



**Klamath County Community Development
On-Site Sanitation Division**

305 Main Street
Klamath Falls, OR 97601
(541) 883-5121 (option #6) | Fax # (541) 885-3644
Email: onsite@klamathcounty.org

FINAL INSPECTION REQUEST AND NOTICE

Date Received: _____

7 Days End: _____

Pursuant to the requirements within ORS 454.665, OAR 340-71-170, and OAR 349-71-175, 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 the backfilling or covering of the installation). The Department (or Agent) has 7 days to perform an inspection of the completed construction after the official notice due 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 four sections** of the form and return it to the office that issued the permit. Forms that are determined to be incomplete will be returned.

SECTION 1: BASIC INFORMATION

Property Owner: _____ County: **KLAMATH**

Map TaxLot #: _____

Job Location: _____

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

Permit Number: _____

SECTION 2: MATERIALS LIST *(Identify and list all materials used in the system's construction)*

Tank Manufacturer's Name: _____

TANK WATER TIGHT TEST *(This is a 2-day test, must be completed by installer; one riser is required to be installed on the tank)*

DATE TANK FILLED _____ **Level of water (from top of riser)** _____ **inches**

DATE TANK CHECKED _____ **Level of water (from top of riser)** _____ **inches**

SECTION 2 CONTINUED

Property Owner: _____ Permit No.: _____ County: KLAMATH

Mailing Address (To send Certificate of Satisfactory Completion) or Email:

SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM *(Indicate the direction of NORTH, show the locations of all wells within 100 feet of the system, the property lines, setback distances, and draw in the street(s) that the lot fronts on.)*

Trench Depths

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Line 6 _____

Line 7 _____

Line 8 _____

SECTION 4: CONSTRUCTION WAS PERFORMED BY:

_____ Property Owner (Permittee)

_____ Sewage Disposal Service Business: _____, License No. _____

I certify 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).

_____, _____, _____, _____
(System Installer's Signature/Owner or Installer) (Fax #) (Cell #) (Work #)

Installer's Certification #

This form MUST be completed in its entirety; incomplete forms will not be accepted. Emailed forms can be sent to onsite@klamathcounty.org.