

INSPECTION REQUEST:

AS REQUIRED BY OAR 340-71-175, THE SYSTEM INSTALLER MUST NOTIFY THE SOILS SECTION OF WATER ENVIRONMENT SERVICES WHEN CONSTRUCTION, ALTERATION OR REPAIR OF A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT ISSUED BY US AS AGENTS OF THE DEQ. ALL REQUIRED COMPONENTS MUST BE INSTALLED BUT NONE BACKFILLED, UNLESS AN ALTERNATE SCHEDULE IS REQUIRED BY THE SOILS SECTION (AS IN SAND FILTERS AND CAPPING FILLS), OR UNLESS THE INSTALLER HAS MADE PREVIOUS ALTERNATE ARRANGEMENTS WITH THE SOILS SECTION. IF THIS IS NOT DONE, A REINSPECTION FEE WILL BE REQUIRED BEFORE FURTHER INSPECTION REQUESTS CAN BE HONORED. PLEASE COMPLETE ALL FOUR SECTIONS OF THE FORM AND RETURN IT TO OUR OFFICE, IN ORDER TO ESTABLISH THE OFFICIAL DATE OF YOUR REQUEST FOR PRECOVER INSPECTION. (FAX: (503) 742-4565). NOTE: A SEPARATE REQUEST ON THE INTERACTIVE VOICE RECORDING SYSTEM AT (503) 742-4720 IS ALSO REQUIRED.

COUNTY MUST APPROVE SUBMITTED COPY BEFORE CERTIFICATE OF SATISFACTORY COMPLETION

WILL BE ISSUED.

INCOMPLETE FORMS WILL NOT INITIATE AN INSPECTION.

SECTION I:

PROPERTY OWNER: _____ **PERMIT NUMBER:** _____

TOWNSHIP: _____ **RANGE:** _____ **SECTION:** _____ **TAX LOT:** _____

SITUS ADDRESS: _____

DATE SYSTEM CONSTRUCTION IS COMPLETED AND FORM IS SUBMITTED: _____

SECTION II: FILL OUT THE ALL THE FOLLOWING WHICH ARE APPLICABLE:

SEPTIC TANK (PROVIDE MANUFACTURER, MATERIAL, VOLUME):

EFFLUENT FILTER (PROVIDE MANUFACTURER AND SIZE):

EFFLUENT SEWER (PROVIDE DIAMETER AND MATERIAL):

DOSE TANK (PROVIDE MANUFACTURER, MATERIAL, VOLUME):

TANK PUMP (PROVIDE MAKE AND MODEL):

FLOAT SETTINGS(PROVIDE INCHES FROM TOP OF TANK TO WATER LEVEL WHEN FLOAT FUNCTIONS): ALARM ON OFF RO

TANK TIMER SETTINGS (PROVIDE SECONDS ON / MINUTES OFF):

NORMAL OPERATIONS /

HIGH WATER ALARM OPERATIONS /

PRESSURE LINE (PROVIDE DIAMETER AND MATERIAL):

TANK TO DRAINFIELD OR SAND FILTER: (CIRCLE ONE, AS APPROPRIATE)

SAND FILTER TO DRAINFIELD:

HEADER LINES (DIMENSION AND MATERIAL)

DROP BOXES/DISTR. BOXES/ HYDROSPLTR/INSPECTION PORT (NUMBER/MATERIAL)

LEACH LINES / PRESSURE BED (SQ) FT (PROVIDE MATERIAL):

CAPPING FILL (DEPTH OVER TOP OF DRAINMEDIA IN INCHES):

GROUNDWATER INTERCEPTOR (DEPTH / DEPTH OF GRAVEL IN INCHES): /

SAND FILTER(CIRCLE ONE AND PROVIDE DIMENSIONS):

IN GROUND / ABOVE GROUND / OPEN BOTTOM; DIMENSIONS:

SF PUMP(FUNCTION @ INCHES BELOW VAULT TOP): ALARM ON OFF

ALSO: PLEASE PROVIDE INCHES FROM VAULT TOP TO TOP OF UNDERDRAIN PIPE:

LINER CERTIFICATE: (PROVIDE COPY ON SHEET SUPPLIED IN PERMIT PACKET)

INTERLOCK (VERIFY THE TANK PUMP WILL NOT FUNCTION IF SAND FILTER IS IN ALARM) Y / N

AIR COIL / MONITORING PORT(S) (CIRCLE, IF INSTALLED)

EXISTING SYSTEM ABANDONMENT (PROVIDE PUMPER RECEIPT AND CERTIFICATE FM PERMIT PKG)

OTHER

Section III: Provide the as-built plan of the constructed system. Indicate the direction north, and scale, and show all wells within 200 ft of the system:

SECTION IV:

I CERTIFY THE INFORMATION PROVIDED IN THIS NOTICE 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 CHAP. 340, DIV. 71 AND 73:

PERMIT NUMBER: _____

SYSTEM INSTALLED BY: _____ PROPERTY OWNER _____ LICENSED INSTALLER _____
DEQ. LICENSE #

OWNER OR INSTALLER NAME (PLEASE PRINT) : _____

SIGNATURE _____ DATE: _____