CDD COVER SHEET FOR TAG
08/14/2002 15:42:29

EH
3 PAGES

FILE ID	1511080000700EH20020814154229
TAXMAP	1511080000700
SERIAL	167127
DIVISION	EH
SITUS	68405 FRYREAR RD
HOUSE#	68405
STREET	FRYREAR
CONTENT	C/S,AS-BUILT
RECORD ID	S48296

Final Inspection Date
03/28/2002

DESCHUTES COUNTY
Community Development Department
Environmental Health Division

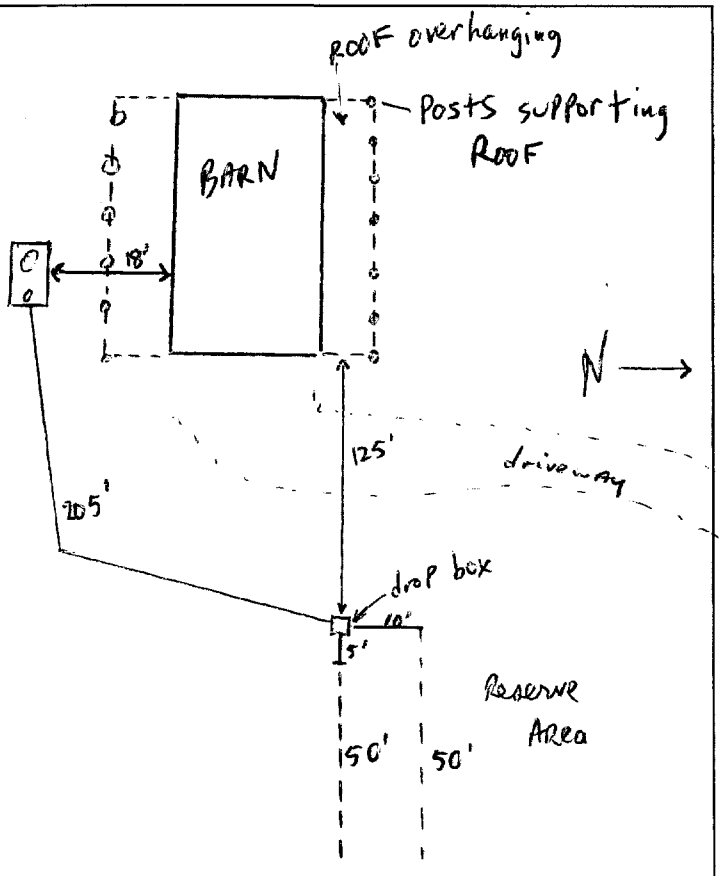
PERMIT NO. 48296

CERTIFICATE OF SATISFACTORY COMPLETION

TYPE: N

Job Location-Address:	68405 FRYREAR RD	**City:**	SISTERS
TaxLot:	1511080000700	**Serial:**	167127
Name of Owner:	BONES,GARY A		
Installer:	JOHNSON, MIKE EXCAVATION INC	**License#:**	36071

SEPTIC SYSTEM TYPE:	CAPPING FILL		
Tank Material & Capacity:	CONCRETE 1000	**Drainfield Length:**	100 Ft.
Type of Drainfield Media:	ROCK	**Drainfield Depth:**	12-16 In.



In accordance with Oregon Revised Statute 454.66, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

Authorized Signature X E. Mone
ERIC A MONE

Date: 08/01/2002

Special Notes on Construction:

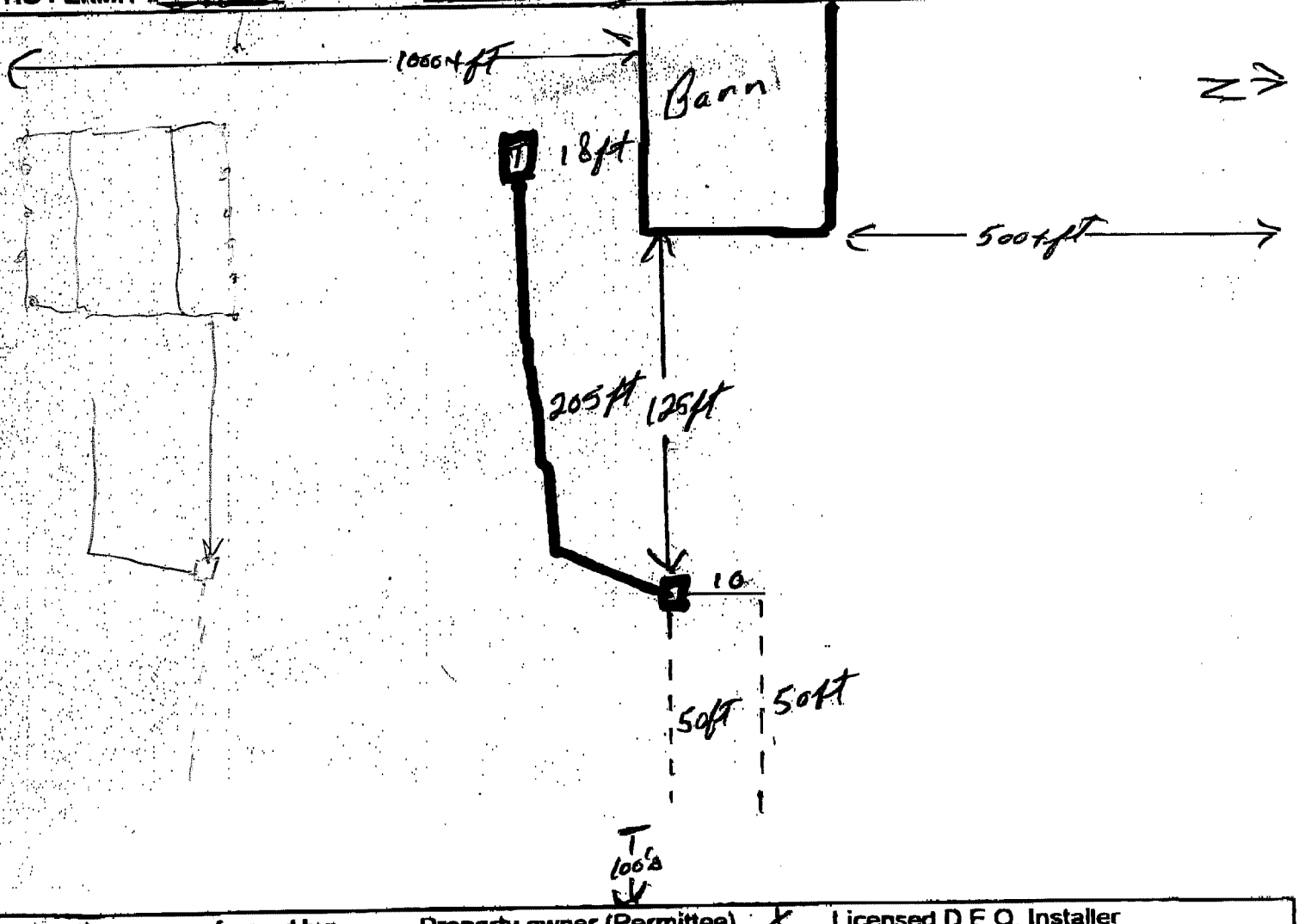
INAL SEPTIC INSPECTION REQUEST AND NOTICE

Pursuant to the requirements within ORS 454.665, OAR 340-71-175, the system installer and/or permittee must notify the Deschutes County Environmental Health Division when the construction, alteration, or repair of the system is completed (except for backfilling or covering). The Division has 7 days to inspect the completed construction after the official notice date, unless the Division elects to waive the inspection and authorizes the system to be backfilled. Receipt and acceptance of this completed form by the Division establishes the official notice date of your request for a pre-cover inspection. Complete this form with:

A) Detailed and accurate as-built drawing of system, including all pertinent setbacks, wells and surface waters.
B) Complete the back of this form listing ALL materials and amount used in construction of the system.
C) Signature certifying that the construction followed all permit and D.E.Q. construction rules.

Forms that are determined to be incomplete will be returned. Use the space below for as-built drawing.

SEPTIC PERMIT # 548296 ADDRESS 68405 Fryrear Rd. Sis. PHONE 549-9222



Construction was performed by: ____ Property owner (Permittee) X Licensed D.E.Q. Installer

BUSINESS Mike Johnson Exc Inc DEQ LICENSE # 36071
(Print full business name)

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). I certify that the septic tank has been water tested on site and found to meet watertightness requirements as described in OAR 340-71-025.

INSTALLER'S SIGNATURE: Michael G. Johnson

eptic Permit # 548296

On-Site System Components List

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

Component	Quantity/Length	Size - Supplier - Manufacturer - Model Number
eptic Tank	1 - 1000	Jensen Pre Cast
ffluent Tank	—	
erforated Pipe	100 ft	HANCOR PERF
rain Media	11 Yds	Hap Taylor & Sons
eader Pipe	—	
rop Box	1	Jensen Pre Cast
istribution Pipe	205 ft	3034 Dig Ft Line
ump Package	—	
and Filter Media	—	
and Filter nderdrain Media	—	
ther: (specify)	Fabric 110ft	TYPAR

Sheet 2 of 2 Sheet(s)