



POLK COUNTY COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH

850 MAIN STREET, DALLAS, OR 97338
PHONE: (503) 623-9237 FAX: (503) 623-6009
INSPECTION LINE: (503) 623-8771

For Office Use Only	ID #: _____
Date: _____	Received by: _____
Receipt No.: _____	
Septic Fee Deposit: _____	
Additional Fee Due: _____	
Total Fee: _____	
Add. Pmt. Info.: _____	
	Date _____ Receipt No. _____

SEPTIC AUTHORIZATION NOTICE APPLICATION

Property Owner's Name _____ Phone _____

Mailing Address _____
City State Zip

Applicant's Name _____ Phone _____

Mailing Address _____
City State Zip

Site Address and/or Directions _____

Existing Adjacent

Township _____ Range _____ Section _____ Taxlot _____ Acres _____ Zone _____

Single Family Dwelling: Current Number of Bedrooms _____ Proposed Number of Bedrooms _____

Other: Current Use _____ Proposed Use _____

If there are employees, list the total number of employees: _____

Water Supply: Well Community/Public Water System Other: _____

PURPOSE OF AUTHORIZATION NOTICE:

Connect to an existing system not currently in use Addition of one or more bedrooms

Replace one dwelling with another Personal hardship Existing System Review

MINOR: Septic system is less than 5 years old or inspected within the last two (2) years.

(No field work) Never been used (no application required if within design flow).

Used system (Record Review only).

MAJOR: Septic system over 5 years old

(Field work) File with Certificate of Satisfaction Completion (CSC), (Field Review).

No file, no CSC (Field Review after the septic tank, distribution box or drop boxes, and the ends of the disposal field line are uncovered by the owner/applicant to verify the size of the system).

Septic Tank Condition: When was the septic tank last pumped? _____ Note: If the septic tank has not been pumped within the last ten (10) years, it must be pumped to determine the condition of the septic tank.

For All Systems: (Date Completed) _____

_____ Detailed plot plan indicating the connection, addition or replacement of the home, temporary hardship, etc. *Indicate future replacement drainfield area on plot. Use plot plan checklist.

_____ Land Use Compatibility Statement required (completed by Planning staff).

I understand that this application and site must be prepared according to instruction before action can be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent, Polk County Environmental Health Division, permission to enter onto the above described property for the purpose of this application.

Signature _____ Date _____

Owner Licensed Installer Authorized Representative Date Authorization Handed Out _____