

Subsurface Wastewater Disposal

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	A. Complete Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	i. Owner Name on Application matches Arkansas Secretary of State ¹
<input type="checkbox"/>	<input type="checkbox"/>	ii. Proof of Good Standing with the Arkansas Secretary of State and State of Origin, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	iii. Application signed by Responsible Official ²
<input type="checkbox"/>	<input type="checkbox"/>	B. Complete Disclosure Statement³
<input type="checkbox"/>	<input type="checkbox"/>	i. Applicant Name on Disclosure Statement matches Arkansas Secretary of State ¹
<input type="checkbox"/>	<input type="checkbox"/>	ii. Disclosure Statement signed by Responsible Official ²
<input type="checkbox"/>	<input type="checkbox"/>	C. Proof of ownership or control of land (Deed/Lease)
<input type="checkbox"/>	<input type="checkbox"/>	D. Arkansas Department of Health notification letter (New or Modified Applications)
<input type="checkbox"/>	<input type="checkbox"/>	E. Complete Waste Management Plan⁴
<input type="checkbox"/>	<input type="checkbox"/>	i. WMP signed, dated, and stamped by appropriate individual ⁵
<input type="checkbox"/>	<input type="checkbox"/>	ii. Aerial and Topographic maps showing location of system
<input type="checkbox"/>	<input type="checkbox"/>	iii. Complete Nonmunicipal Domestic Sewage Treatment Works Form, if applicable

Permit Application

PDF: https://www.adeg.state.ar.us/water/permits/pdfs/subsurface_disposal_permit_application.pdf

Word: https://www.adeg.state.ar.us/water/permits/pdfs/subsurface_disposal_permit_application.docx

Disclosure Statement

PDF: https://www.adeg.state.ar.us/ADEQ_Disclosure_Statement.pdf

Nonmunicipal Domestic Sewage Treatment Works Form

PDF: <https://www.adeg.state.ar.us/water/permits/pdfs/ndstw-trust-fund-certification-form.pdf>

Word: <https://www.adeg.state.ar.us/water/permits/pdfs/ndstw-trust-fund-certification-form.doc>

¹ Not required for sole proprietorships/private, municipal, state, federal, or other public facility

² See last page of application for signatory requirements

³ See exemptions on Disclosure Statement. All others must complete the Disclosure Statement.

⁴ See Technical Requirements in the application. The Arkansas Department of Health Form EHP-19 may be submitted as part of the WMP.

⁵ Professional Engineer licensed in the State of Arkansas or Arkansas Department of Health Designated Representative.