

# REPORT FOR ON-SITE SEWAGE TREATMENT

## SOIL PERCOLATION TEST

(PLEASE PRINT or TYPE)

System No.   
Date Rec'd

### I. 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 \_\_\_\_\_ ft<sup>2</sup> 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*

### II. SOIL PERCOLATION TEST RESULTS: No soil test performed (Skip Sections II and VI)

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	_____ inches	_____ min/in	_____ inches	_____ minutes/inch
#2	_____ inches	_____ min/in	<b>SYSTEMS ALLOWED</b> <i>System Type Option based on percolation test results?</i>	
#3	_____ inches	_____ min/in		
#4	_____ inches	_____ min/in		
#5	_____ inches	_____ min/in		
#6	_____ inches	_____ min/in	CSA – Conventional Subsurface Absorption:	<input type="checkbox"/> Y <input type="checkbox"/> N
			L – Lagoon:	<input type="checkbox"/> Y <input type="checkbox"/> N
			ASI – Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input type="checkbox"/> N

### Presoak Certification:

I hereby certify that I started the presoak no earlier than 24-hours prior to the start of the percolation test procedure; I did not observe water in any of the test holes prior to starting the presoak; I presoaked each test hole by filling them with water and then refilling them as necessary to maintain a water depth of at least 12 inches for at least 4 consecutive hours.

\_\_\_\_\_  
*Printed First Name Last Name Signature Date Signed*

### Soil Tester Certification:

I certify that I conducted the above-described percolation test in compliance with OAC 252:641 on \_\_\_\_\_.

\_\_\_\_\_  
*Soil Tester's First Name Last Name Soil Tester's Signature Date Signed*

Registration # \_\_\_\_\_  RPS  RPES  PE  LS  SS

\_\_\_\_\_  
*Mailing Address Phone Number*

### III. RECOMMENDED SYSTEM: (check one) Printed First and Last Name of Designer if not Soil Tester –

CSA – Conventional Subsurface Absorption (requires soil test)  L – Lagoon  ASI – Aerobic with Spray Irrigation

### IV. DEQ USE ONLY: Percolation Test Results / Design:

ACCEPTED by DEQ on: \_\_\_\_\_  
*Date*

REJECTED by DEQ on: \_\_\_\_\_  
*Date*

Notes: \_\_\_\_\_

\_\_\_\_\_  
*Environmental Specialist's Signature Employee ID*

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

**V. 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>L:</b>	A septic tank with a liquid capacity of _____ gallons and a lagoon with bottom dimensions of _____ feet by _____ feet or with a diameter of _____ feet
<input type="checkbox"/> <b>ASI:</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 _____ square feet of spray irrigation area
<input type="checkbox"/> <b>ALTERNATIVE:</b>	An alternative system as described on the attached form 641-581Sup, "Supplemental Application for an Alternative System"

**VI. LOCATION OF PERCOLATION TEST HOLES:** *(Skip this section if percolation test not performed)*

*Show the location of all percolation test holes in relation to two fixed reference points*

**REMARKS:**