Corrected via ID app DESC

MAR 1 9 1992

15S, 10E 3	SWNW
11/6/10-	12/0
179100	/ / Cla

STATE OF OREGON WATER WELL REPORT 1219

(as required by OKS 537.705) WATER RESOURCE (A) ONE PAR ORE	(START CARD) #	
(I) OWNER: Well Number OALEM, ORE	(39) NJOCATION OF WELL by legal description:	
Name OITHORD GIBSON	County Latitude Longitude	
Address 69793 PINEGIEN	Township 45 N or S. Range OE E or V	v. wm.
City State OL Zip 97759	Section 4 NE N SE N	
(2) TYPE OF WORK:	Tax LotLotBlockSubdivision_	
New Well Deepen Recondition Abandon	Street Address of Well (or nearest address)	
(3) DRILL METHOD:	BARRIAYOUT SISTER	
Rotary Air Rotary Mud Cable	(10) STATIC WATEŔ LEVEL:	1/2-
Uther	ft. below land surface. DateDate	4/92
(4) PROPOSED USE:	Artesian pressure lb. per square inch. Date	
Domestic Community Industrial Irrigation	(11) WATER BEARING ZONES:	
Thermal Injection Other	~ p/	
(5) BORE HOLE CONSTRUCTION:	Depth at which water was first found	
Special Construction approval Yes No Depth of Completed Well ft.	From To Estimated Flow Rate	CWI
Explosives used Yes No Type Amount		SWL 58
HOLE SEAL Amount	58' 96' 200	120
Diameter From To Material From To sacks or pounds 10' 0 18 Berntowite 0 18 23 SACKS		+
811 18 96		+
3,18,10	(A) WELL TO C	
	(12) WELL LOG:	
How was seal placed: Method A B C D E	Ground elevation	
Other Doured down dry	Material From To	SWL
Backfill placed from ft. to ft. Material	SAND 058	
Gravel placed from ft. to ft. Size of gravel	med SAND+GrAVEL WB 58 96	58
(6) CASING/LINER:	7.77.22 - 13100 - 41 1700 - 22	
Diameter From To Gauge Steel Plastic Welded Threaded		
Casing: 6" +1 96 ,250 X		1
	·	
Liner:		<u> </u>
Final location of shoe(s)		
(7) PERFORATIONS/SCREENS:		
Perforations Method FACTORY	TOCTOLD	-
Screens Type Material		_
Slot Tele/pipe	MM1 - 1 1002	+
From To size Number Diameter size Casing Liner	WATER RESOURCES DEPT.	+
76 96 18" 360 6" X =	SALEM, OREGON	-
		
		+
		+
		+
(8) WELL TESTS: Minimum testing time is 1 hour	Date started 3/14/92 Completed 3/14/9	22
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian	(unbonded) Water Well Constructor Certification:	
☐ Pump ☐ Bailer ☐ Artesian	I certify that the work I performed on the construction, alteration, or	r ahandon
Yield gal/min Drawdown Drill stem at Time	ment of this well is in compliance with Oregon well construction standards.	
100 0 95 1 hr.	used and information reported above are true to my best knowledge and	belief.
	WWC Number _	
	Signed Stephen had Helpen Date	
	(bonded) Water Well Constructor Certification:	
Temperature of Water 510 Depth Artesian Flow Found	I accept responsibility for the construction, alteration, or abandonment	work ner
Was a water analysis done?	formed on this well during the construction dates reported above. All work	performed
Did any strata contain water not suitable for intended use?	during this time is in compliance with Oregon well construction standards. I is true to the best of my knowledge and belief.	This repor
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other	. WWC Number	677
Depth of strata:	Signed Wayne T. Bucher Date 3-14.	-92



Last Update: 8/1/16

Application for Well ID Number

RECEIVED BY OWRD

Do not complete if the well already has a Well Identification Number.

OCT 1 2 2017

I. OWNER INFORMATION	<i>a 1</i> 0 <i>i</i>	OAI FILE OF
Current Owner Name (please print):	THONY G. BLOK	SALEM, OR
Mailing Address: 69015 BAR		
City, State, Zip: SISTENS, OR	. 97759	
Mail Well ID Tag to: 🔽 SAME AS ABOV	VE In Care Of (C/O)	
Name & Address:		
City, State, Zip:		
II. WELL LOCATION INFORMATION (Pla	ease fill out as completely as possible)	
Township: <u>155</u> (North/South) Range:		SW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #		
and G 4// 20 \$827	-101 530012 county	Ler Right records tool
GPS Coordinates: <u>44,298832</u> Street Address of Well, City: <u>69015</u>	P = 22 = 25	CTED 0 00
		s (e)(), O/(,
If the property had a different street address in the	he past:	
III. GENERAL WELL INFORMATION (Ple	ease fill out as completely as possible, AN	D attach copy of Well Log, if available)
Use of Well (domestic, irrigation, commercial, it Date Well Constructed (or property built): 37 Owner at time the well was constructed (if known Other Information: THE ACTUAL WEST SUBMITTED BY (please print): 177 PHONE: 54(-788-1226	Industrial, monitoring): 14/92 Total Well Depth: 9 Vn): 6/FFORD 6/BSONWEL LL LOCATION DESCRIBER TOTAL AN ADJOING	Casing Diameter: 6' Llog # (if known): DESC 2/9 ON LOG WAS IN ENNO
Use of Well (domestic, irrigation, commercial, in Date Well Constructed (or property built): 37 Owner at time the well was constructed (if known Other Information: THE ACTUAL WELL ATTACHED AND CONSTRUCT SUBMITTED BY (please print): TO TO PHONE: 54(-788-1226) Send application to: Oregon Water Resources Dep Applications are processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed to the proces	Industrial, monitoring): 14/92 Total Well Depth: 9 VI): GIFFORD GIBSON Well CLOCATION DESCRIBE CHONY G. BLOCK EMAIL &/or FAX: LITTLE Ceived, and Well ID Numbers are mailed with the series of t	Casing Diameter: 6" I Log # (if known): DESC 2/9 O ON LOG WAS IN ENRO OF WELL (IS APART) DRICLE OK @ gmail. Com Oregon 97301; or fax to (503) 986-0902. THER WELL HAS AN I
Use of Well (domestic, irrigation, commercial, in Date Well Constructed (or property built): 37 Owner at time the well was constructed (if known Other Information: THE ACTUAL WELL ATTACHED AND CONSTRUCT SUBMITTED BY (please print): TO TO PHONE: 54(-788-1226) Send application to: Oregon Water Resources Dep Applications are processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed in the order they are resulted to the processed to the proces	Industrial, monitoring): 14/92 Total Well Depth: 9 Very Control Described The For An Anglow Control The For An Anglow Control The For An Anglow Control The For Fax: Letter The Formation of the Formation	Casing Diameter: 6" I Log # (if known): DESC 2/9 O ON LOG WAS IN ENLO O WELL (IS APART) DRILLE OK @ gmail. Com Oregon 97301; or fax to (503) 986-0902. thin 4-5 business days. A RESUNCES OFFICE TAG Operatment:
Use of Well (domestic, irrigation, commercial, in Date Well Constructed (or property built): 37 Owner at time the well was constructed (if known Other Information: THE ACTUAL WELL ATTACHED AND CONNECT OF SUBMITTED BY (please print): TO TO PHONE: 54(-788-1226) Send application to: Oregon Water Resources Dep Applications are processed in the order they are recommended to the processed of the order than the processed in the order than the processed of the processed of the order than the order	Industrial, monitoring): 14/92 Total Well Depth: 9 VI): GIFFORD GIBSON Well CLOCATION DESCRIBE CHONY G. BLOCK EMAIL &/or FAX: LITTLE Ceived, and Well ID Numbers are mailed with the series of t	Casing Diameter: 6" I Log # (if known): DESC 2/9 O ON LOG WAS IN ENRO OF WELL (IS APART) DRICLE OK @ gmail. Com Oregon 97301; or fax to (503) 986-0902. THER WELL HAS AN I

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked

Date Hand-delivered 3 - 19 - 9 2

Watermaster Initials

11 BW

W- 40030 WRD Receipt 84543 Date Fee Received 3- 19492

START CARD NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A \$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address Gifford & ELLEN Gibson
69793 PINEGLEN Rd
SiSTERS, OR 97159
Check type of work: Fee Required Conversion No Fee Required Conversion
Proposed Commencement Date 3/14/92 Existing or Proposed Well Depth 100 Diameter 6'' Check Use: Community Industrial Irrigation Monitoring Thermal Injection Other
Proposed Well Location: County Neschutes Owner's Well Id. No.
Township / S (N or S) Range / O E (E or W) Section 4 1. NE. 1/4 of 5. E. 1/4 of above section
2. Street address of well location 3. Tax lot number of well location 4. Attach map with location identified. (See reverse of this form for approved maps) 5. Show well location within 1/4, 1/4 of section grid at left. We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other
hazards. (See #2 on back) Owner's signature Owner's signature Owner's signature
Title Date License No
Home phone Work phone Company Nid - Usagen Usalling Independent of the Company of

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM
If no fee applies, discard this copy

STATE OF OREGON

WATER SUPPLY WELL REPORT (as required by ORS 537.765)

DESC 50218 L-128603

92160 (START CARD) # ___

Instructions for	r completing this re	port are on the last p	age of this form.					
(1) OWNER:		Well Numb	er	(9) LOCATION OF	FWELL by legal des	cription:		
Name Hile	* 8110 Y	libson			Latitude_		ngitude	
Address P.D.	BOL 1767				N or S Range			W. WM.
City Sinte	1.00 <u>C 1 1.40 1</u>	State DR.	Zip97759		SW 1/4			
(2) TYPE OF W					Lot Block		ubdivision	ı
` '		ation (repair/recondition	n) Abandonment		ell (or nearest address)		_	
(3) DRILL ME		ition (repair/recondition	II) Abalidolilicit		DR. 97		(
	Rotary Mud	Cable Auger		(10) STATIC WAT		<u> </u>		, ,
Other]CableAuger					Data 41 ~	16-46
(4) PROPOSEI	MICE.			Artesian pressure			Date	
` '	Community] f., d., , , ,	iaatian	(11) WATER BEAL		are men.	Date	
		_	igation	(II) WATER BEAL	and Zones.			
	LE CONSTRUC	Livestock Ot	ner	Don'th at which water w	vas first found	1		
7 * *			1-1-4 Wall DC-6	Depin at which water w	vas mist found			
		No Depth of Comp	• -	From	То	Estimata	d Flow Ra	te SWI
	res Kino lyp	SEAL Am	ount	From,	85'	· 		37
HOLE				48	8.3	50		
Diameter From	10 Materia	From To	oacks or pounds			†		
14 14	SIZ DENJAN	1/2 0 3/2	<i></i>			†		
8 3/5	33					 		
						<u> </u>		
				(12) WELL LOG:				
		□A □B □	$C \square D \square E$	Grou	nd Elevation			
	runed in	1 Ury			. 1	F		CWI
Backfill placed fro		ft. Material		Top Soil	nai	From	To ***	SWL
Gravel placed from		ft. Size of g	gravel			0	3	-
(6) CASING/L			·	Sand Sto		3		
Diameter	From To C		Welded Threaded	Small G	avec		25	
Casing: 8"	+1/2 3/2	-		Course S		25	6/	
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Liner: 6	-10 40				176.7	· Carrier Constitution	# (F) (F)	-
						#542 W h	4 E-F	
Final location of sl		0					+	+
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Perforations								
Screens	Type	Mate Tele/pipe				SOURCES		-
From To	size Number	Diameter size	Casing Liner		1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 THE TOTAL	12-	
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	 		_				+	
	10	n e					-	
							 	
							1 , ,	1
(8) WELL TES	TS: Minimum te	esting time is 1 hour	•	Date started 4/		pleted 4	1-16	96
			Flowing	()	II Constructor Certifica			
Pump	Bailer	Air	Artesian	I certify that the wor	k I performed on the cor ance with Oregon water	struction, alter	ration, or a	bandonment
Yield gal/min	Drawdown	Drill stem at	Time	Materials used and info	mation reported above a	are true to the b	pest of my	knowledge
50+	0	80	(T)	and belief.	•			-
-						WWC Nu		
				Signed			Date	
Temperature of wa	ater 50°	Depth Artesian Flow Fo	ound	(bonded) Water Well	Constructor Certification	on:		
Was a water analys		es By whom		I accept responsibili	y for the construction, a	lteration, or ab	andonmen	t work
Did any strata cont	tain water not suitab	le for intended use?	Too little	performed on this well	during the construction of time is in compliance with	lates reported a h Oregon water	ibove. All r supply w	work ell
•		Colored Other _	_ 	construction standards.	This report is true to the	best of my kn	owledge a	nd belief.
	,					WWC Nu		1255
				Signed Mu	Allen		_Date	1-16-
				The state of the s				



Application for Well ID Number

RECEIVED BY OWRD

Do not complete if the well	l already has a Well	Identification Number.
-----------------------------	----------------------	------------------------

	OCT 1 2 2017
I. OWNER INFORMATION	SALEM, OR
Current Owner Name (please print): AN THONY G. BLOIC	
Mailing Address: 69015 BARCEAY CT,	
Mail Well ID Tag to: SAME AS ABOVE In Care Of (C/O)	
Name & Address:	
City, State, Zip:	
II. WELL LOCATION INFORMATION (Please fill out as completely as possible) Township: 15 (North / South) Range: 10 (East / West) Section: 36 Tax Lot (usually last 3-5 numbers of Tax Map #): 302 County De GPS Coordinates: Street Address of Well, City: 69015 BANCLAY DA SISSE	2370H022
	,
If the property had a different street address in the past: THIS WELL LOCATED WITHIN 5 OF THE PREV HAS THE CORNECT LOCATION LISTED ABOVE, HI. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach Use of Well (domestic, irrigation, commercial, industrial, monitoring): Date Well Constructed (or property built): 4/16/26 Total Well Depth: 85 Owner at time the well was constructed (if known): 613 GIBSON) Well Log # (Other Information:	copy of Well Log, if available) Casing Diameter:
SUBMITTED BY (please print): ANTHONY G, BLOK	
PHONE: 541-788-1226 EMAIL &/or FAX: tntb/o/R	@ gmail. Com
Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 b	97301; or fax to (503) 986-0902. pusiness days.
For Official Use Only by the Oregon Water Resources Departme	nt:
Received Date: Well Log Number:	Well Identification #:
10-12-17 DESC 50213	L-128603

DESCHUTES COUNTY

COMMUNITY DEVELOPMENT DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
ADMINISTRATION BUILDING - BEND, OREGON 97701 (503) 388-6575

31748	PERMIT NO.
	31748
DATE CALLED IN	DATE CALLED IN /
DATE CALLED IN 4/21/92	4/21/92

	EDTIFICA	,000,0		101 5 2	NAI	7		
OB LOCATION - ADDRESS	CRITICATE	OF SATIS	FACTORY COM	IPLETIC	CITY	/		
OB LOCATION - ADDRESS SOURCE NAME OF OWNER G.T. G. NSTALLER'S NAME Tewal Tewal Tewal	Barre	1. 1	/		CITY	tors		
AME OF OWNER	XJAVC/	ay C	<i>T.</i>		0/3	1573		
STA	bon.	/						St. 1.5
NSTALLER'S NAME	OSON				LICENSE N	Ю.		
Temas	145	- 4		-	Elozino	352	15	976.070
	9 001	7 2 X	cav.	100				
MATERIAL	OTAL LIQUID	CAPACITY	JANK	FOUAL	LOOP	SERIAL PRE	S SAND	OTHER
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Concrete		000	gal			1		
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ZZ5 FEET			>	1			24	INCHES
OFAL BOCK DEPTH	NEAREST LO	T LINE	Z FRONT	r F	SI	DE	REAF	
/Z INCHES								
WELL SETBACKS		. 1	Mary Volume	NE	AREST BO	OY OF WAT	ER	
FET FROM SEPTIC TANK FEET FROM	M DRAINFIELD)	FEET FROM SEP	TIC TAN	IK	FEET FROM	PAINFIEL	D
50'+	10014			VIA		1	1/14	
OWNSHIP 15				İΠ	ППП			
ANCE /O					+++++	+++++		
ECTION 3C TAX LOT # 3	02		╂┼┼┼┼┼	++++	++++	+++++		
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	l-i-t	++++			++++	 		
	1-1-1	++++	+++++		╅┼┼┼	++++	- 	
	<u> </u>			1/1				
			/	111		\Box		
As-Built Drawing	1-1-1	++++	 	//	++++	╅╫┼┼┼	++++	
with Reference Locations				1				
1	- - - - - - - - - - 	++++		110		+++++		
Installer		+++++	1687	1	191	House		++++
First lass Date			1/62	100				
Final Insp. Date		+++++		40	 	╂╂╂╂┼	+++-	┝┼┼┼
- Land by Operation of Law			1174.1					
 Issued by Operation of Law 			1 201	+++	+++A+			
Durance inspection waiwed	 	++++	 	 	+++++	++++	++++	
 Pre-cover inspection waived pursuant to OAR 340-71-170(2) 								
pursuant to OAR 5-10 11 170(=7		++++	+++++	+++	++++	++++		
	F-†-†	++++						
					+++++			
	-	++++	+++++	╁╂┾╁	++++	╀╂┼┼╂╌	┝┼╂╂╂┼	
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		+	- - - - - - -	╂╂┤┼	++++			HHH
ORRECTION NOTICE POSTED DATE			CORRECTIONS	MADE D	ATE			
in accordance with Oregon Recompletion of an on-site sewag	154-14	AEA REE	this Certificat	te is ise	ued as aud	dence of =	tiefactors	,
in accordance with Oregon Re	vised Starvite	etem at t	he location ide	ntified	above	danto or st	reisitaricos A	
completion of an on-site sewag	e disposar sy	7	TO TO THE TOTAL TOTAL			11		
UTHORIZED DISCOURSE V	11:0	elm		1.	DAT		2/92	
PECIAL NOTES ON CONSTRUCTION						,,		

DESCHUTES COUNTY

COMMUNITY DEVELOPMENT DEPARTMENT

. ENVIRONMENTAL HEALTH DIVISION ADMINISTRATION BUILDING — BEND, OREGON 97701

PERMIT NO.
5 39564
DATE CALLED IN
1215/96

		388-6575			100
ALOCATION ADDRESS		ISFACTORY CO	MPLETION	TY	
69015 BAR	CLAV	CT		SISTERS	
BOYD BUCKIN	GHAM		And the second second		
RICH MORRIS	TRUCKI	VG	LICENS	36 74	7
	SEPT LIQUID CAPACITY		EQUAL LOOP	SERIAL PRES	SAND OTHER
	LIQUID CAPACITY	, ,	EUGAL		FILTER
COVCRETE	100	Ogal.			
TOTAL LENGTH WID	TH OF TRENCH	n/	DEPTH O	F TRENCH	
TOTAL ROCK DEPTH NEA	REST LOT LINE	FRON	EET	SIDE	REAR
INCHES NEA	THE ST LOT LINE	· PHON	11	U.52	
WELLSETBACKS				ODY OF WATER	
FEET FROM SEPTIC TANK FEET FROM DRA	INFIELD	FEET FROM SE	PTIC TANK	FEET FROM DR	AINFIELD
VIA -		, , , , , , , ?	50'		100.
TOWNSHIP 15 RANGE TAX LOT # 302		<u> </u>			
RANGE 302 TAX LOT # 302	_ 	/ 	╁╂╂┼┼		
				PARACIA	FFICE
•			67	GANAGE/ P	f (4 T)
		111119			+++++
,			4+47 117		
		 	 		
As-Built Drawing with Reference Locations					
With reference Locations			+++++++		
Installer	-				
	1+1:11	<u> </u>		++++++	12
Final Insp. Date	- [] [] [
☐ Issued by Operation of Law					
C 199400 Dy Operation of Care	┠╁╂╂╀╂		┟┼┼┼┼┼┼┼	++++++	
☐ Pre-cover inspection waived	[4444]				
pursuant to OAR 340-71-170(2)					HIN
					<u> </u>
	++++++	++++++			
9			EVAT	I non	VFIELD
	-+++++	++++++	EXIST	NG UNA	Y FIGURY
		+++++			
					ALLE
CORRE		CORRECTION	S MADE DATE		MADELLI
CORRECTION NOTICE POSTED DATE				-	
In accordance with Olegon Revised	Statute 454 R	65, this Certific	ate is issued as	evidence of satisf	actory
					uvioi y
completion of an on-site sewage un	1 name		*** , <u>,</u>	12/9/0	(
AUTHORIZED SIGNATURE X				DATE 1/ 1/7/)
NOTES ON CONSTRUCTION	a Canall	sion. and	1 Allia	it seures	Connecter
New Tank for offer	RCONTRACT	Carried Courses	Official	Ti alkata angungan Tida Kalifa Kalifa La	COSYNULLUS
la existina di am Diela			••		
white-original pink-instal	ler copy	yellow-ap	plicant co	py gold-fi	le copy
				No. 1 amount of the Contract o	

2_

NSPECTION REQUEST AND NOTICE Date Received DESCHUTES COUNTY Pursuant to the requirements within ORS 454.665, OAR 340-71-175, the system installer and/or the permittee must notify the Deschutes County Environmental Health Division when the construction, alteration or repair of a system is completed (except for backfilling or covering of the installation). The Division has 7 days to perform an inspection of the completed construction after the official notice date, unless the Division elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Division establishes the official notice date of your request for the precover inspection. Please complete the form and return it to the Community Development Department. Forms that are determined to be incomplete will be returned. Use the space provided to accomplish the as-built. The reverse side may be used for the list of materials. SEPTIC PERMIT # S-3954 ADDRESS BARCHAYCRT S. STERSS Construction was performed by: Property owner (Permittee) L Sewage Disposal Service MORRS EXCAU DEQLICENSE # 36747 (Print Full Business Name) (Print Full Business Name)

Certify the information provided in this notice is correct, and that the construction of this system was in accordance with the beauty of 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 Chapter 340, Divisions 71 and 73). INSTALLER'S SIGNATURE AND MOTES

5-39 564

On-Site System Components List

Please list all materials used in constructing this system on the spaces provided below.

Component	Quanity/Length	Size - Supplier - Manufacturer - Model Number
Septic Tank		
	1000 BR 1	PRE CAST
Effluent Tank		
Perforated Pipe		
Drain Media		
Header Pipe		<u> </u>
Drop Box		
Distribution Pipe	/	United Pilo
Pump Package		
Sand Filter Media		
Sand Filter		
Underdrain Media		
Other: (specify)		
30-34	1501	United P. P.

Sheet 3 of __ Sheet(s)