

# REPORT FOR ON-SITE SEWAGE TREATMENT

## SOIL PERCOLATION TEST

(PLEASE PRINT or TYPE)

System No.	
Date Rec'd	

**GENERAL INFORMATION:**

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

Owner Phone Number: ( ) - \_\_\_\_\_ 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: \_\_\_\_\_

**WATERBODY PROTECTION AREA:**

Dispersal field located in Water Body Protection Area: *check one*     Zone 1     Zone 2 or  None

**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 PERCOLATION TEST RESULTS:**     No Soil Test Performed *Print First and Last Name of Designer* \_\_\_\_\_

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> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">System Type</th> <th style="width: 50%; text-align: center;">Option based on percolation test results?</th> </tr> <tr> <td>CSA – Conventional Subsurface Absorption:</td> <td style="text-align: center;"><input type="checkbox"/> Y    <input type="checkbox"/> N</td> </tr> <tr> <td>L – Lagoon:</td> <td style="text-align: center;"><input type="checkbox"/> Y    <input type="checkbox"/> N</td> </tr> <tr> <td>ASI – Aerobic w/Spray Irrigation:</td> <td style="text-align: center;"><input type="checkbox"/> Y    <input type="checkbox"/> N</td> </tr> </table>		System Type	Option based on percolation test results?	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
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#3	_____ inches	_____ min/in										
#4	_____ inches	_____ min/in										
#5	_____ inches	_____ min/in										
#6	_____ inches	_____ min/in										

**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 \_\_\_\_\_, \_\_\_\_\_ and the dispersal field will not be located in a Water Body Protection Area.

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

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

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

**RECOMMENDED SYSTEM:** (*check one*)

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

**DEQ USE ONLY:** Percolation Test Results / Design:

<input type="checkbox"/> <b>ACCEPTED</b> by DEQ on: _____ <small style="margin-left: 100px;">Date</small>	<input type="checkbox"/> <b>REJECTED</b> by DEQ on: _____ <small style="margin-left: 100px;">Date</small>
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**Notes:** \_\_\_\_\_

\_\_\_\_\_  
Environmental Specialist's Signature

\_\_\_\_\_  
Employee ID

**SYSTEM DESIGN:**

**TREATMENT:**

**Septic Tank** with \_\_\_\_\_ gal. liquid capacity       **Aerobic Treatment**

**DISPERSAL:**

**CSA:** with \_\_\_\_\_ feet of subsurface absorption trenches. The trench bottom shall be no deeper than \_\_\_\_\_ inches

**L:** with bottom dimensions of \_\_\_\_\_ feet by \_\_\_\_\_ feet or with a diameter of \_\_\_\_\_ feet

**ASI:** with a \_\_\_\_\_-gallon capacity pump tank and \_\_\_\_\_ square feet of spray irrigation area

**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:**