



Application For Septic Authorizations, Alterations, or Repairs

A. Job Site Information and Location		B. Application For:	
<i>(If property is in city limits a City Septic Authorization form signed by the city planning and engineering staff is required)</i>		<input type="checkbox"/> Failing Drainfield/Repair	
Property Address:		<input type="checkbox"/> Tank replacement	
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Manufactured Dwelling <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Commercial/Industrial		<input type="checkbox"/> Connecting to an existing system	
Water Supply: <input type="checkbox"/> Well <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Other _____		<input type="checkbox"/> Replacing a dwelling with another dwelling	
		<input type="checkbox"/> The addition of one or more bedrooms	
		<input type="checkbox"/> Temporary housing/Medical Hardship	
		<input type="checkbox"/> Personal Hardship	
		<input type="checkbox"/> Other _____	
C. Existing System Information (Required)			
Use of Existing Structures: <input type="checkbox"/> Full-time Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Shop <input type="checkbox"/> Barn			
<input type="checkbox"/> Business/Commercial, provide description: _____			
<input type="checkbox"/> Other, provide description: _____			
Existing # of bedrooms:		Existing # of employees:	
Existing # of bathrooms:		Existing # of wet bars:	
Existing System Type: <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Sand Filter <input type="checkbox"/> Pressure Distribution			
Existing Tank Material: <input type="checkbox"/> Steel <input type="checkbox"/> Poly (Plastic) <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass		Use of sewage ejector or grinder pump? Y <input type="checkbox"/> N <input type="checkbox"/>	
This is a pump that either pumps to your septic tank or pumps to your internal plumbing. It does not pump from your septic tank.			
<i>Note: If adequate onsite wastewater records do not exist, you may be required to expose the entire top of a septic tank, distribution boxes, the beginning and end of each drain line, and/or dig test pits.</i>			
D. Proposed Changes to the Property (Required)			
<input type="checkbox"/> No Changes - Fix failing or sub-standard system		<input type="checkbox"/> Add a bathroom to a new or existing accessory structure	
<input type="checkbox"/> Add a bedroom to single family dwelling		<input type="checkbox"/> Add a bedroom to a new or existing accessory structure	
<input type="checkbox"/> Change a residential use to a commercial use <i>(Include information about the proposed operation and specific information regarding wastewater characteristics and the size of the flow)</i>		<input type="checkbox"/> Other <i>(provide details below)</i>	
Detailed Description : _____			

Total # of proposed bedrooms (existing + new):		Total # of proposed employees (existing + new):	
Total # of proposed bathrooms (existing + new):		Total # of proposed wet bars (existing + new):	



Application For Septic Authorizations, Alterations, or Repairs (Continued)

E. Proposed Modifications to Septic System	
<input type="checkbox"/> Use existing system as is <input type="checkbox"/> Replace drainfield (only) <input type="checkbox"/> Install New System <input type="checkbox"/> Replace septic tank (only) <input type="checkbox"/> Install an ATT <input type="checkbox"/> Other _____ _____	If adding internal plumbing, will you have enough fall in the sewer pipe to tie into existing plumbing or the septic tank without using a pump? (Required) Yes, I have verified there is enough fall <input type="checkbox"/> No, a sewage ejector will be necessary <input type="checkbox"/>

F. Property Owner Information			
Owner Name:		Email:	
Mailing Address:		Phone #:	

G. Installer Information (Required if proposing modifications to the septic system)			
Excavation Business Name:		Certified Installer Name:	
Phone #:		DEQ License #:	
Email:			

H. Applicant Information			
Applicant Name:			
Applicant Address:			
Phone #:		Email:	

All information provided in this application is complete and accurate and does not contain omissions. Incomplete applications may delay the application review and permitting process.

➔
 Signature: _____ Date: _____



NOTICE AUTHORIZING REPRESENTATIVE

I, _____ (property owner), have authorized _____ (authorized representative), to act as my agent in performing the activities necessary to obtain services provided by Deschutes County Community Development Department. I agree that any costs not satisfied by the Authorized Representative are my responsibility. Authorization expires 12 months from Owner’s signature.

PROPERTY IDENTIFICATION:

Property Address: _____

Tax account number or serial number: _____

Project Description: _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____

Email Address: _____

Acknowledgements

Incomplete Submittal

Your application for plan review is not considered complete and will not be accepted for review until our office receives all of the items noted on the Building Permit Application Checklist. If the submittal packet is found to be incomplete at the time of plan review your project will be put on hold until the missing items are received. Once the missing information is received, your project will be put back in the plan review queue based on the date it was deemed a complete submittal.

Zoning Setback

The inspector's review of zoning setbacks is based on information provided by the applicant. Only a State of Oregon Licensed land surveyor can certify the correct location of this building on this lot. Deschutes County Community Development Department strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant and the applicant accepts all risks associated with any inaccurate information contained in the County's setback review because the County is relying on information provided by the applicant.

By signing, I acknowledge that all information contained in this checklist is true to the best of my knowledge.

Authorized Representative

 Representative's Signature Date

 Print Name

Owner

 Owner's Signature Date

 Print Name

OR