



Certificate of Satisfactory Completion

Deschutes County Community Development Department

Permit #: 247-14-000734-SEP

Job Location - Address: 64146 PIONEER LOOP BEND, OR 97701

Taxlot: 1712020000400

Owner: LINEGAR, LARRY L & PAMELA S

Installer: MATTS EXCAVATION INC

DEQ License #: 38754

Type of Work: Alteration - Major - Single Family Dwelling

Septic System Type: Standard

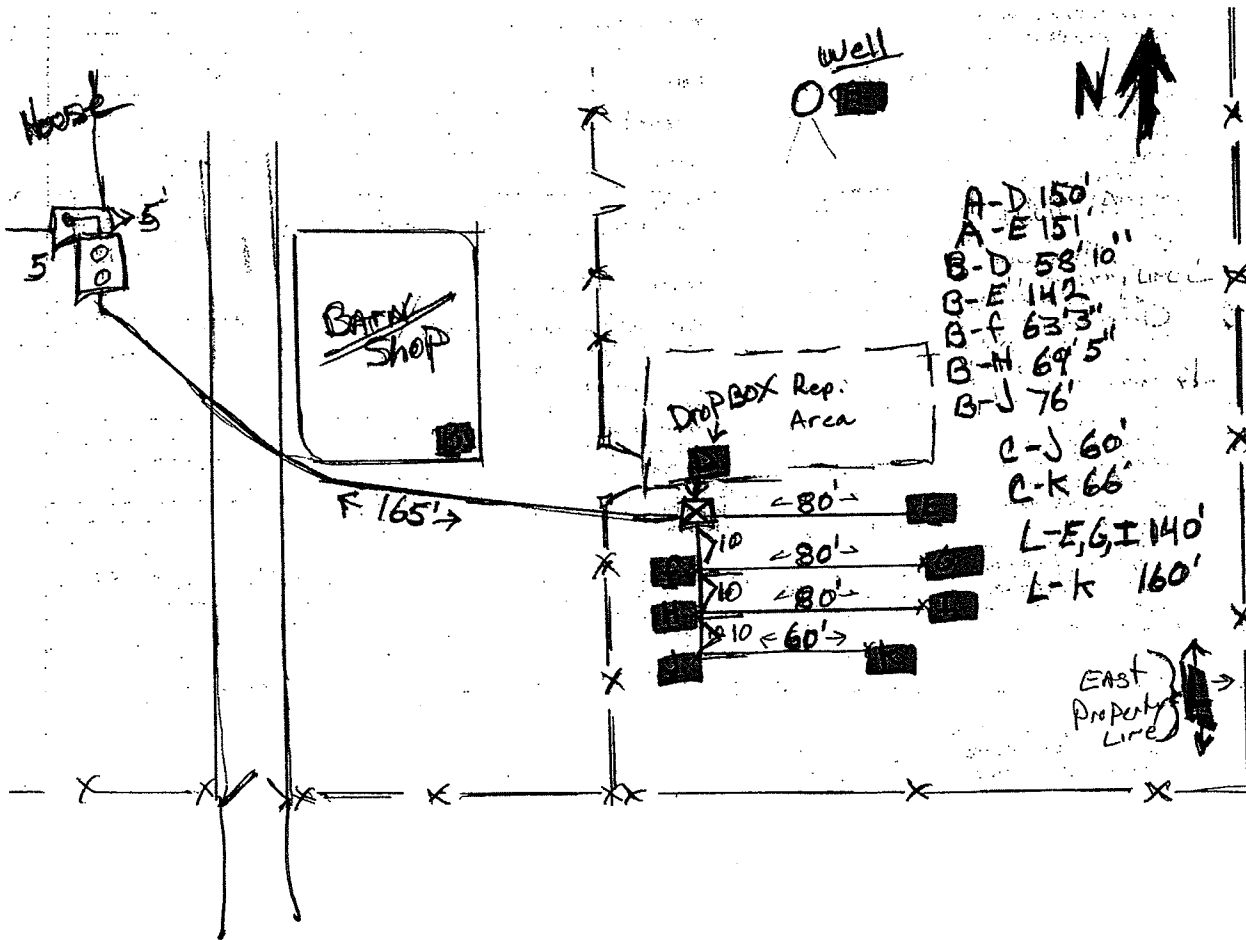
Drain Field Type: Standard

Tank Material & Capacity: 1500

Drain Line Length: 300

Drain Field Media Type:

Trench Depth: 18 - 30



In accordance with Oregon Revised Statute 454.66 and Oregon Administrative Rules 340-71, this Certificate is issued as evidence of satisfactory completion and installation of components as described in the permit at the location identified.

Authorized Signature: *Judd Cleveland*

Comments:

Date: 8/6/2014

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:

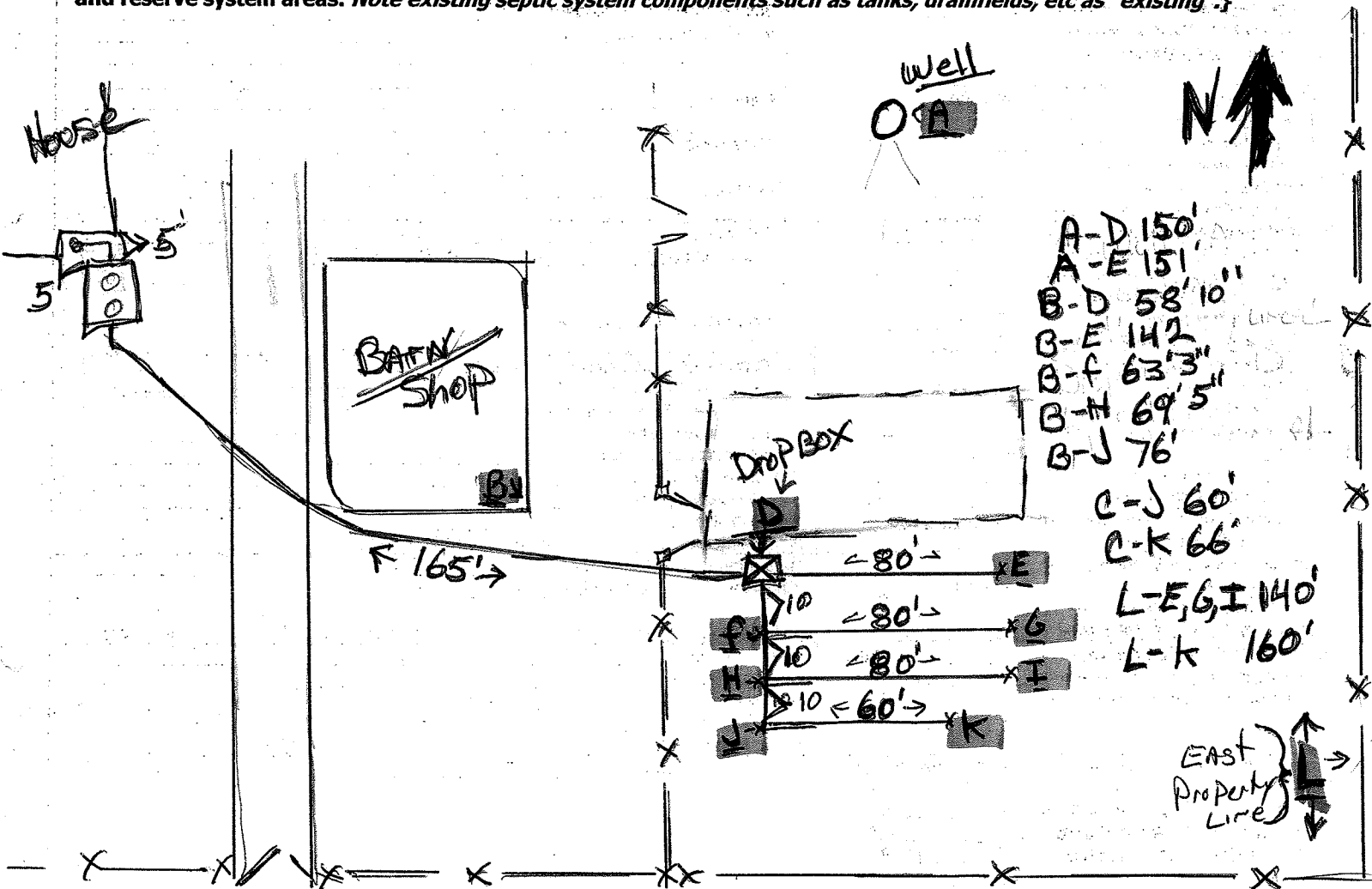
Bend: 117 NW Lafayette Ave Bend, OR 97701 Fax # 385-1764
 Redmond: 3800 SW Airport Way Redmond, OR 97756 Fax # 923-3097
 La Pine: 51340 S. Hwy 97 La Pine, OR 97739 Fax # 536-5851

SEPTIC PERMIT # S- 247-14-000734 INSTALLER PHONE # 541-419-6976

PERMIT JOB ADDRESS 64146 Pioneer Loop Bend OR 97701

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".}



Area in yellow marked as Reserve

Septic Permit # S- 247-14000734 Construction By: (Check One) Property owner (Permittee) or Licensed D.E.Q. Installer

{ DEQ INSTALLERS COMPLETE THIS SECTION: Business Name: Matt's Excavation Inc.

DEQ LICENSE # 38754 DEQ CERTIFICATION # of SIGNEE RI 470 }

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: Matthew Debons  8/5/14
 PRINT SIGNATURE DATE SIGNED

MATERIALS LISTING SECTION: List only products installed for this job

MAJOR COMPONENT	TOTALS	PRODUCT SPECIFICATION INFORMATION
Septic Tank-----	1530 Gallons	Manufacturer _____
Dosing Septic Tank----- (Two Compartment)	<u>1530</u> Gallons	Manufacturer <u>infiltrator</u>
Dosing Tank-----	_____ Gallons	Check: _____ Flow-Thru or _____ Baffled (up & over sanitary tee)
Effluent Filter-----	# of: _____	Manufacturer _____
Pumps: Pump Packages-----	# of Each: _____	Manufacturer/Model # _____
Dosing Timer-----	_____	Pump Manufacturer _____
Control Box-----	_____	Supplier _____
Swing Check Valve-----	_____	Pump Model Numbers _____
Anti-Siphon Valve-----	_____	Timer Manufacturer & Model # _____
ATT Unit: Advantex-----	# of Each: _____	Box Manufacturer & Model # _____
Multi Flo-----	_____	Valves Manufacturer & Model #s _____
Whitewater-----	_____	Manufacturers _____
Puraflo-----	_____	Make/Model #s _____
MicroFast-----	_____	Suppliers _____
Effluent Sewer Pipe----- (Gravity or Pressurized)	<u>165</u> Ft.	Pipe Supplier <u>Consolidated Supply</u>
Tracer Wire----- (Min. 18 gauge, Green)	<u>170</u> Ft.	Pipe Diameter <u>4</u> (inches) ASTM # on Pipe <u>ABS</u>
Switching Valve-----	# of: _____	Valve Manufacturer & Model # _____
Spring Check Valve-----	# of: _____	
Sandfilter Container: Dimensions-----	_____ Ft x _____ Ft	Container Sidewall Material: Check One _____ 3/4" Plywood _____ Designed by Prof. Engineer _____ 3/4" OSB (all edges sealed)
Filter Fabric-----	_____ Sq. Ft.	Fabric Manufacturer _____ Type _____
Liner-----	Size: _____	Liner Manufacturer & Model # _____
DEQ Pea Gravel-----	_____ Yds.	Pea Gravel Supplier _____
DEQ Sand Media-----	_____ Yds.	Sand Media Supplier _____
Pressurized Laterals-----	_____ Ft.	Pipe Supplier _____
Orifice Spacing-----	_____ Ft.	Pipe Diameter _____ (inches) ASTM # on Pipe _____
Junction Boxes & Piping: Drop Boxes-----	# of: <u>1</u>	Manufacturer & Supplier _____
Distribution Boxes-----	# of: _____	Check: _____ Concrete or <input checked="" type="checkbox"/> Poly
Overflow & Header Piping--	<u>30</u> Ft.	ASTM # on Pipe <u>ADS solid 3000</u> Pipe Diameter <u>4"</u> (inches)
Drain Media: <u>Drain Rock</u> -----	_____ Yds.	Rock Supplier _____
Perf Pipe-----	_____ Ft.	Pipe Supplier _____
Filter Fabric-----	_____ Ft.	Pipe Diameter _____ (inches)
Drain Media: <u>Chambers</u> -----	# of chambers <u>24</u>	ASTM # on Pipe _____
Infiltrator (4' chambers)	<u>300</u> Ft.	Fabric Manufacturer _____ Type _____
Infiltrator (8' 4" chambers)	_____ Ft.	Chamber Supplier <u>Consolidated Supply</u>
HanCor Arc 18 (5' chambers)	_____ Ft.	
BioDifuser (7' 2" chambers)	_____ Ft.	
Wire Mesh-----	<u>300</u> Ft.	Mesh Supplier <u>Consolidated Supply</u>
Drain Media: <u>Cylinders</u> EZ Flow-----	_____ Ft.	EZ Flow Supplier _____
Filter Fabric----- (If not already "stitched" onto cylinders by manufacturer)	_____ Ft.	Check one of the following: _____ Model 1201P (Single cylinder installation in each drainline) _____ Model 1202P (2 side by side cylinders installation in each drainline) Fabric Manufacturer _____ Type _____
Pressurized Drainfields: Drainline Piping-----	_____ Ft.	Pipe Supplier _____
Capping Fill Drainfield Mt'l	_____ Yds.	Pipe Diameter _____ (inches) ASTM # on Pipe _____ Supplier: _____