







# 442 Arizona Trail

Stuart, OK

Arizona Trail

## Legend

-  House Pad Apx 5,480 Sq Ft
-  Perk Test Area
-  Power Lines
-  Power Pole to House Pad 62'
-  Road-AZ Trl to Gas Rd Easement
-  Well



Gate





OKLAHOMA  
DEPARTMENT OF ENVIRONMENTAL QUALITY  
for a clean, attractive, prosperous Oklahoma

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

Work Order No. \_\_\_\_\_  
System No. \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

GENERAL INFORMATION

Name and Mailing Address of Property Owner: Douglas Williams 125 S. Main St. #184 McAlester 74901  
First Name Last Name Mailing Address City Zip Code  
Owner Phone Number: (515) 607-5376 Owner's E-Mail Address (Optional): \_\_\_\_\_  
Property Address: unassigned Arizona Trail Stuart 74570 Pittsburg, Oklahoma  
Street Address City Zip Code County  
Legal Description: Sec 15 SW 12E (see attached) Lot Size in \_\_\_\_\_ ft<sup>2</sup> or 10 acres:  
Finding Location: From Butte Rd + Arizona Trail, E on Arizona Trail .5 miles, N50E  
(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 ☒

Low 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 3  
☐ The estimated flow or actual flow for this small public sewage system is \_\_\_\_\_ gal/day and is a \_\_\_\_\_ Type of Facility

OIL TEST RESULTS:

☐ Design Only Print First and Last Name of Designer: \_\_\_\_\_

Design Date: \_\_\_\_\_

Depth of Test Hole	HOLE #1		HOLE #2		HOLE #3		SEPARATION RANGE		
	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Group	Limiting Layer w/in Interval*	Depth of "shallowest limiting layer":		
0-6"	3		3		3		Test hole with the lowest clay content in separation range:	38 inc	Hole #
6-12"	3		3		3		Most prevalent soil group found in the separation range:		Group 4
12-18"	3		3		3		DISPERSAL ALLOWED / APPLICABLE SIZING RANGE		
18-24"	3		3		3		System Type	Sizing Range	Options
24-30"	4		4		4		CSA - Conventional Subsurface Absorption	12-30"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> I
30-36"	4		4		4		LPD - Low Pressure Dosing	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> I
36-42"	4		4		4		SE - Shallow Extended	6-24"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> I
42-48"	4		4		4		ET/A - Evapotranspiration/Absorption	12-30"	<input type="checkbox"/> Y <input checked="" type="checkbox"/> I
48"-54"	4	65 45"			4	65 45"	L - Lagoon	N/A	<input checked="" type="checkbox"/> Y <input type="checkbox"/> I
Limiting layers: GW = Ground Water RX = Redox RC = Rock GS = Group 5 Soil							ADI - Aerobic w/ Drip Irrigation	0-18"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> I
							ASI - Aerobic w/Spray Irrigation	0-18"	<input checked="" type="checkbox"/> Y <input type="checkbox"/> I

RECOMMENDED SYSTEM AND SIZING CRITERIA:

TREATMENT REQUIRED check one	HOLE WITH HIGHEST CLAY	MOST PREVALENT SOIL GROUP IN SIZING RANGE
	(a) CONTENT IN SIZING RANGE	(b) THE HOLE IDENTIFIED IN (a)
<input checked="" type="checkbox"/> Septic tank <input type="checkbox"/> Aerobic treatment	<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2a <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 3a <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> Aerobic treatment with nitrogen reduction		

CERTIFIED SOIL TESTER USE ONLY:

certify that I conducted the above-described soil profile description test in compliance with OAC 252:641 on

6-14-24

Date Test Performed

Tester's Signature

Cody C. P.

Please Print First Name

Cody

Last Name

Camp

Certification Number

SP100

4563

High Hill Rd.

McAlester

OK

74501

918-424-2267

6-18-24

Address

City

State

Zip

Phone #

Date Signed

EQ 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: \_\_\_\_\_

Environmental Specialist's Signature

Employee ID

Date Signed and Paperwork Issued

Work Order No.

System No.

Owner's Last Name

Williams

SYSTEM DESIGN Check all that apply

TREATMENT

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

DISPERSAL (340 If manufactured media)

☒ CSA: with 450 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 28 inches.

☐ LPD: with a -gallon capacity pump tank and -feet of subsurface absorption trenches. The trench bottom shall be no deeper than inches.

☒ SE: with 720 feet of subsurface absorption trenches. The trench bottom shall be no deeper than 17 inches.

☐ ET/A: with -feet of evapotranspiration trenches. The trench bottom shall be no deeper than inches.

☒ L: with bottom dimensions of 40 feet by 40 feet.

☒ DI: with a 700-gallon capacity pump tanks and 450 feet of drip line.

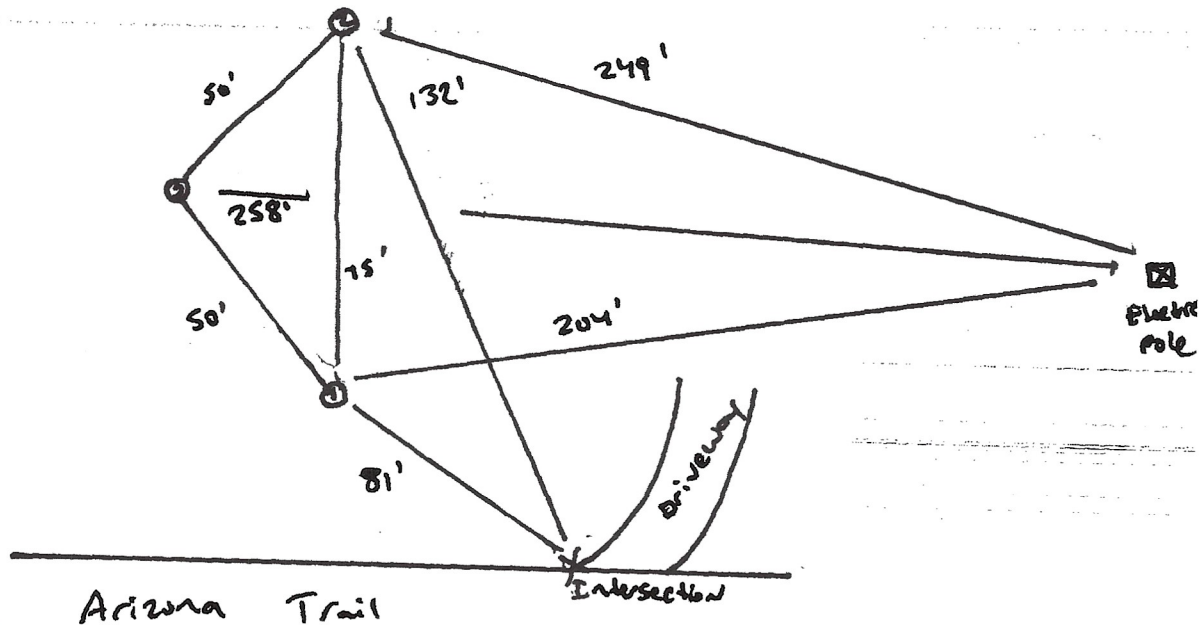
☒ SI: with a 700-gallon capacity pump tank and 3,156 square feet of surface application area

☐ 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

NT

SKETCH BOX



REMARKS: Not to Scale





ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION  
Certification Documentation Form

(PLEASE PRINT or TYPE)

Work Order No. \_\_\_\_\_

System No. \_\_\_\_\_

Date Rec'd \_\_\_\_\_

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: DOUGLAS WILLIAMS 125 S. MAIN ST. NEALISTER 74581  
First Name Last Name Mailing Address City Zip Code

Owner's E-Mail Address (Optional): WILLIAMS BUILDERS 7 @ GMAIL.COM

Property Address: UNASSIGNED ARIZONA TR STUART OK 74570 Pittsburg, Oklahoma  
Street Address City Zip Code County

Legal Description: Sec 15 SN 12E (see attached) Lot Size in: \_\_\_\_\_ ft<sup>2</sup>, or 10 acres  
(Blocks or miles from a given point)

Finding Location: 2 MI SOUTH OF 270 ON BUFFALO RD .5 MILE EAST ON ARIZONA TR  
(Blocks or miles from a given point)

Please check the applicable certification that applies and sign below.

Flow Certification:

27A O.S. Section 2-6-403 A. 1. 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 that the system can be properly sized.

- ☒ This individual sewage treatment system will serve an individual residence or duplex with the following bedrooms: 3.
- ☐ The estimated flow or actual flow for this small public sewage system is \_\_\_\_\_ gal/day and is a \_\_\_\_\_  
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, accurate and complete.

DOUGLAS WILLIAMS Chapman R. New 6-14-24  
Print First Name Last Name Signature Date Signed

### Rig & Crew