

BID REQUEST COVER SHEET

Conventional Subsurface Chambered Absorption Field / Water Service Line

PARTICIPANT'S NAME: Rhonda Springstead

PHONE NUMBER: 479-212-3361

ADDRESS: 131011 Hwy 100

Stilwell, OK 74960

DIRECTIONS:

From Intersection of Locust Street and Hwy 100 in Stilwell, OK: Follow Hwy 100 West for approximately one mile. Land is on the South side of Hwy, just behind the Oklahoma DHS Office.

SERVICES REQUESTED:

Individual Conventional Septic System / Water Service Line

ATTACHMENTS:

- ODEQ Soil Profile
- Home Photo
- Map
- Specifications

DISCLAIMER:

- It is mandatory that contractor visit site before placing bid
- Installation of items will be according to ODEQ regulations and CN specifications
- Contractor will contact RWD/PWS before construction start (If necessary).
- Contractor will be responsible for all County Road Crossing Permits
- Contractor will notify County Commissioner before and after Road Crossings.
- Contractor will be responsible for all utility locates and construction damage

NOTES:

Adair County Rural Water District #2: Sherman Swepstone (918) 696-3918 or (918) 696-4867

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Lat: 35.807569
 Long: -94.650045

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

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Allan & Rhonda Springstead P.O. 952 Stilwell 74960
First Name Last Name Mailing Address City Zip Code

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

Property Address: 131011 Hwy 100 Stilwell 74960 Adair, Oklahoma
Street Address City Zip Code County

Legal Description: Section 4, Township 15N, Range 25E Lot Size _____ ft² or _____ acres

Finding Location: From Stilwell intersection Locust Street and Hwy 100W, go 1.2 miles property will be on the left.
(Blocks or miles from a given point)

Water Supply: Individual Private Well or Public Water Supply - Name: City of Stilwell

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: _____ Design Date _____

TEST HOLE	Test Hole Depth	Test Hole Percolation Rate	SHALLOWEST DEPTH AT WHICH GROUNDWATER WAS ENCOUNTERED	OVERALL PERCOLATION RATE
#1	<u>32</u> inches	<u>42</u> min/in	<u>N/A</u> inches	<u>43</u> minutes/inch
#2	<u>32</u> inches	<u>39</u> min/in		
#3	<u>34</u> inches	<u>47</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.

Tyler Choate Tyler Choate 12/7/2018
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 12/5/2018 and the dispersal field will not be located in a Water Body Protection Area.

Tyler Choate Tyler Choate 12/7/2018
Soil Tester's First Name Last Name Soil Tester's Signature Date Signed

Registration # 1766 RPS RPES PE I.S. SS
475510 E. 759 Rd Westville OK 74965 918/871/9011
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:

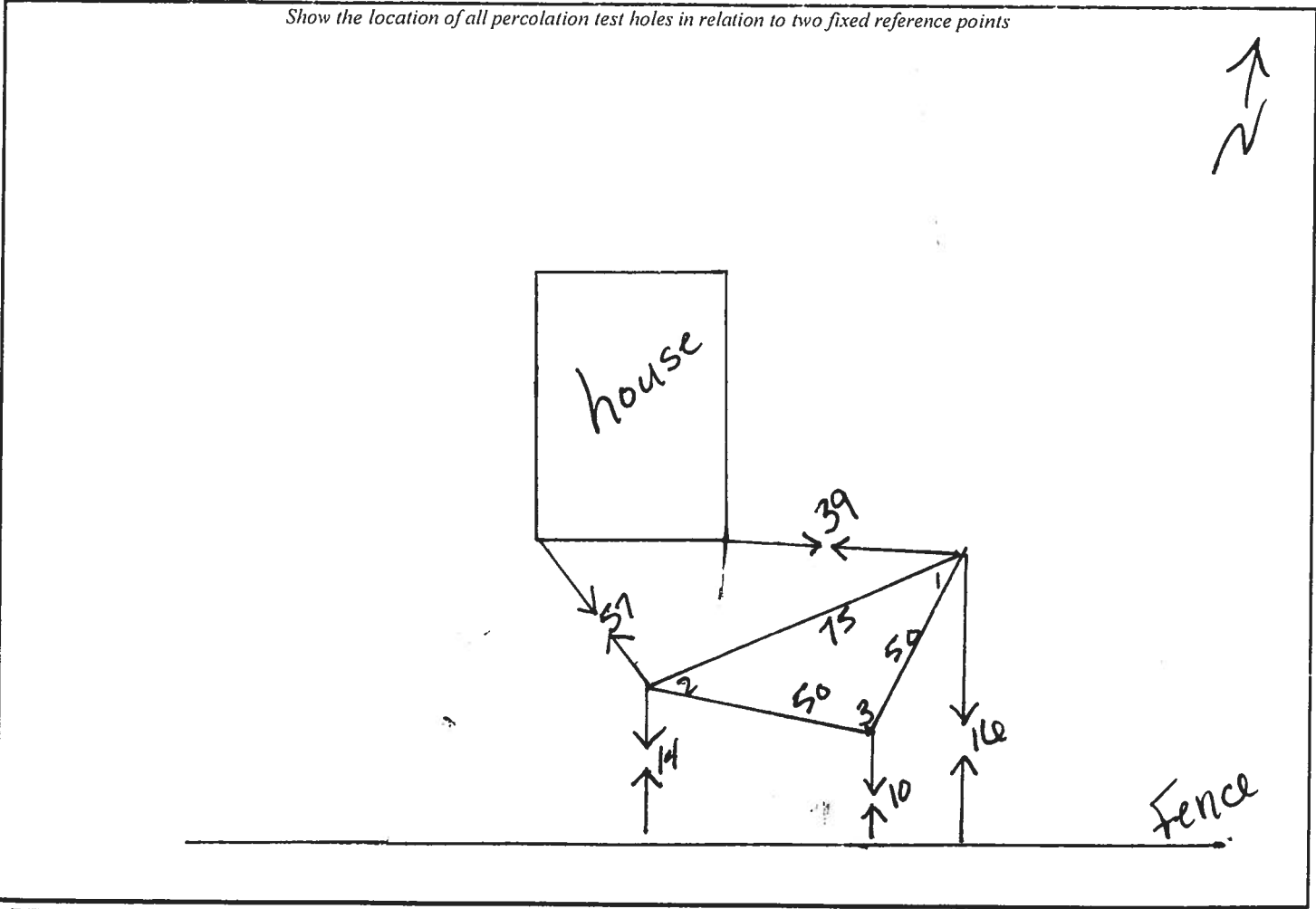
CSA: with 420 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 27 inches

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: Chamber system 340 feet.

CHEROKEE NATION OFFICE OF ENVIRONMENTAL HEALTH

Certification Documentation Form

SR#
Home#

Work Order No.
System No
Date Rec'd

GENERAL INFORMATION

Name and Mailing Address of Property Owner: Rhonda Springstead P.O. Box 952 Stilwell 74960
First Name Last Name Street Address City Zip Code

Owner's E-Mail Address (Optional) rhondaspringstead@yahoo.com

Property Address: 131011 Hwy 100 Stilwell 74960 Adair, Oklahoma
Street Address City Zip Code County

Legal Description: _____ Lot Size in: _____ Ft², or 1.54 Acres

Finding Location: 1 mile west of intersection of Lowst & Hwy 100 (Stilwell)
(Blocks or miles from a given point)

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.

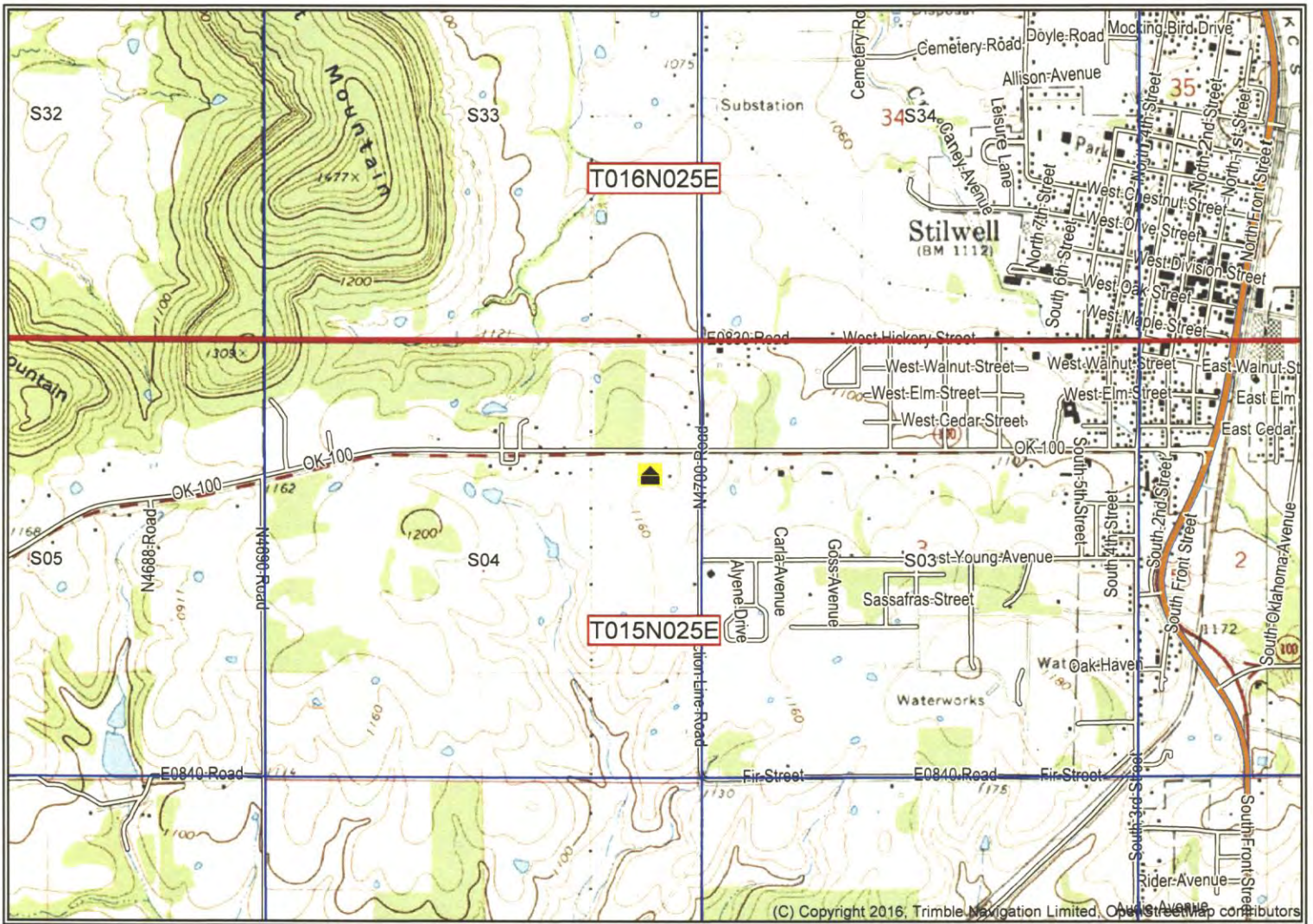
This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms: 2.

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

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.

Rhonda Springstead Rhonda Springstead 12-14-18
Print First Name Last Name Signature Date Signed

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.



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6/19/2019
35.8079 N 94.6504 W

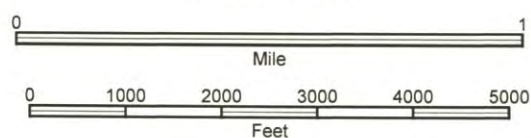
Rhonda Springstead Project

Project Description:
Connection to rural water, WSL and installation of an individual septic system for a single family dwelling built in 2019.

131011 Hwy 100
Stilwell, OK 74960
Adair County

Photographer: Linda Pence
Direction of Photo: SE

SCALE 1:24000



Printed: Wed Jun 19, 2019

Produced by Trimble Terrain Navigator Pro
Topography based on USGS 1:24,000
Maps

North American 1983 Datum (NAD83)

To place on the predicted North American
1927 move the projection lines 10M N and
20M W

35094-G6-TM-024
STILWELL WEST, OK
JAN 1, 1972

CONTOUR INTERVAL 20 FT