

## 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 ☐ yes ☐

Signed LUC from City of Salem? no ☐ yes ☐ N/A ☐

Authorization Upgrade? ☐

## SEPTIC AUTHORIZATION NOTICE APPLICATION

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Address and/or Directions \_\_\_\_\_

☐ Existing ☐ Adjacent

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Taxlot \_\_\_\_\_ Acres \_\_\_\_\_ Zone \_\_\_\_\_

☐ Single Family Dwelling: Current Number of Bedrooms \_\_\_\_\_ Proposed Total 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 used or unused existing system ☐ Addition of one or more bedrooms

☐ Replace one dwelling with another ☐ Personal hardship ☐ Change in use

☐ **Authorization Upgrade: Are you adding/replacing/altering the septic drainfield and/or tank? If yes, fill out and review the Alteration/Repair application and turn it in with the Authorization Notice.**

- MINOR:** ☐ Existing system evaluation report (ESER) completed within the last two (2) years.  
☐ Septic system is less than 5 years old and never used (no application required if within design flow.)  
☐ Used system with (CSC) Certificate of Satisfactory Completion within 10 years or less (Record review only depending on system type. Pictures may be required).  
☐ ATT system (never been used) up to 10 years old.

- MAJOR:** ☐ Septic system over 10 years old (ATT system over 5 years old) with CSC and no existing system evaluation/inspection within the last 2 years.  
☐ No file, no CSC (Field review after the septic tank, distribution box or drop boxes, and the end 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) \_\_\_\_\_

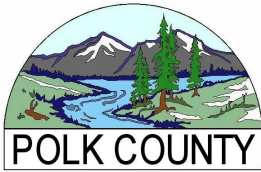
\_\_\_\_\_ Detailed plot plan indicating the connection, addition or replacement of the home, temporary hardship, etc. **\*Indicate future replacement drainfield area on plot.**

\_\_\_\_\_ 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 (DEQ # \_\_\_\_\_) ☐ Authorized Representative Date Authorization Handed Out \_\_\_\_\_



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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: \_\_\_\_\_



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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):

- ☐ Septic Tank      ☐ Disposal Trenches      ☐ Capping Fill      ☐ Sandfilter  
☐ Seepage Bed      ☐ Cesspool or Pit      ☐ Unknown  
☐ 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: \_\_\_\_\_

PLANS FOR CONSTRUCTION OF A SEPTIC SYSTEM MUST INCLUDE THE INFORMATION SHOWN IN THIS EXAMPLE. DEFICIENT PLOT PLANS WILL BE RETURNED.



## DETAILED SITE PLAN

