



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

SUPPLEMENTAL APPLICATION FOR AN ALTERNATIVE ON-SITE SEWAGE TREATMENT SYSTEM

Work Order No.
System No.
Date Rec'd by ES
RM Initials

PLEASE PRINT

GENERAL INFORMATION:

Property Owner: Full Name Phone Number
Property Address: Street Address City Zip Code County
Legal Description:
Contact (if different than owner): Full Name Phone Number

REASON FOR ALTERNATIVE REQUEST:

Stub-out too deep Lot size too small Homeowner desires to use new technology
Lot configuration will not accommodate Chapter 641 system 18-inch percolation test filed with DEQ prior to June 11, 2004
Correction of installation error would cause undue burden on homeowner (provide explanation):

TYPE OF SYSTEM: (Check one)

Conventional Subsurface Absorption System Shallow Extended Subsurface Absorption
ET/A System Low Pressure Dosing
Aerobic System/Drip Aerobic System/Spray
Lagoon Other (attach description):

SPECIFIC REQUEST: (Check applicable box and describe how system will vary from rules)

Trench spacing < 8':
> 150 ft. of continuous perforated pipe:
Trench depth > 30":
Horizontal separation reduction:
Lot size reduction:
Trench length reduction:
Holding tank for maximum flow of 50 gallons/day with no subsequent dispersal:
Other:

TO BE COMPLETED BY PROPERTY OWNER:

I, (printed name of property owner), hereby certify that I am the owner of the above-described property, and request that consideration be given by the Department of Environmental Quality (DEQ) for the approval to install and use the above-described alternative on-site sewage treatment system on the above-described property.

I understand that approval by DEQ to install and use any type of sewage treatment system is not a guarantee that the system will function properly. I further understand that upon the sale of this property, I must provide a copy of the permit and final inspection for this system to the next purchaser of the property.

Property Owner's Signature Date Signed

THE PROPERTY OWNER WOULD LIKE THIS FORM RETURNED TO:
Name:
Address:
City: , Oklahoma Zip:

NOTE: Be sure to review any applicable local rules and ordinances before having the system installed.

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

DEQ USE ONLY

Your request for the issuance of a permit for an alternative on-site sewage treatment system described on the front side of this application has been:

<input type="checkbox"/> APPROVED—With the following requirements:	<input type="checkbox"/> REJECTED—For the following reason(s):
<input type="checkbox"/> Install according to the attached plans. <input type="checkbox"/> Limit water usage to a maximum of _____ gallons per month. <input type="checkbox"/> Other: _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

<i>DEQ Authorized Signature</i>	<i>Title</i>	<i>Date Signed</i>	<i>Date Paperwork Issued</i>
		<i>Date Entered in Database</i>	<i>Initials</i>