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| **System No.:** | |  | | | | | **Authorization No.:** | | | |  | | | | | **Reference No.:** | | | | | | | |  | | | | | | | | | | | **Date Received:** | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I.**  **PROPERTY INFORMATION:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name/Mailing Address of Owner: | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |  |  | | |
|  | | | | | | | | *First Name* | | | | | *Last Name* | | | | | | | *Mailing Address* | | | | | | | | | | | | | | | | | *City* | | | | | | *State* | *Zip Code* | | |
| Email Address: | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Property Address: | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | OK | | | |  | | | | |  | | | | |
|  | | | | | *Street Address* | | | | | | | | | | | | | *City* | | | | | | | | | | | | | | | *State* | | | | *Zip Code* | | | | | *County* | | | | |
| Legal Description: | | | | |  | | | | | | | | | | |  |  | | | |  | | | | |  | |  | |  | | | | | | | | | | | | | | | | |
|  | | | | | *¼ and ½ ‘s* | | | | | | | | | | | *Section* | *Township* | | | | *Range* | | | | | *Lot* | | *Block* | | *Subdivision* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. GENERAL INFORMATION:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | TYPE OF WORK:  New Installation  Modification  Repair | | | | | | | | | | | | | | ALTERNATIVE SYSTEM:  Yes  No | | | | | | | | | | | | | | | | | DATE of INSTALLATION: | | | | | | | | |  | | | | |  |
|  | TANKS:  Septic Tank       gal.  Trash Tank       gal.  Pump Tank       gal.  Flow Equalization       gal.  Low Pressure Dosing       gal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | AEROBIC TREATMENT: Capacity rating:       gpd NSF 40  NSF 245  Manufacturer | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Model | |  | | | | | | | | | |  |
|  | IRRIGATION  Drip – Total length of line:       ft.  Spray – Total irrigation area:       ft2 | | | | | | | | | | | | | | | | | | | | | | | | | | LAGOON: | | | | Square       ft. X       ft. | | | | | | | | Round       ft. | | | | | | |  |
|  | ABSORPTION TRENCHES Total trench length:       ft. | | | | | | | | | | | | | Media:  Rock  Manufactured Media | | | | | | | | | | | | | | Trench depth:       in. | | | | | | | | | Media depth:       in. | | | | | | | | |  |
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| **SKETCH SYSTEM LAYOUT – Include all distances on drawing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **N** | |
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| **III. CERTIFIED INSTALLER USE ONLY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I hereby certify that I installed / modified / repaired the above-described on-site sewage treatment system in compliance with OAC 252:641. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |
| *Installer’s Signature* | | | | | | | | | | | | | | | | | |  | *Installer’s Certification #* | | | | | | | | | | | | | | | | | |  | *Date Signed* | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |
| Installer Mailing Address: | | | | | |  | | | | | | | | | | | |  | Installer Email Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | |
| **IV. DEQ USE ONLY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SYSTEM INSPECTED BY DEQ ON (Date):** | | | | | | | | | | | |  | | | | | | OR | | **CERTIFIED INSTALLER’S FINAL INSPECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Installer’s Name: | | | | | | | | | | | | | | | | |
|  | | | | | This system **COMPLIES** with OAC 252:641 | | | | | | | | | | | | | Date Filed: | | | | | | | | |  | | | | | | Date Rejected: | | | | |  | | | | | | |
| Joint Inspection | | | | |  | | | | | | | | | | | | | Notes: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | This system **FAILS** to comply with OAC 252:641 | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Environmental Specialist’s Signature | | | | | | | | | | | | | | | | | | | | | | | |  | Employee ID | | | | | | | | | | | |  | Date Paperwork Signed and Issued | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | |