

SEPTIC *PRECOVER* INSPECTION REQUEST AND NOTICE FORM (*AS-BUILT FORM*)

All septic system inspections are to be requested through the county's Interactive Voice Recording (IVR) system at 317-3174. Deschutes County then has seven days to complete the inspection. Complete and submit this form to a Deschutes County Community Development Department (CDD) office prior to the *precover* inspection. Incomplete or inaccurate forms will not be approvable. 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 can be faxed or mailed to a CDD office:

Bend:	117 NW Lafayette Ave Bend, OR 97701	Fax # 385-1764
Redmond:	3800 SW Airport Way Redmond, OR 97756	Fax # 923-3097
La Pine:	51340 S. Hwy 97 La Pine, OR 97739	Fax # 536-5851

SEPTIC PERMIT # S-_____ **INSTALLER PHONE #** _____

PERMIT JOB ADDRESS _____

{OFFICE USE ONLY: Date Form Received _____}

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".*}

Septic Permit # S-_____ Construction By: (Check One) _____ Property owner (Permittee) **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 on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

NAME: _____
PRINT SIGNATURE DATE SIGNED

MATERIALS LISTING SECTION: *List only products installed for this job*

MAJOR COMPONENT	TOTALS	PRODUCT SPECIFICATION INFORMATION
Septic Tank -----	_____ Gallons	Manufacturer _____
Dosing Septic Tank ----- (Two Compartment)	_____ Gallons	Manufacturer _____
Dosing Tank -----	_____ Gallons	Check: _____ Flow-Thru or _____ Baffled (up & over sanitary tee)
Effluent Filter -----	# of: _____	Manufacturer _____ Manufacturer/Model # _____
Pumps:	# of Each: _____	Pump Manufacturer _____
Pump Packages -----	_____	Supplier _____
Dosing Timer -----	_____	Pump Model Numbers _____
Control Box -----	_____	Timer Manufacturer & Model # _____
Swing Check Valve -----	_____	Box Manufacturer & Model # _____
Anti-Siphon Valve -----	_____	Valves Manufacturer & Model #s _____
ATT Unit:	# of Each: _____	Manufacturers _____
Advantex -----	_____	Make/Model #s _____
Multi-Flo -----	_____	Suppliers _____
Whitewater -----	_____	
Puraflo -----	_____	
MicroFast -----	_____	
Effluent Sewer Pipe ----- (Gravity or Pressurized)	_____ Ft.	Pipe Supplier _____
Tracer Wire ----- (Min. 18 gauge, Green)	_____ Ft.	Pipe Diameter _____ (inches) ASTM # on Pipe _____
Switching Valve -----	# of: _____	Valve Manufacturer & Model # _____
Spring Check Valve -----	# of: _____	
Sandfilter Container:		Container Sidewall Material: Check One
Dimensions -----	_____ Ft x _____ Ft	_____ 3/4" Plywood _____ Designed by Prof. Engineer
Filter Fabric -----	_____ Sq. Ft.	_____ 3/4" OSB (all edges sealed)
Liner -----	Size: _____	Fabric Manufacturer _____ Type _____
DEQ Pea Gravel -----	_____ Yds.	Liner Manufacturer & Model # _____
DEQ Sand Media -----	_____ Yds.	Pea Gravel Supplier _____
Pressurized Laterals -----	_____ Ft.	Sand Media Supplier _____
Orifice Spacing -----	_____ Ft.	Pipe Supplier _____
Junction Boxes & Piping:		Pipe Diameter _____ (inches) ASTM # on Pipe _____
Drop Boxes -----	# of: _____	Manufacturer & Supplier _____
Distribution Boxes -----	# of: _____	Check: _____ Concrete or _____ Poly
Overflow & Header Piping --	_____ Ft.	ASTM # on Pipe _____ Pipe Diameter _____ (inches)
Drain Media: Drain Rock -----	_____ Yds.	Rock Supplier _____
Perf Pipe -----	_____ Ft.	Pipe Supplier _____
Filter Fabric -----	_____ Ft.	Pipe Diameter _____ (inches)
		ASTM # on Pipe _____
		Fabric Manufacturer _____ Type _____
Drain Media: Chambers -----	# of chambers _____	Chamber Supplier _____
Infiltrator (4' chambers)	_____ Ft.	
Infiltrator (8' 4" chambers)	_____ Ft.	
HanCor Arc 18 (5' chambers)	_____ Ft.	
BioDifuser (7' 2" chambers)	_____ Ft.	
Wire Mesh -----	_____ Ft.	Mesh Supplier _____
Drain Media: Cylinders		EZ Flow Supplier _____
EZ Flow -----	_____ Ft.	Check one of the following:
Filter Fabric ----- (If not already "stitched" onto cylinders by manufacturer)	_____ Ft.	_____ Model 1201P (Single cylinder installation in each drainline)
		_____ Model 1202P (2 side by side cylinders installation in each drainline)
		Fabric Manufacturer _____ Type _____
Pressurized Drainfields:		Pipe Supplier _____
Drainline Piping -----	_____ Ft.	Pipe Diameter _____ (inches) ASTM # on Pipe _____
Capping Fill Drainfield Mt'l	_____ Yds.	Supplier: _____