



**TO REQUEST A SEPTIC INSPECTION:**

1. Install the septic system as approved and issued by the Septic Department, but **DO NOT BACKFILL** any part of the system.
2. **Inspection days are determined by the area noted on your permit.** Inspections in the **EAST** are on Monday and Wednesday. Inspections in the **WEST** are on Tuesday and Thursday.  
\*\*Due to scheduling limitations, we are not conducting Friday inspections at this time.
3. Complete the ***Onsite Wastewater Installed Materials List*** and ***As-Built Form***. Make sure the as-built drawing is signed by the installer of the septic system and their certification number and expiration date are included.
4. Submit the completed ***Onsite Wastewater Installed Materials List***, ***As-Built Form***, and if required the ***Certificate of Existing System Decommissioning*** and ***Pump Receipt*** via Development Direct **before 7:00 a.m.** of the day the inspection is requested. (For pre-construction stake-out inspections, please make sure the stake-out drawing has been submitted via Development Direct.

**If the required paperwork is not received by 7:00 a.m. the inspection will be cancelled.**

5. Schedule the inspection through our App, online or by phone. The App is the preferred scheduling method. A link to the app and additional scheduling information can be found on our website:  
<https://www.clackamas.us/building/inspectioncodes>

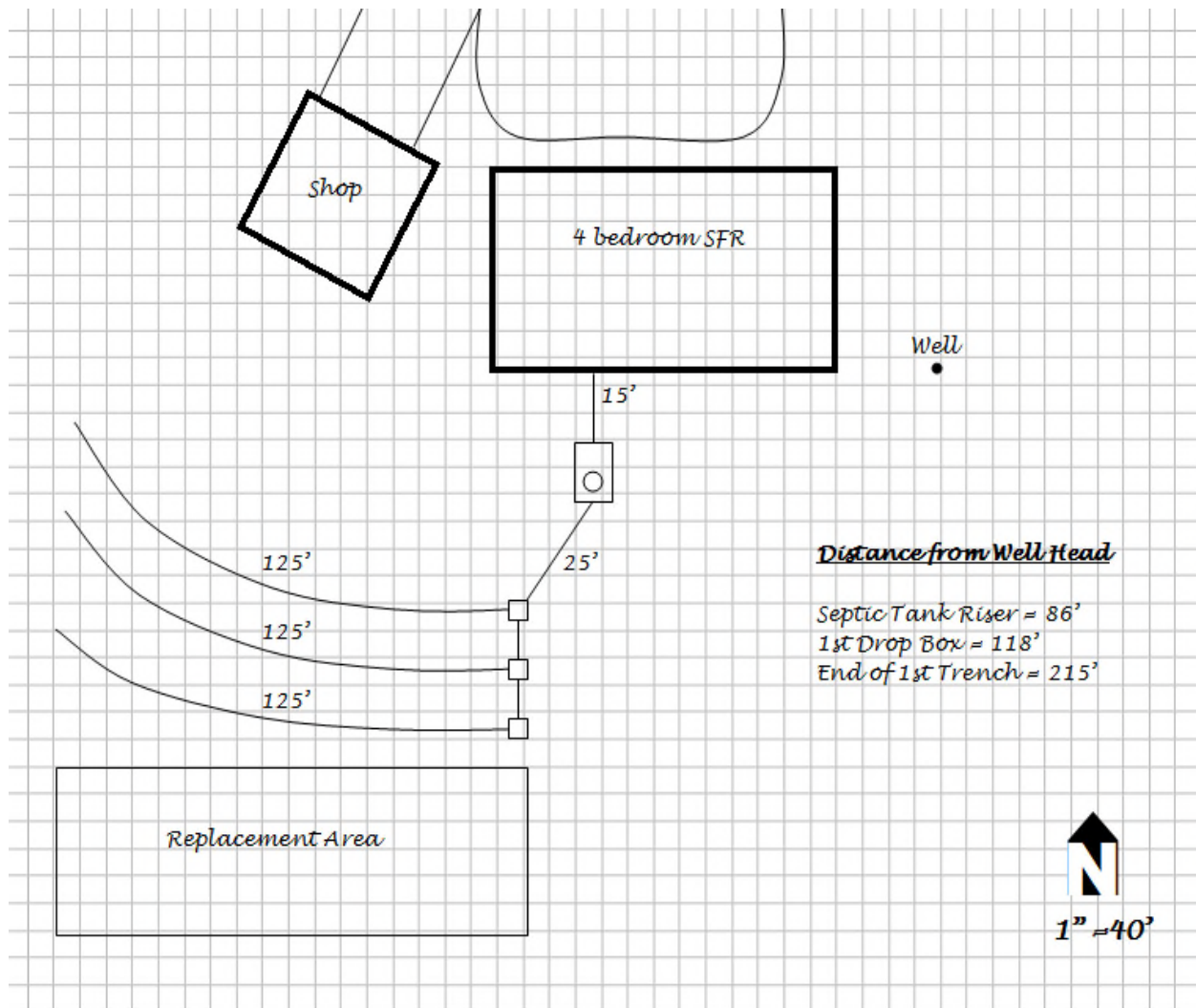
**\*The inspection request phone line has changed.** **Inspection requests received after 2pm are not guaranteed to be scheduled for the next business day.** Call 503-742-4720 and leave a voicemail, when prompted with the following information:

- a. Permit number
- b. Site address and/or full taxlot number
- c. Septic inspection Code 700
- d. Contact name & phone number
- e. Inspection date requesting (East=Mondays/Wednesdays; West=Tuesdays/Thursdays)

I CERTIFY THE INFORMATION PROVIDED IN THIS NOTICE IS ACCURATE, 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 CHAP. 340, DIV. 71 AND 73) ONLY THE OWNER OR A D.E.Q. LICENSED INSTALLER PERFORMED THE SEPTIC SYSTEM INSTALLATION.

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### Sample As-Built Drawing



- 1) Drawn to engineer's scale in inches to feet
- 2) Arrow pointing north
- 3) Proposed or existing structures at the time of septic installation
- 4) Septic tank, pretreatment, and drainfield components as installed
- 5) Approved replacement area (if applicable)
- 6) Distances to major septic components from one or more permanent points (property corner, wellhead, building foundation)

Accurate As-Built drawings are critical in locating the buried components of a septic system for future development and maintenance during the life of the system.

**Failure to complete all portions of the as-built and include the above items may result in rejection of the as-built and delays in having the system inspected.**



DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DEVELOPMENT SERVICES BUILDING

150 BEAVERCREEK ROAD OREGON CITY, OR 97045

**SEPTIC SYSTEM INSTALLED MATERIALS LIST:**

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL APPLICABLE COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A RE-INSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.

FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT. FAILURE TO SUBMIT THIS DOCUMENT VIA DEVELOPMENT DIRECT BEFORE 7AM ON THE DATE OF THE INSPECTION WILL RESULT IN CANCELLATION OF THE INSPECTION.

**\*\*\*\*\*INCOMPLETE FORMS MAY DELAY YOUR INSPECTION\*\*\*\*\***

**SECTION I**

PROPERTY OWNER: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_ SECTION: \_\_\_\_\_ TAX LOT: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

**SECTION II: COMPLETE, AS APPLICABLE:**

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL, AND APPLICABLE MEASUREMENTS\*\***

SEPTIC TANK: \_\_\_\_\_ CAPACITY: \_\_\_\_\_

EFFLUENT FILTER

EFFLUENT SEWER PIPE:

DOSE TANK/VAULT: \_\_\_\_\_ CAPACITY: \_\_\_\_\_

TANK PUMP :

FLOAT SETTINGS( PROVIDE INCHES FROM TOP OF TANK TO WATER LEVEL @ FLOAT FUNCTION):

ALARM: \_\_\_\_\_ ON: \_\_\_\_\_ OFF: \_\_\_\_\_ RO: \_\_\_\_\_

PRESSURE PIPE FROM TANK TO PRETREATMENT AND/OR DRAINFIELD

DROP OR DISTRIBUTION BOX: \_\_\_\_\_ QTY: \_\_\_\_\_

HYDROSPITTER ORIFICE SIZE(S):

HEADER PIPES

LEACH LINES: \_\_\_\_\_ FT MATERIAL: \_\_\_\_\_

PRESSURE BED DIMENSIONS: \_\_\_\_\_ FT MATERIAL: \_\_\_\_\_

CAPPING FILL (DEPTH OVER TOP OF DRAIN MEDIA, IN INCHES):

GWI OR TILE DEWATER SYSTEM (DEPTH / DEPTH OF GRAVEL IN INCHES): \_\_\_\_\_ / \_\_\_\_\_

ATT:MANUFACTURER \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ SERIAL# \_\_\_\_\_ SANDFILTER TYPE:

☐ BOTTOMLESS ☐ IN GROUND ☐ ABOVE GROUND DIMENSION: \_\_\_\_\_ X \_\_\_\_\_ FT

CONTROL/ALARM PANEL:

TANK TIMER SETTINGS (PROVIDE SECONDS ON / MINUTES OFF):

NORMAL OPERATIONS: \_\_\_\_\_ SEC. / \_\_\_\_\_ MIN. HIGH WATER ALARM OPERATIONS: \_\_\_\_\_ SEC. / \_\_\_\_\_ MIN.

PRETREATMENT PUMP:

(INCHES BELOW VAULT TOP): ALARM \_\_\_\_\_ ON \_\_\_\_\_ OFF \_\_\_\_\_

INCHES FROM VAULT TOP TO TOP OF UNDERDRAIN PIPE:

PUMP OR AERATOR INTERLOCK FUNCTION:

VERIFY THE TANK PUMP WILL NOT FUNCTION IF PRETREATMENT IS IN "ALARM" (CIRCLE ONE): YES / NO

MONITORING PORTS:

OTHER:



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## **CERTIFICATION OF EXISTING SYSTEM DECOMMISSIONING**

SEPTIC PERMIT NUMBER: STO \_\_\_\_\_

T. \_\_\_\_ S.; R. \_\_\_\_ E.; Sec. \_\_\_\_; Tax Lot \_\_\_\_\_

The street address for the property is \_\_\_\_\_.

**By my signature**, I certify that the existing onsite wastewater system serving the property listed above was decommissioned following established standards of the Oregon Department of Environmental Quality (DEQ).

Any remaining septage was pumped by a licensed sewage disposal service, and the existing:

A) ☐ Septic tank      B) ☐ Seepage Pit      C) ☐ Cesspool

was either:

A) ☐ Removed and properly disposed of; or

B) ☐ Filled with one of the following:

a) ☐ sand      b) ☐ bar run or other suitable gravel      c) ☐ concrete or CDF

The septage was pumped by \_\_\_\_\_  
(Company Name of the septage pumping business)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Upload a copy of the signed and completed form and receipt for septage pumping to the associated permit in Development Direct
- Contact the Onsite Wastewater Program at [septicinfo@clackamas.us](mailto:septicinfo@clackamas.us) with questions about the form or how to submit it.