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| **ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION** |
|  |  REPORT FOR ON-SITE SEWAGE TREATMENT |  | Work Order No. |       |
|  |  *DESIGN ONLY* |  | System No. |       |
|  |   *(PLEASE PRINT or TYPE)* |  | Date Rec’d |       |
|  |
| **GENERAL INFORMATION:** |
| Name and Mailing Address of Property Owner: |       |       |       |       |       |
|  |  *First Name last Name* | *Mailing Address* | *City* | *Zip Code* |
| Owner Phone Number: | (   )    -     | Owner’s E-Mail Address: |       |
|  |
| Property Address: |       |       |       |       | , Oklahoma |
|  | *Street Address* | *City* | *Zip Code* | *County* |  |
| Legal Description: |       |  Lot Size in  |       | ft2  | or |       | acres: |
|  |
| Finding Location: |       |
|  | *(Blocks or miles from a given point)* |
| Water Supply: | [ ]  Individual Private Well | *or* | [ ]  Public Water Supply – Name: |       |
|  |  |
| GPS Coordinates: | Lat: |       | Long: |       |
|  |
| Dispersal field located in Water Body Protection Area (check one): [ ]  Zone 1 [ ]  Zone 2 [ ]  None |
|  |
| **Flow Certification:** 27A O.S. 2001, Section 2-6-403 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.” |
| The following information was certified on DEQ Form 641-581cert. (Certification Documentation Form) |
| [ ]  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* |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| *Print First Name* |  | *Last Name* |  | *Signature* |  | *Date Signed* |

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| **TREATMENT:** |
|  **[ ]  Septic Tank with** **gal. liquid capacity [ ]  Aerobic Treatment [ ]  Aerobic Treatment with Nitrogen Reduction** |
|  |
| **DISPERSAL:** |  |
| **[ ]  Lagoon:** | **[ ]**  | Square  | with bottom dimensions of       feet by       feet. | **[ ]**  | Round  | with bottom diameter of       feet. |
| **[ ]  Spray Irrigation:** | with a      -gallon capacity pump tank and       square feet of surface application area. |
| **DESIGNER CONTACT INFORMATION:** |
| Email:       |  |       |  |  |  |  |
|  |  | *Please Print First Name* |  | *Last Name* |  | *Certification Number* |
|  |  |  |  |  |  |  |  |  |  |  |
| *Address* |  | *City* |  | *State* |  | *Zip* |  | *Phone #* |  | *Date Signed* |
|  |
| **DEQ USE ONLY:** |  |
| **[ ]**  | **DEQ Reviewed and Accepted** |  |  |  |
| [ ]  | **DEQ Reviewed and Rejected** (date and initial) |  |  |  |  |
| *Notes:* |  |
|  |  |  |
|  |  |  |  |  |
| ***Environmental Specialist’s Signature*** |  | ***Employee ID*** |  | ***Date Signed and Paperwork Issued*** |
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