



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
REQUEST FOR AUTHORIZATION/PERMIT TO CONSTRUCT AN
ON-SITE SEWAGE TREATMENT SYSTEM

REQUESTER INFORMATION

(If you are a certified installer, please fill out certification number, first/last name, and any changes to your contact information.)

Certification Number _____
 Installer's First Name _____ Installer's Last Name _____
 Contact First Name _____ Contact Last Name _____
 Address _____ City _____ State _____
 Zip _____ Contact Phone (____) _____ Fax (____) _____
 Email _____

PROPERTY INFORMATION

Current Property Owner First Name _____ Last Name _____
 Property Owner's E-Mail Address _____
 Property Address _____ County Where Property is Located _____
 City _____ State OK Zip _____ Phone (____) _____
 Subdivision _____ Lot _____ Block _____
 Section _____ Township _____ Range _____

REQUESTED SERVICE

Please select all services being requested at this time and then select a form of payment. If you choose Visa or MasterCard, or a purchase order as the form of payment, you may fax this request to (405) 702-6223. Otherwise, mail this request and your check or money order made payable to DEQ to the address below.

Oklahoma Department of Environmental Quality
 Administrative Services—Accounts Receivable
 P.O. Box 2036
 Oklahoma City, OK 73101-2036

- Soil Test (DEQ augered) \$200 (59025)
- Soil Test (pits provided by applicant) \$100 (59025)
- Type of system to be installed**
 - Conventional Subsurface Absorption/Shallow Extended
 - Evapotranspiration/Absorption (ETA)
 - Lagoon
 - Aerobic-Spray
 - Aerobic-Drip
 - Low Pressure Dosing (LPD)
- Installer is certified to self-inspect the system**
 - Authorization/Permit to Construct Design Flow \leq 1500 gpd \$200 (59025)
 - Authorization to Construct a Modification of Existing System \$100 (59025)
- Installer is not certified to self-inspect the system**
 - Authorization/Permit to Construct Design Flow \leq 1500 gpd \$300 (59025)
 - Authorization/Permit to Construct Design Flow \geq 1500 gpd \$400 (59025)
 - Authorization to Construct a Modification of Existing System \$200 (59025)
- Alternative system review (not required for systems installed in accordance with 641)**
 - Alternative System Plan Review \$150 (59025)

TOTAL _____

PAYMENT INFORMATION

Check made payable to DEQ Money Order made payable to DEQ

Name on Card _____

 (PLEASE PRINT)
 Signature of Authorized User _____
 Card Number _____
 Card Type (circle one) VISA or MASTERCARD
 Expiration Date ____/____/____ (mm/yy)

FAX TO (405) 702-6223