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| --- |
| **1. REQUESTER INFORMATION** |
| Requester’s First Name: |       | Requester’s Last Name: |       |
| Contact First Name: |       | Contact Last Name: |       |
| Address: |       | City: |       | State: |    |
| Zip: |       | Contact Phone Number: | (   ) |  |     | - |      |  |
| Email Address: |       |
|  |
| **2. PROPERTY INFORMATION** |
| Current Property Owner First Name: |       | Last Name: |       |
| Property Owner’s Email Address: |       |
| Property Address: |       | County Where Property is Located: |       |
| City: |       | State: | OK | Zip: |       | Phone Number: | (   ) |  |     | - |      |
| Subdivision: |       | Lot: |       | Block: |       |
| ***\*\*\**** | ***The following information must be completed in order for DEQ to process the request for services form. The legal information may be obtained from the deed or the county assessor’s office.*** | ***\*\*\**** |
| Section: |      | Township: |      | Range: |      |  |
|  |
| **3. REQUEST** |
| **MAKE SURE ALL BLANKS HAVE BEEN COMPLETED BEFORE MAILING OR FAXING THIS FORM.** |
| **For expedited service the DEQ recommends paying online at:** <https://applications.deq.ok.gov/servicerequest/>Otherwise, please select all services being requested at this time and then select a form of payment below. If you choose Visa or MasterCard, or purchase order you may fax this request to (405)702-7120. If not, mail this request and your check or money order made payable to DEQ to the address below: |
| **REQUESTED SERVICES FEES EFFECTIVE JULY 1, 2024 THROUGH JUNE 30, 2025** |
| Oklahoma Department of Environmental QualityAdministrative Services – Account ReceivablePO Box 2036Oklahoma City, OK 73101-2036 |  | **REQUESTED SERVICE** | **FEE** |
|  | *2929301416-101459* | [ ]  Existing System Evaluation | $338.08 |
|  | *2929551916-100099* | [ ]  Well Evaluation | $279.85 |
|  | *2929301416-100070* | [ ]  Soil Test (DEQ augered) | $338.08 |
|  | *2929301416-100071* | [ ]  Soil Test (pits provided by applicant) | $202.84 |
|  |  | TOTAL: |       |
|  |
| **4. PAYMENT INFORMATION**  |
| [ ]  ***Check if billing address is same as requester. If not, complete the following:*** |  |
| Address: |       | City: |       | State: |    | Zip: |       |
| Phone Number: |       |  |  |
| [ ]  Check made payable to DEQ | [ ]  Money Order made payable to DEQ  | [ ]  Credit Card (Visa or MasterCard ONLY) |
| Name on Card: |       |
| Signature of Authorized User: |  |
| Card Type: | [ ]  Visa | [ ]  MasterCard |  |
| Expiration Date: |    | **/** |      |  |  |  |
|  | Month |  | Year |  |  |  |
| Card Number: |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   |  |   | **FAX TO (405) 702-7120** |
|  |