



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East Seventh Street
The Dalles, OR 97058
(541) 506-2603

On-Site Septic Application Site Evaluation

For Office Use Only

Site Evaluation #:

Date SE Conducted:

Fee Paid:

Date Approved:

Name of Applicant:	Application Type	
Phone Number:	<input type="checkbox"/> New Construction:	<input type="checkbox"/> Connecting to Existing System:
Address:	<input type="checkbox"/> Major Repair:	<input type="checkbox"/> Replacing a Dwelling:
City: _____ County: _____	<input type="checkbox"/> Minor Tank Replacement:	<input type="checkbox"/> Other: _____
Email address:	<input type="checkbox"/> Personal Hardship:	Existing: BR _____ BA _____

Job Site Information: Residential Commercial Manufactured Dwelling Multi - Family Dwelling Other: _____

Site Address: _____ Proposed # BR: _____ Proposed # BA: _____

City: _____ County: _____

Twnp: _____ Range: _____ Section: _____ Tax Lot: _____ Property Size: _____ (Acres) Account # _____

Drain Media Type: EZ Flow Rock/Pipe Half-Dome Other _____

Tank Manufacturer: _____ Pump Type: _____

Water Source: Private Well Shared Well Community Water System Other _____

Scenic Area: Yes No

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

(Commercial Only)

Number of Anticipated Employees: _____ Property Size: _____ (Acres) Lat: _____ Long: _____ (Sites W/O Address)

Project Description: _____

Permit Application Checklist

Filled out application completely

Directions to Property if Address is NOT Available:

DEQ Land Use Compatibility Statement

(New installation, major repairs or alterations and properties within Gorge Scenic Area)

Authorized Representative Form (where necessary)

Installer Information:	Applicant Signature: <i>Application will be denied if <u>NOT</u> signed</i>
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.
Self Install by home owner: <input type="checkbox"/>	
Phone #:	Printed Name:
Address:	Signature:
DEQ License Number:	If submitting for property owner, you must submit <u>Authorized Representative Form</u>

Note: A septic system must be installed and constructed by the owner or a DEQ licensed installer using DEQ approved materials and equipment that meet minimum standards.

***Incomplete Applications May Be Subject to Delays and Any Required Corrections Will Restart the Order In Which It Was Received**

****Permits Are Valid for 1 Year from Date Permit Was Issued**



Proposed Septic Site Plot Plan

Applicant Name: _____

Site Address: _____

For approval of a building permit, a plot plan with the following information will need to be provided:

Please provide dimensions in feet (More directions and acknowledgements on next page)

- Property Lines
- Existing Structures and Proposed Structures
- Proposed Septic Tank Location
- Existing Drainfield Area and Proposed Drainfield Area
- Test Pits for pre-site evaluation -or- approved area post-site evaluation
- Well or neighboring water source (show distance of well from tank and drainfield)
- Access Roads
- Surface water or seasonal drainage
- Any other major features of the property (land cutouts, power lines, fences, identifying markers)
- Measurements between major features

Scale: 1/4" = _____ FT'



Date: _____

Signature: _____

Septic Plot Plan Guide

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.

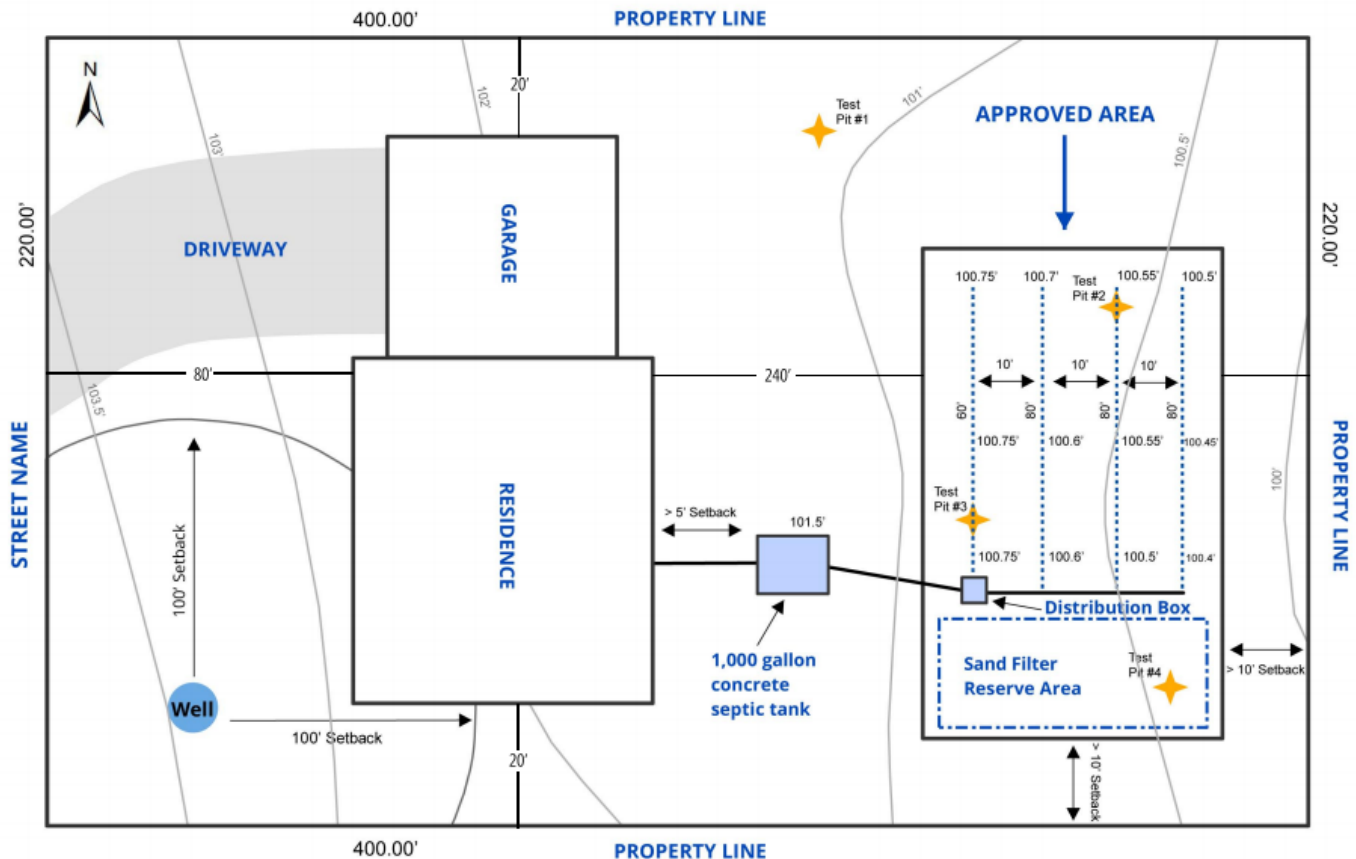
Step 1: Determine property boundaries. This may require a survey by a licensed surveyor.

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 Shown Below





North Central Public Health District

Environmental Health Program Onsite Wastewater Fee Schedule

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

New Site Evaluation:

Residential Evaluation:

Single Family Dwelling* \$780

Commercial Facility System Evaluations Authorized by DEQ to Contract County:

Up to 1,000 gallons projected daily flow* \$800
 1,001 - 1,500 gallons projected daily flow* \$1,100
 1,501 - 2,000 gallons projected daily flow* \$1,430
 2,001 - 2,500 gallons projected daily flow* \$1,760

Construction Installation Permit:

Standard Onsite System up to 1,000 gpd* \$905
 1,001 – 1,500 gallons projected daily flow* \$1,005
 1,501 – 2,000 gallons projected daily flow* \$1,105
 2,001 – 2,500 gallons projected daily flow* \$1,205
 Standard Onsite w/ Holding Tank* \$905
Commercial Plan Review Fee: 600-1000 gpd \$535
 1,001 – 1,500 gallons projected daily flow \$600
 1,501 – 2,000 gallons projected daily flow \$670
 2,001 – 2,499 gallons projected daily flow \$740

Alternative System:

Capping Fill* \$1,370
 Disposal Trenches in Saprolite* \$905
 Gray Water Waste Disposal Sump* \$520
 Pressure Distribution* \$1,248
 Redundant* \$1,005
 Sand Filter/ATT* \$1,625
 Seepage Trench* \$905
 Steep Slope* \$905
 Tile Dewatering* \$1,330
 Re-inspection per hour - minimum 1 hour \$135
 Field Consultation per hour - minimum 1 hour... \$135

For systems with projected daily sewage flows greater than 1000 gallons per day (gpd), the construction fee shall be equal to the fee listed plus \$100 for each 500 gallons or part thereof above 1000 gpd.

For all permits that specify the use of a pump or except for sand filter, ATT, RGF and Pressurized Distribution Systems; \$65 will be added to the cost for evaluation.

Repair Permit:

Single Family Dwelling

Major Drainfield and/or Tank Replacement* \$630
 Minor (Tank Only)* \$396

Alteration Permit:

Major Drainfield and/or Tank Replacement* \$630
 Minor (Tank Only)* \$396

Commercial Repairs:

Major Drainfield and/or Tank Replacement* \$1,000
 Minor (Tank Only)* \$600

Authorization Notice:

If Field Visit Required* \$625
 No Field Visit Required* \$275
 Hardship Authorization* \$370
 Authorization Notice Denial Review \$650

Renewal of Hardship Authorization

If Field Visit Required \$370
 No Field Visit Required \$255

Miscellaneous Fees

Annual Report Evaluation Fee Holding Tank \$60
 Annual Maintenance Report Fee \$65
 Re-inspection Fee \$135
 Record Search, if not part of an onsite application (30 minutes minimum) \$25
 Field Consultation Fee per hour \$135
 Pumper Truck Inspection \$180
 Additional Vehicle \$90
 Annual Evaluation of Alternative System (Where Required) \$360

Permit Reinstatement or Renewal:

IF Field Visit Required* \$500
 No Field Visit Required* \$335

Reinstatement fee is for same owner. New owner will have to submit a new application including LUCS & construction installation permit fee.

Refunds:

A refund may be made of all or a portion of a fee accompanying an application if the applicant withdraws the application before any field work or other substantial review of the application has been done

*The above fees include a \$100 DEQ surcharge that will be forwarded to the State Department of Environmental Quality
 The surcharge does not apply to pumper services, annual report fees or agent consultation fees and are indicated with (*)*

Payments with Credit/Debit card will incur a 2.5% service fee for payments in person or over the phone

Payments with a Credit/Debit card will incur a 3.0% service for payments on-line



NORTH CENTRAL PUBLIC HEALTH DISTRICT

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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 as:

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

PROPERTY OWNER:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____