



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
SUPPLEMENTAL APPLICATION FOR AN
ALTERNATIVE ON-SITE SEWAGE TREATMENT SYSTEM

GENERAL INFORMATION:

Property Owner: Phone #: County:
Property Address: City: Zip:
Legal Description:
Latitude: Longitude:
Contact (if different than owner): Phone #:

REASON FOR ALTERNATIVE REQUEST:

Reason for Alternative (i.e. lot size or configuration issue, small public aerobic system, new technology, etc.)

Are other on-site sewage treatment systems, currently described in OAC 252:641, an option for this facility and location?

Yes (type of systems)

No (explain)

If other installation options are allowed, explain the reason for requesting an alternative system installation?

REQUIRED ATTACHMENTS:

- Soil Profile
- Scale Site Drawing (including system layout with separation distances found in OAC 252:641 Appendix E
- Proposed System Design (description of system to be installed)

TO BE COMPLETED BY PROPERTY OWNER:

I, (printed name of property owner)

,hereby certify that I am the owner of the above-described property, and request that consideration be given by the Department of Environmental Quality (DEQ) for the approval to install and use the above-described alternative on-site sewage treatment system on the above-described property.

I understand that approval by DEQ to install and use any type of sewage treatment system is not a guarantee that the system will function properly. I further understand that upon the sale of this property, I must provide a copy of the permit and final inspection for this system to the next purchaser of the property.

Property Owner's
Signature

Date Signed:

THE PROPERTY OWNER WOULD LIKE THIS FORM RETURNED TO:

Name:

Address:

City:

, Oklahoma

Zip:

NOTE: Be sure to review any applicable local rules and ordinances before having the system installed.

DEQ USE ONLY

TO BE COMPLETED BY THE ENVIRONMENTAL SPECIALIST

If a system currently described in OAC 252:641 is an option, has it been discussed with the property owner?

Yes

No

NA

COMMENTS:

Describe, in detail, the type of facility this proposed system will service:

Is the Proposed alternative system:

a new installation?

replacing a malfunctioning on-site sewage treatment system?

replacing a functioning on-site sewage treatment system?

COMMENTS:

Your request for the issuance of a permit for an alternative on-site sewage treatment system as described on this application has been:

APPROVED

With the following requirements:

Install according to the attached plans.

Limit water usage to a maximum of _____ gallons per month.

Other: _____

REJECTED

For the following reason(s):

DEQ Authorized Signature:

Date Signed:

Date Paperwork Issued:

Date Entered in Database:

Entered By: