

PRECOVER REQUEST FOR

OWNER _____

SITE
 Account :: _____
 Tax Lot Number:: _____
 Site Address: _____

TANK _____ gallon _____ compartment

MATERIALS LIST

- concrete
 poly
 fiberglass
 septic tank
 dosing septic tank
 multi compartment

Manufacture

Name _____ Date _____

EFFLUENT LINE (if applicable)

_____ feet of _____ inch dia. D3034 PVC
 ABS
 Other _____

PRESSURE LINE (if applicable)

_____ feet of _____ inch dia. sch 40 PVC
 Other _____

BOX (S)

_____ Distribution box (s), _____ Drop box (s), _____ manufacture
 no. no.

HEADERS

_____ inch dia. D3034 PVC
 F 810
 Other _____

DRAIN MEDIA

_____ feet of Gravel w/ filter fabric _____ C.Y. From _____ Pit
 ADS H-10
 EZflow
 Infiltrator
 Gravelless (ATT and Sand Filter only)

CAPPING FILL (if applicable)

_____ C.Y. From _____ Pit

PUMP / CONTROLS (if applicable)

PUMP: Make _____ Model _____ CONTROLS _____

OFFICIAL USE ONLY		
ITEM	APPROVED	DENIED
Tank	_/_/_	_/_/_
Effluent line	_/_/_	_/_/_
Pressure line	_/_/_	_/_/_
Box (s)	_/_/_	_/_/_
Headers	_/_/_	_/_/_
Drain Media	_/_/_	_/_/_
Cap	_/_/_	_/_/_
Pump	_/_/_	_/_/_
Controls	_/_/_	_/_/_
		Cleared
Correction Notice 1	_/_/_	
Correction Notice 2	_/_/_	
Correction Notice 3	_/_/_	
Approved to Issue CSC		
By _____	_/_/_	DATE

OAR 340-073-0025(3)... "After installation, all tanks must be watertight. The installer must test each tank for water-tightness by filling the tank to a point at least 2 inches above the point of riser connection to the top of the tank. During the test there may be no more than one gallon leakage over 24 hour period..." A 2 inch or less drop in a 24" diameter riser indicates one gallon or less of leakage.

REQUEST FOR PRECOVER INSPECTION, WATER-TIGHTNESS AND INSTALLATION CERTIFICATION

"I certify that The construction and installation of this system was in accordance with the permit and OAR 340-071 and 340-073; I conducted a water thignness test on the above system septic tank, as described in OA 340-073-025, and found that the tank meets the water tightness requirements"

 Installers Signature

 DEQ Liscenst No.

 Installer's Certification No.

 Date System Completed

INSPECTION RECORD (FOR OFFICIAL USE ONLY)					
DATE REC'D	_____/_____/_____	BY	_____	1st INSP.	_____/_____/_____ BY _____ () CORRECTION NOTICE
DATE REC'D	_____/_____/_____	BY	_____	2nd INSP.	_____/_____/_____ BY _____ () CORRECTION NOTICE
DATE REC'D	_____/_____/_____	BY	_____	3rd INSP.	_____/_____/_____ BY _____ () CORRECTION NOTICE
DATE REC'D	_____/_____/_____	BY	_____	4th INSP.	_____/_____/_____ BY _____ () CORRECTION NOTICE
DATE REC'D	_____/_____/_____	BY	_____	5th INSP.	_____/_____/_____ BY _____ () CORRECTION NOTICE
NOTES: _____					

**JEFFERSON COUNTY ON SITE SEPTIC SYSTEM
AS- BUILT MAP FOR**

PERMIT NO.:

ACCOUNT NO.:

TAX MAP NO:

**** SHOW ALL SET BACKS; UTILITIES; STRUCTURES; DRIVEWAYS SLOPES AND COMPLETE SEPTIC SYSTEM WITH DIMENSIONS AND NORTH ARROW.**