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

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