Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
419 East Seventh Street
The Dalles, OR 97058
(541) 506-2603

| *For Office Use Only* |
| --- |
| Permit #: |
| Date Received: |
| REHS Initials: |

# Final Inspection Request and Notice

Pursuant to the requirements within ORS 454.665, OAR 340-071-0170 and OAR 340-071-0175, the system installer and/or the permittee must notify the Department of Environmental Quality or (its authorized Agent) when the construction , alteration or repair of a system for which a permit was issued is completed (except for backfilling or covering of the installation on request). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice date, unless the Department (or Agent) elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Department (or Agent) establishes the official notice date of your request for the pre-cover inspection. Please complete all 4 sections of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will

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## Section 1: Basic Information

PROPERTY OWNER: _____ Permit Number: _____ County: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Address: _____

Date Construction Completed: _____ Date Submitted to DEQ or Agent: _____

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## Section 2: Materials List

Identify and list all materials used in the system's construction.

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

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Property Owner: _____ Permit Number: _____ County: _____

## Section 3: As-Built Plan of Completed Construction

Please provide a detailed As-built, use the scale and direction provided below.

**Scale 1/4" = _____**

N

## Section 4: Construction Was Performed By:

☐ Property Owner (Permittee)

☐ Sewage Disposal Service Business: _____ , _____

Print Full Business Name License Number

I Certify the information 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 wastewater disposal systems (OAR Chapter 340, Division 71 and 73).

_____ _____ _____

System Installer's Signature Title Date