

FINAL INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR340-71-170 and OAR340-71-175, the system installer and/or the permittee must notify the Department of Environmental Quality (or its authorized Agent) 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 Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or 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 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 will be returned.

SECTION ONE: BASIC INFORMATION

Property Owner _____ Permit Number _____ County _____
Township _____ Range _____ Section _____ Tax Lot _____
Job Location _____

SECTION TWO: AS-BUILT PLAN OF THE CONSTRUCTION SYSTEM. Indicate the direction of NORTH and show the location of all wells within 200 feet of the system. Also include ground and pipe elevations.

Property Owner _____ Permit Number _____ County _____

SECTION 3: MATERIALS LIST: Identify and list all materials used in the system's construction.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 4: CONSTRUCTION WAS PERFORMED BY: (Must be completely filled out, with signature.)

Date System Construction Completed _____ Tank(s) Water Tight Tested at Location Yes () No () Date _____

Property Owner (Permittee):

OR

_____ (Print Full Name)

Sewage Disposal Service Business: _____

_____ (Print Full Business Name)

_____ (License Number)

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 regulation the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

_____ (System Installer Signature)

_____ (Title)

_____ (Date)

SECTION 5: OFFICE USE ONLY

Review Date: _____ Accepted Yes () No ()

Reason for Non Acceptance

Comments:

Pre-Cover Inspection Conducted: Yes () No () **If YES, Date of Inspection:** _____

Correction Notice Issued: Yes () No () **If YES, Date Resolved:** _____

Date of Certificate of Satisfactory Completion Issued: _____ PI () PW () OL ()

Installer / Property Owner Notified: Yes () No () Date _____

Comments:
