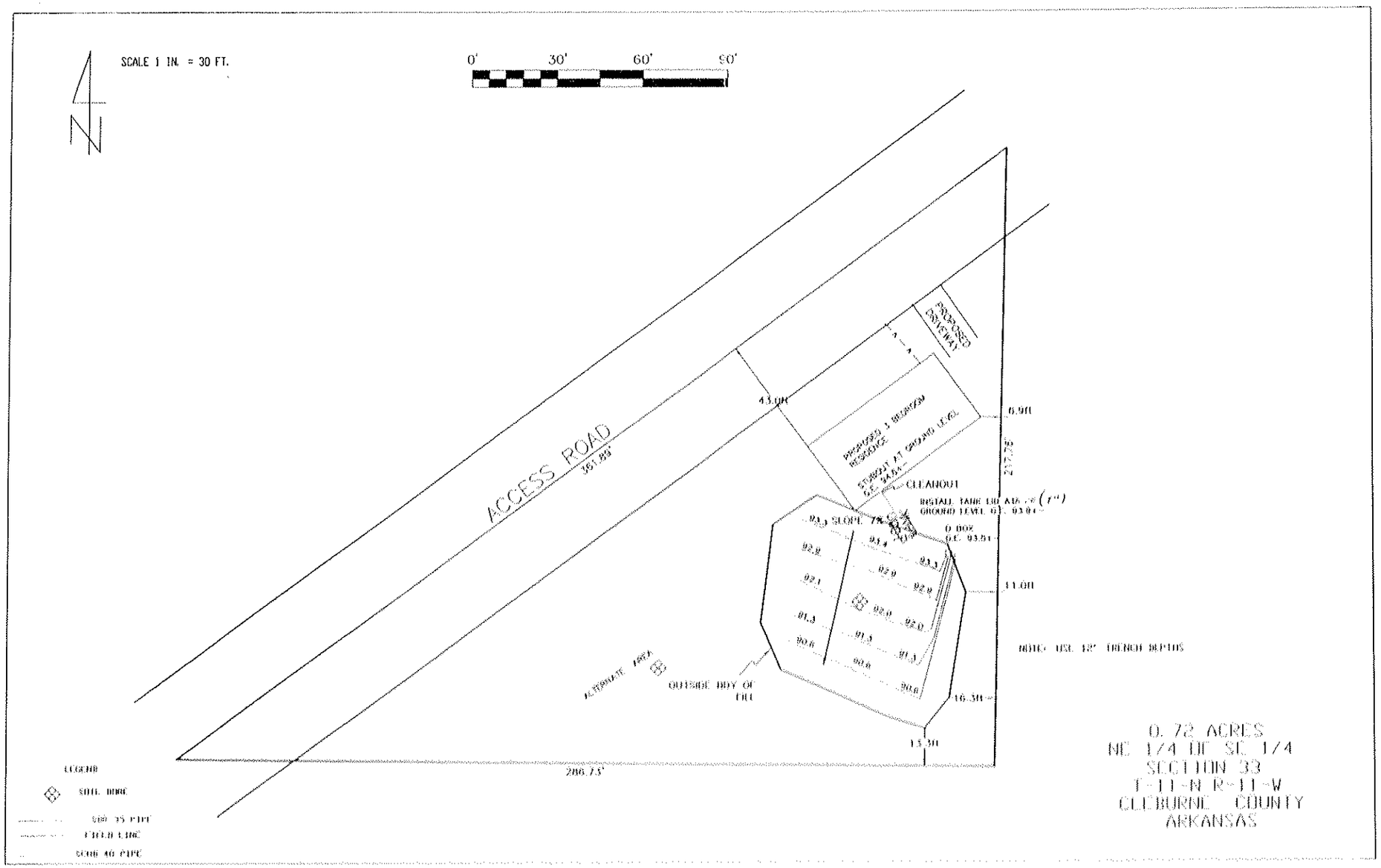
22. Approval of Health Authority: The information above has been reviewed and found to meet the requirements of the Division of Health for individual sewage disposal systems.

[X] The Division has visited the site, examined the soils and made an interpretation of the soil properties.

A PERMIT FOR CONSTRUCTION is hereby issued.

Environmental Health Specialist: Dennis Norton Date 12-20-05

EHP-19 (R3/06)



0.72 ACRES
NE 1/4 OF SE 1/4
SECTION 33
T-11-N R-11-W
CLEBURNE COUNTY
ARKANSAS

23. Utilization Verification:

I hereby attest that item 12, the number of bedrooms (dwelling or persons for commercial), and square footage of the structure that will utilize the designed individual sewage disposal system in this permit application is accurate.

Owner/Applicant: Russell Mauldin Jr Date: 12-8-05

Part 2 Installation Inspection

Septic tank manufacturer	Other information
Septic tank model(s)	Media used in absorption system
Clear tank manufacturer	Depth of system drain
Clear tank model(s)	Depth of outlet tee

Pump Information

Name of Installer	License Number
Environmental Health Specialist	Date

Part 3 Permit for Operation

The information provided in Part 1 and Part 2 of this form has been reviewed and found to meet the requirements of the Division of Health.

The PERMIT FOR OPERATION of this system is hereby issued.

Environmental Health Specialist Date

Comments

TO THE OWNER:

The Division of Health requires a fee to be paid by the property owner to the Division of Health. Please attach payment to the Application and System Layout and submit in triplicate to your local Environmental Health Specialist at the local county Health Unit for approval.

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.

If the design and installation of your individual sewage disposal system are approved, a permit for operation will be issued.

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 Arkansas Department of Health Rules and Regulations Pertaining to Individual Sewage Disposal Systems and Installers unless there are exceptions or deviations noted in the comments.

The Rules and Regulations were formulated in order to prevent as many public health problems as possible, particularly those created by improper design and installation. Soil conditions can vary greatly during different periods of the year; therefore it is virtually impossible to design a system which can be assured of working under all conditions which may be encountered.

05-338

Arkansas Dept. of Health

Cleburne Co. Health Unit
918 S. 9th St.
Heber Springs, AR. 72543
Phone- 501-362-7581 Fax- 501-362-4684

IMPORTANT NOTICE!!

* No changes or alterations may be made to this permit prior to or during construction without prior approval of the authorized agent (Cleburne Co. Sanitarian).

This is in accordance with Section 7.3 of the Rules and Regulations Pertaining to Sewage Disposal Systems, Designated Representatives, and Installers as provided in Act 402 of 1977.

ANY deviations from this system design will cause the permit to be voided as initially approved. This could involve additional expense to the property owner and possibly render the property unsuitable for development. These deviations include, but are not limited to:

1. Changes in house location.
2. Changes in well location.
3. Changes in driveway location.
4. Changes in utilities location.
5. Changes in plumbing outlet location.
6. Lowering plumbing stub-out depth.
7. Physical alteration of drain field area.
8. Removal of stakes/flags outlining system location.
9. Changes in property boundaries prior to installation of system.
10. Change in number of bedrooms in house.
11. ANY other change, which might affect system layout or installation.

If you have questions concerning this notice, contact this office prior to beginning ANY construction.

NOTE: This permit is valid for one (1) year from date of approval, according to Section 1.34 of the Rules and Regulations as provided in Act 402 of 1977. Permits that exceed 1 year from date of approval to installation must be REVALIDATED PRIOR TO CONSTRUCTION.

This notice is considered part of permit # 007586 .