



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

Work Order No.	
System No.	
Date Rec'd	

**PLEASE PRINT**

**GENERAL INFORMATION:**

Name and Mailing Address of Property Owner: \_\_\_\_\_  
First Name last Name Street Address City Zip Code

Property Address: \_\_\_\_\_, Oklahoma  
Street Address City Zip Code County

Legal Description: \_\_\_\_\_  
1/4 and 1/2's Section Township Range Lot Block Subdivision

Finding Location: \_\_\_\_\_  
(Blocks or miles from a given point)

**SYSTEM INFORMATION:**

**Lot Size** (*ft<sup>2</sup> or acres*): \_\_\_\_\_ ft<sup>2</sup> **or** \_\_\_\_\_ acres  
 Small public system

**Design Flow** (*check one*):  Individual with \_\_\_\_\_ bedrooms **or** (*estimated or actual flow*) - \_\_\_\_\_ gal/day Type of business \_\_\_\_\_

**Water Supply** (*check one*):  Individual private well **or**  Public Water Supply (*name*) - \_\_\_\_\_

**SOIL TEST RESULTS:**

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"							SYSTEMS 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
							L – Lagoon	N/A	<input type="checkbox"/> Y <input type="checkbox"/> N
*Use the following abbreviations for limiting layers:							ADI – Aerobic w/ Drip Irrigation	0-18"	<input type="checkbox"/> Y <input type="checkbox"/> N
GW = Ground Water    RX = Redox    RC = Rock    G5 = Group 5 Soil							ASI – Aerobic w/Spray Irrigation	0-18"	<input type="checkbox"/> Y <input type="checkbox"/> N

**RECOMMENDED SYSTEM AND SIZING CRITERIA:**

(a) RECOMMENDED SYSTEM ( <i>check one</i> )	(b) HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE	(c) MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (b)
<input type="checkbox"/> CSA <input type="checkbox"/> SE <input type="checkbox"/> L <input type="checkbox"/> ADI <input type="checkbox"/> LPD <input type="checkbox"/> ET/A <input type="checkbox"/> ASI	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<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

**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    Address and Phone#    Certification #    Date Signed

**DEQ USE ONLY:**

<input type="checkbox"/> SOIL TEST PERFORMED BY DEQ ON (date): _____ <input type="checkbox"/> DEQ Soil Profile Test <input type="checkbox"/> Joint Soil Profile	<b>OR</b>	<input type="checkbox"/> DEQ REVIEWED CERTIFIED SOIL PROFILER'S TEST RESULTS <input type="checkbox"/> Date Accepted: _____ <input type="checkbox"/> Date Rejected: _____ Notes: _____
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\_\_\_\_\_  
Environmental Specialist's Signature    Employee ID    Date Signed    Date Paperwork Issued

**\*\*NOTE: Size the Recommended System and Indicate the Location of the Test Holes on the Back of this Form\*\***

**SYSTEM DESIGN:**

<input type="checkbox"/>	<b>CSA:</b>	A septic tank with a liquid capacity of _____ gallons and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
<input type="checkbox"/>	<b>LPD:</b>	A septic tank with a liquid capacity of _____ gallons, with a _____-gallon capacity pump tank and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
<input type="checkbox"/>	<b>SE:</b>	A septic tank with a liquid capacity of _____ gallons and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
<input type="checkbox"/>	<b>ET/A:</b>	A septic tank with a liquid capacity of _____ gallons and _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.
<input type="checkbox"/>	<b>L:</b>	A septic tank with a liquid capacity of _____ gallons and a lagoon with bottom dimensions of _____ feet by _____ feet. _____
<input type="checkbox"/>	<b>ADI:</b>	An aerobic system with a properly sized trash tank, an ANSI/NSF Standard 40 approved treatment unit with a _____-gallon capacity pump tank and _____ feet of drip line.
<input type="checkbox"/>	<b>ASI:</b>	Aerobic system with a properly sized trash tank, an ANSI/NSF Standard 40 approved treatment unit with a _____-gallon capacity pump tank and _____ square feet of surface application area.
<input type="checkbox"/>	An Alternative system as described on the attached DEQ Form 641-581Sup, "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:** \_\_\_\_\_