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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: |       |
|  |
| **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: |      |  |
|  |
| **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 QualityAdministrative Services – Accounts ReceivablePO Box 2036Oklahoma 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:** |
|  |  | [ ]  Conventional Subsurface Absorption/Shallow Extended |  |
|  |  | [ ]  Evapotranspiration/Absorption (ETA) |  |
|  |  | [ ]  Lagoon |  |
|  |  | [ ]  Aerobic-Spray |  |
|  |  | [ ]  Aerobic-Drip |  |
|  |  | [ ]  Low Pressure Dosing (LPD) |  |
|  | **Installer is certified to self-inspect the system** |
|  | *2929301415-100102* | [ ]  Authorization/Permit to Construct Design Flow < 1500 gpd | $338.08 |
|  | *2929301415-100106* | [ ]  Authorization to Construct a Modification of Existing System | $202.84 |
|  | **Installer is not certified to self-inspect the system** |
|  | *2929301415-100103* | [ ]  Authorization/Permit to Construct Design Flow <1500 gpd | $473.31 |
|  | *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 |
|  |  | TOTAL: |       |
|  |
| **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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