



POLK COUNTY COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH

850 Main Street, Dallas, OR 97338

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

SITE EVALUATION/MAJOR REPAIR/MAJOR ALTERATION

APPLICATION TYPE

- **Site Evaluation:** (New site development): A site and soil evaluation to determine the suitability for an on-site septic system.
- **Repair Permit:** Repair or replacement of a failing drainfield or treatment unit (i.e Sandfilter/ATT)
- **Alteration Permit:** Expand or change the location of the drainfield or treatment unit

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/> . Please make sure the aerial photo layer is removed prior to printing map. **See EXAMPLE Attached.**
- ☐ **Test Pits:** Note date on application when the test pits are ready for inspection. ****Sanitarian prefers to be on-site when test holes are dug (winter months especially) ****
- ☐ **Existing Septic System Description:** (Repair/Alteration Permits)
- ☐ **Land Use Compatibility Statement (LUC):** (Repair/Alteration Permits 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.

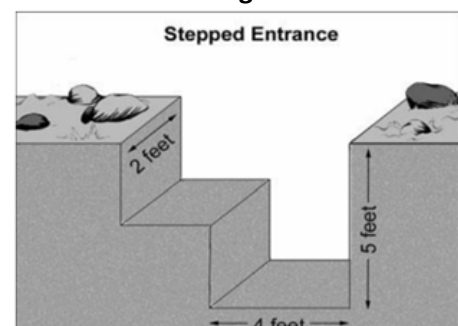
TEST PIT PREPARATION

A minimum of 2 test pits are required in the proposed drainfield area. Look for a logical spot on the property for a disposal system. Explore the desired area and if possible, **avoid placing test pits in the following areas:**

- Stay at least 100 feet away from proposed or existing wells (including neighbors wells).
- Stay at least 100 feet from year-round streams, rivers, ponds, creeks. (Measure from high bank)
- Stay at least 50 feet away from intermittent streams/ponds/irrigation ditches.
- Steep slopes (more than 45%)

Test Pit Construction

Each pit must be 2' wide, 4' long and 6' deep. **Pits must be constructed in a manner that will allow the sanitarian to get in and out of them.**



- Swale areas, drainages, or where surface water is likely to collect.
- Areas that have been filled or where soil has been disturbed, modified, or removed.
- Areas to be developed or disturbed for roads, buildings, parking etc.
- Areas with shallow soil depth (underlain by bedrock, hardpan, claypans, etc.) which may restrict movement of water, air, and growth of plants.
- Stay at least 50 feet upslope from cuts greater than 30 inches in height escarpments that intersect a limiting soil layer

PROCESS

Site Evaluation:

- Once we have received the completed application and the test pits have been dug, we will make a field visit to assess soil and site conditions. We will then issue you a technical report (this is not a permit) that includes the specifications for the system, and a scaled plot plan that shows the area approved for installation of the system.

Major Alteration/Repair:

- Once we have received the completed application and the test pits have been dug, we will make a field visit to assess soil and site conditions. We will then issue you a technical report (this is not a permit) that includes the specifications for the system, and a plot plan that shows the area approved for installation of the system.
- Stake out the system and components, then complete and submit the pre-construction plans. This will include the Application System Plan, Elevation Profile, and the On-Site System Material List. Include a tank schematic with float switch settings if pumping is required (the manufacturer of the tank you selected can provide this to you). Additional information may be required if your system is a Sand Filter, Alternative Treatment System or Pressurized Distribution system.
- We will then review the plans and, if necessary, visit the stakeout. If all the information is complete and correct, we will issue the permit to install the system.

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.



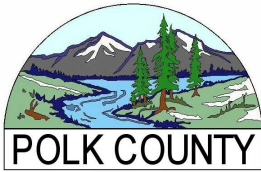
POLK COUNTY COMMUNITY DEVELOPMENT ENVIRONMENTAL HEALTH

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)					



**POLK COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH**

850 Main Street, Dallas, OR 97338

Phone: (503) 623-9237

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: _____

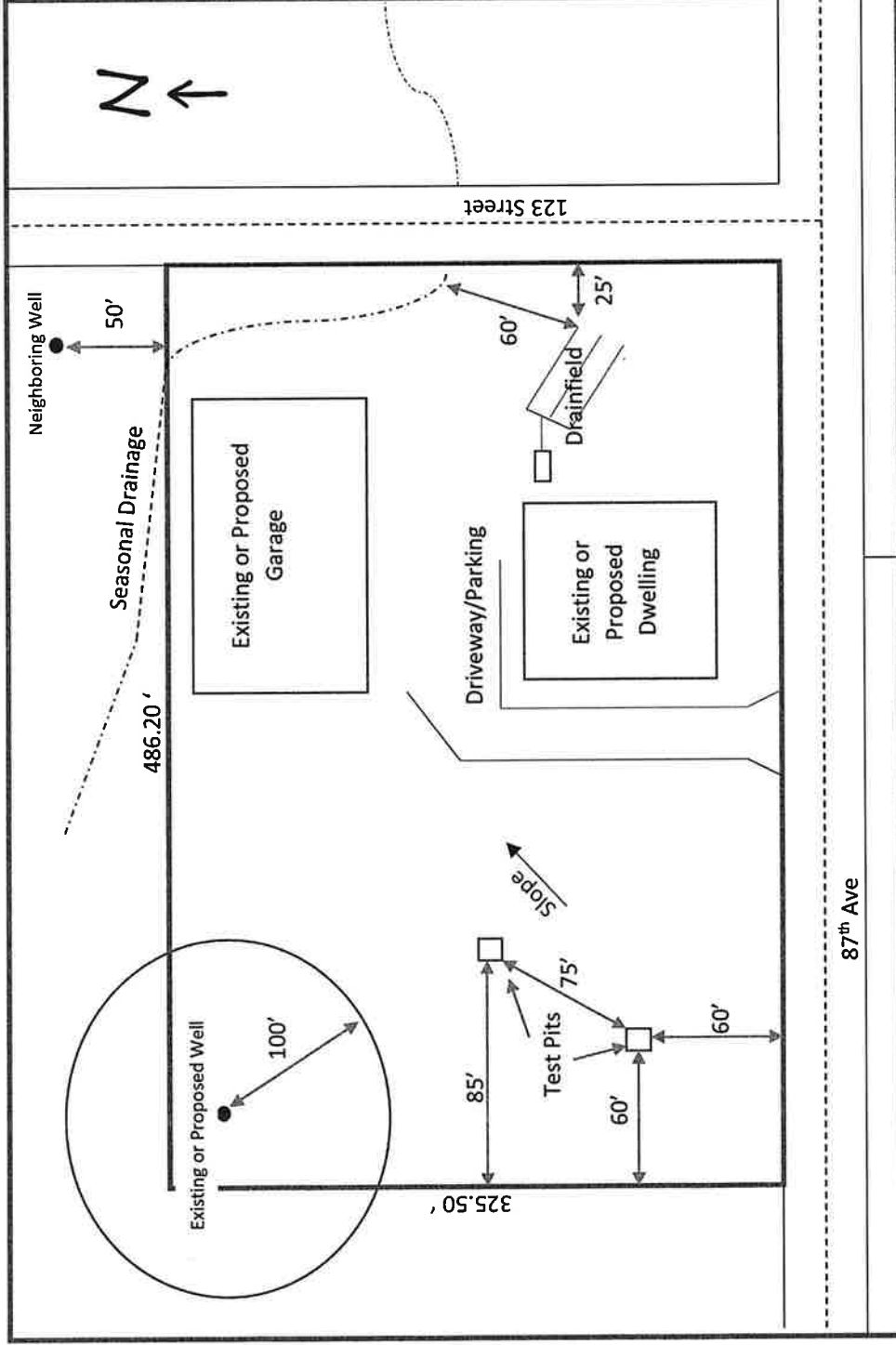
Printed Name: _____

Address: _____ Phone: _____

City, State, Zip _____ Email: _____

POLK COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH

SAMPLE PLOT PLAN



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
- Test Pits (with distance to property lines)
- Slope direction

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

Applicant's Signature

Date

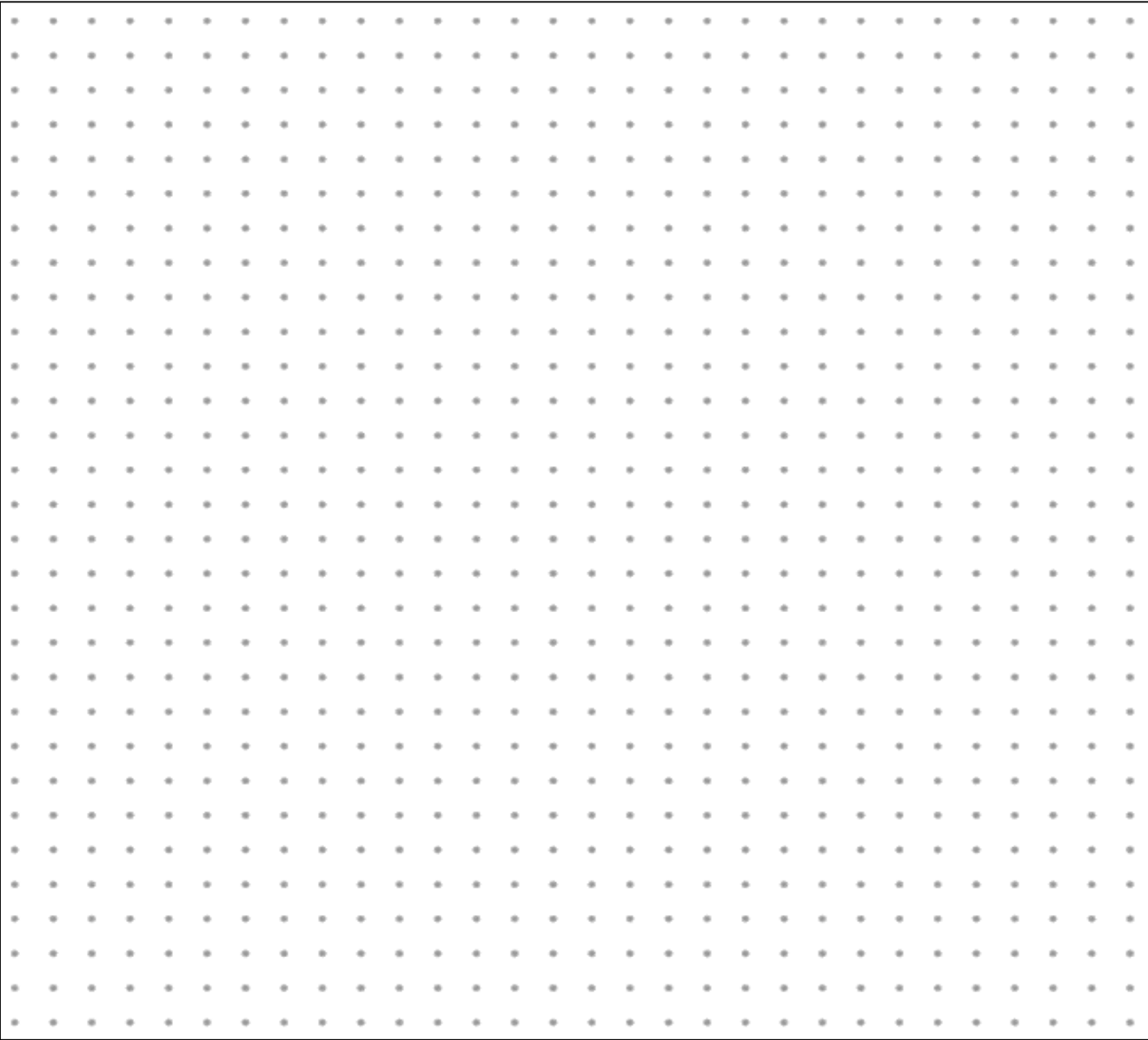
POLK COUNTY ENVIRONMENTAL HEALTH

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: _____



**POLK COUNTY COMMUNITY DEVELOPMENT
ENVIRONMENTAL HEALTH**

850 Main Street, Dallas, OR 97338
Phone: (503) 623-9237

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: _____

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.