|  |  |
| --- | --- |
| Facility ID No.: |       |
| Date Received: |       |

|  |
| --- |
| **I. APPLICANT’S INFORMATION *(Please Print or Type)*** |
|       |  |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |    |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|  |
| **II. FACILITY INFORMATION** |
|       |  |       |
| Facility Name |  | Facility Address or Legal Description |
|       | , OK |       |  |       |  |
| City |  | Zip |  | County |  |
|  |
| **III. WELL NAME and LOCATION** |
|       |  |       |  |       |  |
| Well #1 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|       |  |       |  |       |  |
| Well #2 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|       |  |       |  |       |  |
| Well #3 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|  |
| **IV. REQUIRED ATTACHMENTS** |
| [ ]  Two consecutive days of safe bacteriological testing | [ ]  Groundwater Well Completion Report/Well Driller’s Log |
| [ ]  Nitrates or any other analyses performed |
|  |
| **V. CONSTRUCTION CERTIFICATION** |
|  | I certify that this Minor Public Water Supply was constructed in accordance with DEQ rules and generic plans and request a final inspection. |  |
|       |  |       |  |  |  |       |
| First Name of Applicant |  | Last Name of Applicant |  | Applicant’s Signature |  | Date Signed |
|  |
|  |  |  |  |  |  |  |

SEND COMPLETED REQUEST FOR FINAL INSPECTION TO YOUR LOCAL DEQ OFFICE OR CALL (405) 702-6100 FOR ASSISTANCE.