

**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: _____

SEPTIC SITE EVALUATION / PLAN REVIEW 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 Address ☐ Adjacent Address

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

☐ Single Family Dwelling: Proposed Number of Bedrooms _____ ☐ Plan Review Only

☐ Other: Proposed Use _____ Proposed gallons per day _____

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

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

Instructions and required exhibits to be submitted with a Septic Site Evaluation application are listed below:

1) Submit a site development plot plan (see example).

2) Owner or applicant must supply two test holes per site.

Dig the test holes where you would like to place the drainfield (see minimum separation distances on plot plan checklist). Test holes must be 2' wide by 5' deep, stepped or gradually sloped and a minimum of 75' apart.

3) Stake property lines and corners or meet Sanitarian at site.

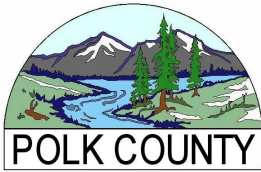
4) Call the Sanitarian at (503) 623-9237 when the test holes are ready, to schedule an inspection. (Sanitarian prefers to be on-site when test holes are being dug).

Site Ready for Inspection? ☐ Yes ☐ No If not, When? _____

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.

Signature _____ Date _____

☐ Owner ☐ Licensed Installer ☐ 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: _____

POLK COUNTY ENVIRONMENTAL HEALTH

Site Plan Must Be Current

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

Scale: 1 Square = _____ Feet

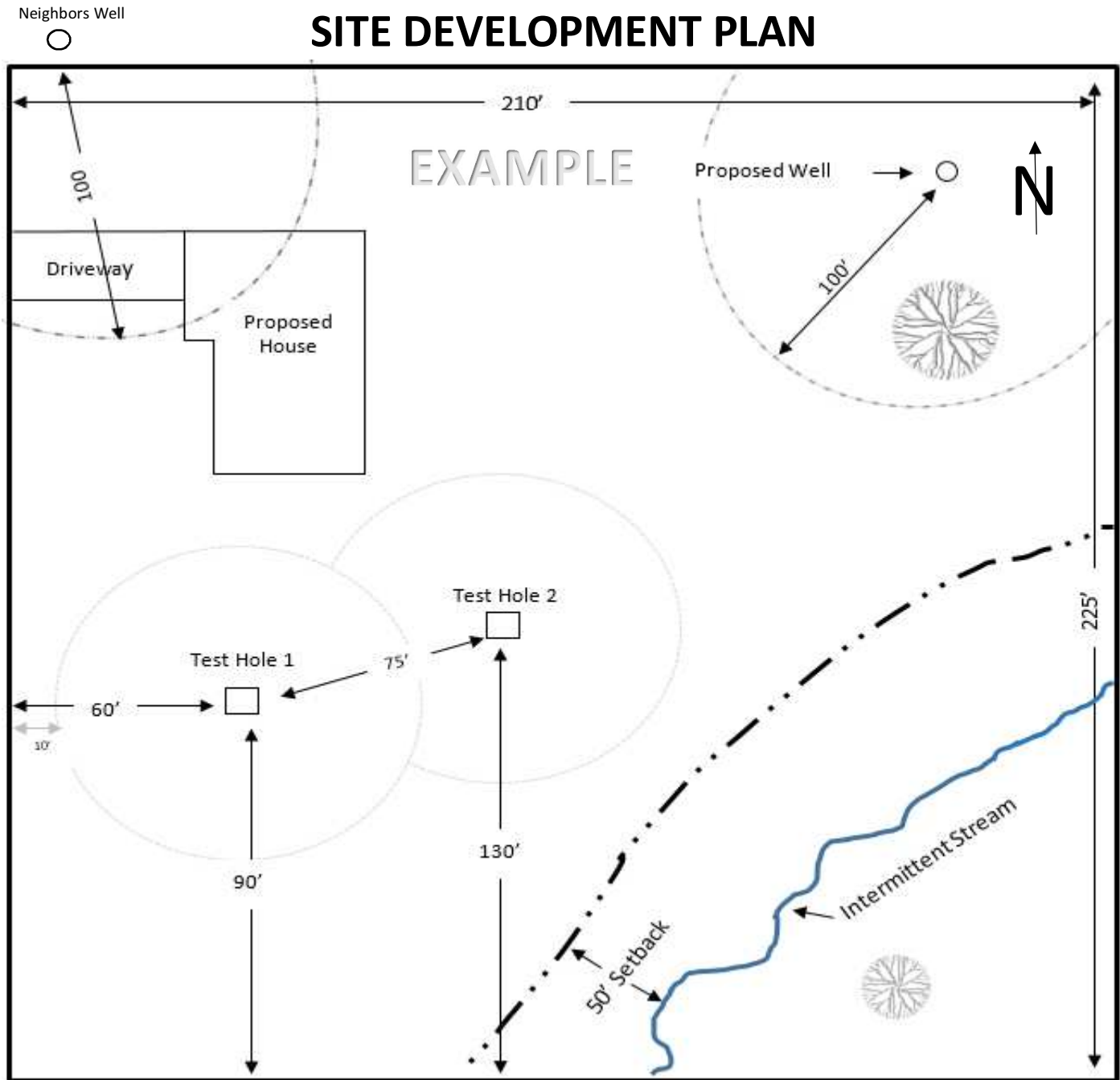
SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

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: _____

PRELIMINARY SITE DEVELOPMENT PLAN



ITEMS REQUIRED ON PLOT PLAN FOR SITE EVALUATIONS

Completed:

- [] Property line distances (corners, length of lines).
- [] Roads serving the property including driveways.
- [] Location of well (including neighbor's wells)
- [] Location of all streams, springs, seasonal runoff
- [] Location of cutbanks, escarpments, steep slopes
- [] Easement areas (utilities, roads, etc...)
- [] Test hole locations/or approved test hole locations.

When siting test holes, add **50 feet** to the **minimum separation distances**. Provide **two test pits** at least **75 feet apart** and **5 feet deep**. Dig test pits when Sanitarian is onsite, unless discussed otherwise.

MINIMUM SEPERATION DISTANCES

Items Requiring Setbacks	From	From Septic Tank,
	Drainlines	Drop boxes/Units
Wells (Including Neighbor's)	100 ft	50 ft
Surface Waters/Downslope Springs	100 ft	50 ft
Seasonal Streams/Upslope Springs	50 ft	50 ft
Groundwater Drains	20 ft	10 ft
Upslope Curtain Drains	10 ft	5 ft
Downslope Curtain Drains	50 ft	10 ft
Cutbanks Over 30" High	25 ft	10 ft
Escarpments	25 ft	5 ft
Property Lines and Easements	10 ft	5 ft
Building Foundations and Decks	10 ft	5 ft
Water Lines	10 ft	10 ft
Underground Utilities	10 ft	----