



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

REPORT FOR ON-SITE SEWAGE TREATMENT SOIL PERCOLATION OR SOIL PROFILE TEST (PLEASE PRINT or TYPE)

Work Order No.	
System No.	
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: _____

GPS Coordinates: Lat: _____ Long: _____

WATERBODY PROTECTION AREA:

Dispersal field located in Water Body Protection Area (check one): Zone 1 Zone 2 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."

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

Print First Name Last Name Signature Date Signed

SOIL TEST RESULTS:

Soil Profile Description							Soil Percolation Test Description		
Depth of Test Hole	HOLE #1		HOLE #2		HOLE #3		Shallowest Groundwater Depth	Overall Percolation Rate	
	Group	Depth* to Limiting Layer†	Group	Depth* to Limiting Layer†	Group	Depth* to Limiting Layer†	_____ inches	_____ minutes/inches	
0-6"							Person completing presoak*:		
6-12"							*I certify the presoak was conducted in compliance with OAC 252:641.		
12-18"							Percolation Rates		
18-24"							Test Hole #	Test Hole Depth	Test Hole Percolation Rate
24-30"							#1	inches	min/in
30-36"							#2	inches	min/in
36-42"							#3	inches	min/in
42-48"							#4	inches	min/in
48"-54"							#5	inches	min/in
							#6	inches	min/in

*Depth in inches (in.) †Limiting Layer: GW = Ground Water RX = Redox (must be 2 consecutive intervals) RC = Rock G5 = Group 5 Soil

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description or percolation test in compliance with OAC 252:641 on _____
Date Test Performed

Email: _____

Soil Tester's Signature _____ Please Print First Name _____ Last Name _____ Certification #. Number _____

Address _____ City _____ State _____ Zip _____ Phone # _____ Date Signed _____

*This includes your Certification Number provided by DEQ or your Registration Number associated with your RPS, RPES, PE, LS, or SS.

DEQ USE ONLY:

Soil Test Performed by DEQ on (date): _____ DEQ Reviewed and Accepted

DEQ Soil Profile Test Joint Soil Profile DEQ Reviewed and Rejected

Notes: _____

Environmental Specialist's Signature _____ Employee ID _____ Date Signed _____

SYSTEM DESIGN: Check all that apply.

Last Name of Property Owner: _____

TREATMENT:

Septic Tank with _____ gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

DISPERSAL:

CSA: soil group _____ or percolation rate of _____ (min/inch) with _____ feet of perforated pipe with storage media or _____ feet of manufactured media systems. The trench bottom shall be no deeper than _____ inches.

SE: soil group _____ with _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.

ET/A: soil group _____ with _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.

L: with bottom dimensions of _____ feet by _____ feet or a diameter of _____ feet.

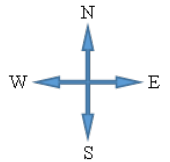
DI: soil group _____ with a _____-gallon capacity pump tanks and _____ feet of drip line no deeper than _____ inches.

SI: soil group _____ 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: