ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

OKLAHOMA Environmental Quality

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

Work Order No. ____
System No. ____
Date Rec'd ____

GENERAL INFORMATION:

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

Owner Phone Number: ____ Owner's E-Mail Address *(Optional)*: Rebecca White

Property Address: 21244 W. 898 Road (Street Address) Cookson (City) 74427 (Zip Code) Cherokee (County), Oklahoma

Legal Description: A tract of land in the N2 NW4 SE4 SW4 Section 36, T16N, R22E Lot Size in ____ ft² or 1 acres:

Finding Location: House is located on the NW corner of W. 888 Rd & W. 898 Rd. (Blocks or miles from a given point)

Water Supply: ☐ Individual Private Well *or* ☒ Public Water Supply – Name: Cherokee Co. RWD #16

GPS Coordinates: Lat: 35.72866 Long: -94.92712

WATERBODY PROTECTION AREA:

Dispersal field located in Water Body Protection Area (check one): ☐ Zone 1 ☒ Zone 2 ☐ 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."

☒ This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms 1

☐ The estimated flow or actual flow for this small public sewage system is ____ gal/day and is a ____

Rebecca (Print First Name) White (Last Name) Rebecca White (Signature) Type of Facility 8/6/2025 (Date Signed)

SOIL TEST RESULTS:

Soil Profile Description

Depth of Test Hole	HOLE #1 Group	HOLE #1 Depth* to Limiting Layer†	HOLE #2 Group	HOLE #2 Depth* to Limiting Layer†	HOLE #3 Group	HOLE #3 Depth* to Limiting Layer†
0-6"	3		3		3	
6-12"	3		3		3	
12-18"	3		3		3	
18-24"	3		3		3	
24-30"	4		4		4	
30-36"	4		4		4	
36-42"	5	G5 40"	4		5	G5 38"
42-48"			5	G5 44"		
48"-54"						

Soil Percolation Test Description

Shallowest Groundwater Depth	Overall Percolation Rate
____ inches	____ minutes/inches

Person completing presoak*: Brian Miggletto

*I certify the presoak was conducted in compliance with OAC 252:641

Percolation Rates

Test Hole #	Test Hole Depth	Test Hole Percolation Rate
#1	inches	min/in
#2	inches	min/in
#3	inches	min/in
#4	inches	min/in
#5	inches	min/in
#6	inches	min/in

**Depth in inches (in.) †Limiting Layer: GW = Ground Water RX = Redox (must be 2 consecutive intervals) RC = Rock G5 = Group 5 Soil*

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description or percolation test in compliance with OAC 252:641 on 8/6/2025 (Date Test Performed)

Email: okbigmig@yahoo.com

Soil Tester's Signature Brian (Please Print First Name) Miggletto (Last Name) SP037 ES #1250 (Certification* Number)

P.O. Box 2038 (Address) Tahlequah (City) OK (State) 74465 (Zip) 918-822-7988 (Phone #) 8/6/2025 (Date Signed)

*This includes your Certification Number provided by DEQ **or** your Registration Number associated with your RPS, RPES, PE, LS, or SS.

DEQ USE ONLY:

☐ **Soil Test Performed by DEQ on *(date)*:** ____ ☐ **DEQ Reviewed and Accepted**

☐ DEQ Soil Profile Test ☐ Joint Soil Profile ☐ **DEQ Reviewed and Rejected**

Notes: ____

Environmental Specialist's Signature ____ Employee ID ____ Date Signed ____

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:** soil group 3 **or** percolation rate of _____ (min/inch) with 340 feet of perforated pipe with storage media **or** 255 feet of manufactured media systems. The trench bottom shall be no deeper than 26 inches.

☐ **SE:** soil group _____ with _____ feet of subsurface absorption trenches. The trench bottom shall be no deeper than _____ inches.

☐ **ET/A:** soil group _____ with _____ feet of evapotranspiration trenches. The trench bottom shall be no deeper than _____ inches.

☐ **L:** with bottom dimensions of _____ feet by _____ feet or a diameter of _____ feet.

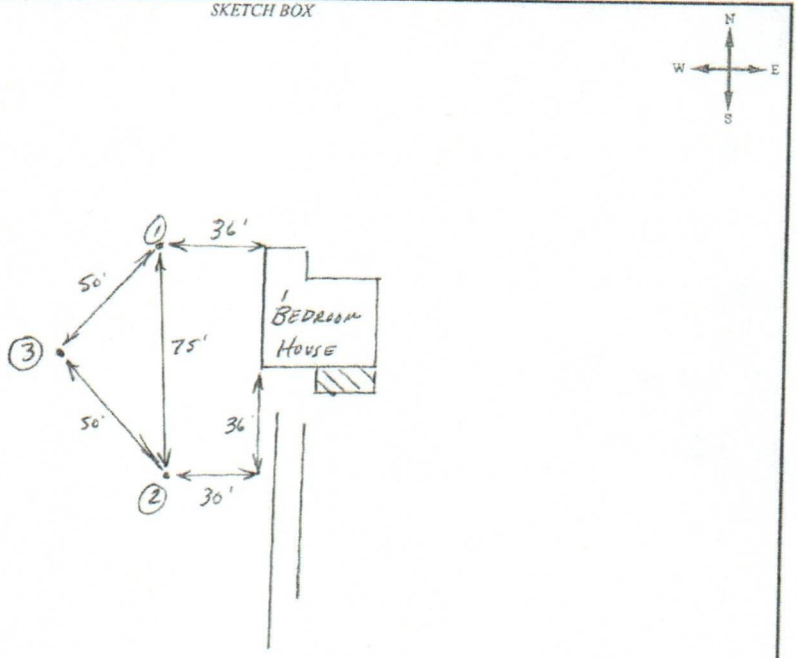
☐ **DI:** soil group _____ with a _____-gallon capacity pump tanks and _____ feet of drip line no deeper than _____ inches.

☐ **SI:** soil group _____ 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: