



DEPARTMENT OF HEALTH AND HUMAN SERVICES ENVIRONMENTAL HEALTH PROGRAM

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 Hillsboro, OR 97124
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 WashCoSeptic.com

FINAL INSPECTION REQUEST AND NOTICE FOR ONSITE SEWAGE DISPOSAL SYSTEM PERMITS

Pursuant to the requirements within ORS 454.655, OAR 340-71-175, the system installer and/or the permittee must notify this office when the construction, alteration or repair of a system for which a permit was issued is completed (prior to the backfilling or covering of the installation). This office has seven business days to perform an inspection of the completed construction after the official notice date, unless this office elects to waive the inspection and authorizes the system to be backfilled earlier. **Receipt and acceptance of this completed form by this office establishes the official notice date of your request for a precover inspection. Please complete this form in its entirety. Incomplete forms will be returned. Note: If a precover waiver is requested, submission of this form is still required.**

Property Owner Name:		Permit #:	
Property Site: (include city, state, and zip)			
Township:	Range:	Section:	Tax Lot #:
Date Form Submitted:			
<p>Materials List: Identify and list all materials used in the system's construction; include amount, manufacturer size, and type (example: 40', Acme Mfg., 4" SCH 40 PVC pipe).</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

AS-BUILT DRAWING OF THE CONSTRUCTED SYSTEM

Name of Property Owner:

Site Address: (include city, state, and zip)

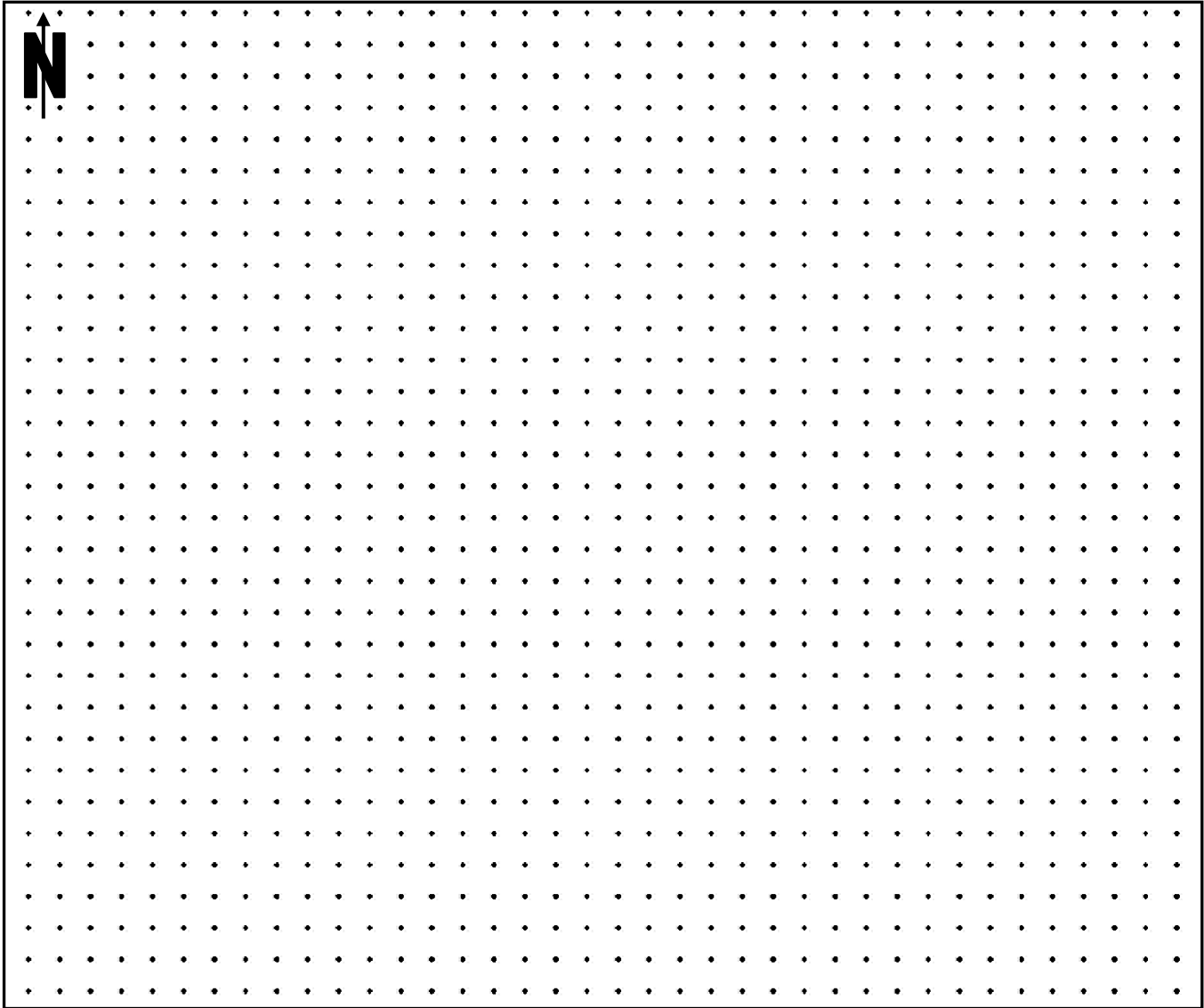
Township:

Range:

Section:

Tax Lot #:

Show all wells within 200 feet of system, length of each drainline, measurement to tank from two locations, distances from closest property lines to drainlines and septic tank, dwelling, outbuilding(s), and any encumbrances.



System Construction Completed By: (choose one)

Property Owner

DEQ Licensed Installer: _____

Business Name

DEQ License #

I hereby certify that the information provided on this final inspection request and notice is correct and that construction was completed in accordance with OAR Chapter 340 Divisions 71 and 73.

Owner/Installer Printed Name:

Date:

Owner/Installer Signature: