



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

Authorization No. 101523  
System No. 0177230  
Date Final Rec'd 8-19-21  
Edoctus System ID

PLEASE PRINT LEGIBLY OR TYPE

I. PROPERTY INFORMATION:

Name / Mailing Address of Owner: Jay & Melissa Hunt c/o Clint Hunt  
509 NW 40th Street Lawton OK 73505  
Owner's E-Mail Address (Optional): Clint's # 704-6330 clinhunt21@gmail.com  
Property Address: 1810 SE Skyline Drive Lawton OK 73501 COMANCHE  
Legal Description: E/2 SE/C NE/4 4 1N 11W  
Finding Location: SE Lee Blvd & SE Skyline - south to address on ESOR (for current access though use SE Flower Mound to site - turn west into drive

II. GENERAL INFORMATION:

TYPE OF WORK:  New Installation  Modification  Repair ALTERNATIVE SYSTEM:  Yes  No Type: \_\_\_\_\_  
TYPE OF SYSTEM:  Conv Subsurface  Low Pressure Dosing  Shallow Ext  Lagoon  ET/A  Aerobic  Aerobic w/Nitrogen Reduction Mfg Nu Water  
DESIGN FLOW:  Individual w/ 4 bedrooms  Small Public System \_\_\_\_\_ gal/day Type: \_\_\_\_\_  
REPORT FOR ON-SITE SEWAGE COMPLETED BY: Jacob Jones CLASSIFIED AS CLASS V INJECTION WELL:  Yes  No  
SOIL TEST RESULTS:  Soil Group \_\_\_\_\_  Percolation Rate \_\_\_\_\_ min/in DATE CONDUCTED: \_\_\_\_\_  Design Only Date: 7/30/2021

III. SYSTEM COMPONENTS:

Complete all relevant information for each component installed, modified or repaired.			NOTES
LIFT STATION	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons	
TRASH TANK / SEPTIC TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input checked="" type="checkbox"/> Concrete	Liquid capacity: <u>400</u> gallons	
AEROBIC TREATMENT UNIT	ATU: <input type="checkbox"/> Plastic/Fiberglass <input checked="" type="checkbox"/> Concrete	Capacity rating: <u>500</u> gpd	
FLOW EQUALIZATION TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons Dosing rate: _____ gph	
LOW PRESSURE DOSING TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input type="checkbox"/> Concrete	Liquid capacity: _____ gallons Dosing rate: _____ gph	
DISINFECTION	Method of Disinfection Used: <input type="checkbox"/> Liquid Chlorinator <input checked="" type="checkbox"/> ANSI/NSF 46		
ATU PUMP TANK	Tank: <input type="checkbox"/> Plastic/Fiberglass <input checked="" type="checkbox"/> Concrete	Liquid capacity: <u>800</u> gallons	
IRRIGATION	<input type="checkbox"/> Drip - Total length of line: _____ feet <input checked="" type="checkbox"/> Spray - Total irrigation area: <u>6154.1</u> ft <sup>2</sup>		
ABSORPTION TRENCHES	Retention structures used: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total trench length: _____ feet Trench depth: _____ inches	
	Media used: <input type="checkbox"/> Rock <input type="checkbox"/> Chambers <input type="checkbox"/> Polystyrene <input type="checkbox"/> Other: _____	Media depth: _____ inches	
LAGOON	Bottom dimensions: _____ feet x _____ feet		

IV. INSTALLER INFORMATION:

Name: Jacob Jones Date Work Completed: 8/18/2021 Is Installer Certified:  Yes  No  
Mailing Address: 2401 SE 45th Street Lawton OK 73501 Phone #: 580-248-3131

V. 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.  
Jacob K Jones 657 8/19/2021  
Installer's Signature Installer's Certification # Date Signed

VI. DEQ USE ONLY:

SYSTEM INSPECTED BY DEQ ON (Date):  
 DEQ Final Inspection  This system COMPLIES with OAC 252:641 OR  DEQ REVIEWED CERTIFIED INSTALLER'S FINAL INSPECTION  
 Joint Inspection  This system FAILS to comply with OAC 252:641  DATE FILED: 8-19-21  DATE REJECTED: \_\_\_\_\_  
Notes: \_\_\_\_\_ ES Initials: \_\_\_\_\_

Jeff Lamb 6350 8-19-21  
Environmental Specialist's Signature Employee ID Date Paperwork Signed and Issued

10/15/21

AUG 19 2021

MAILED



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ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT

Authorization No. 101523  
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Property Address: 1810 SE Skyline Drive Lawton OK 73501 COMANCHE  
Street Address City State Zip Code County

Legal Description: E/2 SE/4 NE/4 4 1N 11W  
Section Township Range Lot Block Subdivision

Finding Location: SE Lee Blvd & SE Skyline - south to address on ESOR (for current access though use SE Flower Mound to site - turn west into drive)  
(Blocks or miles from a given point)

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AEROBIC TREATMENT UNIT	ATU: <input type="checkbox"/> Plastic/Fiberglass <input checked="" type="checkbox"/> Concrete	Capacity rating: 500 gpd	
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IV. INSTALLER INFORMATION:

Name: Jacob Jones Date Work Completed: 8/18/2021 Is Installer Certified:  Yes  No  
Mailing Address: 2401 SE 45th Street Lawton OK 73501 Phone #: 580-248-3131  
Address City State Zip Code

V. 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.  
Installer's Signature: [Signature] Installer's Certification #: 657 Date Signed: 8/19/2021

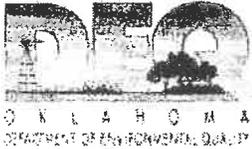
VI. DEQ USE ONLY:

SYSTEM INSPECTED BY DEQ ON (Date):  
 DEQ Final Inspection  This system COMPLIES with OAC 252:641  
 Joint Inspection  This system FAILS to comply with OAC 252:641

OR  DEQ REVIEWED CERTIFIED INSTALLER'S FINAL INSPECTION  
DATE FILED: 8-19-21 DATE REJECTED: \_\_\_\_\_  
Notes: \_\_\_\_\_ ES Initials: \_\_\_\_\_

Environmental Specialist's Signature: [Signature] Employee ID: 6350 Date Paperwork Signed and Issued: 8-19-21

104-1515



# AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE TREATMENT SYSTEM

Environmental Complaints and Local Services Division  
P.O. Box 1677  
Oklahoma City, OK 73101-1677  
(405) 702-6100

Issued to: Jacob Jones

Authorization #: 101523 System#: 0177230 Receipt #: Edoctus ID#

PROPERTY INFORMATION		
Owner	Jay and Melissa Hunt c o Clint Hunt	Section 4 Lot(s)
Street Address	1810 SE Skyline Dr Lawton, OK 73501	Township 1N Range 11W
County	Comanche	Subdivision
Finding Directions		Further Legal <i>E/2 SE 1/4 NE 1/4</i>

INFORMATION FROM "REPORT FOR ON-SITE SEWAGE TREATMENT"	
Soil Test Provider	<i>Design only</i> Soil Test Results Perc Rate- <input type="text"/> min/in OR Soil Group- <input type="text"/>
Date Soil Test Conducted or Designed	<i>7-30-21</i> Nitrogen Reduction Required (Yes or <input checked="" type="radio"/> No <input type="radio"/> No)
Design Flow: Individual w/ <input type="text"/> bedrooms	OR Small Public System <input type="text"/> gal/day Type: <input type="text"/>

**AUTHORIZATION CONDITIONS**

PURSUANT to 27A O.S. §§ 2-1-101 et seq., 2-6-103, and 2-6-403, Jacob Jones is hereby granted this authorization to construct the system listed below on the above-described property:

**Aerobic-Spray** system shall be installed based on the soil test results and design flow stated above and sized in accordance with OAC 252:641. If aerobic system is proposed and no soil profile performed, then system design must be based on Group 5 soil.

**BY accepting this authorization, the installer of this system understands that:**

- When it is an option, a septic tank with a subsurface absorption system is preferred due to low maintenance requirements.
- By issuing this authorization, DEQ does not guarantee that this system will function properly.
- The system must be installed in accordance with OAC 252:641 and the design standards on the above-described "Report for On-Site Sewage Treatment."
- This system must be inspected and approved by DEQ, or installed, self-inspected and approved by a certified installer before the installation can be backfilled and the system placed into operation .
- Only domestic sewage may be treated and disposed of in on-site-sewage treatment systems.
- This sewage treatment system must be operated and maintained in compliance with the laws and regulations of the State and in such a manner as to prevent any deleterious effects to the environment.
- Corrective steps must be taken immediately when, in the opinion of the DEQ, the system is malfunctioning.

*Jay Tamber* \_\_\_\_\_ *6350* \_\_\_\_\_ *8-2-21*  
 DEQ Representative Employee ID Number Date Issued

**This on-site sewage treatment system is being installed in the jurisdiction of:**

**LAWTON DEQ OFFICE** Phone Number: **(580)357-9733** Fax Number: **(580)357-6891**

DEQ Form # 641-ATC

*Install Tue 8/17/2021*

*Jacob Jones*

*E-MAILED AUG 17 2021  
TO DEQ*



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

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

Work Order No. 101523
System No.
Date Rec'd

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Jay & Melissa Hunt
c/o Clint Hunt 509 NW 40th Street Lawton 73505
Owner Phone Number: (580)704-6330 Owner's E-Mail Address (Optional): clinhunt21@gmail.com
Property Address: 1810 SE Skyline Drive Lawton 73501 COMANCHE, Oklahoma
Legal Description: E/2 SE/4 NE/4 Sec: 4-T1N-R11W Lot Size in sq ft or 4.71 acres:
Finding Location: Hwy 7/SE Lee Blvd - go south to site on ESOR (but for access purposes now) use Flower Mound Rd turn West into entrance
Water Supply: Public Water Supply - Name: City of Lawton

WATERBODY PROTECTION AREA:

Dispersal field located in Water Body Protection Area: check one Zone 1 Zone 2 or None
Flow 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 4

SOIL TEST RESULTS: Design Only Print First and Last Name of Designer: Jacob Jones Design Date: 7/30/2021

Table with columns for Hole #1, Hole #2, Hole #3, Separation Range, and Dispersion Allowed / Applicable Sizing Range. Includes rows for depth of test hole (0-6" to 48"-54") and system types like CSA, LPD, SE, ET/A, L, ADI, ASI.

Table for Recommended System and Sizing Criteria. Columns include Treatment Required, Hole with Highest Clay Content, and Most Prevalent Soil Group in Sizing Range.

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

Soil Tester's Signature, Please Print First Name, Last Name, Certification Number, Address, City, State, Zip, Phone #, Date Signed

DEQ USE ONLY: Soil Test Performed by DEQ on (date), 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. 101523  
 System No.  
 Owner's Last Name Hunt

SYSTEM DESIGN: Check all that apply

**TREATMENT:**

- Septic Tank with \_\_\_\_\_ gal. liquid capacity  Aerobic Treatment  Aerobic Treatment with Nitrogen Reduction

**DISPERSAL:**

- CSA:** with \_\_\_\_\_ feet of subsurface absorption trenches. The trench bottom shall be no deeper than \_\_\_\_\_ 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 \_\_\_\_\_ feet of subsurface absorption trenches. The trench bottom shall be no deeper than \_\_\_\_\_ inches.
- ET/A:** with \_\_\_\_\_ feet of evapotranspiration trenches. The trench bottom shall be no deeper than \_\_\_\_\_ inches.
- L:** with bottom dimensions of \_\_\_\_\_ feet by \_\_\_\_\_ feet.
- DI:** with a \_\_\_\_\_-gallon capacity pump tanks and \_\_\_\_\_ feet of drip line.
- SI:** with a 700-gallon capacity pump tank and 3132-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

SKETCH BOX

**REMARKS:**

*TO BPA*



ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION

Certification Documentation Form

Work Order No.	101523
System No.	
Date Rec'd	

(PLEASE PRINT or TYPE)

GENERAL INFORMATION:

Name and Mailing Address of Property Owner: Jay & Melissa Hunt  
First Name Last Name Street Address City Zip Code  
c/o Clint Hunt 509 NW 40th Street Lawton 73505

Owner's E-Mail Address (Optional): Clint's # 704-6330 clinthunt21@gmail.com

Property Address: 1810 SE Skyline Drive Lawton 73501 COMANCHE, Oklahoma  
Street Address City Zip Code County

Legal Description: E/2 SE/C NE/4 Sec: 4-T1N-R11W Lot Size in: \_\_\_\_\_ ft<sup>2</sup>, or 4.71 acres

Finding Location: SE Lee & SE Skyline - south to address on ESOR - for current access though use SE Flower Mound  
Road to site - turn west into drive (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 so that the system can be properly sized.

This individual sewage treatment system will serve an individual residence or duplex with the following # of bedrooms: 4.

The estimated flow or actual flow for this small public sewage system is N/A gal/day and is a N/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.

Jay or Melissa Hunt c/o builder Clint Hunt  7-29-21  
Print First Name Last Name Signature Date Signed

E-MAILED JUL 30 2021  
TO DEQ

36" deep - top of tank from ground

**APPENDIX E. HORIZONTAL SEPARATION DISTANCE REQUIREMENTS FOR ON-SITE SEWAGE TREATMENT SYSTEMS**

Required Horizontal Separation Distances in Feet

	Aerobic Treatment Unit, Flow Equalization Tank, Low Pressure Dosing Tank, Lift Station, Septic Tank & Trash Tank	Perforated Pipe, Chamber, or Drip Irrigation Line	Solid Pipe	Lagoons	Spray Irrigation Heads	Spray Irrigation Effluent
Private Well or Surface Water Supply	50 <sup>1</sup>	50 <sup>1</sup>	50 <sup>3</sup>	50 <sup>2,4</sup>	50 <sup>1</sup>	25
Public Water Supply Well	300	300	50	300 <sup>4</sup>	300	300
Building	5	5	N/A	50 <sup>5,6</sup>	N/A	N/A
Other Structure <sup>7</sup>	N/A <sup>8</sup>	5	N/A <sup>9</sup>	N/A	N/A	N/A
Waterline	5	15	10 <sup>10</sup>	15 <sup>4</sup>	15	N/A
Property Line	5	5	5	10 <sup>5</sup>	10	10
Impoundment or Stream <sup>11</sup>	15	15	N/A	15 <sup>5</sup>	25	25
French Drain/ Curtain Drain	15	15	N/A	15 <sup>5</sup>	15	15

<sup>1</sup>Distances shall be one hundred feet (100') if the soil percolates one inch (1") in less than five (5) minutes or is classified as a Group 1 soil in the separation range.

<sup>2</sup>Distances shall be one hundred feet (100') if the ground slopes toward the water supply.

<sup>3</sup>Distances may be reduced up to ten feet (10') if, at a minimum, Schedule 40 pipe is used.

<sup>4</sup>The distance shall be measured horizontally from the center line of the nearest dike.

<sup>5</sup>The distance shall be measured from the outside base of the nearest dike.

<sup>6</sup>This only applies to residences that are not located on the owner's property.

<sup>7</sup>"Other structures" include but are not limited to driveways, parking lots and paved areas.

<sup>8</sup>If septic tanks are located under paved areas, access to all manhole/cleanout openings shall be provided.

<sup>9</sup>If solid pipe is installed under a roadway or a driveway, the pipe under the roadway/driveway and the ten feet (10') of pipe extending out from under the roadway/driveway on both sides shall be, at a minimum Schedule 40 pipe or sleeved with Schedule 40 pipe.

<sup>10</sup>Ten feet (10') horizontal or two feet (2') vertical separation shall be maintained between any water line and solid pipe. When proper horizontal and vertical separation cannot be obtained then the solid pipe shall be constructed of, at a minimum, Schedule 40 pipe and shall be installed so the joints of both the water line and the solid pipe are as far apart as possible.

<sup>11</sup>This includes the top bank of any stream or the normal pool elevation of an impoundment that is not used for a surface water supply.