|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DEQ9_11_02**environmental complaints and local services division** | | | | | |
|  | | Certification Documentation Form |  | Work Order No. |  |
|  |  | |  | 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’s E-Mail Address *(Optional)*: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)* | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please check the applicable certification that applies and sign below.*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Flow Certification:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27A O.S. Section 2-6-403 A. 1. 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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| I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | |  |  | | | | | | | | | | |  |  | | | | |
| *Print First Name* | |  | *Last Name* | | | | |  | *Signature* | | | | | | | | | | |  | *Date Signed* | | | | |