|  |  |
| --- | --- |
|  | **ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION** |
|  |  REPORT FOR ON-SITE SEWAGE TREATMENT |  | Work Order No. |       |
|  |  *SOIL PROFILE DESCRIPTION TEST* |  | 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 Phone Number: | (   )    -     | 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)* |
| 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 of Designer: |  | Design Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Depth of*** ***Test Hole***  | **HOLE #1** | **HOLE #2** | **HOLE #3** | **SEPARATION RANGE** |
|  | ***Group*** | ***Limiting Layer w/in Interval\**** | ***Group*** | ***Limiting Layer w/in Interval\**** | ***Group*** | ***Limiting Layer w/in Interval\**** | Depth of “shallowest limiting layer”:  |       inches |
|  |  |  |  |  |  |  | Test hole with the lowest clay content in separation range: | Hole #       |
| **0-6”** |    |       |    |       |    |       | Most prevalent soil group found in the separation range:  | Group       |
| **6-12”** |    |       |    |       |    |       | **DISPERSAL ALLOWED / APPLICABLE SIZING RANGE** |
| **12-18”** |    |       |    |       |    |       | ***System Type*** | ***Sizing Range*** | ***Option***  |
| **18-24”** |    |       |    |       |    |       | **CSA** – Conventional Subsurface Absorption | 12-30” | [ ]  Y [ ]  N |
| **24-30”** |    |       |    |       |    |       | **LPD** – Low Pressure Dosing | 12-30” | [ ]  Y [ ]  N |
| **30-36”** |    |       |    |       |    |       | **SE** – Shallow Extended | 6-24” | [ ]  Y [ ]  N |
| **36-42”** |    |       |    |       |    |       | **ET/A** – Evapotranspiration/Absorption | 12-30” | [ ]  Y [ ]  N |
| **42-48”** |    |       |    |       |    |       | **L** – Lagoon | N/A | [ ]  Y [ ]  N |
| **48”-54”** |    |       |    |       |    |       | **ADI** – Aerobic w/ Drip Irrigation | 0-18” | [ ]  Y [ ]  N |
| *\*Limiting layers:* ***GW = Ground Water RX = Redox RC = Rock G5 = Group 5 Soil*** | **ASI** – Aerobic w/Spray Irrigation | 0-18” | [ ]  Y [ ]  N |
|  |  |  |  |
| **RECOMMENDED SYSTEM AND SIZING CRITERIA:** |
| **TREATMENT REQUIRED check one**  | (a) | **HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE** | (b) | **MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (a)** |
| **[ ]  Septic tank [ ] Aerobic treatment**  |  | **[ ]  #1 [ ]  #2 [ ]  #3** | **[ ]  1 [ ]  2 [ ]  2a [ ]  3** **[ ]  3a** **[ ]  4** **[ ] 5** |
| **[ ]  Aerobic treatment with nitrogen reduction** |  |  |  |
| **CERTIFIED SOIL TESTER USE ONLY:** |
|  I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on |  |
|  | *Date Test Performed* |
|  |  |  |  |  |  |  |
| *Soil Tester’s Signature* |  | *Please Print First Name* |  | *Last Name* |  | *Certification Number* |
|  |  |  |  |  |  |  |  |  |  |  |
| *Address* |  | *City* |  | *State* |  | *Zip* |  | *Phone #* |  | *Date Signed* |
|  |
| **DEQ USE ONLY:** |  |
| **[ ]  Soil Test Performed by DEQ on *(date)*:**  |  | **OR** | **[ ]**  | **DEQ Reviewed and Accepted** |
| [ ]  | DEQ Soil Profile Test | [ ]   | Verification of Design | [ ]   | Joint Soil Profile |  | **[ ]**  | **DEQ Reviewed and Rejected** (date and initial) |  |  |  |
|  |  | *Notes:* |  |
|  |  |  |
|  |  |  |  |  |
| ***Environmental Specialist’s Signature*** |  | ***Employee ID*** |  | ***Date Signed and Paperwork Issued*** |
|  |

|  |  |
| --- | --- |
| Work Order No. |       |
| System No. |       |
| Owner’s Last Name |       |

**SYSTEM DESIGN:** Check all that apply

|  |
| --- |
|  **TREATMENT:** |
| **[ ]  Septic Tank with**  |  | **gal. liquid capacity** |  **[ ]  Aerobic Treatment** |  **[ ]  Aerobic Treatment with Nitrogen Reduction** |
|  |  |  |  |
|  **DISPERSAL:** |
| **[ ]  CSA:** | with       feet of subsurface absorption trenches. The trench bottom shall be no deeper than       inches. |
| **[ ]  LPD:** | with a      -gallon capacity pump tank and       feet of subsurface absorption trenches. The trench bottom shall be no deeper that       inches. |
| **[ ]  SE:** | with       feet of subsurface absorption trenches. The trench bottom shall be no deeper than       inches. |
| **[ ]  ET/A:** | with       feet of evapotranspiration trenches. The trench bottom shall be no deeper than       inches. |
| **[ ]  L:** | with bottom dimensions of       feet by       feet. |
| **[ ]  DI:** | with a      -gallon capacity pump tanks and       feet of drip line. |
| **[ ]  SI:** | with a      -gallon capacity pump tank and       square feet of surface application area |
| **[ ]**  | An Alternative system as described on the attached DEQ Form 641-581 Sup, “Supplemental Application for an Alternative System”. |
|  |

**LOCATION OF TEST HOLES:** *Show the location of all test holes in relation to two fixed reference points in the sketch box below*

|  |
| --- |
| *SKETCH BOX* |

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