



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

REPORT FOR ON-SITE SEWAGE TREATMENT

DESIGN ONLY

(PLEASE PRINT or TYPE)

Work Order No.

System No.

Date Rec'd

Empty boxes for Work Order No., System No., and Date Rec'd.

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: \_\_\_\_\_

Owner Phone Number: ( ) - \_\_\_\_\_ Owner's E-Mail Address : \_\_\_\_\_

Property Address: \_\_\_\_\_, Oklahoma

Legal Description: \_\_\_\_\_ Lot Size in \_\_\_\_\_ ft<sup>2</sup> 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: \_\_\_\_\_

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."

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

\_\_\_\_\_  
Print First Name Last Name Signature Date Signed

TREATMENT:

Septic Tank with \_\_\_\_\_ gal. liquid capacity  Aerobic Treatment  Aerobic Treatment with Nitrogen Reduction

DISPERSAL:

Lagoon:  Square with bottom dimensions of \_\_\_\_\_ feet by \_\_\_\_\_ feet.  Round with bottom diameter of \_\_\_\_\_ feet.

Spray Irrigation: with a \_\_\_\_\_-gallon capacity pump tank and \_\_\_\_\_ square feet of surface application area.

DESIGNER CONTACT INFORMATION:

Email: \_\_\_\_\_

\_\_\_\_\_  
Please Print First Name Last Name Certification Number

\_\_\_\_\_  
Address City State Zip Phone # Date Signed

DEQ USE ONLY:

DEQ Reviewed and Accepted

DEQ Reviewed and Rejected (date and initial)

\_\_\_\_\_  
Environmental Specialist's Signature Employee ID Date Signed and Paperwork Issued