

FINAL INSPECTION REQUEST AND NOTICE

Date Received : _____

Pursuant to the requirements within ORS 454.665, OAR 340-71-170 and OAR 340-71-175, the system installer and/or the permittee must notify Crook Cty Env. Hlth when the construction, alteration or repair of a system for which a permit was issued is completed (except for the backfilling or covering of the installation). The Agent has 7 days to perform an inspection of the completed construction after the official notice date, unless the Agent elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Agent establishes the official notice date of your request for the pre-cover inspection. Faxed copies are acceptable for inspection request purposes only. Originals must be received before a certificate of satisfactory completion is issued. Please complete all of sections 1 through 4 on the form and return it to the office that issued the permit. Forms that are determined to be incomplete may be returned. (541-447-8155, fax 541-416-2139)

SECTION 1: BASIC INFORMATION

Property Owner _____ Permit Number _____ County _____

Township _____; Range _____; Section _____; Tax Lot _____; Tax Acct./Lot # _____

Job Location/Address _____

SECTION 2: MATERIALS LIST. Identify and list all materials used in the system.

<u>Material Categories</u>	<u>Brand Name</u>	<u>Material</u>	<u>Size/Quantity</u>
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Tank: _____

Effluent pipe:: _____

Distribution/drop boxes: _____

Header pipes: _____

Distribution pipe (gravel): _____

Drain media (not gravel): _____

Couplers/elbows: _____

Riser: _____

Pumps/ATT: _____

Other: _____

SECTION 3: This section must be completely filled out with signature. CONSTRUCTION WAS PERFORMED BY:

____ Property Owner (Permittee): _____ **OR**
(Print Full Name)

____ Sewage Disposal Service Business: _____
(Print Full Business Name) (DEQ License Number)

All Tank(s) were tested at job site location and passed criteria for water-tightness in accordance with OAR 340-73-025(3): Yes () No ()

Date tank(s) tested: _____ Date System Construction Was Completed: _____

I certify that the information provided on both pages of this document is correct and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

System Installation Installer Print/Signature : Property Owner or Certified Installer # _____ Cert. Number) _____ Date

Installers Contact Phone Numbers: Office/Home _____ Cell _____

Property Owner _____ Permit Number _____ County _____

SECTION 4: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM. Indicate the direction of NORTH and show the locations of all wells within 200 feet of the system. Also include setback distances from property lines and building structures.

SECTION 5 - OFFICE USE ONLY: Notice Review Date: _____ Notice Accepted: Yes () No ()

If No, Reason for Non Acceptance: _____

Installer/Property Owner (Permittee) Notified about: () Non Acceptance () Approval to backfill system

Date and time of notification: _____ : _____ am/pm Additional Comments: _____
