



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
Certification Documentation Form

Work Order No.
System No.
Date Rec'd

(PLEASE PRINT or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: First Name Last Name Street Address City Zip Code

Owner's E-Mail Address (Optional):

Property Address: Street Address City Zip Code County, Oklahoma

Legal Description: Lot Size in: ft^2, or acres

Finding Location: (Blocks or miles from a given point)

Please check the applicable certification that applies and sign below.

Flow Certification:

27A O.S. Section 2-6-403 A. 1. States: It shall be the duty of the person contracting with an installer who is modifying or installing an on-site sewage treatment system for a residence or business to certify the number of bedrooms in the residence or the water usage of the business that will be served by the sewage treatment system so that the system can be properly sized.

[ ] This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms: .

[ ] The estimated flow or actual flow for this small public sewage system is gal/day and is a Type of Facility

I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

Print First Name Last Name Signature Date Signed