|  |
| --- |
| **report for on-site sewage treatment** |
| *SOIL PERCOLATION TEST* |
| **(PLEASE PRINT LEGIBLY or TYPE)** |
|  |
| **GENERAL INFORMATION:** |
| Name and Mailing Address of Property Owner: |       |       |       |       |       |
|  | *First Name* | *Last Name* | *Mailing Address* | *City* | *Zip Code* |
| Owner Phone Number: | (   )    -     | Owner’s E-Mail Address (Optional): |       |
|  |
| Property Address: |       |       |       |       | , Oklahoma |
|  | *Street Address* | *City* | *Zip Code* | *County* |  |
| Legal Description: |       |  Lot Size  |       | ft2 or |       | acres |
|  |
| Finding Location: |       |
|  | *(Blocks or miles from a given point)* |
| Water Supply: | [ ]  Individual Private Well | *or* | [ ]  Public Water Supply – Name: |       |
|  |  |
| **WATERBODY PROTECTION AREA:** |
| Dispersal field located in Water Body Protection Area: *check one*  | [ ]  Zone 1 [ ]  Zone 2 or [ ]  None |
|  |
| **Flow Certification:** 27A O.S. 2001, Section 2-6-403 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.” |
| The following information was certified on DEQ Form 641-581cert. (Certification Documentation Form) |
| [ ]  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* |
|  |
| **SOIL TEST RESULTS:** | [ ]  Design Only | Print First and Last Name: |  | Design Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***TEST HOLE*** | ***Test Hole Depth*** | ***Test Hole Percolation Rate*** |  | **SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED** | **OVERALL PERCOLATION RATE**  |
|  |
| **#1** |        inches |        min/in |  |        inches |        minutes/inch |
| **#2** |        inches |        min/in |  | **SYSTEMS ALLOWED** |
| **#3** |        inches |        min/in |  | ***System Type*** | ***Option based on percolation test results?*** |
| **#4** |        inches |        min/in |  | **CSA** – Conventional Subsurface Absorption: | [ ]  Y [ ]  N |
| **#5** |        inches |        min/in | **L** – Lagoon: | [ ]  Y [ ]  N |
| **#6** |        inches |        min/in |  | **ASI** – Aerobic w/Spray Irrigation: | [ ]  Y [ ]  N |

|  |
| --- |
| **Presoak Certification:**I hereby certify that I started the presoak no earlier than 24-hours prior to the start of the percolation test procedure; I did not observe water in any of the test holes prior to starting the presoak; I presoaked each test hole by filling them with water and then refilling them as necessary to maintain a water depth of at least 12 inches for at least 4 consecutive hours.  |
|  |       |       |  |  |  |       |  |
|  | *Printed First Name* | *Last Name* |  | *Signature* |  | *Date Signed* |  |

|  |  |  |
| --- | --- | --- |
| **Soil Tester Certification:** I certify that I conducted the above-described percolation test in compliance with OAC 252:641 on  |      , | and the dispersal field will  |
| not be located in a Water Body Protection Area. |
|  |       |  |  |  |  |       |  |
|  | *Soil Tester’s First Name* | *Last Name* |  | *Soil Tester’s Signature* |  | *Date Signed* |  |
| Registration #  |       | **[ ]**  RPS | **[ ]**  RPES | **[ ]**  PE | **[ ]**  LS | **[ ]**  SS |
|  |       |  |       |  |
|  | *Mailing Address* |  | *Phone Number* |  |
|  **RECOMMENDED SYSTEM:** *(check one)*  |  |  |
|  **[ ]  CSA – Conventional Subsurface Absorption** *(requires soil test)* **[ ]  L – Lagoon [ ]  ASI – Aerobic with Spray Irrigation** |

 **DEQ USE ONLY:** Percolation Test Results / Design:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  **ACCEPTED** by DEQ on:  |       |  |  | [ ]  **REJECTED** by DEQ on: |       |  |       |  |
|  | *Date* |  |  |  | *Date* |  | *Initial* |  |
|  |
| ***Notes:***  |       |
|  |  |  |       |  |
|  | *Environmental Specialist’s Signature* |  | *Employee ID* |  |

|  |  |
| --- | --- |
|  |  |
| Owner’s Last Name |       |
| **SYSTEM DESIGN:** |
| **TREATMENT:** |
| [ ] **Septic Tank** with  |  | gal. liquid capacity | **[ ]  Aerobic Treatment**  |
|  |  |  |  |
|  |
| **DISPERSAL:** |
|  **[ ]  CSA:**  | with       feet of subsurface absorption trenches. The trench bottom shall be no deeper than       inches |
|  **[ ]  L:**   | with bottom dimensions of       feet by       feet or with a diameter of       feet |
| **[ ]  ASI:** | with a       -gallon capacity pump tank and       square feet of spray irrigation area |

 **LOCATION OF PERCOLATION TEST HOLES:** *(Skip this section if percolation test not performed)*

|  |
| --- |
| *Show the location of all percolation test holes in relation to two fixed reference points* |

|  |  |
| --- | --- |
| **REMARKS:**  |       |