

SYSTEM DESIGN:

TREATMENT:

- Septic Tank with _____ gal. liquid capacity **Aerobic Treatment**

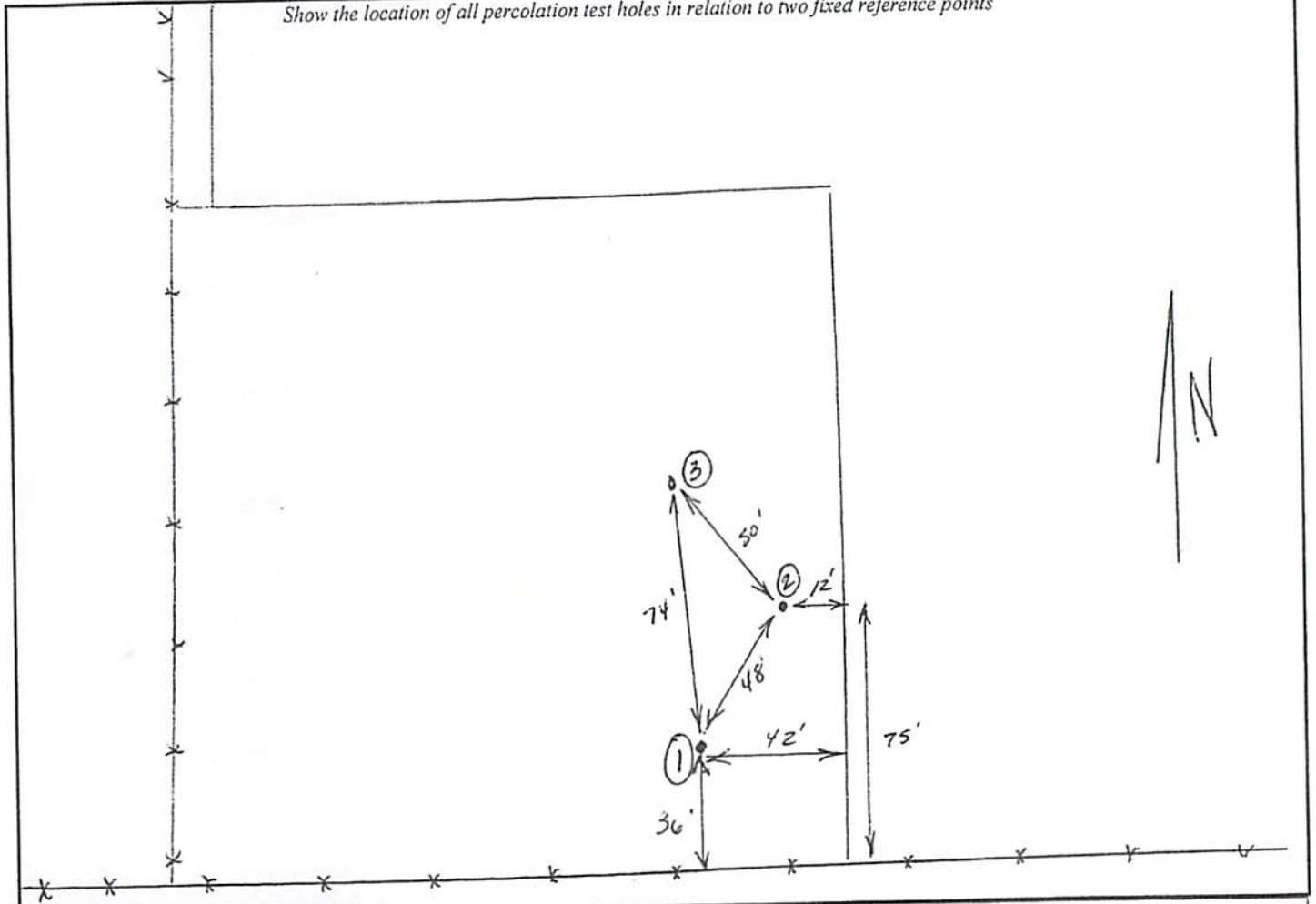
Handwritten signature and date: J. J. [unclear] 2/6/10

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 700-gallon capacity pump tank and 7,767 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:

REPORT FOR ON-SITE SEWAGE TREATMENT

SOIL PERCOLATION TEST

(PLEASE PRINT LEGIBLY or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): Veronica Wilson

Property Address: 11067 W. 678 Road Hulbert 74441 Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the NW4 SW4 of Section 17, T18N, R21E Lot Size _____ ft² or 1 acres

Finding Location: Take N. Lost City Road north out of Hulbert, go 8.5 miles, turn right on W. 678 Road, go 1 mile, new construction on right.
(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 641-581 cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms 3

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: _____ Design Date: _____

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	<u>34</u> inches	<u>13</u> min/in	<u>0</u> inches	<u>13</u> minutes/inch
#2	<u>34</u> inches	<u>13</u> min/in	SYSTEMS ALLOWED	
#3	<u>35</u> inches	<u>13</u> min/in	<i>System Type</i>	<i>Option based on percolation test results?</i>
#4	_____ inches	_____ min/in	CSA - Conventional Subsurface Absorption:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
#5	_____ inches	_____ min/in	L - Lagoon:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
#6	_____ inches	_____ min/in	ASI - Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input checked="" 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.

Brian Miggetto _____ 11/21/2017
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 11/21/2017, and the dispersal field will not be located in a Water Body Protection Area.

Brian Miggetto _____ 11/21/2017
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1250 RPS RPES PE LS SS

P.O. Box 2038, Tahlequah, OK 74465 _____ 918-822-7988
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:

ACCEPTED by DEQ on: _____ Date _____ REJECTED by DEQ on: _____ Date _____ Initial _____

Notes: _____

Environmental Specialist's Signature Employee ID

SYSTEM DESIGN:

TREATMENT:

H 2/6/18

Septic Tank with 1,000 gal. liquid capacity Aerobic Treatment

DISPERSAL:

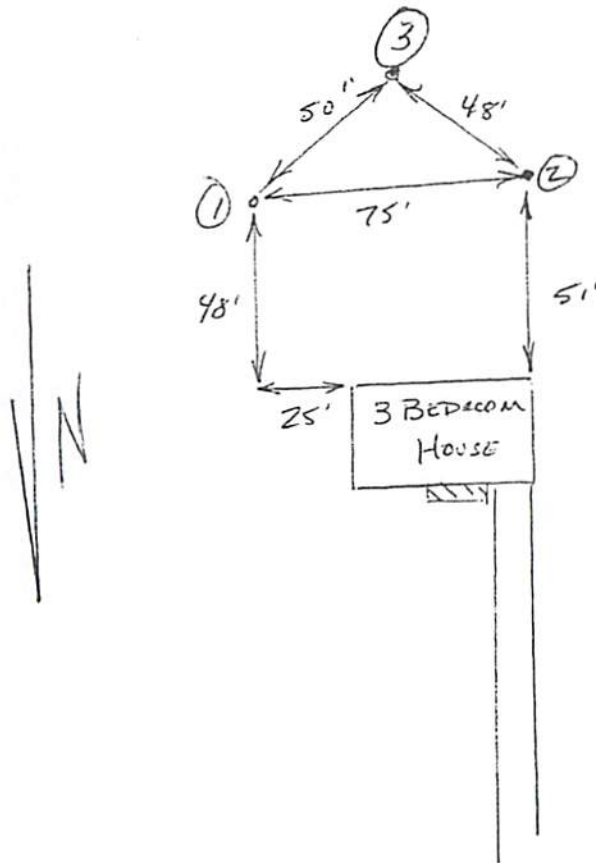
CSA: with 270 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 28 inches

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:

REPORT FOR ON-SITE SEWAGE TREATMENT

SOIL PERCOLATION TEST (PLEASE PRINT LEGIBLY or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74465
Firm Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): Austin and Chelsea Lindsey

Property Address: 23676 S. 370 Road Ft. Gibson 74434 Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in Gov't Lot 3, Section 30, T16N, R20E Lot Size _____ ft² or 1 acres

Finding Location: At the intersection of N. County Line Road & N. Willey Street in Ft. Gibson, take S. 370 Road north 1.3 miles, driveway on right, follow to new construction.
(Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name: Ozark Water District

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 4

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: _____ Design Date: _____

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	<u>33</u> inches	<u>24</u> min/in	<u>0</u> inches	<u>24</u> minutes/inch
#2	<u>33</u> inches	<u>24</u> min/in		
#3	<u>33</u> inches	<u>24</u> min/in		
#4	_____ inches	_____ min/in		
#5	_____ inches	_____ min/in		
#6	_____ inches	_____ min/in		

SYSTEMS ALLOWED	
System Type	Option based on percolation test results?
CSA - Conventional Subsurface Absorption:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
L - Lagoon:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
ASI - Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input checked="" 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.

Brian Miggetto _____ 11/22/2017
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 11/22/2017, and the dispersal field will not be located in a Water Body Protection Area.

Brian Miggetto _____ 11/22/2017
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1250 RPS RPES PE LS SS

P.O. Box 2038, Tahlequah, OK 74465 _____ 918-822-7988
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:

ACCEPTED by DEQ on: _____ Date _____

REJECTED by DEQ on: _____ Date _____ Initial _____

Notes: _____

Environmental Specialist's Signature Employee ID

SYSTEM DESIGN:

TREATMENT: *JJ 2/6/18*

Septic Tank with 1,000 gal. liquid capacity Aerobic Treatment

DISPERSAL:

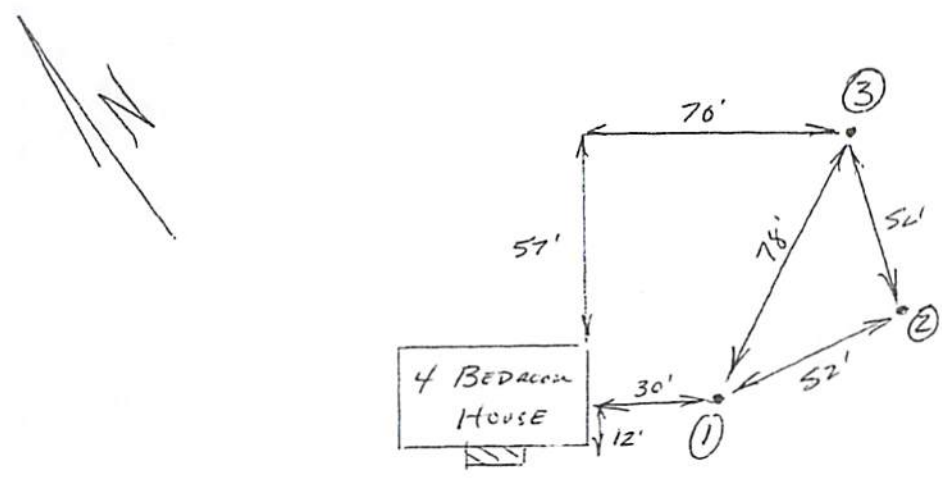
CSA: with 510 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 27 inches

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:



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 _____

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): Mary Ellis

Property Address: 26736 E. 635 Road Proctor 74457 Cherokee , Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the S2 SE4 NE4 of Section 26, T19N, R23E Lot Size in _____ ft² or _____ l acres:

Finding Location: Take Hwy. 51 east out of Tahlequah, turn left on Hwy. 10, turn right on Chewey Road, go 2.2 miles, turn right on River Ranch Road, go .7 miles, turn right on D4595 Road, go 2 miles, turn right on E. 635 Road, new construction on right.
(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 4

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":		24 inches
0-6"	4		4		4		Test hole with the lowest clay content in separation range:		Hole # 3
6-12"	4		4		4		Most prevalent soil group found in the separation range:		Group 4
12-18"	4		4		4		DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"	5	G5 24"	5	G5 24"	5	G5 24"	System Type	Sizing Range	Option
24-30"							CSA - Conventional Subsurface Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
30-36"							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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
							ASI - Aerobic w/Spray Irrigation	0-18"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

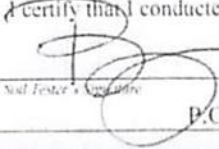
*Limiting layers: GW = Ground Water RX = Redox RC = Rock G5 = Group 5 Soil

RECOMMENDED SYSTEM AND SIZING CRITERIA:

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

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 1/09/2018
Date Test Performed

 Brian Miggetto 037
Please Print First Name Last Name Certification Number

P.O. Box 2038 Tahlequah OK 74465 918-822-7988 1/09/2018
Address City State Zip Phone 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) _____
 Notes: _____

Work Order No.

System No.

Owner's Last Name

SYSTEM DESIGN: Check all that apply

J. J. / 6/15

TREATMENT:

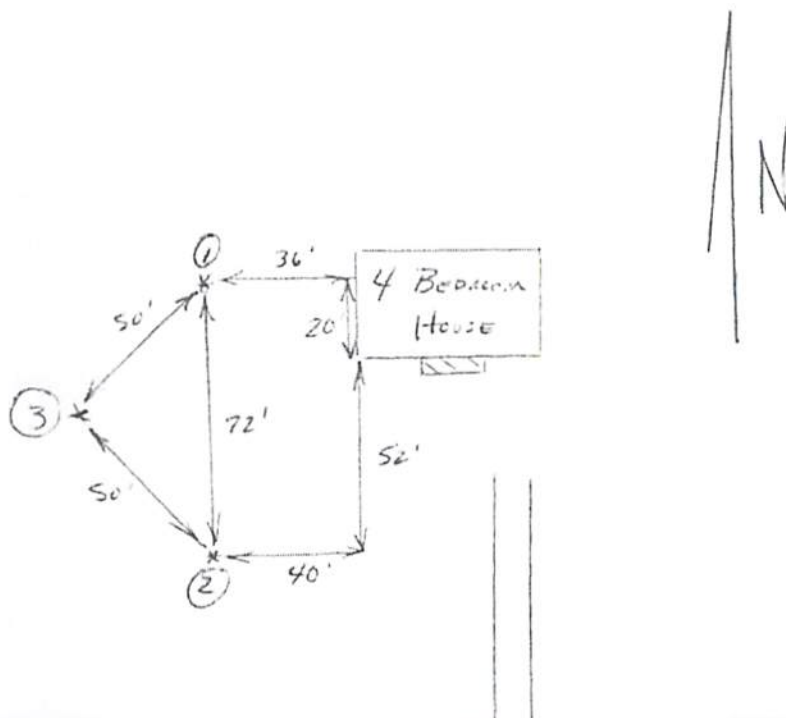
- Septic Tank with _____ gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

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 _____-gallon capacity pump tanks and _____ feet of drip line.
- SI: with a 700-gallon capacity pump tank and 7,282 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:

REPORT FOR ON-SITE SEWAGE TREATMENT

SOIL PERCOLATION TEST (PLEASE PRINT LEGIBLY or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74464
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - - Owner's E-Mail Address (Optional): Amanda Carnell

Property Address: 24704 E. 600 Road Tahlequah 74464 Cherokee Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the SW4 SW4 SE4 of Section 04, T19N, R23E Lot Size _____ ft² or 1 acres

Finding Location: Take Hwy. 51 east out of Tahlequah, turn left on Hwy. 10, turn left on N. Oaks Road, go 3.2 miles, turn left on E. 600 Road, go .8 miles, new construction on right.
(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 641-581 cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms 4

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: _____ Design Date 1/9/2018

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	32 inches	27 min/in	0 inches	27 minutes/inch
#2	32 inches	27 min/in		
#3	32 inches	27 min/in		
#4	_____ inches	_____ min/in		
#5	_____ inches	_____ min/in		
#6	_____ inches	_____ min/in		

SYSTEMS ALLOWED	
System Type	Option based on percolation test results?
CSA - Conventional Subsurface Absorption:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
L - Lagoon:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
ASI - Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input checked="" 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.

Brian Miggetto 1/9/2018
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 1/9/2018 and the dispersal field will not be located in a Water Body Protection Area.

Brian Miggetto 1/9/2018
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1250 RPS RPES PE LS SS

P.O. Box 2038, Tahlequah, OK 74465 918-822-7988
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:

ACCEPTED by DEQ on: _____ Date REJECTED by DEQ on: _____ Date Initial _____

Notes: _____

Environmental Specialist's Signature Employee ID

SYSTEM DESIGN:

TREATMENT:

Septic Tank with 1,000 gal. liquid capacity Aerobic Treatment

DISPERSAL:

JH 2/6/18

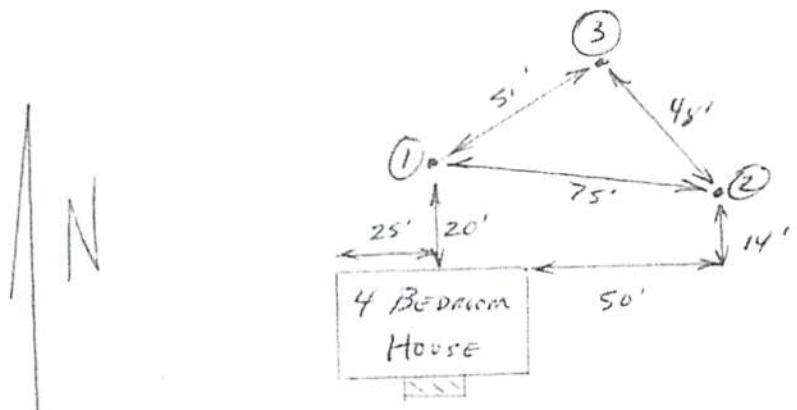
CSA: with 510 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 26 inches

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:



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 _____

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Cherokee
 Authority Nations P.O. Box 1007 Tahlequah 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): Zachary Ferguson

Property Address: 17406 W. 877 Road Park Hill 74451 Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the W2 NE4 SW4 of Section 29, T15N, R22E Lot Size in _____ ft² or _____ acres.

Finding Location: Take Hwy. 82 south out of Tahlequah, turn right on Indian Road, turn right on W. 877 Road, go 1.3 miles, new construction on right.
(Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name: Stick Ross Mtn RWD

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 4
 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":		
0-6"	2		2		2		Test hole with the lowest clay content in separation range:		Hole # 3
6-12"	3		3		3		Most prevalent soil group found in the separation range:		Group 3
12-18"	3		3		3		DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"	3		3		3		System Type	Sizing Range	Option
24-30"	4	RC 28"	4	RC 30"	4	RC 30"	CSA - Conventional Subsurface Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
30-36"							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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
							ASI - Aerobic w/Spray Irrigation	0-18"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

*Limiting layers: GW = Ground Water RN = Redox RC = Rock G5 = Group 5 Soil

RECOMMENDED SYSTEM AND SIZING CRITERIA:

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

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 1/10/2018
Date Test Performed

Brian Miggetto 037
Please Print First Name Last Name Certification Number
P.O. Box 2038 Tahlequah OK 74465 918-822-7988 1/10/2018
Address City State Zip Phone Date Signed

DEQ USE ONLY:

<input type="checkbox"/> Soil Test Performed by DEQ on (date): <input type="checkbox"/> DEQ Soil Profile Test <input type="checkbox"/> Verification of Design <input type="checkbox"/> Joint Soil Profile	OR	<input type="checkbox"/> DEQ Reviewed and Accepted <input type="checkbox"/> DEQ Reviewed and Rejected (date and initial) _____ Notes: _____
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Work Order No. _____

System No. _____

Owner's Last Name _____

SYSTEM DESIGN: Check all that apply

JJ 2/6/18

TREATMENT:

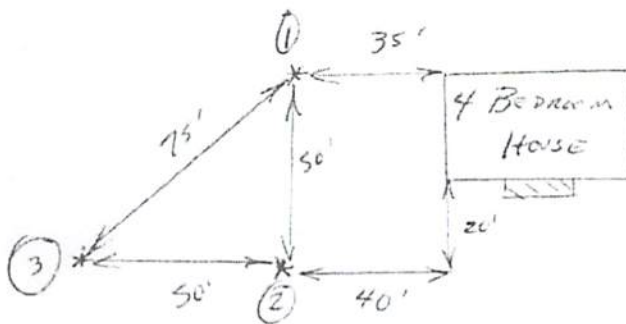
- Septic Tank with _____ gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

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 _____-gallon capacity pump tanks and _____ feet of drip line.
- SI: with a 700-gallon capacity pump tank and 6,311 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:



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 _____

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): Isaac Pedrick

Property Address: 20787 E. Steely Hollow Road Tahlequah 74464 Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the SW4 NE4 of Section 02, T17N, R22E Lot Size in _____ ft² or 1 acres:
 Take Hwy. 51 east out of Tahlequah, turn left on Hwy. 10, turn left on E. Steely Hollow Road, go .2 miles, new construction on left.

Finding Location: _____
(Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name: Cherokee Co. 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 4

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":		26 inches
0-6"	3		3		3		Test hole with the lowest clay content in separation range:		Hole # 2
6-12"	3		3		3		Most prevalent soil group found in the separation range:		Group 4
12-18"	4		4		4		DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"	4		4		4		<i>System Type</i>	<i>Sizing Range</i>	<i>Option</i>
24-30"	5	G5 26"	5	G5 30"	5	G5 28"	CSA - Conventional Subsurface Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
30-36"							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 type="checkbox"/> Y <input checked="" 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 G5 = Group 5 Soil

RECOMMENDED SYSTEM AND SIZING CRITERIA:

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

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 1/09/2018
Date Test Performed

Brian Miggetto
Please Print First Name Last Name

P.O. Box 2038 Tahlequah OK 74465 918-822-7988 1/09/2018
Address City State Zip Phone # Date Signed

DEQ USE ONLY:

<input type="checkbox"/> Soil Test Performed by DEQ on (date): _____	OR	<input type="checkbox"/> DEQ Reviewed and Accepted
<input type="checkbox"/> DEQ Soil Profile Test <input type="checkbox"/> Verification of Design <input type="checkbox"/> Joint Soil Profile		<input type="checkbox"/> DEQ Reviewed and Rejected (date and initial) _____
Notes: _____		

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

SYSTEM DESIGN: Check all that apply

J.J. 2/6/15

TREATMENT:

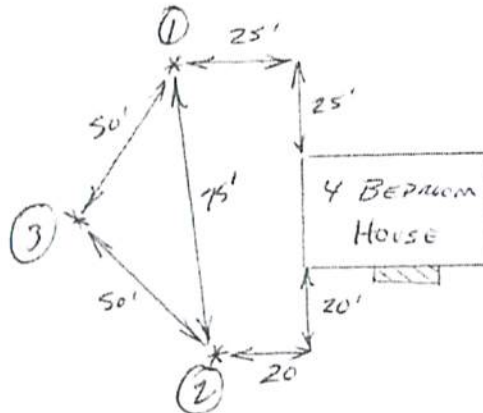
- Septic Tank with _____ gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

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 _____-gallon capacity pump tanks and _____ feet of drip line.
- SI: with a 700-gallon capacity pump tank and 6,311 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:

REPORT FOR ON-SITE SEWAGE TREATMENT
SOIL PERCOLATION TEST
 (PLEASE PRINT LEGIBLY or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations, P.O. Box 1007, Tahlequah, 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - - - - - Owner's E-Mail Address (Optional): Doyle Mackall and Deannadra Gould

Property Address: 13667 W. 835 Road, Tahlequah, 74464, Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the S2 NW4 SE4 of Section 34, T16N, R21E Lot Size _____ ft² or 1 acres

Finding Location: Take Hwy. 62 south out of Tahlequah, turn right on S. 470 Road, go .1 miles, turn left on W. 835 Road, go .3 miles, new construction on left.
(Block or miles from a given point)

Water Supply: Individual Private Well 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 641-581 cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms 4
 The estimated flow or actual flow for this small public sewage system is _____ gal day and is a _____ type of flow

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

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	34 inches	.15 min/in	_____ inches	15 minutes/inch
#2	34 inches	.15 min/in	SYSTEMS ALLOWED System Type Option based on percolation test results? CSA - Conventional Subsurface Absorption <input checked="" type="checkbox"/> Y <input type="checkbox"/> N L - Lagoon <input type="checkbox"/> Y <input checked="" type="checkbox"/> N ASI - Aerobic w Spray Irrigation <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
#3	36 inches	.15 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.

Brian Miggetto _____ 3/5/2018
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 3/5/2018, and the dispersal field will not be located in a Water Body Protection Area.

Brian Miggetto _____ 3/5/2018
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1250 RPS RPS PE LS SS
P.O. Box 2038, Tahlequah, OK 74465 _____ 918-822-7988
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.
 ACCEPTED by DEQ on: _____ Date _____
 REJECTED by DEQ on: _____ Date _____ Reason _____

Notes: _____

SYSTEM DESIGN:

TREATMENT:

Septic Tank with 1,000 gal liquid capacity Aerobic Treatment

DISPERSAL:

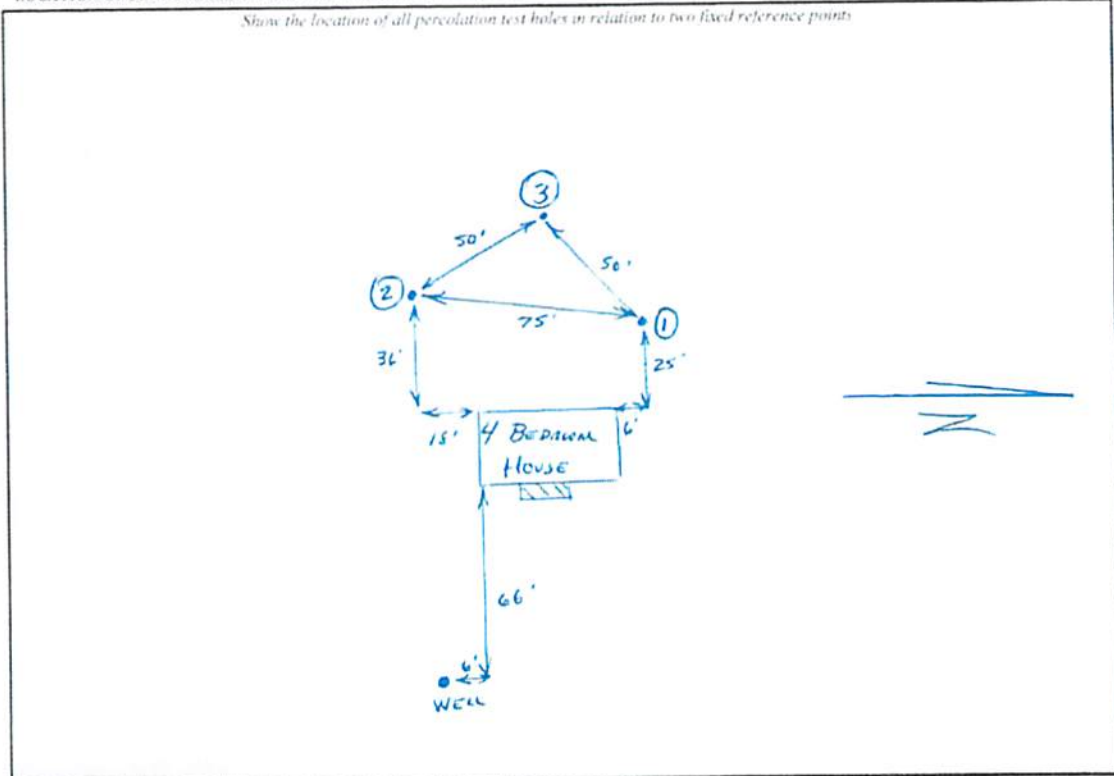
CSA: with 340 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 28 inches

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:

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

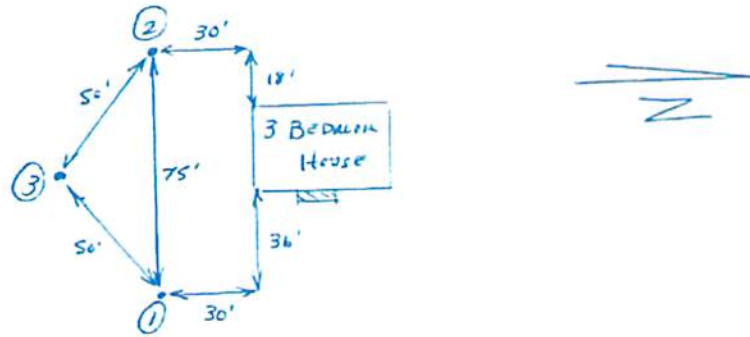
SYSTEM DESIGN: Check all that apply

TREATMENT:
 Septic Tank with 1,000 gal. liquid capacity Aerobic Treatment Aerobic Treatment with Nitrogen Reduction

DISPERSAL:
 CSA: with 340 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 30 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 _____-gallon capacity pump tanks and _____ feet of drip line.
 SI: with a _____-gallon capacity pump tank and _____ 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:

REPORT FOR ON-SITE SEWAGE TREATMENT

SOIL PERCOLATION TEST

(PLEASE PRINT LEGIBLY or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Housing Authority Cherokee Nations P.O. Box 1007 Tahlequah 74465
First Name Last Name Mailing Address City Zip Code

Owner Phone Number: () - _____ Owner's E-Mail Address (Optional): James and Charlotte Brown

Property Address: 10809 W. 678 Road Hulbert 74441 Cherokee, Oklahoma
Street Address City Zip Code County

Legal Description: A tract of land in the NE4 SE4 of Section 18, T18N, R21E Lot Size _____ ft² or 1 acres

Finding Location: Take N. Lost City Road north out of Hulbert, go 8.5 miles, turn right on W. 678 Road, go .6 miles, new construction on left.
(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 641-581 cert. (Certification Documentation Form)

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms 4

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:** _____ **Design Date:** _____

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE								
#1	<u>35</u> inches	<u>29</u> min/in	<u>0</u> inches	<u>29</u> minutes/inch								
#2	<u>35</u> inches	<u>29</u> min/in	SYSTEMS ALLOWED <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">System Type</th> <th style="width: 50%;">Option based on percolation test results?</th> </tr> <tr> <td>CSA - Conventional Subsurface Absorption:</td> <td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td> </tr> <tr> <td>L - Lagoon:</td> <td><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> </tr> <tr> <td>ASI - Aerobic w/Spray Irrigation:</td> <td><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> </tr> </table>		System Type	Option based on percolation test results?	CSA - Conventional Subsurface Absorption:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	L - Lagoon:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ASI - Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
System Type	Option based on percolation test results?											
CSA - Conventional Subsurface Absorption:	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N											
L - Lagoon:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
ASI - Aerobic w/Spray Irrigation:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
#3	<u>35</u> inches	<u>29</u> 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.

Brian Miggetto _____ 11/21/2017
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 11/21/2017, and the dispersal field will not be located in a Water Body Protection Area.

Brian Miggetto _____ 11/21/2017
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1250 RPS RPES PE LS SS

P.O. Box 2038, Tahlequah, OK 74465 _____ 918-822-7988
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:

ACCEPTED by DEQ on: _____
Date

REJECTED by DEQ on: _____
Date Initial

Notes: _____

Environmental Specialist's Signature Employee ID

SYSTEM DESIGN:

J 2/6/10

TREATMENT:

Septic Tank with 1,000 gal. liquid capacity Aerobic Treatment

DISPERSAL:

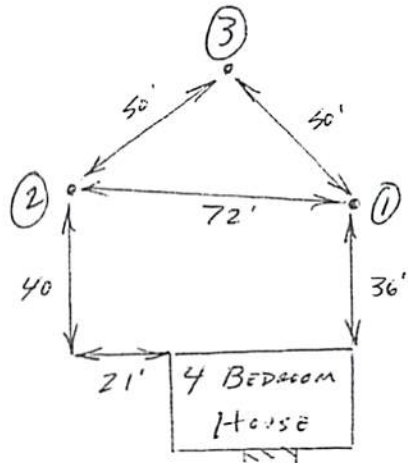
CSA: with 510 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 29 inches

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: