ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES DIVISION
ON-SITE SEWAGE TREATMENT SYSTEM INSPECTION REPORT
PLEASE PRINT LEGIBLY OR TYPE

Authorization No.: _____ **System No.:** _____ **Reference No.:** _____ **Date Received:** _____

I. PROPERTY INFORMATION:

Name/Mailing Address of Owner: Brent and Kayla (First Name) | Odom (Last Name) | 6214 East Richmond Road (Mailing Address) | Stillwater (City) | OK (State) | 74075 (Zip Code)

Email Address: kayla.odom@cimarronvalleymail.com

Property Address: 6214 East Richmond Road (Street Address) | Stillwater (City) | OK (State) | 74075 (Zip Code) | Payne (County)

Legal Description: SE ¼ (¼ and ½ 's) | 14 (Section) | 19N (Township) | 3E (Range) | Lot | Block | Subdivision

GPS Coordinates: Lat: 36.1584 Long: -96.9648

II. GENERAL INFORMATION:

TYPE OF WORK: ☑ New Installation ☐ Modification ☐ Repair ALTERNATIVE SYSTEM: ☐ Yes ☑ No DATE of INSTALLATION: 10/27/2026

TANKS: Septic Tank: _____ gal. Trash Tank: 500 gal. Pump Tank: 1,000 gal. Flow Equalization: _____ gal.

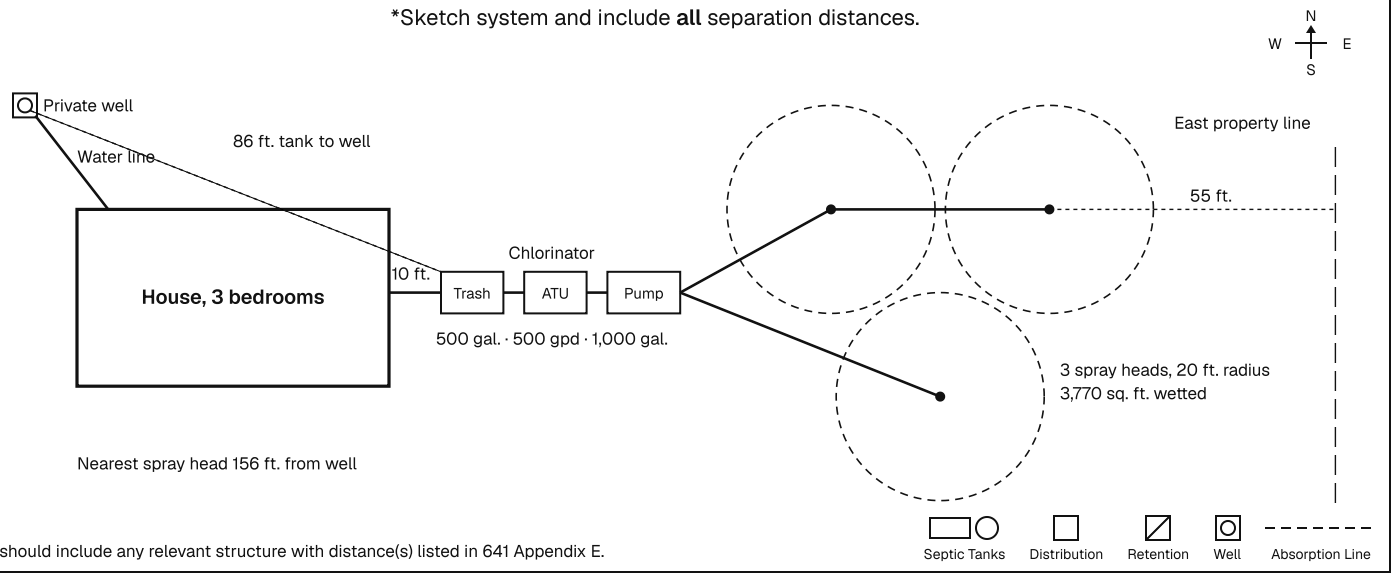
AEROBIC TREATMENT: Capacity rating: 500 gpd ☑ NSF 40 ☐ NSF 245 Model: 500N Manufacturer: Clearstream

DRIP IRRIGATION: Total length of line: _____ ft. Pressure Compensating Model No.: _____ Cycles per day: _____ Dosing rate: _____ min./cycle

SPRAY IRRIGATION: Total irrigation area: 3,770 ft² Spray radius: 20 ft. | LAGOON: Square _____ ft. X _____ ft. Round _____ ft.

ABSORPTION TRENCHES Total trench length: _____ ft. Media: ☐ Rock ☐ Manufactured Media Trench depth: _____ in. Media depth: _____ in.

*Sketch system and include **all** separation distances.



*Sketch should include any relevant structure with distance(s) listed in 641 Appendix E.

III. 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.

Dale Kirkendall	*Dale Kirkendall*	2517	11/04/2026
Print Name	*Installer's Signature*	*Installer's Certification #*	*Date Signed*

Installer's Mailing Address: 2215 North Perkins Road, Stillwater, OK 74075 Installer Email Address: office@cimarronseptic.com

IV. DEQ USE ONLY:

☐ **SYSTEM INSPECTED BY DEQ ON (Date):** _____
Installer's Name:

☐ Experience Inspection
☐ Joint Inspection

☐ This system **COMPLIES** with OAC 252:641
☐ This system **FAILS** to comply with OAC 252:641

OR

☐ **CERTIFIED INSTALLER'S FINAL INSPECTION**

☐ **DEQ Reviewed and Rejected** Date: _____
☐ Compliance Report No:

_____	_____	_____
Environmental Specialist's Signature	Employee ID	Date Paperwork Signed