



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
REPORT FOR ON-SITE SEWAGE TREATMENT
SOIL PROFILE DESCRIPTION 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: _____

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: No Soil Test Performed *Print First and Last Name of Designer* _____

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		
0-6"							Test hole with the lowest clay content in separation range: Hole # _____		
6-12"							Most prevalent soil group found in the separation range: Group _____		
12-18"							DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"							System Type	Sizing Range	Option
24-30"							CSA – Conventional Subsurface Absorption	12-30"	<input type="checkbox"/> Y <input type="checkbox"/> N
30-36"							LPD – Low Pressure Dosing	12-30"	<input type="checkbox"/> Y <input type="checkbox"/> N
36-42"							SE – Shallow Extended	6-24"	<input type="checkbox"/> Y <input type="checkbox"/> N
42-48"							ET/A – Evapotranspiration/Absorption	12-30"	<input type="checkbox"/> Y <input type="checkbox"/> N
48"-54"							L – Lagoon	N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
							ADI – Aerobic w/ Drip Irrigation	0-18"	<input type="checkbox"/> Y <input type="checkbox"/> N
							ASI – Aerobic w/Spray Irrigation	0-18"	<input type="checkbox"/> Y <input type="checkbox"/> N

RECOMMENDED SYSTEM AND SIZING CRITERIA:

(a) TREATMENT REQUIRED check one <input type="checkbox"/> Septic tank <input type="checkbox"/> Aerobic treatment <input type="checkbox"/> Aerobic treatment with nitrogen reduction	(b) HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	(c) MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (b) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2a <input type="checkbox"/> 3 <input type="checkbox"/> 3a <input type="checkbox"/> 4 <input type="checkbox"/> 5
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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 Certified Soil Profiler's Test Results

DEQ Soil Profile Test Verification of Design Joint Soil Profile Date Accepted: _____ Date Rejected: _____

Notes: _____

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