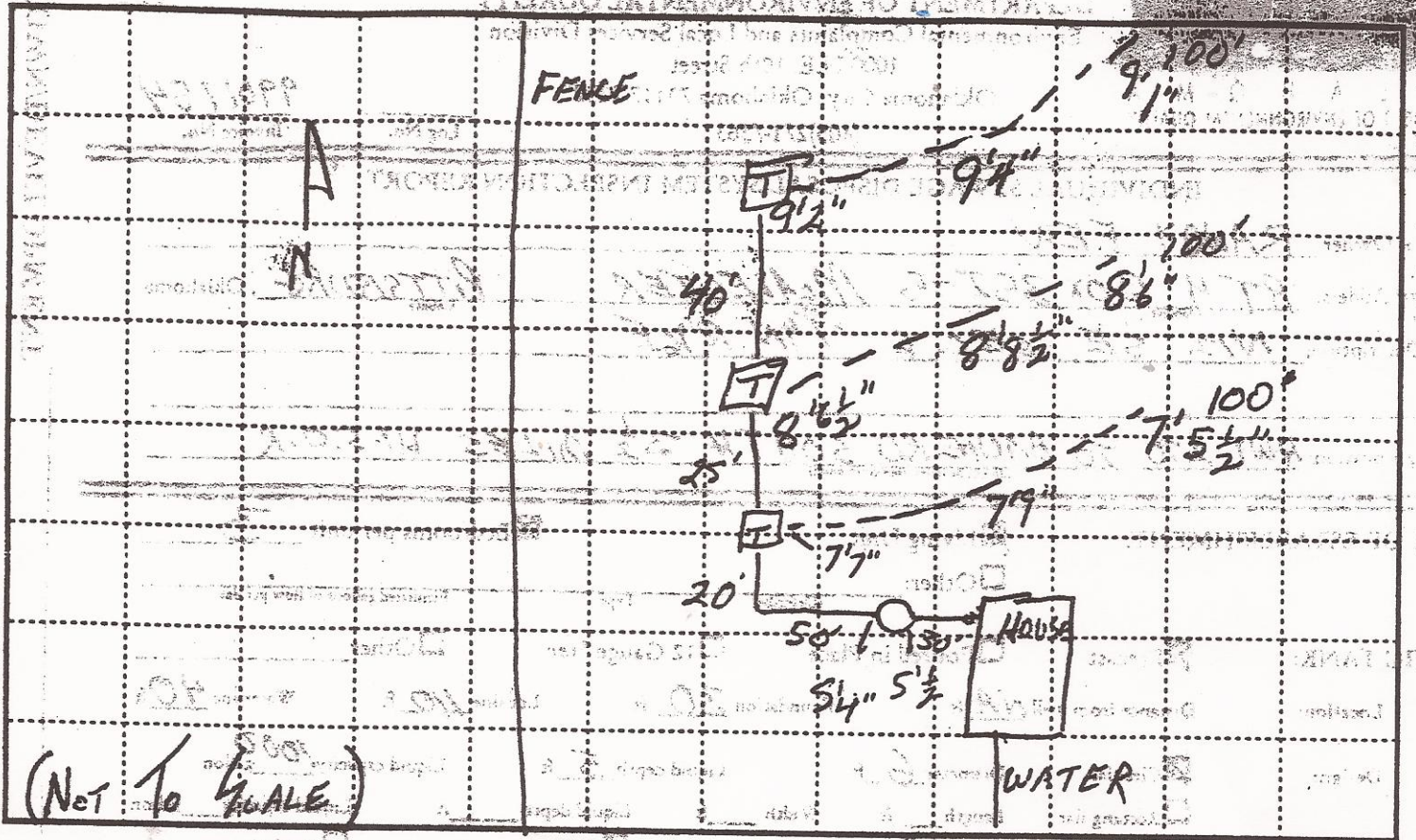


SKETCH LAYOUT SYSTEM

DEPARTMENT OF ENVIRONMENTAL QUALITY



○ Septic Tank

□ Distribution Box

○ Well

□ Septic Tank

□ Retention Box

— Absorption Line

⊕ Crosses

⊥ Tees

⊓ Ells



N

TO THE HOME OWNER

A septic tank and an absorption field installation meeting the Department of Environmental Quality's minimum standards does not guarantee that the system will operate trouble free indefinitely. Extended periods of heavy rainfall and high land population density will adversely affect the capability of the soil to absorb wastewater. Most failures occur in the absorption field due to excessive water use by the occupants. Conservation of water is most important to prevent sewage system failure.

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES DIVISION
SOIL PERCOLATION TEST REPORT FOR ON-SITE SEWAGE DISPOSAL

LOG # _____

Application for: (check one) Individual Site- Certificate Development- Small Public Systems- Residential Development-

Owner/Facility/Res. Development: RANDY FEW

Contact Person: AMANDA FEW Phone: 423-6856-M 426-0200-W

Mailing Address: RT4 BOX 352-5 MALESTER County: PITTSBURG

Legal description of property: Lot _____ Blk _____ 1/4 _____ 1/4 _____ 1/4 Section 6 Township 4N Range 16E

If legal description is lengthy attach copy) N/2 SE

Finding location of facility: HWY 270 EAST TO BARNE RD., SOUTH 3 1/2 MILES W-S.O.R.

Lot area: _____ sq. ft. Size: _____ ft. x _____ ft. Number of acres: 75

Design data: Residence, number of bedrooms 3 Type of Facility (served by small public system) _____

Estimated gallons of flow per month: 8,000

Water supply from: Name of public water supply system ADAMSON Individual wells _____

Person performing pre-soak requirements: RANDY FEW Pre-soak time period: 4hr Overnight

PERCOLATION RATE FOR SITE: 14.1 min/inch Date of soil test: 8-25-94

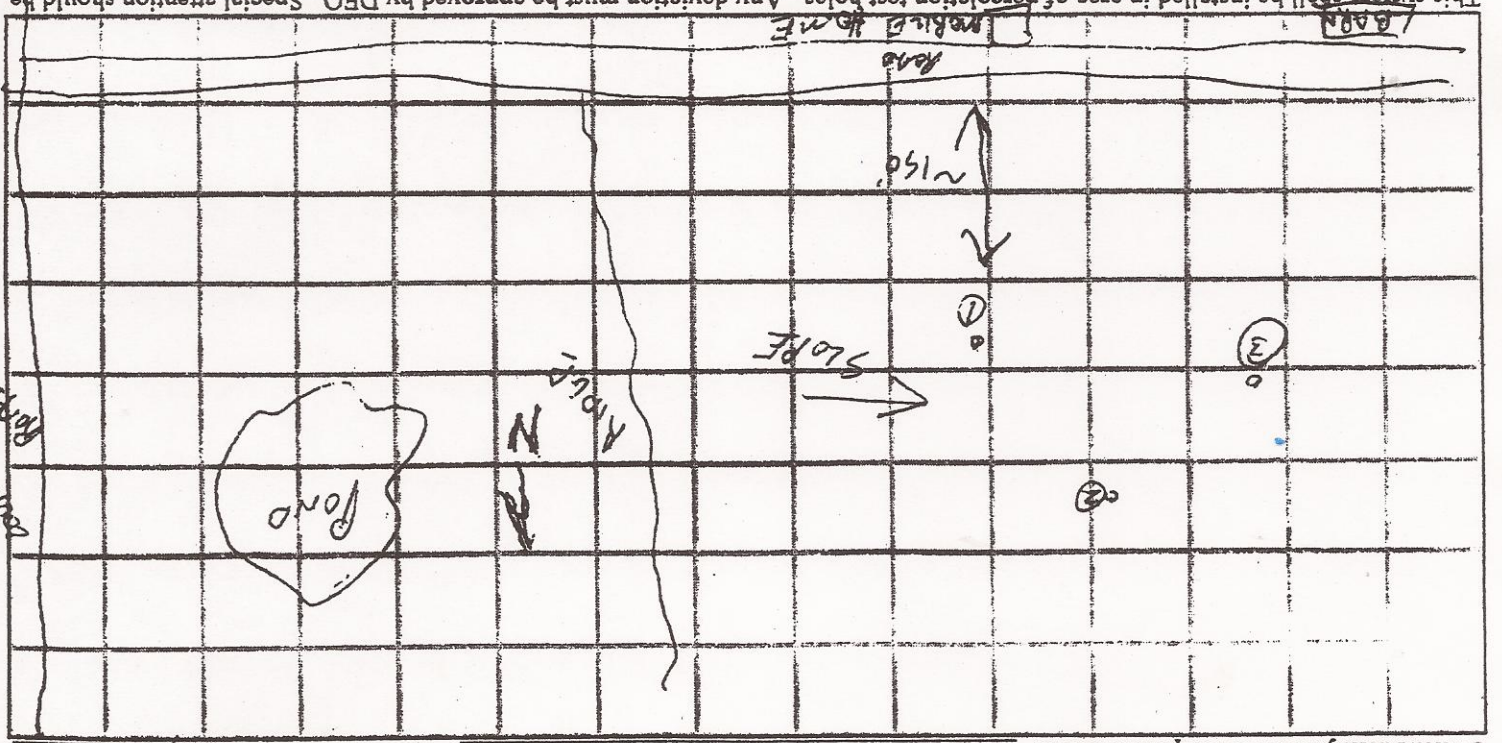
According to the design data above and the results of the percolation test the tract described is:

1. Suitable for use of individual septic tank, liquid capacity of 1000 gallons with 300 feet of subsurface absorption system.
2. Suitable for use of individual septic tank, liquid capacity of _____ gallons with a residential lagoon _____ feet by _____ feet at bottom dimensions.
3. Suitable for use of septic tank, liquid capacity of _____ gallons with _____ feet of evapotranspiration trench system.
4. Unsuitable for use of individual sewage system in area defined by percolation test.
5. Unable to issue certificate because form is incomplete. Please note items on back under "Check List for Lot Plan."

REMARKS: _____

SKETCH LAYOUT OF LOT AND LOCATION OF PERCOLATION TEST HOLES

Owner/Facility/Res. Development Name: _____
 SCALE: _____
 NOT TO SCALE: X



This system shall be installed in area of percolation test holes. Any deviation must be approved by DEQ. Special attention should be paid to adjacent land with regard to minimum distances between proposed system and structures, water supplies, etc., as required by OAC 252:640. (Locate percolation holes in relationship to a fixed reference point.)

FOR USE WHEN DEVELOPING LOT PLAN BY CERTIFICATE METHOD
 PLEASE SHOW THE DISTANCE BETWEEN PERC HOLES

Check list for lot plan:
 Property Dimensions Y N A Structures Y N A Streets Y N A Water Well/Lines Y N A Bodies of Water Y N A Sewage System Layout Y N A

PERCOLATION RATE (Recorded in Minutes/Inch)		CORE TEST (Soil Type: Rock, Gravel, Sand, Sandy Loam, Silt Loam, Silty Clay Loam, Clay)			
Hole	Time Required	Hole	Time Required	DEPTH	SOIL TYPE
1	20 MIN	1	1" to 12"	36" to 48"	
2	7 1/2 MIN	2	12" to 24"	48" to 60"	
3	15 MIN	3	24" to 36"	60" to 72"	
PERC RATE = 14 MIN/INCH					

SCS soil map information/limitations
 Water table elevation/Other information:
 Core test performed by:

The information presented on this document is accurate and in accordance with DEQ requirements.
 Signature: [Signature]
 Title: APES
 Reg No. 824
 Address: 3215.3 SUITE 5 McALESTER 74501
 Note: This form shall be reviewed, signed and filed by the local DEQ authority. All construction shall be in accordance with OAC 252:640 and/or OAC 252:655.

FOR DEQ OFFICE USE ONLY:
 Reviewed by DEQ Representative: _____
 Date: 9/17/94
 Title: _____
 Reg No. _____

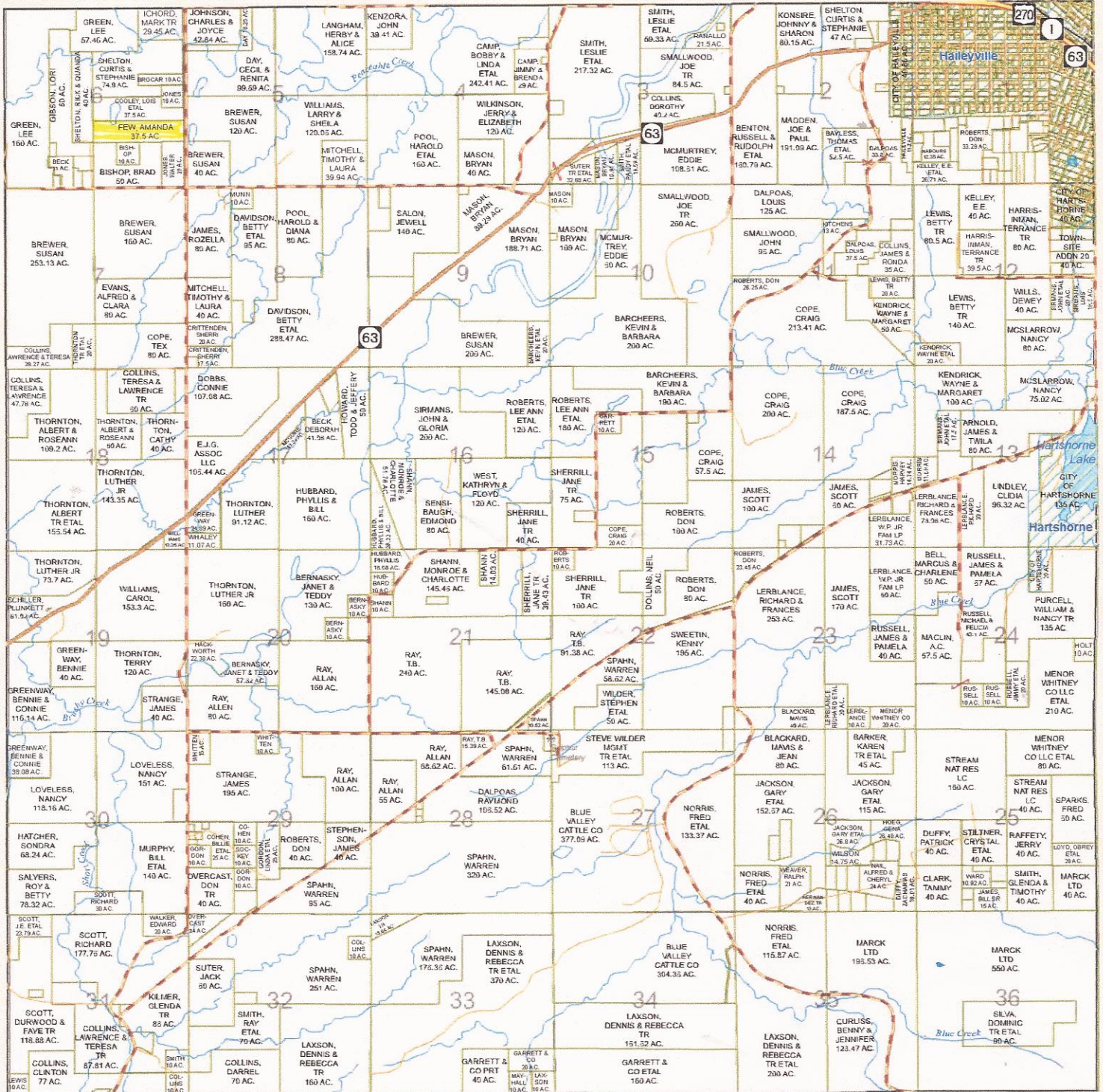
T 4N R16E

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1:50,000

0 0.25 0.5 1 Miles

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