



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

PLEASE PRINT LEGIBLY OR TYPE

Authorization No.: _____ System No.: _____ Reference No.: _____ Date Received: _____

I. PROPERTY INFORMATION:

Name/Mailing Address of Owner: _____
First Name Last Name Mailing Address City State Zip Code

Email Address: _____

Property Address: _____
Street Address City State OK Zip Code County

Legal Description: _____
¼ and ½ 's Section Township Range Lot Block Subdivision

GPS Coordinates: Lat: _____ Long: _____

II. GENERAL INFORMATION:

TYPE OF WORK: New Installation Modification Repair ALTERNATIVE SYSTEM: Yes No DATE of INSTALLATION: _____

TANKS: Septic Tank: _____ gal. Trash Tank: _____ gal. Pump Tank: _____ gal. Flow Equalization: _____ gal.

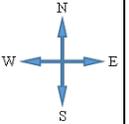
AEROBIC TREATMENT: Capacity rating: _____ gpd NSF 40 NSF 245 Model: _____ Manufacturer: _____

DRIP IRRIGATION: Total length of line: _____ ft. Pressure Compensating Model No.: _____ Cycles per day: _____ Dosing rate: _____ min./cycle

SPRAY IRRIGATION: Total irrigation area: _____ ft² Spray radius: _____ ft. LAGOON: Square _____ ft. X _____ ft. Round _____ ft.

ABSORPTION TRENCHES Total trench length: _____ ft. Media: Rock Manufactured Media Trench depth: _____ in. Media depth: _____ in.

*Sketch system and include **all** separation distances.



*Sketch should include any relevant structure with distance(s) listed in 641 Appendix E.



III. CERTIFIED INSTALLER USE ONLY:

I hereby certify that I installed / modified / repaired the above-described on-site sewage treatment system in compliance with OAC 252:641.

Print Name _____ Installer's Signature _____ Installer's Certification # _____ Date Signed _____

Installer's Mailing Address: _____ Installer Email Address: _____

IV. DEQ USE ONLY:

<input type="checkbox"/> SYSTEM INSPECTED BY DEQ ON (Date): _____		OR	<input type="checkbox"/> CERTIFIED INSTALLER'S FINAL INSPECTION	
Installer's Name: _____			<input type="checkbox"/> DEQ Reviewed and Rejected Date: _____	
<input type="checkbox"/> Experience Inspection	<input type="checkbox"/> This system COMPLIES with OAC 252:641		<input type="checkbox"/> Compliance Report No: _____	
<input type="checkbox"/> Joint Inspection	<input type="checkbox"/> This system FAILS to comply with OAC 252:641			

Environmental Specialist's Signature _____ Employee ID _____ Date Paperwork Signed _____