|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. |  |
|  |  |  |  |  |  |
| **SKETCH SYSTEM LAYOUT – Include all distances on drawing** | **N** |
|  |
|  |
| **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. |  |
|  |  |       |  |  |
|  |  |
| *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 |  |  |
|  |  |  |  |  |  |
|  |  |       |  |       |
| Environmental Specialist’s Signature |  | Employee ID |  | Date Paperwork Signed and Issued |
|  |  |  |  |  |