



## POLK COUNTY COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH

850 Main Street, Dallas, OR 97338

Phone: (503) 623-9237 Email: [environmentalhealth@co.polk.or.us](mailto:environmentalhealth@co.polk.or.us)

### AUTHORIZATION NOTICE

Authorization Notices are evaluations of existing sewage disposal systems that determine whether the system is adequate for a specific proposed use, prior to connecting to or changing the use of the system. If connection to the existing system cannot be approved, the authorization can be converted into a permit to repair, replace, alter, or increase the capacity of the sewage disposal system as needed. In such cases, the fee for the Authorization Notice will be applied toward the permit fee, provided that the owner and proposal remain unchanged. Test pit(s), plans for system construction, and any outstanding fees may be required before the permit is issued.

#### APPLICATION TYPE

- **Record Review:** An in-office review of the proposal and our records if the system was installed within the last 10 years, or if an evaluation of the drainfield was completed within the last 10-years.
- **Field Visit:** If permit records do not exist for the system, or if the system was installed more than 10 years ago.

#### APPLICATION INSTRUCTIONS

Please ensure that a complete application is submitted, as any incomplete or inaccurate information may cause delays in the application process.

#### Items required to process your application:

- ☐ **A Signed and Complete Application Form.** (All fields required)
- ☐ **Notice Authorizing Representative Form:** Required if someone other than the property owner is submitting the application.
- ☐ **A Detailed Site Plan:** A detailed site plan showing the proposed development and/or changes to the property. A scaled plot map can be created at <https://maps.co.polk.or.us/pcmaps/>. Do not submit sketches over aerial photos.  
**See EXAMPLE attached.**
  - ☐ Measurements of existing septic tank, effluent line, and disposal field.
  - ☐ Show proposed improvements or changes (i.e. new bedroom addition or mobile home placement etc.)
  - ☐ Show location of all existing and proposed buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, drainage areas and other physical features.
  - ☐ **Show location of full system replacement** area meeting all siting requirements (except soil conditions).  
\*\*\*Required when projected daily sewage flow increases beyond original design capacity of the system\*\*\*
- ☐ **Existing System Evaluation Report (ESER)** – Must be conducted by a licensed and certified installer, maintenance provider or other DEQ qualified person and include all part of the system.
- ☐ **Existing Septic System Description**
- ☐ **Land Use Compatibility Statement (LUC):** If property is located within the City of Salem Urban Grown Boundary (UGB), a city sign off is required. The property owner and/or authorizing agent must contact the City of Salem to obtain an LUC sign off. Provide copy of signed LUC with application.

## **LAND USE COMPATIBILITY STATEMENT**

**A favorable Land Use Compatibility Statement (LUCs) must be received before we can issue or sign off on any permit.**

Upon receipt, your application will be forwarded to the local Planning Authority for completion of the LUCs. If the LUCs is not approved, or otherwise not favorable, you will be notified prior to us proceeding with your application. Once notified, you may choose to withdraw your application and request a refund, or ask that we place your application on hold until any conditions are met.



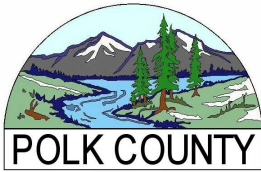
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<b>For Office Use Only:</b>	
Permit #:	_____
Date: _____	Received by: _____
Receipt No.:	_____
Total Fee:	_____
Salem UGB: no <input type="checkbox"/> yes <input type="checkbox"/>	
Signed LUC from City of Salem? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> N/A	

## Application for Onsite Sewage Disposal

<b>OWNER INFO</b>	Owner Name: _____		Phone: _____			
	Mailing Address: _____	City: _____	St: _____	Zip: _____		
	Email Address: _____					
<b>APPLICANT INFO</b>	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached)					
	Applicant Name: _____		Phone: _____			
	Mailing Address: _____	City: _____	St: _____	Zip: _____		
	Email Address: _____					
<b>PROPERTY DESCRIPTION</b>	Township: _____	Range: _____	Section: _____	Taxlot: _____	Acres: _____	Zone: _____
	Site Address: _____					
	City: _____		Oregon	Zip: _____		
	Water Supply: <input type="checkbox"/> Existing Private Well/Spring <input type="checkbox"/> Proposed Private Well/Spring <input type="checkbox"/> Public Water System					
	Directions to the Property: _____					
<b>FACILITY INFO</b>	<input type="checkbox"/> Single Family Dwelling: Current # of Bedrooms: _____		Proposed total # of Bedrooms: _____			
	<input type="checkbox"/> Commercial: Max # Employees: _____		Max # of Patrons/Customers: _____			
	Seating # _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____					
<b>COMPLETE ONLY ONE SECTION</b>						
<b>APPLICATION TYPE</b>	<b>SITE EVALUATION</b>			<b>AUTHORIZATION</b> <input type="checkbox"/> Minor <input type="checkbox"/> Major		
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Commercial: _____ <i>Owner or applicant must supply a minimum of two test holes per site. Test holes must be 2' wide by 5' deep, stepped or gradually sloped and a minimum of 75' apart.</i> <b>**Sanitarian prefers to be on-site when test holes are being dug**</b> Is the site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No: When _____			<input type="checkbox"/> Connect to used or unused existing system <input type="checkbox"/> Addition of one or more bedrooms <input type="checkbox"/> Replace one dwelling with another <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Change of use: _____ <input type="checkbox"/> Other: _____ <b>Existing system evaluation report (ESER) required unless:</b> ° Septic system is less than 5 years old and was never used. ° Used septic system that is less than 10 years old with issued Certificate of Satisfactory Completion (CSC). ° Used ATT systems less than 5 years old with an issued CSC.		
	<b>PERMIT REQUEST</b>					
	<input type="checkbox"/> <b>New/Installation</b> (fee dependent on system type) Site Evaluation Approval: _____ <input type="checkbox"/> <b>Repair:</b> <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> <b>Alteration:</b> <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Renewal/Transfer Permit # _____			<input type="checkbox"/> Standard <input type="checkbox"/> Standard with pump (e.i hydrosplitter) <input type="checkbox"/> Capping Fill <input type="checkbox"/> Sapolite <input type="checkbox"/> Steep Slope <input type="checkbox"/> Pressurized <input type="checkbox"/> Sand Filter/ATT <input type="checkbox"/> Seepage Trench <input type="checkbox"/> Holding Tank <input type="checkbox"/> Commercial: GPD _____		
	<input type="checkbox"/> Licensed Installer (name): _____ DEQ License #: _____ <input type="checkbox"/> Owner Install					
	<b>Is the site ready for inspection? (Alteration/Repair) <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____</b>					
	<i>I understand that this application and site for a septic site evaluation 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.</i>					
<b>SIGNATURE</b>	Signature: _____			Date: _____		
	<input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached)					



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## LETTER OF AUTHORIZATION

Let it be known that \_\_\_\_\_  
has been retained to act as an agent to perform all acts for development on my property identified below. These acts include: Pre-application conference, filing applications and/or other required documents relative to all planning applications, septic system feasibility, sewage disposal permits, manufactured dwelling permits and building permits.

\_\_\_\_\_  
Address or Road

And described in the records of Polk County as:

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot(s) \_\_\_\_\_

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

**PROPERTY OWNER:**

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

**AGENT:**

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

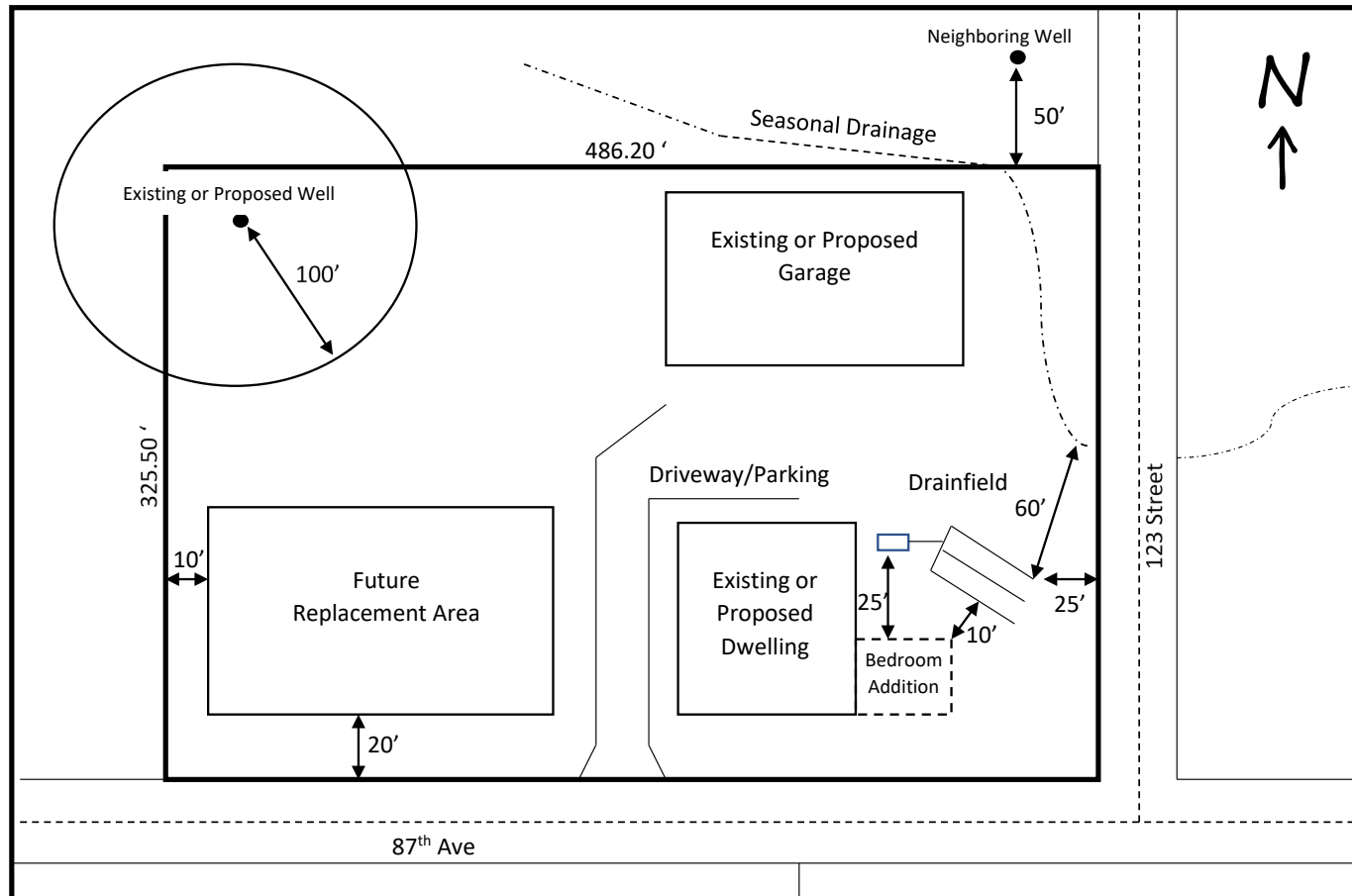
Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

POLK COUNTY COMMUNITY DEVELOPMENT  
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# SAMPLE PLOT PLAN



*By my signature I certify that the information provided on this plot plan is complete and accurate.*

## Plot Plan

Property ID: 00S00W00 0000

Date Produced: 03/14/2022

## REQUIRED PLOT PLAN INFORMATION

- Owner Name
- Legal Description/Map#
- North Arrow
- Property Dimensions
- Neighboring wells/waterlines
- All wells/waterlines on property
- Roads, Driveways, parking areas
- Buildings and fences
- Septic tanks and drainfields
- Acres of excavation (cuts, fills)
- Easements, deed restrictions etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies (w/in 100' of property lines)
- Field drainage tiles

Applicant's Signature

Date

POLK COUNTY ENVIRONMENTAL HEALTH

Site Plan Must Be Current

Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Taxlot # \_\_\_\_\_ Acres: \_\_\_\_\_  
Property Owner: \_\_\_\_\_

Scale: 1 Square = \_\_\_\_\_ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the ☐ Owner or ☐ Authorized Agent. Name (please print): \_\_\_\_\_

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



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## EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):

- |                                      |  |                                       |                                     |
|--------------------------------------|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Disposal Trenches | <input type="checkbox"/> Capping Fill | <input type="checkbox"/> Sandfilter |
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Cesspool or Pit   | <input type="checkbox"/> Unknown      |                                     |
| <input type="checkbox"/> Other       |  |                                       |                                     |

2. When was your septic system installed? \_\_\_\_\_

(Date)

(Permit Number)

3. Tank material: ☐ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown

4. Septic tank volume (in gallons) \_\_\_\_\_

5. When the septic tank was last pumped? \_\_\_\_\_ Attach receipt if available.

6. Number of disposal trenches \_\_\_\_\_

7. Total length of disposal trenches (in feet) \_\_\_\_\_

8. Do you propose to use the existing septic system? Yes ☐ No ☐

9. Is your septic system currently in use? Yes ☐ No ☐

10. Is your septic system currently serves a dwelling:

How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_

11. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_

12. If the septic system serves a business:

How many total employees are there? \_\_\_\_\_

Type of business \_\_\_\_\_

13. Is there a proposed change of use of your structure (home or business)? Yes ☐ No ☐

If yes, please explain \_\_\_\_\_

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicated the test hole location.

By my signature, I certify that the above information and plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Property Owner or Legally Authorized Representative

\_\_\_\_\_  
(Date)

.....  
**Office use only:** Record of existing system: Yes ☐ No ☐ Attached ☐ Date Issued \_\_\_\_\_

Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes ☐ No ☐ Initials \_\_\_\_\_

Other file information: \_\_\_\_\_

**Table 1**  
**OAR 340-071-0220**

**MINIMUM SEPARATION DISTANCES**

Items Requiring Setbacks	From Sewage Disposal Area, Including Replacement Area	From Septic Tank and Other Treatment Units, Effluent Sewer and Distribution Units
1. Groundwater Supplies	100'	50'
2. Temporarily Abandoned Wells	100'	50'
3. Springs: ● Upgradient ● Downgradient	50' 100'	50' 50'
4. Surface Public Waters: * ● Year Round ● Seasonal	100' 50'	50' 50'
5. Intermittent Streams: ● Piped (watertight not less than 25' from any part of the on-site system) ● Unpiped	20' 50'	20' 50'
6. Groundwater Interceptors: ● On a slope of 3% or less ● On slope greater than 3% ○ Upgradient ○ Downgradient	20'  10' 50'	10'  5' 10'
7. Irrigation Canals: ● Lined (watertight canal) ● Unlined: ○ Upgradient ○ Downgradient	25'  25' 50'	25'  25' 50'
8. Cuts Manmade in Excess of 30 inches (top of downslope cut): ● Which intersect layers that limit effective soil depth within 48 inches of surface ● Which do not intersect layers that limit effective soil depth	50'  25'	25'  10'
9. Escarpments: ● Which intersect layers that limit effective soil depth ● Which do not intersect layers that limit effective soil depth	50'  25'	10'  10'
10. Property Lines	10'	5'
11. Water Lines	10'	10'
12. Foundation Lines of any Building, Including Garages and Out Buildings	10'	5'
13. Underground Utilities	10'	--

\*This does not prevent stream crossing of pressure effluent sewer.