



HACN HOUSING REHAB SITE DIRECTIONS

Name: Sharon Walden

Telephone: (918)704-4126

Address: A20226 E. 407 Place
chelsea, OK 74016

County: Rogers **Year Built:**

GPS Coordinates: **Drive Time:**

Directions: [REDACTED] From Pryor, Ok. go west on hwy 20 to Claremore then turn right onto hwy 66 and go 8 miles to E 410 Rd. then turn right and go 3.5 miles to S 4230 turn left and go 1/8th mile to E. 407 Rd. stay on dirt rd. 1/4th mile site on left.

Mike Dreadfulwater

Cost Estimator/Inspector

8/31/17

Date

Lat 36.42606
Long 95.46761

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 11-05-14

GENERAL INFORMATION:

Name and Mailing Address of Property Owner Sharon F. Walden 20226 E 407 Place Chelsea 74016
First Name Last Name Mailing Address City Zip Code

Owner Phone Number (918) 342-8591 Owner's E-Mail Address (Optional) _____

Property Address Same Rogers, Oklahoma
Street Address City Zip Code County

Legal Description NE/4, SW/4, SW/4, in Section 35, Township 23 North, Range 17 East Lot Size in _____ ft² or 0.42 acres

Finding Location From JCT. of HWY 69 & 28, go west on HWY 28 then 28A for 11 miles. Turn south on 4230 Road, go 0.7 miles East on 407 Place 0.2 miles to third home on left.
(Blocks or mile from a given point)

Water Supply Individual Private Well or Public Water Supply - Name Rogers County RWD # 3

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 2

The estimated flow or actual flow for this small public sewage system is _____ gal/day and is a _____ type of facility

SOIL TEST RESULTS: Design Only Print First and Last Name of Designer _____ Design Date _____

Depth of Test Hole	HOLE #1		HOLE #2		HOLE #3		SEPARATION RANGE		
	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Depth of "shallowest limiting layer" <u>24</u> inches		
0-6"	2a		2a		2a		Test hole with the lowest clay content in separation range	Hole # <u>2</u>	
6-12"	2a		2a		2a		Most prevalent soil group found in the separation range	Group <u>2a</u>	
12-18"	2a		2a		2a		DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"	2a		2a		2a		<i>System Type</i>	<i>Sizing Range</i>	<i>Option</i>
24-30"	2a		2a	RX	2a		CSA - Conventional Subsurface Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
30-36"	2a	RC	2a	RX	2a	RC	LPD - Low Pressure Dosing	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
36-42"							SE - Shallow Extended	6-24"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
42-48"							ET/A - Evapotranspiration/Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
48"-54"							L - Lagoon	N/A	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
							ADI - Aerobic w/ Drip Irrigation	0-18"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
							ASI - Aerobic w/Spray Irrigation	0-18"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

*Limiting layers: GW = Ground Water RX = Redox RC = Rock GS = Group 5 Soil

RECOMMENDED SYSTEM AND SIZING CRITERIA:

TREATMENT REQUIRED check one <input type="checkbox"/> Septic tank <input checked="" type="checkbox"/> Aerobic treatment <input type="checkbox"/> Aerobic treatment with nitrogen reduction	HOLE WITH HIGHEST CLAY CONTENT IN SIZING RANGE (a) <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	MOST PREVALENT SOIL GROUP IN SIZING RANGE IN THE HOLE IDENTIFIED IN (a) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 2a <input type="checkbox"/> 3 <input type="checkbox"/> 3a <input type="checkbox"/> 4 <input type="checkbox"/> 5
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CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 10-28-2014
Date Test Performed

Jerry Bigfeather Jerry Bigfeather
Soil Tester's Signature Please Print First Name Last Name

115 W North Street Tahlequah OK 74464 918-453-5123 SP056
Address City State Zip Phone Certification Number

11-4-2014
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 and Accepted

DEQ Reviewed and Rejected (date and initial) 11/05/14 CW

Notes: Property does not meet lot size requirements

CHEROKEE SANITATION OFFICE OF ENVIRONMENTAL HEALTH
 Certification Documentation Form

SR# 5728
 Home# _____

Work Order No _____
 System No _____
 Date Rec'd _____

GENERAL INFORMATION

Name and Mailing Address of Property Owner: Sharon Walden 20226 E. 407 Pl. Chelsea 74016
First Name Last Name Street Address City Zip Code

Owner's E-Mail Address (Optional): swalden@las@wildblue.net

Property Address: 20226 E 407 Pl. Chelsea 74016 Rgs Oklahoma
City Zip Code County

Legal Description: NE/4, SW/4, SW/4, Sec 35, T2N23R17E Lot Size in 0.42 Acres
Plat or

Finding Location: 9 mls. N. on hwy 66 From Claremore, turn right on 410 Rd
go to 4230 Ad go left to 407 pl, turn right
3rd road (white)

Please check the applicable certification that applies and sign below.

Flow Certification:

27A O.S. Section 2-6-403. 1. 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 to that the system can be properly sized.

- This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms: 2 two
- The estimated flow or actual flow for this small public sewage system is _____ gal/day and is a _____

I hereby certify under penalty of law that this document contains no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete.

Sharon Walden Sharon Walden 6-25-14
Print First Name Last Name Signature Date

NOTE: During construction should the number of bedrooms change from the number reflected on this form please notify the Engineering and Sanitation Facilities office immediately.

TREATMENT:

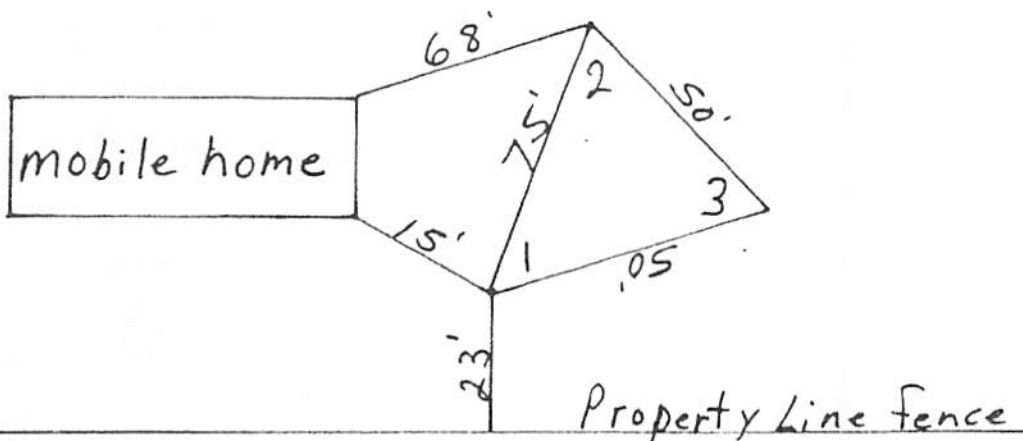
- Septic Tank with _____ gal. liquid capacity
 Aerobic Treatment
 Anaerobic Treatment with Nitrogen Reduction

DISPERSAL:

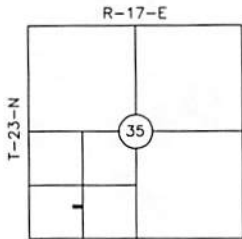
- CSA: with _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
 LPD: with a _____-gallon capacity pump tank and _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
 SE: with _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.
 ET/A: with _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.
 L: with bottom dimensions of _____ feet by _____ feet.
 DI: with a 700-gallon capacity pump tanks and 250 feet of drip line.
 SI: with a 700-gallon capacity pump tank and 2,185 square feet of surface application area
 An Alternative system as described on the attached DEQ Form 641-581 Sup. "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:

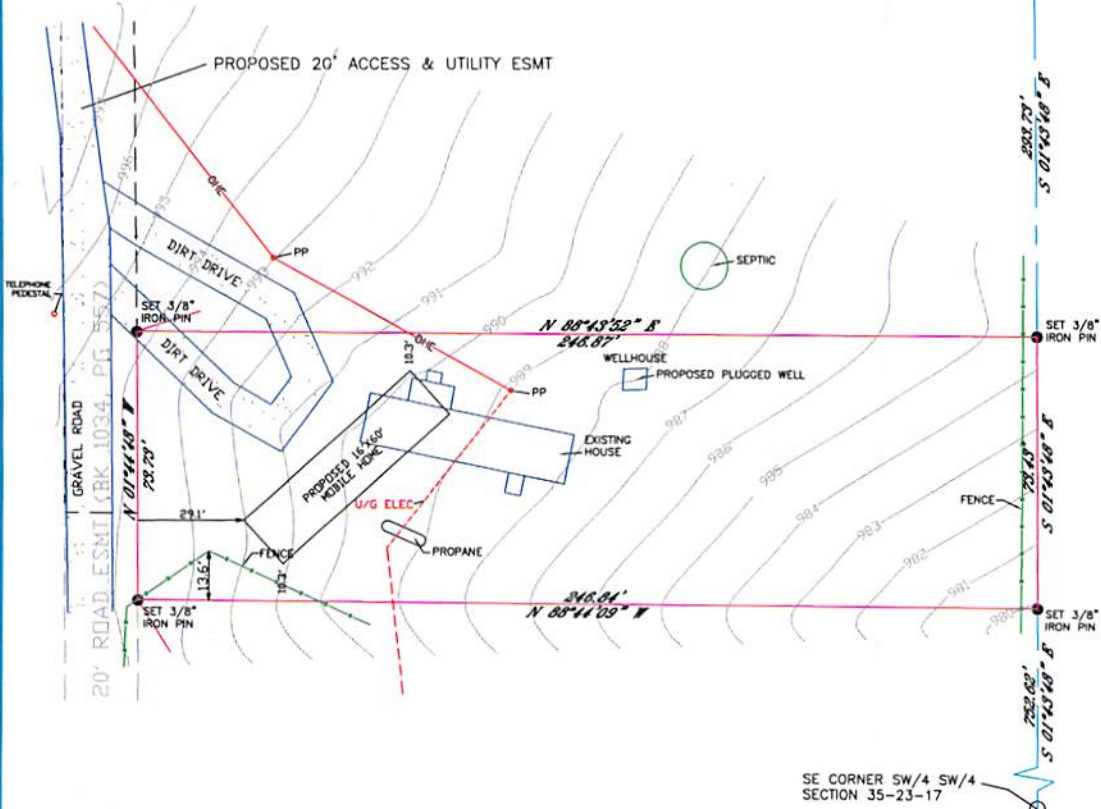


LOCATION MAP
COUNTY: ROGERS

BOUNDARY, AS-BUILT SURVEY & PLOT PLAN

PREPARED FOR CHEROKEE NATION HOUSING REHAB
PARTICIPANT: SHARON WALDEN
ADDRESS: 20226 E. 407 PL., CHELSEA, OK 74016

BASIS OF BEARINGS:
ASSUMED



- LEGEND
- OHE - OVERHEAD ELECTRIC
 - PP - POWER POLE
 - - SET IRON PIN
 - W/ CAP L51316
 - - FOUND MONUMENT

NOTE:
THIS PLAT OF SURVEY MEETS THE OKLAHOMA MINIMUM STANDARDS FOR THE PRACTICE OF LAND SURVEYING AS ADOPTED BY THE OKLAHOMA STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS.

LEGAL DESCRIPTION

A TRACT OF LAND LOCATED IN THE NE/4 OF THE SW/4 OF THE SW/4 OF SECTION 35, T23N, R17E OF THE INDIAN BASE AND MERIDIAN, ACCORDING TO THE US GOVERNMENT SURVEY THEREOF, ROGERS COUNTY, STATE OF OKLAHOMA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS

COMMENCING AT THE NW CORNER OF THE SW/4 OF SEC. 35, T23N, R17E, I.B.&M; THENCE S 1°49'15" E ALONG THE WEST LINE OF SAID SW/4, A DISTANCE OF 1319.51 FEET TO THE NW CORNER OF THE SW/4 OF SAID SW/4; THENCE N 88°42'28" E A DISTANCE OF 1317.08 FEET TO THE NE CORNER OF SAID SW/4 SW/4; THENCE S 1°43'48" E ALONG THE EAST LINE OF THE NE/4 OF SAID SW/4 SW/4 A DISTANCE OF 293.73 FEET TO THE POINT OF BEGINNING; THENCE S 1°43'48" E A DISTANCE OF 73.43 FEET; THENCE S 88°44'09" W A DISTANCE OF 246.84 FEET; THENCE N 1°44'48" W A DISTANCE OF 73.41 FEET; THENCE N 88°43'52" E A DISTANCE OF 246.87 FEET TO THE POINT OF BEGINNING, AND CONTAINING 0.42 ACRES, MORE OR LESS, (DEED)

CERTIFICATE

I, DANIEL S. GOSS, A REGISTERED SURVEYOR BY THE STATE OF OKLAHOMA, DO HEREBY CERTIFY THAT THE ABOVE PLAT SHOWS ALL ABOVE GROUND IMPROVEMENTS ONLY, AS LOCATED ON THE DESCRIBED PROPERTY, NO UNDERGROUND UTILITIES WERE LOCATED, AND THERE ARE NO BUILDING ENCROACHMENTS THEREON EXCEPT AS INDICATED, AND THAT TO THE BEST OF MY KNOWLEDGE ALL RECORDED EASEMENTS ARE SHOWN.

WITNESS MY HAND AND SEAL THIS 6 DAY OF DECEMBER, 2013

DANIEL S. GOSS P.L.S. NO. 1316



D. GOSS & ASSOCIATES
P.O. BOX 216
COLLINSVILLE, OK 71021
PH. 918/371-0096 FAX 918/371-7750

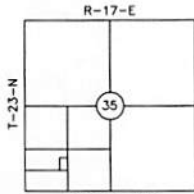
Scale: 1"= 40'	DATE: 12/04/13
SHARON WALDEN	DRAWN BY: DG & SB
JOB # 11587	REVISED:
ACTIVITY # 566044012353	

AS-BUILT SURVEY

PREPARED FOR CHEROKEE NATION HOUSING REHAB
 PARTICIPANT: SHARON WALDEN
 ADDRESS: 20226 E. 407 PL., CHELSEA, OK 74016

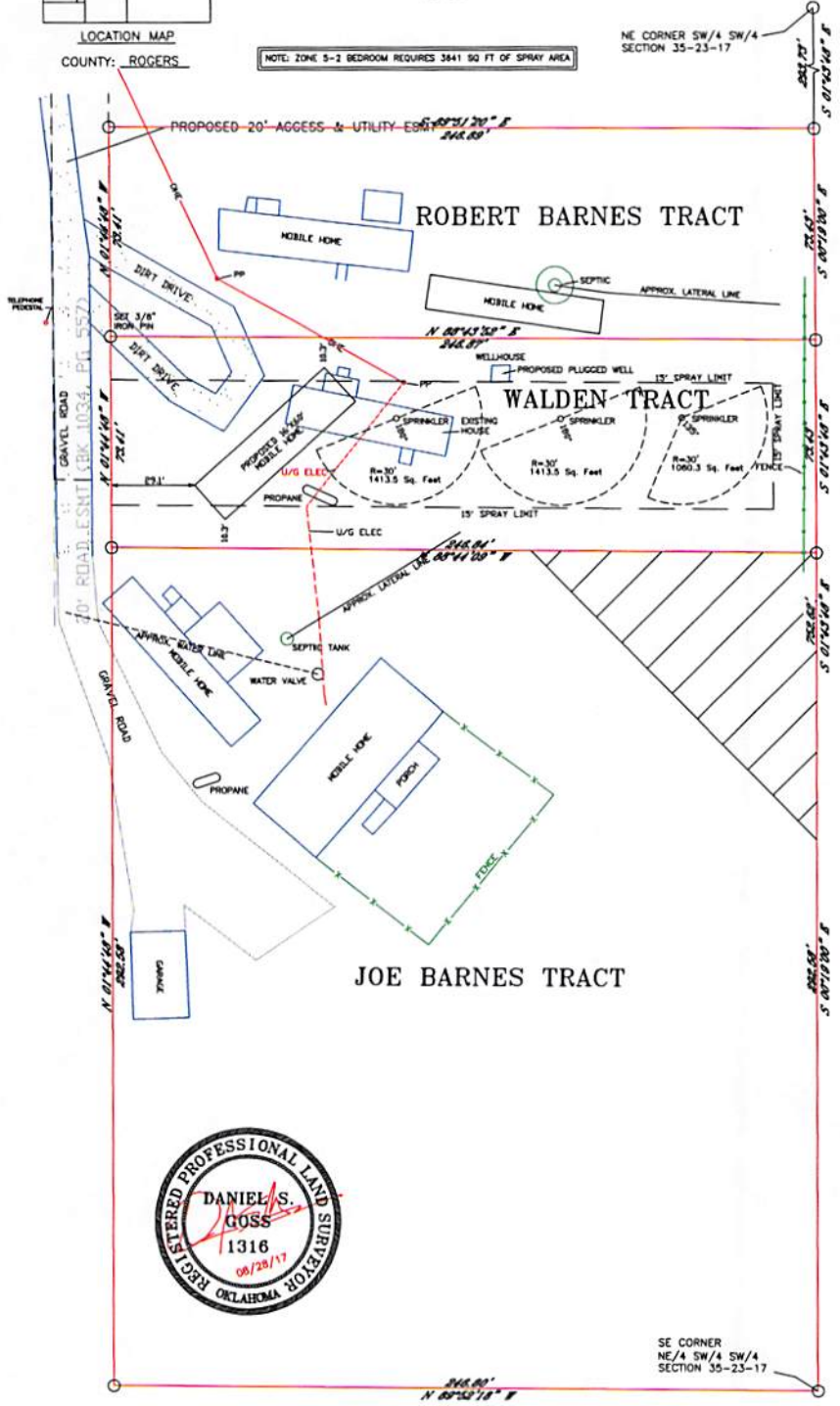
BASIS OF BEARINGS:
 ASSUMED

1"=50'



LOCATION MAP
 COUNTY: ROGERS

NOTE: ZONE 5-2 BEDROOM REQUIRES 3841 SQ FT OF SPRAY AREA



D. GOSS & ASSOCIATES
 12347 HILYWOOD HILL RD
 SAPULPA, OK 74066
 PH: 918-371-0096 FAX: 918-371-7750