

If yes, describe the nature of the ground disturbance, including depth, width, and length of each disturbance.

4. List the address and original date of construction for all buildings, structures, and designed landscapes found within your project area. Buildings, structures, and designed landscapes 45 years or older will require the submittal of a [Historic Preservation Resource Identification Form \(HPRIF\)](#) and photo.
5. Attach a PDF Project Map that includes the following:
 - a. Section, Township, and Range overlay
 - b. Nearby road names to identify the area
 - c. Exact location of all existing and proposed facilities,
 - d. A legend that easily identifies the proposed project area and facilities, and
 - e. A cardinal direction compass or north arrow
6. Upload a .KMZ file that includes the following:
 - a. A complete boundary surrounding the project area
 - b. Exact location and labels of all existing and proposed facilities,
 - c. A legend that easily identifies the proposed project area and facilities

Signatures must be provided on the next page.

7. Please sign below signifying that you have read and agree to the following statement:

I agree that the information provided on this request is true and comprehensive as to the project described. All known and pertinent information about the project, location, and potential environmental impacts has been provided.

I understand that the final decision regarding the environmental determination of this project will be determined by Oklahoma DEQ DWSRF staff.

I understand that failure to adequately provide the necessary information may result in the request for additional information before an environmental determination can be made, and I may be required to resubmit the request in its entirety, or partially, as determined by the Oklahoma DEQ DWSRF staff.

This form must be signed by both the chairperson of the water system, and the consultant for the project. If the chairperson is unavailable, another administrative representative, such as a mayor, may sign in their place.

Water System Signature

Date

Printed Name

Phone Number

Title

Mailing Address

Email

City

State

ZIP

Consultant Signature

Date

Printed Name

Phone Number

Consulting Firm/Company

Email

This form requires a handwritten signature. Please print, sign, and scan the document before submitting.