

**Klamath County Community Development Department**  
**On-Site Sanitation Division**  
305 Main Street, Klamath Falls, OR 97601  
Telephone: 541-883-5121 or Toll Free 1-800-378-1304 (option #6)  
Fax # 541-885-3644

**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.

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**SECTION 1: BASIC INFORMATION**

Property Owner \_\_\_\_\_ Permit Number \_\_\_\_\_ County KLAMATH

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Job Location \_\_\_\_\_

Date System 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.

Tank Manufacture Name _____	# _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TANK WATER TIGHT TEST**

(inches)

DATE TANK FILLED \_\_\_\_\_ LEVEL OF WATER (FROM TOP OF RISER) \_\_\_\_\_

DATE TANK CHECKED \_\_\_\_\_ LEVEL OF WATER (FROM TOP OF RISER) \_\_\_\_\_

Property Owner \_\_\_\_\_ Permit No: \_\_\_\_\_ County KLAMATH

Mailing Address (To send Certificate of Satisfactory Completion)

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**SECTION 3: AS-BUILT PLAN OF THE CONSTRUCTED SYSTEM.** Indicate the direction of NORTH, show the locations of all wells within 200 feet of the system, the property lines, setback distances, and draw in 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 \_\_\_\_\_

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**SECTION 4: CONSTRUCTION WAS PERFORMED BY:**

\_\_\_\_\_ Property Owner (Permittee)

\_\_\_\_\_ Sewage Disposal Service Business: \_\_\_\_\_, \_\_\_\_\_  
(Print full business Name) (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).

\_\_\_\_\_, Fax # \_\_\_\_\_, Cell # \_\_\_\_\_, Wk # \_\_\_\_\_  
(System Installer's Signature / Owner or Installer)

\_\_\_\_\_  
Installer's Certification No.