ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

PLEASE PRINT LEGIBLY OR TYPE

Authorization No.: _____ **System No.:** _____ **Reference No.:** _____ **Date Received:** _____

I. PROPERTY INFORMATION:

Name/Mailing Address of Owner: _____
First Name *Last Name* *Mailing Address* *City* *State* *Zip Code*

Email Address: _____

Property Address: _____ OK _____
Street Address *City* *State* *Zip Code* *County*

Legal Description: _____
¼ and ½ 's *Section* *Township* *Range* *Lot* *Block* *Subdivision*

GPS Coordinates: Lat: Long:

II. GENERAL INFORMATION:

TYPE OF WORK: ☒ New Installation ☐ Modification ☐ Repair ALTERNATIVE SYSTEM: ☐ Yes ☒ No DATE of INSTALLATION: _____

TANKS: Septic Tank: _____ gal. Trash Tank: _____ gal. Pump Tank: _____ gal. Flow Equalization: _____ gal.

AEROBIC TREATMENT: Capacity rating: _____ gpd ☐ NSF 40 ☐ NSF 245 Model: _____ Manufacturer: _____

DRIP IRRIGATION: Total length of line: _____ ft. Pressure Compensating Model No.: _____ Cycles per day: _____ Dosing rate: _____ min./cycle

SPRAY IRRIGATION: Total irrigation area: _____ ft^2 Spray radius: _____ ft. | LAGOON: Square _____ ft. X _____ ft. Round _____ ft.

ABSORPTION TRENCHES Total trench length: _____ ft. Media: ☐ Rock ☐ Manufactured Media Trench depth: _____ in. Media depth: _____ in.

*Sketch system and include **all** separation distances.

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W E
S

*Sketch should include any relevant structure with distance(s) listed in 641 Appendix E.

Septic Tanks | Distribution | Retention | Well | Absorption Line

III. 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.

Print Name _____ *Installer's Signature* _____ *Installer's Certification #* _____ *Date Signed*

Installer's Mailing Address: _____ Installer Email Address: _____

IV. DEQ USE ONLY:

☐ **SYSTEM INSPECTED BY DEQ ON (Date):** _____ Installer's Name:			☐ **CERTIFIED INSTALLER'S FINAL INSPECTION**
☐ Experience Inspection ☐ Joint Inspection	☐ This system **COMPLIES** with OAC 252:641 ☐ This system **FAILS** to comply with OAC 252:641	OR	☐ **DEQ Reviewed and Rejected** Date: _____ ☐ Compliance Report No:

Environmental Specialist's Signature _____ Employee ID _____ Date Paperwork Signed _____