DEQ

ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

Authorization No. 82457
System No. 0573367
Date Final Rec'd 6/14/19
Edoctus System ID

PLEASE PRINT LEGIBLY OR TYPE

I. PROPERTY INFORMATION:

Name / Mailing Address of Owner: Dean (First Name) Anglin (Last Name) (Address) (City) (State) (Zip Code)

Owner's E-Mail Address *(Optional)*:

Property Address: 4295 Banner Rd (Large Barn) (Street Address) Noble (City) OK (State) 73068 (Zip Code) Cleveland (County)

Legal Description: (¼ ¼ ¼) 2 (Section) 7N (Township) 2W (Range) (Lot) (Block) (Subdivision)

Finding Location: Hwy 77 & 48th E, S to Banner, W .4 mi to entrance "Wells Farm", N to 1st building , WSO driveway (Directions from a public road)

II. GENERAL INFORMATION:

TYPE OF WORK: ☒ New Installation ☐ Modification ☐ Repair ALTERNATIVE SYSTEM: ☐ Yes ☒ No Type: ____

TYPE OF SYSTEM: ☒ Conv Subsurface ☐ Low Pressure Dosing ☐ Shallow Ext ☐ Lagoon ☐ ET/A ☐ Aerobic ☐ Aerobic w/Nitrogen Reduction Mfg ____

DESIGN FLOW: ☐ Individual w/ ____ bedrooms ☒ Small Public System 20 gal/day Type: Office w/o food

REPORT FOR ON-SITE SEWAGE COMPLETED BY: Robin Tyree Spence (First Name) (Last Name) CLASSIFIED AS CLASS V INJECTION WELL: ☐ Yes ☒ No

SOIL TEST RESULTS: ☒ Soil Group 3 ☐ Percolation Rate ____ min/in DATE CONDUCTED: 5/9/19 ☐ Design Only Date: ____

III. SYSTEM COMPONENTS:

Complete all relevant information for each component installed, modified or repaired.

				NOTES
LIFT STATION	Tank: ☐ Plastic Fiberglass ☐ Concrete	Liquid capacity: ____ gallons		Used sand screen
TRASH TANK SEPTIC TANK	Tank: ☐ Plastic/Fiberglass ☒ Concrete	Liquid capacity: 1000 gallons		
AEROBIC TREATMENT UNIT	ATU: ☐ Plastic Fiberglass ☐ Concrete	Capacity rating: ____ gpd		
FLOW EQUALIZATION TANK	Tank: ☐ Plastic/Fiberglass ☐ Concrete	Liquid capacity: ____ gallons	Dosing rate: ____ gph	
LOW PRESSURE DOSING TANK	Tank: ☐ Plastic/Fiberglass ☐ Concrete	Liquid capacity: ____ gallons	Dosing rate: ____ gph	
DISINFECTION	Method of Disinfection Used: ☐ Liquid Chlorinator ☐ ANSI/NSF 46			
ATU PUMP TANK	Tank: ☐ Plastic Fiberglass ☐ Concrete	Liquid capacity: ____ gallons		
IRRIGATION	☐ Drip - *Total length of line:* ____ feet ☐ Spray - *Total irrigation area:* ____ ft²			
ABSORPTION TRENCHES	Retention structures used: ☐ Yes ☒ No	Total trench length: 100 feet	Trench depth: 24 inches	
	Media used: ☒ Rock ☐ Chambers ☐ Polystyrene ☐ Other: ____		Media depth: 10 inches	
LAGOON	Bottom dimensions: ____ feet x ____ feet			

IV. INSTALLER INFORMATION:

Name: Billy (First Name) Slate (Last Name) Date Work Completed: 5/22/19 Is Installer Certified: ☒ Yes ☐ No

Mailing Address: 13400 Banner Rd (Address) Lexington (City) Ok (State) 73051 (Zip Code) Phone #: (405) 872-9390

V. CERTIFIED INSTALLER USE ONLY:

I hereby certify that I installed / modified / repaired the above-described on-site sewage treatment system in compliance with OAC 252:641.

Billy L Slate (Installer's Signature) 58 (Installer's Certification #) 6-13-19 (Date Signed)

VI. DEQ USE ONLY:

☐ SYSTEM INSPECTED BY DEQ ON *(Date)*:
☐ DEQ Final Inspection ☐ This system COMPLIES with OAC 252:641
☐ Joint Inspection ☐ This system FAILS to comply with OAC 252:641

OR

☒ DEQ REVIEWED CERTIFIED INSTALLER'S FINAL INSPECTION
☒ DATE FILED: 6/14/19 ☐ DATE REJECTED: ____
Notes: ____ ES Initials: ____

Beau Potter (Environmental Specialist's Signature) 328389 (Employee ID) 6/14/19 (Date Paperwork Signed and Issued)

Anglin Lg Barn

System No. 057757
Owner's Last Name Anglin

VII. SEPARATION DISTANCES:

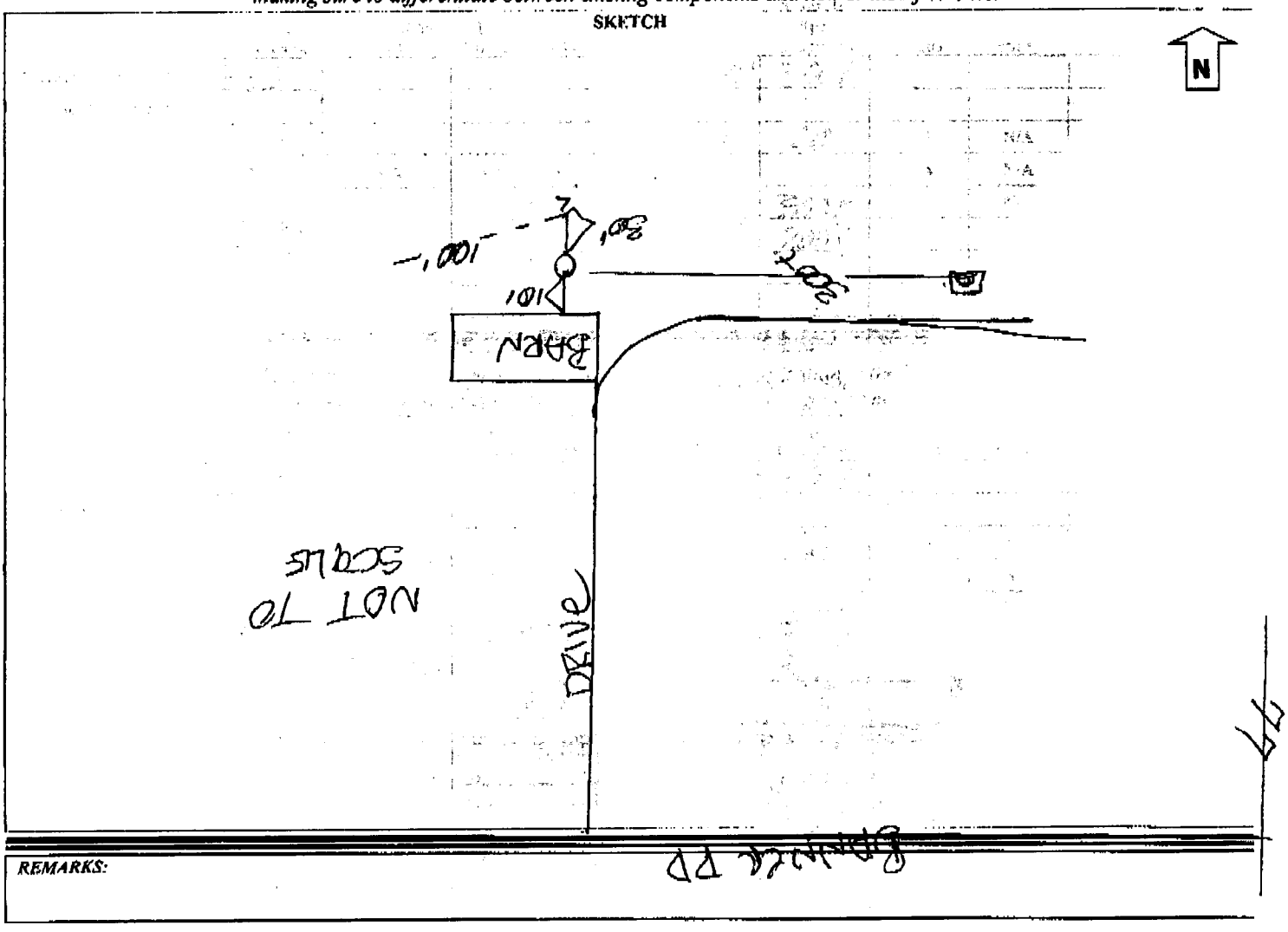
Record all applicable separation distances in feet.

	Trash Tank/ Septic Tank	Flow Equalization Tank	Lift Station	ATU	Pump Tank	Solid Pipe	Perforated Pipe / Chambers	Sprinkler Heads	Sprinkler Spray	Drip Irrigation Lines	Lagoon
Private Water Supply:	300'					300'	300'				
Public Water Supply:											
Buildings:	10'					N/A	20'	N/A	N/A		
Other Structures:	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Waterline:	300'					300'	300'		N/A		
Property Line:	200'?					200'?	200'?				
Impoundment/Stream:						N/A					
French Drain:						N/A					

VIII. LAYOUT OF SYSTEM:

Sketch a detailed drawing of the system installation/ modification in the box below making sure to differentiate between existing components and new or modified ones.

SKETCH



REMARKS:

Septic Tank | Distribution Box | Retention Structure | Tee | Ell | Cross | Water Well | Absorption Line or Drip Line

AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE TREATMENT SYSTEM

Environmental Complaints and Local Services Division
P.O. Box 1677
Oklahoma City, OK 73101-1677
(405) 702-6100

Issued to: Billy Slate

Authorization #: 82451 **System#:** 0157757 **Receipt #:** **Edoctus ID#**

PROPERTY INFORMATION

Owner	Dean Anglin	**Section**	2	**Lot(s)**	
Street Address	4295 Banner Rd	**Township**	7N	**Block**	
	Noble , OK 73068	**Range**	2W		
County	Cleveland	**Subdivision**			
Finding Directions	Large Barn	**Further Legal**			

INFORMATION FROM "REPORT FOR ON-SITE SEWAGE TREATMENT"

Soil Test Provider Robin Tyree-Spence **Soil Test Results** *Perc Rate-* 1 min/in OR *Soil Group-* 3

Date Soil Test Conducted or Designed 5/9/19 **Nitrogen Reduction Required (Yes or No)** No

Design Flow: Individual w/ 1 bedrooms OR Small Public System 20 gal/day Type: Office w/o food

AUTHORIZATION CONDITIONS

PURSUANT to 27A O.S. §§ 2-1-101 et seq., 2-6-103, and 2-6-403, Billy Slate **is hereby granted this authorization to construct the system listed below on the above-described property:**

Conventional Subsurface Absorption system shall be installed based on the soil test results and design flow stated above and sized in accordance with OAC 252:641. If aerobic system is proposed and no soil profile performed, then system design must be based on Group 5 soil.

BY accepting this authorization, the installer of this system understands that:

- When it is an option, a septic tank with a subsurface absorption system is preferred due to low maintenance requirements.
- By issuing this authorization, DEQ does not guarantee that this system will function properly.
- The system must be installed in accordance with OAC 252:641 and the design standards on the above-described "Report for On-Site Sewage Treatment."
- This system must be inspected and approved by DEQ, or installed, self-inspected and approved by a certified installer before the installation can be backfilled and the system placed into operation .
- Only domestic sewage may be treated and disposed of in on-site sewage treatment systems.
- This sewage treatment system must be operated and maintained in compliance with the laws and regulations of the State and in such a manner as to prevent any deleterious effects to the environment.
- Corrective steps must be taken immediately when, in the opinion of the DEQ, the system is malfunctioning.

Beau Potter — *DEQ Representative*

328389 — *Employee ID Number*

5/22/19 — *Date Issued*

This on-site sewage treatment system is being installed in the jurisdiction of:

PURCELL DEQ OFFICE **Phone Number: (405)527-8738** **Fax Number: (405)527-8742**

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 5/13/19

GENERAL INFORMATION: **Hunt The Legacy, Inc. 3411 N Rock Creek Rd, Unit 130 Norman, OK 73072**

Name and Mailing Address of Property Owner: Dean (*First Name*) Anglin (*last Name*) _____ (*Mailing Address*) _____ (*City*) _____ (*Zip Code*)

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

Property Address: 4295 Banner Rd (Large Barn) (*Street Address*) Noble (*City*) 73068 (*Zip Code*) Cleveland (*County*), Oklahoma

Legal Description: Sec 2 T7N R2W IM (See att. Legal) Lot Size in _____ ft² or 94.94 acres:

Finding Location: Hwy 77 & 48th SE, S to Banner, W .4 to entrance"Wells Farm", N to 1st building, WSO driveway.
(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 4 emp x 5 gpd = 20 gal/day and is a Office w/o food service (*Type of Facility*)

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

	HOLE #1		HOLE #2		HOLE #3	
Depth of Test Hole	*Group*	*Limiting Layer w/in Interval**	*Group*	*Limiting Layer w/in Interval**	*Group*	*Limiting Layer w/in Interval**
0-6"	3		3		3	
6-12"	3		3		3	
12-18"	3		3		3	
18-24"	3		3		3	
24-30"	3		3		3	
30-36"	3		3		3	
36-42"	3		3		3	
42-48"	3		3		3	
48"-54"						

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

SEPARATION RANGE

Depth of "shallowest limiting layer":	48 inches
Test hole with the lowest clay content in separation range:	Hole # 1
Most prevalent soil group found in the separation range:	Group 3

DISPERSAL ALLOWED / APPLICABLE SIZING RANGE

System Type	*Sizing Range*	*Option*
CSA – Conventional Subsurface Absorption	12-30"	☒ Y ☐ N
LPD – Low Pressure Dosing	12-30"	☐ Y ☒ N
SE – Shallow Extended	6-24"	☐ Y ☒ N
ET/A – Evapotranspiration/Absorption	12-30"	☐ Y ☒ N
L – Lagoon	N/A	☐ Y ☒ N
ADI – Aerobic w/ Drip Irrigation	0-18"	☐ Y ☒ N
ASI – Aerobic w/Spray Irrigation	0-18"	☐ Y ☒ N

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)**
☒ Septic tank ☐ Aerobic treatment ☐ Aerobic treatment with nitrogen reduction	☐ #1 ☐ #2 ☒ #3	☐ 1 ☐ 2 ☐ 2a ☒ 3 ☐ 3a ☐ 4 ☐ 5

CERTIFIED SOIL TESTER USE ONLY:

I certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on 5/9/2019 (*Date Test Performed*)

Robin Tyree-Spence (*Soil Tester's Signature*) | Robin (*Please Print First Name*) | Tyree-Spence RPS # 1069 (*Last Name*) | SP # 20 (*Certification Number*)

2430 S Choctaw Rd (*Address*) | Choctaw (*City*) | OK (*State*) | 73020 (*Zip*) | 405 408-1976 (*Phone #*) | 5/9/2019 (*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: Corrected footage to 34ft.

Beau Potter (*Environmental Specialist's Signature*) | 328389 (*Employee ID*) | 5/13/19 (*Date Signed and Paperwork Issued*)

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

SYSTEM DESIGN: Check all that apply

TREATMENT:

☒ **Septic Tank with** 1000 **gal. liquid capacity** ☐ **Aerobic Treatment** ☐ **Aerobic Treatment with Nitrogen Reduction**

DISPERSAL:

☒ **CSA:** with 35 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 that _____ 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.

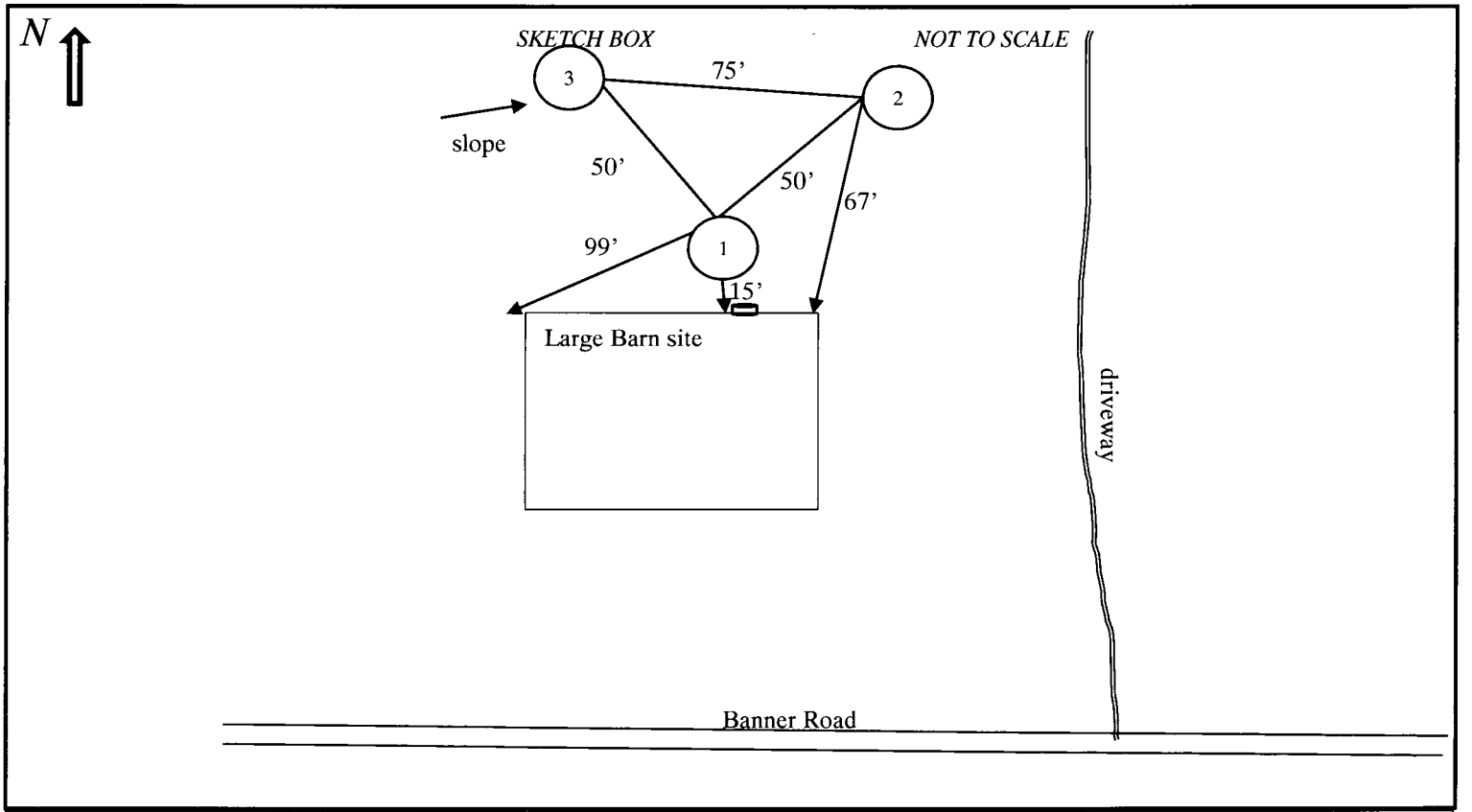
☐ **L:** with bottom dimensions of _____ feet by _____ feet.

☐ **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*



REMARKS:

ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

Certification Documentation Form

(PLEASE PRINT or TYPE)

Work Order No.
System No.
Date Rec'd 5/13/19

GENERAL INFORMATION: Hunt the Legacy, Inc,

Name and Mailing Address of Property Owner: Dean (First Name) Anglin (last Name) _____ (Street Address) _____ (City) _____ (Zip Code)

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

Property Address: 4295 Banner Rd. (Street Address) Noble (City) 73068 (Zip Code) Cleveland (County), Oklahoma

Legal Description: Sec 2 T7N R2W IM (see att. legal) Lot Size in _____ ft² or 94.94 acres:

Finding Location: Hwy 77 & 48th Ave SE, S to Banner, W to "Wells farm" entrance, N to large barn, WSOR
(Blocks or miles from a given point)

Please check the applicable certification that applies and sign below.

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: _____ .

☒ The estimated flow or actual flow for this small public sewage system 4 emp x 5 = 20 gal/day and is a Office Building w/o food service / Warehouse
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, and accurate and complete.

Sheila (Print First Name) or Wells (Last Name)

Dean (Print First Name) Anglin (Last Name)

X Sheila Wells (Signature) 5-10-19 (Date Signed)

ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES

WORK ORDER

SERVICE REQUESTED

Type of System To Be Installed *Conventional Subsurface Absorption*

Service Requested *Authorization To Construct System <1500 gpd (certified)*

Cost $272.25 **Fee Waived** No **Work Order #** 82451

Date Sent to ES 5/20/2019 **Closing Date** **Receipt #**

System # 0157757

REQUESTER INFORMATION

Name Billy Slate

Mailing Address 13400 Banner Rd
Lexington, OK 73051

Phone

Alt. Phone

Fax Number (405) 872-9375

CONTACT INFORMATION

Name Billy Slate

Phone (405) 872-9390

Alt. Phone

Contact Email slateseptic35@aol.com

PROPERTY INFORMATION

Owner Dean Anglin

Street Address 4295 Banner Rd
Noble , OK 73068

Phone Number

County Cleveland

Finding Directions Large Barn

Section 2 **Lot(s)**

ownship 7N **Block**

Range 2W

Subdivision

Further Legal

TO BE COMPLETED BY LOCAL OFFICE AND RETURNED TO ECLS-OKC

NOTE: Please complete all information below before e-mailing/faxing back to ECLS-OKC. Boxes are mandatory for all work orders and lines are mandatory when applicable.

Date of First Contact with Requestor/Contact	5/22/19	**ES Completing Service**	Potter, Johnathan
Date Service Provided	5/22/19	**Change Order Date**	
Date Paperwork Issued to Requestor	5/22/19	**Date Cancelled**	
Date Sent to OKC	5/22/19	**Notes**	

DEQ Form # 641-WO