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* *Street Address* *City* *Zip Code*

Owner's E-Mail Address *(Optional)*: _____

Property Address: _____ , Oklahoma
Street Address *City* *Zip Code* *County*

Legal Description: _____ Lot Size in _____ ft^2 or _____ acres:

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

Water Supply: ☐ Individual Private Well *or* ☐ Public Water Supply – Name: _____

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:

Depth of Test Hole	HOLE #1		HOLE #2		HOLE #3	
	Group	*Limiting Layer w/in Interval**	*Group*	*Limiting Layer w/in Interval**	*Group*	*Limiting Layer w/in Interval**
0-6"						
6-12"						
12-18"						
18-24"						
24-30"						
30-36"						
36-42"						
42-48"						

**Use the following abbreviations for limiting layers:*

GW = Ground Water ***RX = Redox*** ***RC = Rock*** ***G5 = Group 5 Soil***

SEPARATION RANGE	
Depth of "shallowest limiting layer":	____ inches
Test hole with the lowest clay content in separation range:	Hole # _____
Most prevalent soil group found in the separation range:	Group _____

SYSTEMS ALLOWED / APPLICABLE SIZING RANGE		
System Type	***Sizing Range***	***Option***
CSA – Conventional Subsurface Absorption	12-30"	☐ Y ☐ N
LPD – Low Pressure Dosing	12-30"	☐ Y ☐ N
SE – Shallow Extended	6-24"	☐ Y ☐ N
ET/A – Evapotranspiration/Absorption	12-30"	☐ Y ☐ N
L – Lagoon	N/A	☐ Y ☐ N
ADI – Aerobic w/ Drip Irrigation	0-18"	☐ Y ☐ N
ASI – Aerobic w/Spray Irrigation	0-18"	☐ Y ☐ N

RECOMMENDED SYSTEM AND SIZING CRITERIA:

(a) **RECOMMENDED SYSTEM** *(check one)*	(b) **HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE**	(c) **MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (b)**
☐ **CSA** ☐ **SE** ☐ **L** ☐ **ADI** ☐ **LPD** ☐ **ET/A** ☐ **ASI**	☐ **#1** ☐ **#2** ☐ **#3**	☐ **1** ☐ **2** ☐ **2a** ☐ **3** ☐ **3a** ☐ **4** ☐ **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:

☐ **SOIL TEST PERFORMED BY DEQ ON** *(date)*: _____

☐ DEQ Soil Profile Test ☐ Verification of Design ☐ Joint Soil Profile

OR

☐ **DEQ REVIEWED CERTIFIED SOIL PROFILER'S TEST RESULTS**

☐ Date Accepted: _____ ☐ Date Rejected: _____

Notes: _____

_____ _____ _____ _____
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*****

Work Order No.	
System No.	
Owner's Last Name	

SYSTEM DESIGN:

☐ **CSA:** A septic tank with a liquid capacity of _____gallons and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.

☐ **LPD:** 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.

☐ **SE:** A septic tank with a liquid capacity of _____ gallons and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.

☐ **ET/A:** A septic tank with a liquid capacity of _____ gallons and _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.

☐ **L:** A septic tank with a liquid capacity of _____ gallons and a lagoon with bottom dimensions of _____ feet by _____ feet. _____

☐ **ADI:** 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.

☐ **ASI:** 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.

☐ 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: