



North Central Public Health District

419 E 7th St, The Dalles, OR 97058
(541) 506-2603

For Office Use Only

Site Evaluation #:

Date Issued:

Fee Paid: \$

Date Paid:

On-Site Septic Application Site Evaluation

Property Owner Name:	Use of Structure	
Phone:	<input type="checkbox"/> Single-dwelling, residential	<input type="checkbox"/> Other: _____
Mailing Address:	<input type="checkbox"/> Multi-Family Dwelling	
City: State: Zip:	<input type="checkbox"/> Accessory Dwelling Unit (ADU)	# of proposed bedrooms: _____
Email address:	<input type="checkbox"/> Commercial* (see below)	# of proposed bathrooms: _____

Authorized Representative Name: _____
If someone other than the property owner is submitting the application.

Site Information and Location

Project Site Address: _____ City: _____ County: _____

Directions to Property (if no address):

Township: _____ Range: _____ Section: _____ Tax Lot: _____ Account #: _____ Parcel Size: _____ (Acres)

Water Source: ☐ Private Well/Spring ☐ Shared Well ☐ Community Water System: _____ ☐ Other: _____

Scenic Area: ☐ Yes ☐ No If yes, has property gone through review with local planning? ☐ Yes ☐ No Date: _____

(*Commercial Only) # of Anticipated Employees: _____ Latitude: _____ Longitude: _____ (Sites w/o Address)

Detailed Project Description (Attach additional information, if needed): _____

Site Evaluation Application Checklist (must submit all items with application)

- | | |
|--|--|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Provide access instructions (i.e. need to call for gate code, dog warnings, wayfinding tips, etc.), if any: |
| <input type="checkbox"/> Detailed Site Plan with Required Features and Measurements | |
| <input type="checkbox"/> DEQ Land Use Compatibility Statement
(For Site Evaluations in the Gorge Scenic Area) | |
| <input type="checkbox"/> Tax Lot Map (available from the county assessor, planning department, or online at ORMap.net) | |
| <input type="checkbox"/> Notice Authorizing Representative Form, if applicable | |

Installer Information:	Property Owner (or Authorized Representative):
<input type="checkbox"/> Home Owner <u>or</u> <input type="checkbox"/> Licensed Installer Business Name:	By my signature, I certify that the information I have furnished is correct and hereby grant NCPHD and it's authorized agents permission to enter onto the above described property for the sole purpose of this application including site evaluations, repairs, constructions or site visits. The costs of the actions not satisfied by the agent are the sole responsibility of the owner.
Phone #:	Printed Name:
Address:	Signature:
DEQ License Number:	If submitting for property owner, you must submit <u>Notice Authorizing Representative Form</u>

INCOMPLETE APPLICATIONS WILL BE RETURNED.

2.25



Applicant Name: _____
Site Address: _____
Legal Description: _____

<input type="checkbox"/> North Arrow and scale indicator	<input type="checkbox"/> All water sources including springs, streams, drainage ways, ponds, irrigation canals, water lines, etc.
<input type="checkbox"/> Location of Test Pits	<input type="checkbox"/> Location of any land legally bound to another party (easements, etc.)
<input type="checkbox"/> Property lines and dimensions	<input type="checkbox"/> Location of physical features on the property (slope direction, steep slopes, escarpments, cut banks, etc.)
<input type="checkbox"/> Location of test pits	<input type="checkbox"/> Driveway location (existing or proposed)
<input type="checkbox"/> Adjoining roads or streets	
<input type="checkbox"/> Existing or proposed wells (including on adjacent properties)	
<input type="checkbox"/> All relevant structures (existing or proposed)	

Scale: 1/4" = _____ ft'

A blank grid of graph paper with a scale bar at the top left. The scale bar is labeled "Scale: 1/4" = _____ ft'". The grid consists of 20 columns and 20 rows of squares.

Signature: _____ Date: _____

Sample Site Plan for Site Evaluation

Minimum Separation Distances (for more details- OAR 340-071-0800 Table 1):

- All wells, springs, and surface water– 100' from drainfield, 50' from septic tank
- Property lines and building foundations– 10' from drainfield, 5' from septic tank
- Water Lines– 10' from drainfield, 10' from septic tank

Setback Acknowledgement

- The inspectors review of zoning setbacks is based on the information provided by the applicant. NCPHD strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building and property line location is the sole responsibility of the applicant and the applicant accepts all risks associated with any inaccurate information contained in the counties setback review because the district is relying on information provided by the applicant.

Other information may be necessary in some instances such as slope or elevation.

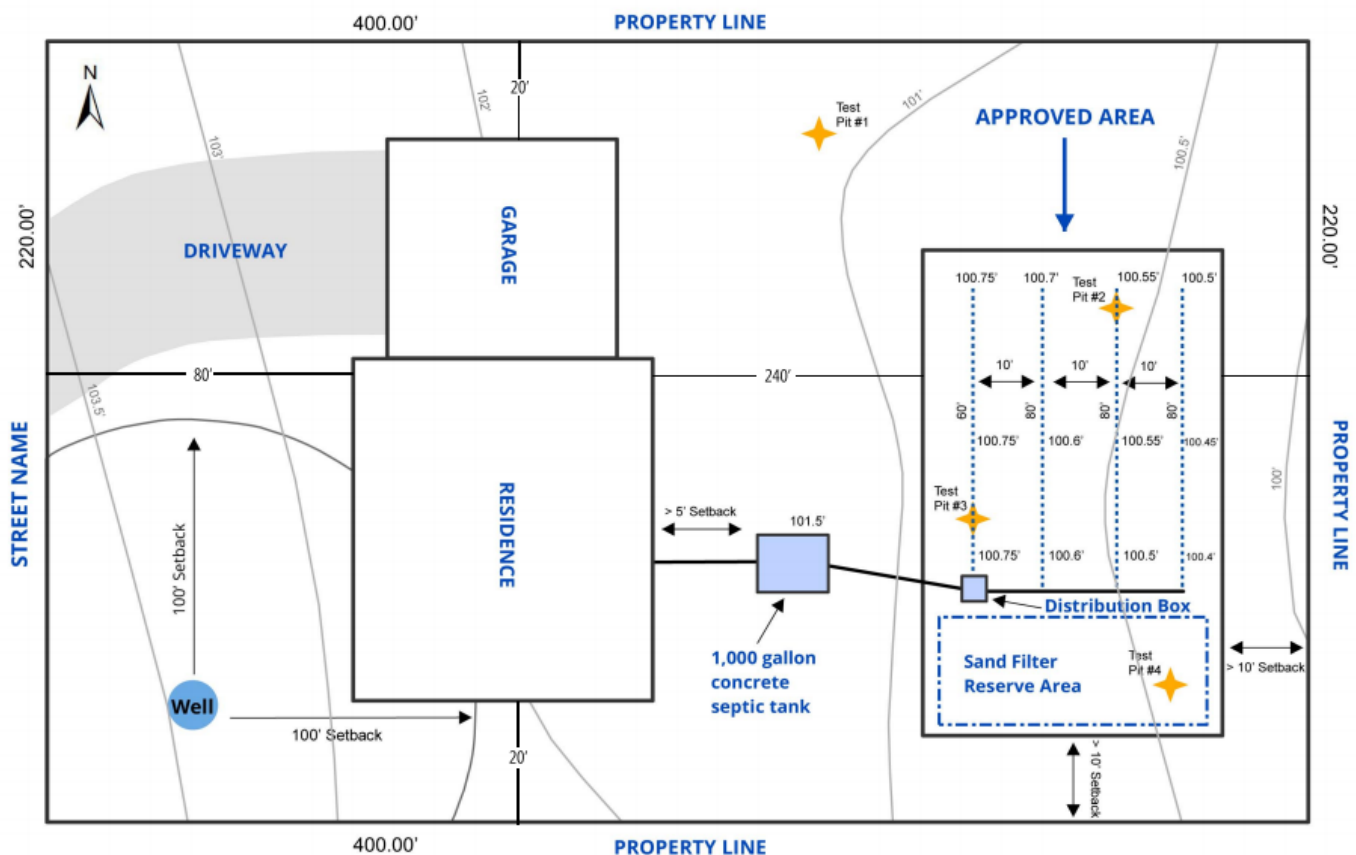
Step 1: Determine property boundaries. This may require a survey by a licensed surveyor.

Step 2: Determine the location of all structures and other physical features to be shown on the plot plan. You will have to measure the size (not including height) of all buildings on your property as well as other important man-made structures (carport, garden shed, driveways, decks and the like).

Step 3: Draw the plan. The plot plan may be hand drawn.

Step 4: Check the drawings and make copies.

Example





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NOTICE AUTHORIZING REPRESENTATIVE

I, _____, have authorized _____ to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)

agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

(Property Situs or Road Address)

And described in the records of: _____ County as:
(Wasco or Sherman)

Township _____ Range _____ Section _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____