

AS-BUILT FORM



All septic system inspections are to be requested through Oregon's ePermitting system at <https://aca-oregon.accela.com/oregon/Default.aspx>. Use the site specific permit number when scheduling. Complete and submit this form in Oregon ePermitting prior to the *pre-cover* inspection. Incomplete or inaccurate forms will not be approved. Once a complete and accurate form is submitted and an inspection is scheduled, Deschutes County has seven days to complete the inspection. Use the space below for the As-Built drawing and complete the Materials Listing section and Installer Info section on backside of this form. This form must be uploaded directly to the permit via <https://aca-oregon.accela.com/oregon/Default.aspx>

Email: onsite@deschutes.org
Address: 117 NW Lafayette Avenue | PO Box 6005, Bend, OR 97708

SEPTIC PERMIT #	_____	INSTALLER PHONE #	_____
PERMIT JOB ADDRESS	_____		

AS-BUILT DRAWING

Show at LEAST the following: North arrow, all system major components (see back side of this form for major components), proposed & existing adjacent structures/driveways/utility lines, future replacement area(s) as shown on approved plot plan, and lengths of drainlines & effluent transport sewers. Show distances between system components and to wells, structures/driveways/utility lines, and nearest property lines & bodies of waters-- if within 150' of initial and reserve system areas. *Note existing septic system components such as tanks, drainfields, etc. as "existing".*

Permit #: _____ Construction By: ☐ Property owner; **or** ☐ Licensed D.E.Q. Installer

DEQ INSTALLERS COMPLETE THIS SECTION:

Business Name: _____	DEQ License #: _____
DEQ Certification # of Signee: _____	

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

Name: _____	PRINT	SIGNATURE	DATE SIGNED
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MATERIALS LISTING SECTION: *List only products installed for this job*

Tank	Septic Tank _____ Gallons	Manufacturer: _____
	Dosing Septic Tank _____ Gallons	Manufacturer: _____
	(Two Compartment)	<input type="checkbox"/> Flow-Thru or <input type="checkbox"/> Baffled (up & over sanitary tee)
	Dosing Tank _____ Gallons	Manufacturer: _____
Drainfield Media	Effluent Filter # of: _____	Manufacturer: _____ Model #: _____
	Drain Rock _____ Yrds	Supplier: _____
	Perf Pipe _____ FT	Supplier: _____ Diameter: _____ inches
	Filter Fabric _____ FT	ASTM #: _____ Manufacturer: _____ Fabric Type: _____
Effluent Sewer	Check One: <input type="checkbox"/> Infiltrator (4' chambers) <input type="checkbox"/> HanCor Arc 18 (5' chambers) <input type="checkbox"/> BioDifuser (7'2" chambers)	
	# of Chambers: _____	Supplier: _____
	Wire Mesh _____ FT	Mesh Supplier: _____
	EZ Flow _____ FT	Supplier: _____
Boxes & Piping	Filter Fabric (If not "stitched" onto cylinders bv manufacturer) _____ FT	<input type="checkbox"/> Model 1201P (Single cylinder installation in each drainline); or <input type="checkbox"/> Model 1202P (2 side-by-side cylinders installed in each drainline)
	Manufacturer: _____ Type: _____	
	Effluent Sewer Pipe _____ FT	Supplier: _____ ASTM #: _____
	(Gravity or Pressurized)	Diameter: _____ inches
Pumps	Tracer Wire (Min. 18 gauge, _____ FT	
	Switching Valve # of: _____	Manufacturer: _____ Model #: _____
	Spring Check Valve # of: _____	Manufacturer: _____ Model #: _____
	Drop Boxes # of: _____	Manufacturer: _____ Supplier: _____
ATT/P.D./ Capping Fill	Distribution Boxes # of: _____	<input type="checkbox"/> Concrete or <input type="checkbox"/> Poly
	Overflow & Header Piping _____ FT	ASTM #: _____ Diameter: _____ inches
	Pump Packages # of: _____	Manufacturer: _____ Model #: _____
	Dosing Timer # of: _____	Supplier: _____
Sand Filter	Control Box # of: _____	Manufacturer: _____ Model #: _____
	Swing Check Valve # of: _____	Manufacturer: _____ Model #: _____
	Anti-Siphon Valve # of: _____	Manufacturer: _____ Model #: _____
	Capping Fill Drainfield Material _____ Yrds	Supplier: _____
Sand Filter	Pressurized Drainline Piping _____ FT	Supplier: _____ ASTM #: _____
	Diameter: _____ inches	
	ATT Unit # of units: _____	Manufacturer: _____ Make/Model #s: _____
	Supplier: _____	
Sand Filter	Dimensions _____ FTxFT	Sidewall Material: <input type="checkbox"/> 3/4" OSB (all edges sealed) <input type="checkbox"/> 3/4" Plywood <input type="checkbox"/> Designed by Prof. Engineer
	Filter Fabric _____ Sq. FT	Manufacturer: _____
	Liner Size: _____	Manufacturer: _____ Model #: _____
	DEQ Pea Gravel _____ Yrds	Supplier: _____
Sand Filter	DEQ Sand Media _____ Yrds	Supplier: _____
	Pressurized Laterals _____ FT	Pipe Supplier: _____ ASTM #: _____
	Orifice Spacing _____ FT	Pipe Diameter: _____ inches