## 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:** | **657 SW Glacier Ave Redmond, OR 97756** | **Fax # 923-3097** |
| **La Pine:** | **51340 S. Hwy 97 P.O. Box 3464 La Pine, OR 97739** | **Fax # 536-5851** |

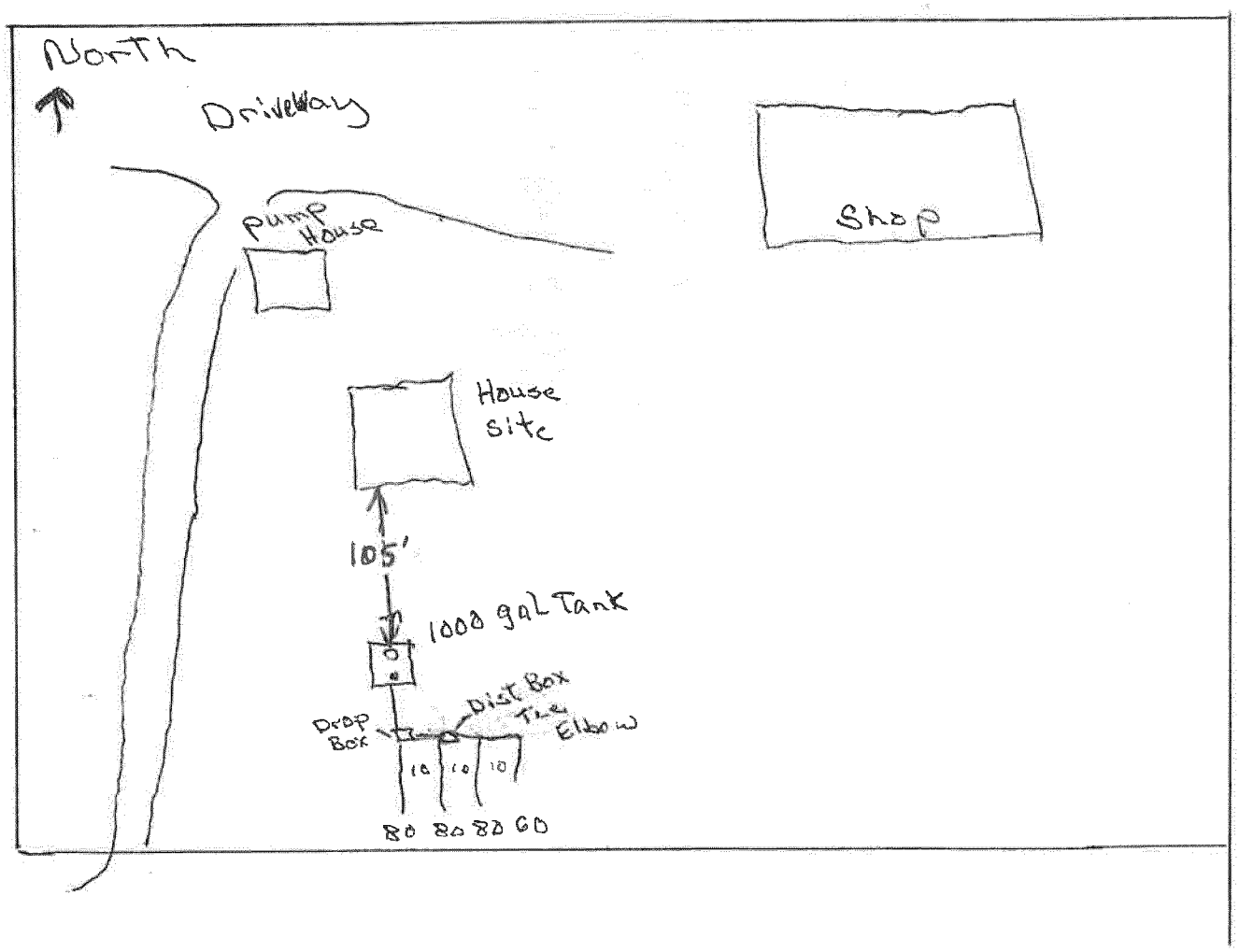
**SEPTIC PERMIT # S-** 247-18-000841 **INSTALLER PHONE #** 541-480-7363

**PERMIT JOB ADDRESS** 17240 Ox Spur Ct.

{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".*}**

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***COMPLETE BOTH SIDES OF THIS FORM*** ->->->->

247-18-000841

Septic Permit # S-_____ Construction By: (Check One) ____ Property owner (Permittee) *or* X Licensed D.E.Q. Installer

{ DEQ INSTALLERS COMPLETE THIS SECTION: Business Name: _____

DEQ LICENSE # 37276 DEQ CERTIFICATION # of SIGNEE RI 213 }

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: Roger Abbas (PRINT) Roger Abbas (SIGNATURE) 9-8-18 (DATE SIGNED)

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

| MAJOR COMPONENT | TOTALS | PRODUCT SPECIFICATION INFORMATION |
|---|---|---|
| **Septic Tank** | 1,000 Gallons | Manufacturer Advanced Precast |
| **Dosing Septic Tank** (Two Compartment) | _____ Gallons | Manufacturer _____ Check: ____ Flow-Thru *or* ____ Baffled (up & over sanitary tee) |
| **Dosing Tank** | _____ Gallons | Manufacturer _____ |
| **Effluent Filter** | # of: _____ | Manufacturer/Model # _____ |
| **Pumps:** | # of Each: | Pump Manufacturer _____ |
| **Pump Packages** | _____ | Supplier _____ Pump Model Numbers _____ |
| **Dosing Timer** | _____ | Timer Manufacturer & Model # _____ |
| **Control Box** | _____ | Box Manufacturer & Model # _____ |
| **Swing Check Valve** | _____ | Valves Manufacturer & Model #s _____ |
| **Anti-Siphon Valve** | _____ | |
| **ATT Unit:** | # of Each: | Manufacturers _____ |
| **Advantex** | _____ | |
| **Multi-Flo** | _____ | Make/Model #s _____ |
| **Whitewater** | _____ | |
| **Puraflo** | _____ | Suppliers _____ |
| **MicroFast** | _____ | |
| **Effluent Sewer Pipe** (Gravity or Pressurized) | 3 Ft. | Pipe Supplier H D Fowler Pipe Diameter 4 (inches) ASTM # on Pipe 3034 |
| **Tracer Wire** (Min. 18 gauge, Green) | 3 Ft. | |
| **Switching Valve** | # of: _____ | Valve Manufacturer & Model # _____ |
| **Spring Check Valve** | # of: _____ | |
| **Sandfilter Container:** | | Container Sidewall Material: Check One |
| **Dimensions** | ____ Ft x ____ Ft | ____ ¾" Plywood ____ Designed by Prof. Engineer ____ ¾" 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:** | | Manufacturer & Supplier H D Fowler |
| **Drop Boxes** | # of: 1 | Check: ____ Concrete *or* X Poly |
| **Distribution Boxes** | # of: 1 | |
| **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** | 300' Ft. | EZ Flow Supplier H D Fowler Check one of the following: |
| | | X **Model 1201P (Single cylinder installation in each drainline)** |
| | | ____ **Model 1202P (2 side by side cylinders installation in each drainline)** |
| **Filter Fabric** (If not already "stitched" onto cylinders by manufacturer) | _____ Ft | Fabric Manufacturer _____ Type _____ |
| **Pressurized Drainfields:** | | Pipe Supplier _____ |
| **Drainline Piping** | _____ Ft. | Pipe Diameter _____ (inches) ASTM # on Pipe _____ |
| **Capping Fill Drainfield Mt'l** | _____ Yds. | Supplier: |