



POLK COUNTY COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH

850 Main Street, Dallas, OR 97338
Phone: (503) 623-9237 Email: environmentalhealth@co.polk.or.us

| | |
|--|--------------------|
| For Office Use Only: | |
| 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

| | | | | | | |
|----------------------------------|---|--------------|-------------------------------------|---|--------------|-------------|
| OWNER INFO | Owner Name: _____ | | Phone: _____ | | | |
| | Mailing Address: _____ | City: _____ | St: _____ | Zip: _____ | | |
| | Email Address: _____ | | | | | |
| APPLICANT INFO | Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached) | | | | | |
| | Applicant Name: _____ | | Phone: _____ | | | |
| | Mailing Address: _____ | City: _____ | St: _____ | Zip: _____ | | |
| | Email Address: _____ | | | | | |
| PROPERTY DESCRIPTION | 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: _____ | | | | | |
| FACILITY INFO | <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: _____ | | | | | |
| COMPLETE ONLY ONE SECTION | | | | | | |
| APPLICATION TYPE | SITE EVALUATION | | | AUTHORIZATION <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> **Sanitarian prefers to be on-site when test holes are being dug** 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: _____ Existing system evaluation report (ESER) required unless: ° 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. | | |
| | PERMIT REQUEST | | | | | |
| | <input type="checkbox"/> New/Installation (fee dependent on system type) Site Evaluation Approval: _____ <input type="checkbox"/> Repair: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Alteration: <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 | | | | | |
| | Is the site ready for inspection? (Alteration/Repair) <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____ | | | | | |
| | <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> | | | | | |
| SIGNATURE | Signature: _____ | | | Date: _____ | | |
| | <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached) | | | | | |