

**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 ☐

SEPTIC REPAIR OR ALTERATION PERMIT APPLICATION

Property Owner's Name _____ Phone _____

Mailing Address _____
City State Zip

Email _____

Applicant's Name _____ Phone _____

Mailing Address _____
City State Zip

Email _____

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: _____

REPAIR: ☐ Minor ☐ Major **ALTERATION:** ☐ Minor ☐ Major ☐ Pump (to drainfield) Required

Who will be doing the installation? ☐ Owner ☐ Licensed Installer: DEQ # _____

Date Completed: _____

ITEMS REQUIRED TO PROCESS YOUR APPLICATION

_____ Preliminary site plan – use plot plan checklist. Note: A detailed construction/installation plan will be **required prior to permit issuance** after the test holes have been evaluated.

_____ Test holes: Major Repair/Major Alteration require at least one test hole 2' wide and 5' deep, stepped or gradually sloped. **Site Ready for Inspection?** ☐ Yes ☐ No When _____

_____ A "material list" to insure DEQ approved materials/equipment are used. This is **required prior to permit issuance** after test holes have been evaluated.

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

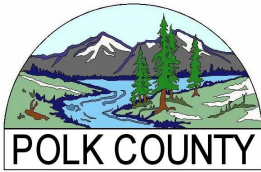
Note: After all of the above items have been completed, permit will be issued within 20 days. After permit issuance, do not request an inspection until the installation is ready to be covered, certification of tank abandonment completed (if applicable), "As-Built" drawing completed (final schematic drawing of system with dimensions), septic tank "water tightness test" completed (24 hour water leak test).

Certificate of Satisfaction Completion will be mailed to the owner after any corrections have been made, certified and we have received the completed original "As-Built" record.

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: _____

POLK COUNTY ENVIRONMENTAL HEALTH

Site Plan Must Be Current

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

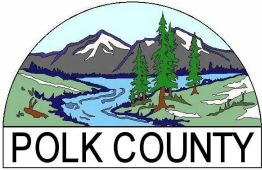
Scale: 1 Square = _____ Feet

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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ON-SITE SYSTEM MATERIAL LIST

ON THE PROVIDED SCALED PLAN OF THE APPROVED DISPOSAL AREA, SHOW THE SYSTEM LAYOUT, INCLUDING TRENCH LOCATIONS, LENGTHS, AND RELATIVE ELEVATIONS. SUBMIT IT ALONG WITH THIS LIST OF MATERIALS AND AN ELEVATION PROFILE AS PART OF THE PERMIT APPLICATION.

Township _____ Range _____ Section _____ Tax Lot _____ Owner _____

1. SEPTIC/DOSING TANKS

SEPTIC TANK: MFG. _____ CAPACITY _____ MATERIAL _____

DOSING TANK: MFG. _____ CAPACITY _____ MATERIAL _____

SEPTIC/DOSING TANK: SINGLE COMPARTMENT TWO COMPARTMENT FLOW-THROUGH

MFG. _____ CAPACITY _____ MATERIAL _____

Include Mfg.'s Specs.

2. PUMPING: YES ___ NO ___

SIPHON: MFG. _____ MODEL _____ DISCHARGE DIAM _____

PUMP 1: MFG. _____ MODEL _____ (INCLUDE PERFORMANCE CURVE)

PUMP 2: MFG. _____ MODEL _____ (INCLUDE PERFORMANCE CURVE)

CONTROL PANEL: MFG. _____ MODEL _____

HYDROSPLITTER: MFG. _____ MODEL _____ (INCLUDE ORIFICE CALCULATIONS)

EFFLUENT FILTER: MFG. _____ MODEL _____

3. EFFLUENT TRANSPORT PIPING (Piping from Tank to First Box)

EFFLUENT SEWER: PIPE _____ DIAMETER _____ MATERIAL: PVC PSM ASTM 3034 PVC Sch 40

PRESSURE PIPING: DIAMETER _____ MATERIAL _____ PSI _____

4. DISPOSAL FIELD (DRAINFIELD)

DISTRIBUTION TECHNIQUE: SERIAL EQUAL PRESSURIZED LOOP

TOTAL LINEAR FOOTAGE: _____

DRAIN MEDIA: ROCK & PIPE CHAMBERS EZ-FLOW DEQ APPROVED MEDIA _____

TOTAL DEPTH _____ DEPTH BELOW PIPE

TRENCH DEPTH (FROM ORIGINAL GROUND SURFACE): MIN _____ MAX _____

CAPPING FILL DEPTH (DEPTH OF CAP): _____

SETBACKS FROM WELLS: SEPTIC TANK _____ SAND FILTER OR ATT UNIT _____ DRAINFIELD _____

5. DEWATERING SYSTEMS (IF REQUIRED)

CURTAIN DRAIN TILE DEWATERING

TRENCH DEPTH: _____

DRAIN MEDIA: ROCK & PIPE OTHER _____

TOTAL DEPTH _____ DEPTH BELOW PIPE _____ FILTER FABRIC

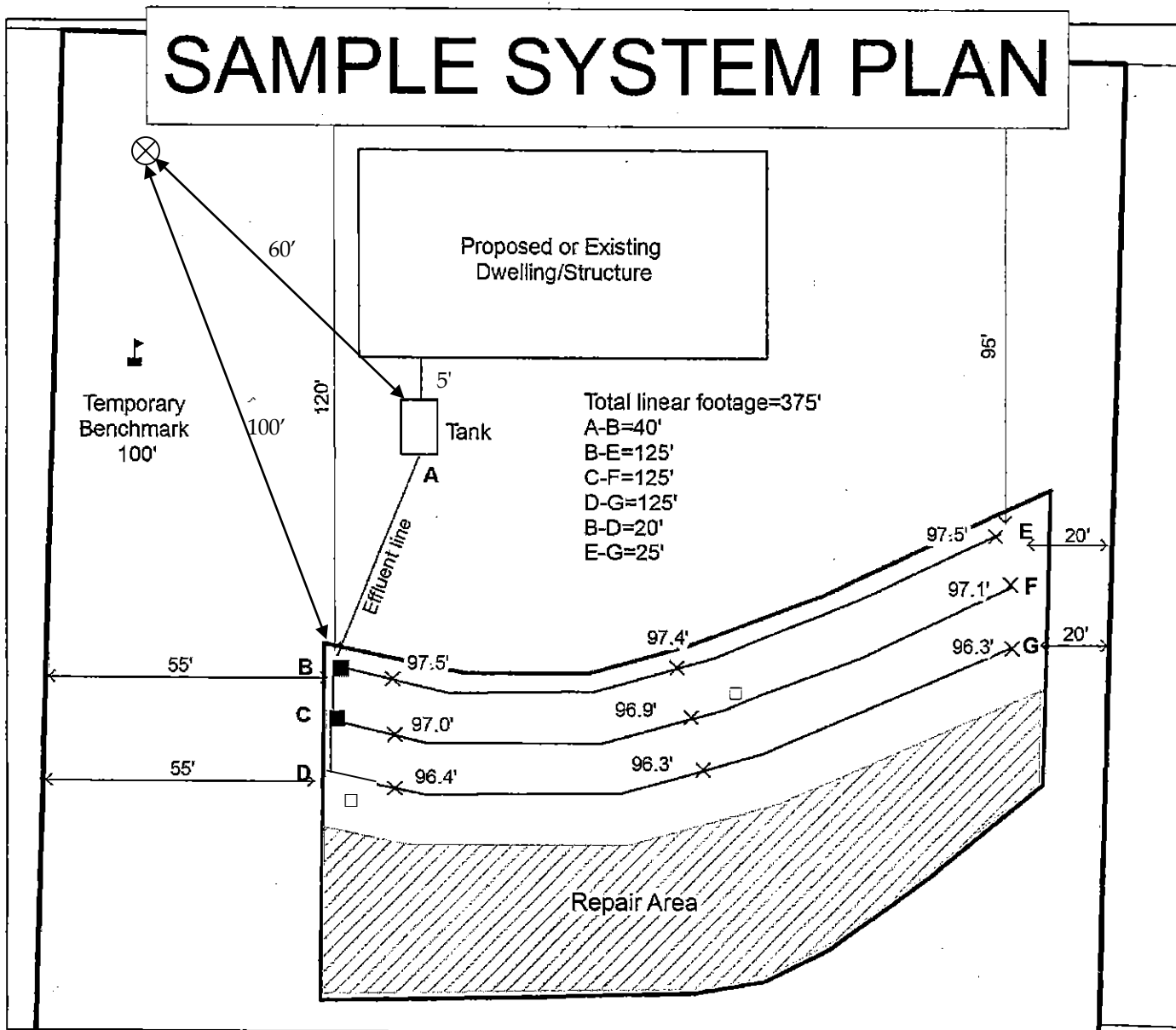
PERFORATED PIPING: DIAMETER _____ MATERIAL _____

6. ADVANCED TREATMENT UNITS

ATT: MFR _____

ATT: MODEL _____

SAMPLE SYSTEM PLAN



Application System Plan

Property ID: 00S00W00 0000

Record Number: 00000

Date Produced: 3/14/2022

Provide and check the following:

- ☐ Temporary benchmark or elevation control point
- ☐ Measurements from the ends of the outside disposal lines to a property line or other fixed point.
- ☐ Line lengths indicated (total must equal required)
- ☐ Relative elevations (at least 3 per line)
- ☐ Effluent or pressure transport line located
- ☐ Area reserved for replacement system indicated
- ☐ Measurements to wells, springs, year round/intermittent surface water, cutbanks and utilities.

Legend

- ☒ Wells
- ☐ Test pits
- ☐ Disposal areas

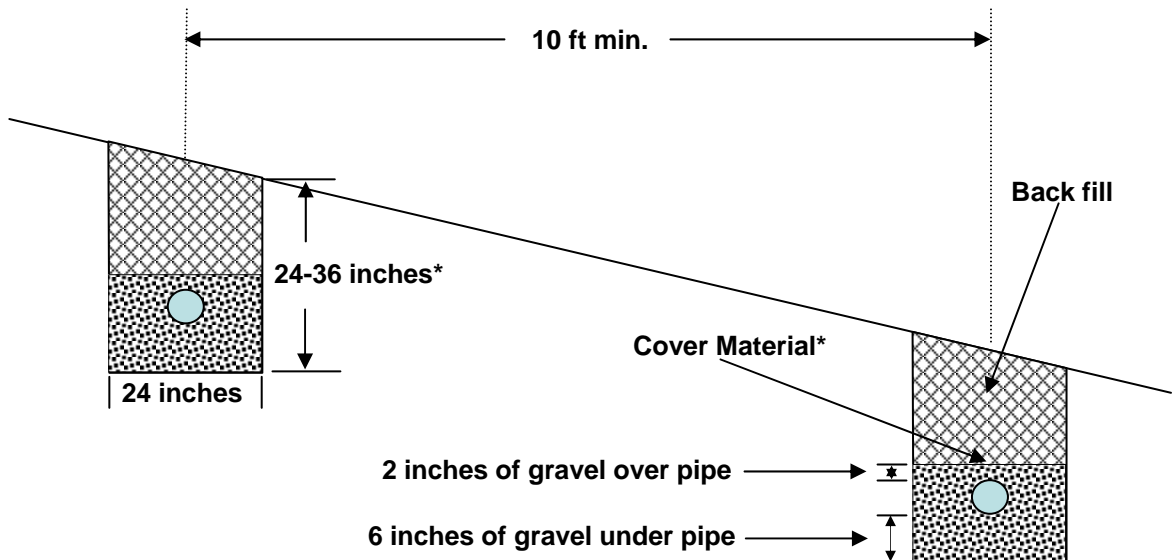
1 inch equals 30 feet

Applicant's Name and Signature

Date

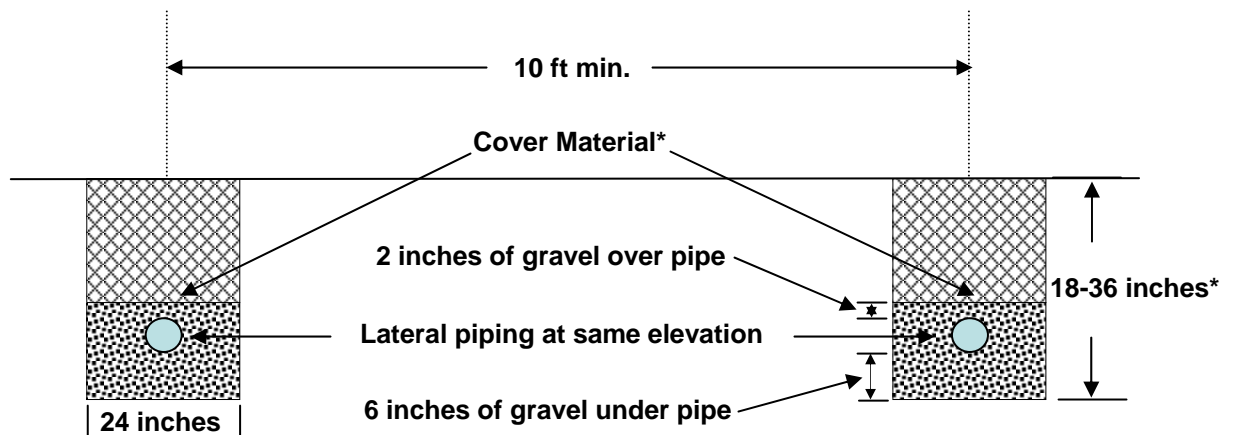


SERIAL DISTRIBUTION



** See permit conditions for trench depth and cover material specifications*

EQUAL DISTRIBUTION



** See permit conditions for trench depth and cover material specifications*

Example