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| **REQUESTER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(If you are a certified installer, please fill out certification number, first/last name, and any changes to your contact information)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certification Number: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Installer’s First Name: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Installer’s Last Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact First Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Contact Last Name: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | |  | |
| Zip: | |  | | | | | | | | | | | | | | | | | | Contact Phone Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | (   ) | | | | | | | |  | | | | |  | | | | | | - | | |  | | | | | | | | Fax Number: | | | | | | | | | | | | | | | | (   ) | | | | | |  | | |  | | | | | | - | |  | | | |
| Email Address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Property Owner First Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Last Name: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Property Owner’s Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | County Where Property is Located: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | OK | | | | | | Zip: | | | | | | | | | |  | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | | | | | | | (   ) | | | | | | |  | | |  | | | | | | | - | | |  | | |
| Subdivision: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Lot: | | | | | | | | | |  | | | | | | | | | | | | | | Block: | | | | | |  | | | | | | | | | | | | | |
| \*\*\* | | | ***The following information must be completed in order for DEQ to process the request for services form.***  ***The information may be obtained from the deed or the county assessor’s office.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*\*\* | | | | |
| Section: | | | | |  | | | | | | | | | | Township: | | | | | | | | | |  | | | | | | | | | | | Range: | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REQUESTED SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED SERVICES FEES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For expedited service the DEQ recommends paying online at:**  <https://applications.deq.ok.gov/sewagepermit/>  Otherwise, please select all services being requested at this time and then select a form of payment. If you choose Visa or MasterCard, or purchase order you may fax this request to **(405)702-7120**. If not, mail this request and your check or money order made payable to DEQ to the address below.  OK Department of Environmental Quality  Administrative Services – Accounts Receivable  PO Box 2036  Oklahoma City, OK 73101-2036 | | | | | | | | | | | | | | | | | | | | | | | | | *2929301415-100070* | | | | | | | | | | | | | | | | | | | Soil Test (DEQ augered) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $338.08 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | *2929301415-100071* | | | | | | | | | | | | | | | | | | | Soil Test (pits provided by applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $202.84 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | **Type of system to be installed:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | **Installer is not certified to self-inspect the system** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | *2929301415-100105* | | | | | | | | | | | | | | | | | | | Authorization/Permit to Construct Design Flow >1500 gpd | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $608.52 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | *2929301415-100104* | | | | | | | | | | | | | | | | | | | Authorization to Construct a Modification of Existing System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $338.08 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | **Alternative system review (not required for systems installed in accordance with 641)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | *2929301415-100101* | | | | | | | | | | | | | | | | | | | Alternative System Plan Review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $270.44 | | | | | | |
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| **PAYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | ***Check if billing address is same as requester. If not, complete the following:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | City: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | |  | | | | | Zip: | | | | | | |  | | | | | | | | |
| Phone Number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check made payable to DEQ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Money Order made payable to DEQ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Credit Card (Visa or MasterCard ONLY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name on Card: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Signature of Authorized User: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Card Type: | | | | | | | | | Visa | | | | | | | | | | | | | MasterCard | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date: | | | | | | | | | | | | |  | | | | | | | | | **/** |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | Month | | | | | | | | | |  | Year | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| Card Number: | | | | | | | | | |  | | | | |  | |  | |  | | |  | |  |  | | |  | | | |  | |  |  | | |  | | |  |  | |  | | | | |  | |  | | |  |  | | | |  | | | | |  |  |  | | |  | | |  | | |  | |  | | | | |  | |  | | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
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