## ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION



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

Work Order No.	
System No.	
Date Rec'd	

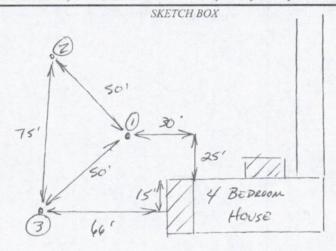
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g Group	Limiting	Group	Limiting	Person completing			utes/inches	
		Group		Person completin		4-		
	Luyer			Person completing presoak*: Brian Miggletto				
				*1 certify the presoak was conducted in compliance with OAC 252:641.				
					Percola	tion Rates		
				Test Hole #	Test Hole Depth		ole Percolation Rate	
				#1	36 inches	30	min/in	
			<b>1</b>	#2	36 inches	30	min/in	
				#3	36 inches	30	min/in	
				#4			min/in	
				#5			min/in	
				#6	inches		min/in	
ches (in.)	†Limiting La	yer: GW =	Ground Water	RX = Redox (m)	ust be 2 consecutive interv	als) RC = Rock	G5 = Group 5 Soil	
USE ONL	Υ:					210	410005	
e above-d	escribed soil	l profile de	escription or p	ercolation test in	compliance with OAC	252:641 on 3/2	Date Test Performed	
30111	1	)		Brian	Miggletto		SP037 ES #125	
			Tahlequah	OK	74465 918-		Certification*. Number 3/24/2025  Date Signed	
ddress s includes vo	ur Certification	Number pro	City ovided by DEQ or	State your Registration Nut	Zip mber associated with your RPS		Date digned	
3 memmes ye								
by DEQ o		Profile						
R h	com  Address is includes yo	r USE ONLY: the above-described soil acom  address this includes your Certification  by DEQ on (date):	R USE ONLY: the above-described soil profile described soil profile	r USE ONLY: the above-described soil profile description or proceedings of the company of the co	#4 #5 #6  R USE ONLY: the above-described soil profile description or percolation test in Please Print First Nam Tahlequah OK City State its includes your Certification Number provided by DEQ or your Registration Number Polymer Provided by DEQ or your Registration Number Polymer Polyme	#4 inches  #5 inches  #6 inches  #6 inches  #R USE ONLY:  The above-described soil profile description or percolation test in compliance with OAC  #Brian Miggletto  Last Name  Tahlequah OK 74465 918-  **City State Zip  #ddress  #is includes your Certification Number provided by DEQ or your Registration Number associated with your RPS  **DEQ on (date):  DEQ Reviewed and Accepted	#4 inches  #5 inches  #6 inches  #6 inches  #6 RUSE ONLY:  The above-described soil profile description or percolation test in compliance with OAC 252:641 on  Brian Miggletto  Last Name  Last Name  Last Name  Last Name  Tahlequah OK 74465 918-822-7988  City State Zip Phone #  Tis includes your Certification Number provided by DEQ or your Registration Number associated with your RPS, RPES, PE, LS, or SS.  By DEQ on (date):  DEQ Reviewed and Accepted	

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

SYSTEM DESIGN: Check all that apply.

TREATM  Septic	ENT: Tank with 1,000 gal. liquid capacity  Aerobic Treatment  Aerobic Treatment with Nitrogen Reduction
DISPERSA	AL: 30 510 410
CSA:	soil group or percolation rate of (min/inch) with feet of perforated pipe with storage media or feet of manufactured media systems. The trench bottom shall be no deeper than 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 agallon capacity pump tanks and feet of drip line no deeper than inches.
☐ SI:	soil group with agallon 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.



		Z -dilleran	
W	-	- C2	 - E

REMARKS: