



ON-SITE SEWAGE SYSTEM PERMIT

APPLICATION

- Cash
- Check _____
- Credit Card _____
- Prepaid

Received \$ 105.00

Date: _____

Receipt No. _____

Permit # _____

Project Address: _____	Valuation: _____
Owner of Property: _____	
Name	Phone #
Mailing Address: _____	
Street #	City
State	Zip
Contractor/Applicant: _____	
Name	Phone #
Mailing Address: _____	
Street #	City
State	Zip
State License # : _____	
City sewer available: YES NO Flood Zone: YES NO Flood Zone Class: _____ Type of Service: <input type="checkbox"/> Residential Number of Bedrooms: _____ <input type="checkbox"/> Commercial / Industrial Number of Fixtures: _____ <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic	
Depth of Fill: _____ Trench Depth: _____ Trench Width: _____ Tank Volume (gal): _____	
RECEIVING WATER BODY:	
<input type="checkbox"/> Choctaw Creek <input type="checkbox"/> Choctaw Creek Tributary 1 <input type="checkbox"/> Choctaw Creek Tributary 2 <input type="checkbox"/> Choctaw Creek Tributary 2 East Branch <input type="checkbox"/> Choctaw Creek Tributary 2 West Branch	<input type="checkbox"/> Choctaw Creek Tributary 3 <input type="checkbox"/> Choctaw Creek Tributary 4 <input type="checkbox"/> Choctaw Creek Tributary 4 West Branch <input type="checkbox"/> Choctaw Creek Tributary 5 <input type="checkbox"/> Choctaw Creek Tributary 7
<input type="checkbox"/> North Canadian River <input type="checkbox"/> North Canadian River Tributary 1 <input type="checkbox"/> North Canadian River Tributary 3 of Tributary 1 <input type="checkbox"/> North Canadian River Tributary 4	
WATER BODY PROTECTION AREA	
<input type="checkbox"/> Zone 1	<input type="checkbox"/> Zone 2
<input type="checkbox"/> None	
Distance from Contamination to Private Water Supplies (Use of the greatest distance is required)	
Department of Environmental Quality Aerobic Treatment Unit 50' Perforated Pipe 50' Solid Pipe 50' Lagoons 50' Spray Irrigation Heads 50' Spray Irrigation Effluent 25'	OWRB 785:35-7-1 Aerobic 25' (above ground sprinkler spray) Aerobic 50' (sprinkler head) Waste Lagoon 300' (feedlot/confined animal feeding operation) Closed Sanitary Sewer Line 10' Pollution Source (level) 75' (OWRB requires a 20' surface seal) Pollution Source 100' (down gradient)
All distances must be shown on the detailed site plan	
I hereby certify that I will comply with all laws, ordinances, and regulations (2015 IPC, 2015 IRC and ODEQ Requirements) pertaining to the installation and use of such; that this system will not harm or interfere with other property owners and the City's municipal utility system. All electrical, mechanical and plumbing will be performed by licensed contractors with the state of OK and the City of Choctaw. I certify that the code official or the code official's authorized representatives shall have the authority to enter area covered by such permit at any hour to enforce the provisions of the code(s) applicable to such permit.	
Printed Name: _____	Signature: _____
Date: _____	
<input type="checkbox"/> APPROVED _____ 20 _____ <input type="checkbox"/> DENIED _____ 20 _____	
BY: _____ REASON: _____	

1. Site Plan

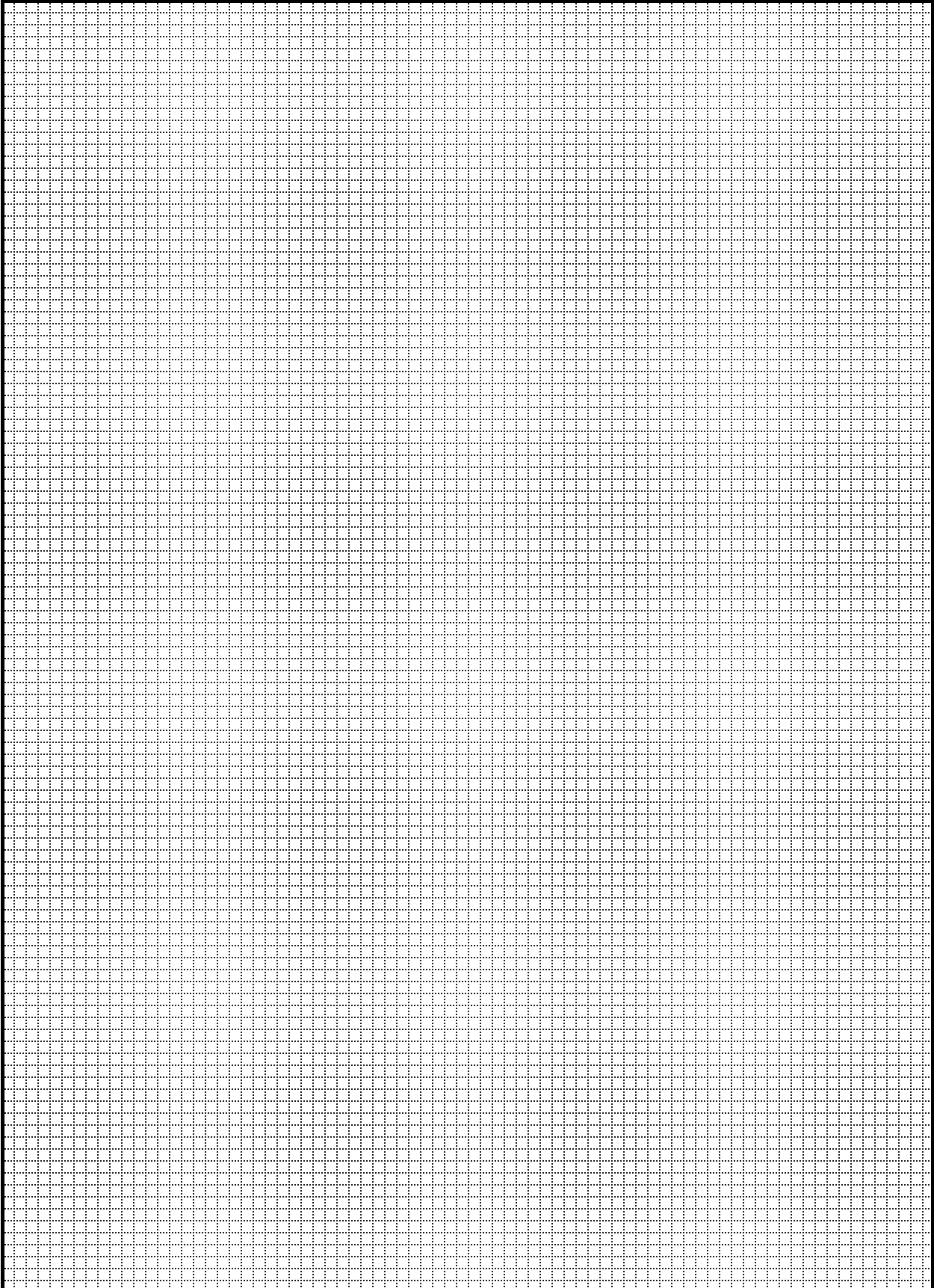
- A. All lot lines and lot dimensions.
- B. All existing and proposed building(s).
- C. Distance between lot lines and building (existing and proposed).
- D. Driveway with dimension.
- E. All existing and proposed utilities.
- F. All existing and proposed easements and right-of-way with dimensions.
- G. Building set back lines with dimensions.
- H. Drainage flow arrows.
- I. Location of 100 and 500 year flood zone boundary.
- J. Scale, North Arrow, Date, Contact information.

2. Documentation

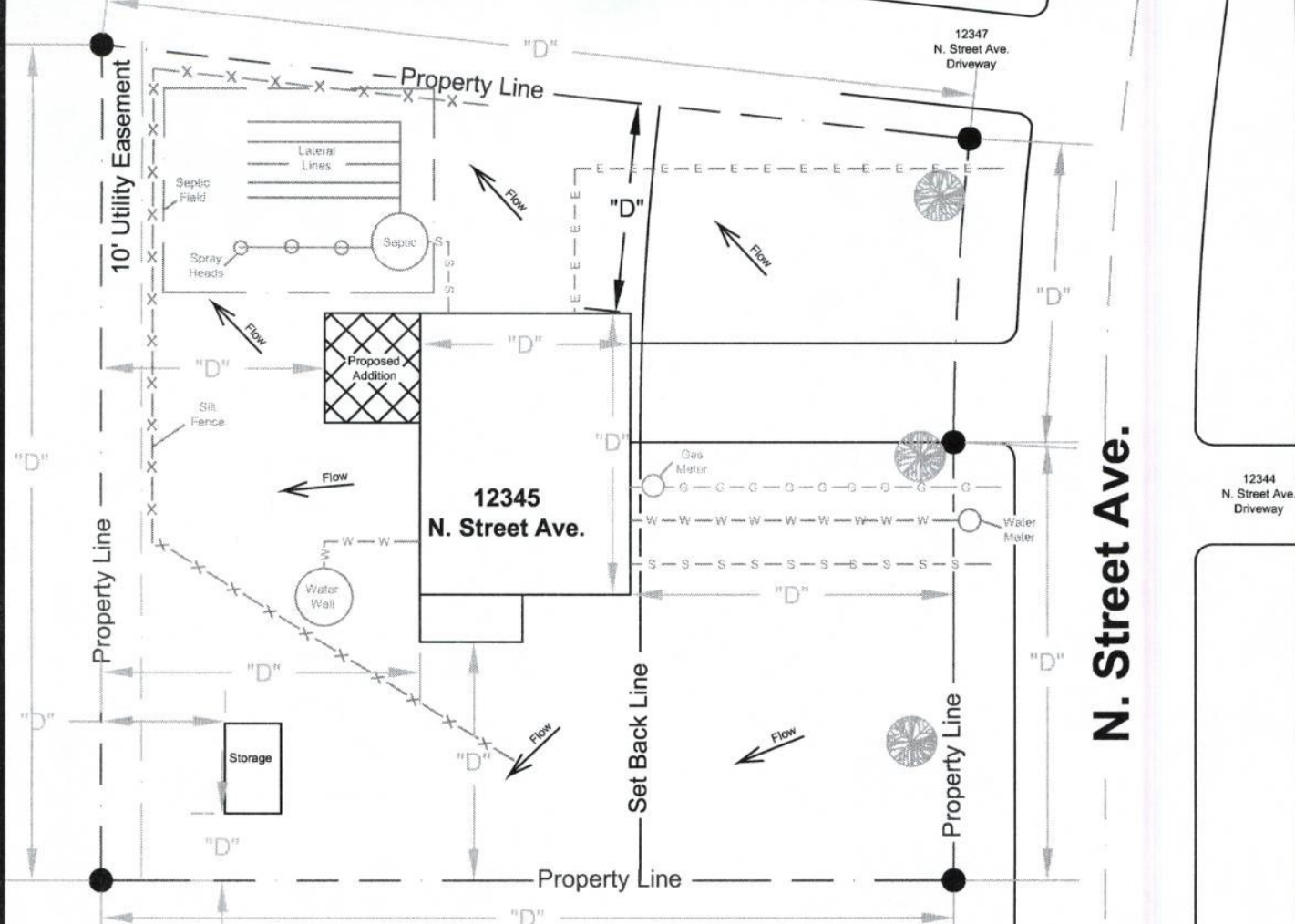
- A. ODEQ Approved Profile Test.
- B. ODEQ Approved Perc Test.
- C. ODEQ Installation Approval Report
- D. Certified Installers
 - 1. Copy of completed 576 ODEQ Form
 - 2. \$10,000 Surety Bond
 - 3. Copy of State Certification

SITE PLAN

MUST BE DETAILED TO SCALE
SHOW ALL EXISTING BUILDINGS, FENCES, PROPERTY LINES



SAMPLE SITE PLAN



LEGEND

	Drainage Flow Arrow
	Silt Fence (Erosion Control)
	Natural Gas Service Line
	Water Service Line
	Sanitary Sewer Service Line
	Electrical Service Line
	Tree

John Doe
(405) 555-5555
Jan. 1, 20XX



CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Street Name(s) | <input type="checkbox"/> Neighboring Driveway |
| <input type="checkbox"/> Property Line w/Dimensions | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Structure(s) w/Dimensions | <input type="checkbox"/> Drainage Flow Arrows |
| <input type="checkbox"/> Setback lines | <input type="checkbox"/> Erosion Controls |
| <input type="checkbox"/> Existing/Proposed Utilities | <input type="checkbox"/> Flood Zone Boundary (if applicable) |
| <input type="checkbox"/> Water Service | <input type="checkbox"/> Retaining Wall(s) |
| <input type="checkbox"/> Water Well | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Sanitary Sewer Service | <input type="checkbox"/> North Arrow |
| <input type="checkbox"/> Septic System | <input type="checkbox"/> Date |
| <input type="checkbox"/> Electrical Service | <input type="checkbox"/> Contact Information |
| <input type="checkbox"/> Natural Gas Service | |

PLEASE
USE BLANK PAGE
ON BACK TO
DESIGN A SITE
PLAN