

## A2 – CONSTRUCTION / INSTALLATION PERMIT GUIDE

### ITEMS REQUIRED TO PROCESS YOUR CONSTRUCTION/INSTALLATION APPLICATION:

- 1. Completed Application Form and Fee:** Incomplete applications will be returned.
- 2. Tax Lot Map:** (See Example A) A copy can be obtained from a title company or the county assessor's office.
- 3. Vicinity Map:** Show how to get to your property. This can be a copy of a county road map, a US Geological Survey quadrangle map, or a hand drawn sketch. If your property is remote or hard to find, please describe in writing how to find it. Please flag the entrance to your property. (Omit the vicinity map if you attached one to your site evaluation application).
- 4. Statement of Site Status:** Certification that the area for initial and replacement on-site sewage disposal system has not been cut, filled or altered in any way since the original site evaluation.
- 5. Land Use Compatibility Statement:** To be signed by the local planning authority.
- 6. Site Development Plan:** (See Example B) Draw a site plan with actual measurements that show existing and proposed locations of all buildings, roads, driveways, property lines, easements, water sources, surface water bodies and other physical features. Show the exact location you propose to locate the septic tank, distribution box or drop boxes and disposal lines. Show the proposed elevations of the building sewer, the inlet and outlet of the septic tank, the distribution box or drop boxes, the bottom of each disposal trench and the ground adjacent to each disposal trench. Show the locations of all existing and proposed wells within 200 feet of the drainfield.

Refer to your Site Evaluation Report since it shows the approved disposal field location, the type of approved system and other construction details.

MAIL OR HAND DELIVER THE APPLICATION, FEE AND ATTACHMENTS TO:

Department of Environmental Quality  
Eastern Region  
2146 NE Fourth, Suite 104  
Bend, Oregon 97701

*We will send you a receipt when we issue the Construction Permit.*

Call the DEQ's Eastern Region office if you have questions. The number is 541-388-6146 or toll free in Oregon 1-800-452-4011. The toll free number is a message operator. Please ask for the Eastern Region Bend Office. There may be a delay in returning your call.



DEPARTMENT OF ENVIRONMENTAL QUALITY  
 EASTERN REGION BEND  
 2146 NE FOURTH, SUITE 104  
 BEND, OREGON 97701  
 541-388-6146 or 1-800-452-4011

FOR OFFICE USE ONLY	
Date Received	_____
Date Completed	_____
Required Fee:	_____
Receipt No.:	_____
Control No.	_____

**APPLICATION FOR:**

- |   |  |
|---|--|
| <input type="checkbox"/> <del>✓</del> SITE EVALUATION | <input type="checkbox"/> NEW CONSTRUCTION PERMIT |
| <input type="checkbox"/> REPAIR PERMIT                | <input type="checkbox"/> AUTHORIZATION NOTICE    |
| <input type="checkbox"/> ALTERATION PERMIT            | <input type="checkbox"/> HARDSHIP AUTHORIZATION  |
| <input type="checkbox"/> OTHER – Please Specify       |  |

**REQUIREMENTS:**

- Plot Plan..... YES  NO  
 Vicinity & Tax Lot Map..... YES  NO  
 Test Pits, 5' Deep..... YES  NO  
 Development Permit..... YES  NO

**INCLUDED:**

- Plot Plan..... YES  NO  
 Vicinity & Tax Lot Map..... YES  NO  
 Test Pits, 5' Deep..... YES  NO  
 Development Permit..... YES  NO

There is a flag or sign at the entrance to property and leading to test holes.

**FOR APPLICANT – Please Print**

\_\_\_\_\_  
 Property Owner's Name

\_\_\_\_\_  
 Property Address

\_\_\_\_\_  
 Township                      Range                      Section                      Tax Lot #                      County

\_\_\_\_\_  
 Subdivision Name                      Lot #                      Block #                      Acreage

\_\_\_\_\_  
 Public Water Supply

\_\_\_\_\_  
 Private Water Supply - specify type

\_\_\_\_\_  
 Single Family Residence                      # Bedrooms                      Other – specify

\_\_\_\_\_  
 Directions to Property

*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 permission to enter into the above described property for the purpose of this application.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

- Owner  
 Authorized Representative  
 D.S. License No. \_\_\_\_\_

\_\_\_\_\_  
 Owner's Mailing Address

\_\_\_\_\_  
 Applicant's Mailing Address (if different)

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Phone

FOR DEQ USE ONLY

**LAND USE COMPATIBILITY STATEMENT  
FOR ON-SITE SEWAGE DISPOSAL SYSTEMS**

APPLICANT'S NAME	MAILING ADDRESS _____ _____ _____ CITY STATE ZIP		PHONE
TOWNSHIP	RANGE	SECTION	TAX LOT OR ACCT. NO.
SUBDIVISION/PROJECT	LOT	BLOCK	COUNTY

PROPERTY IS A LOT-OF-RECORD CREATED BEFORE AUGUST 1, 1981

PROPOSED LAND USE

**STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY**

(An equivalent statement may be provided in lieu of this form)

PROPERTY'S ZONING DESIGNATION

THE ABOVE PROPOSAL HAS BEEN REVIEWED AND FOUND TO BE:

Compatible with the LCDC acknowledged Comprehensive Plan

Consistent with the Statewide Planning Goals

**OR**

**Not** compatible with the LCDC acknowledged Comprehensive Plan

**Not** Consistent with the Statewide Planning Goals

REASON FOR FINDING OF COMPATIBILITY / INCOMPATIBILITY

PROPERTY IS LOCATED: (check one)

INSIDE CITY

INSIDE URBAN GROWTH BOUNDARY  
OUTSIDE CITY LIMITS

OUTSIDE URBAN  
GROWTH BOUNDARY

**LAND USE AUTHORITY**

SIGNED

TITLE

DATE

**CITY/COUNTY CONCURRENCE IF INSIDE URBAN GROWTH BOUNDARY**

SIGNED

TITLE

DATE

**STATEMENT OF SITE STATUS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ TAX LOT \_\_\_\_\_

COUNTY \_\_\_\_\_

***I certify by my signature the area for the initial and replacement on-site sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.***

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**TABLE 1  
Minimum Separation Distances**

<i>Items Requiring Setback</i>	<i>From Sewage Disposal Area Including Replacement Area</i>	<i>From Septic Tank &amp; Other Treatment Units, Effluent Sewer &amp; Distribution Units</i>
1. Groundwater Supplies	100'	50'
2. Temporarily Abandoned Wells	100'	50'
3. Springs:		
<del>☒</del> Upgradient	50'	50'
<del>☒</del> Downgradient	100'	50'
*4. Surface Public Waters:		
<del>☒</del> Year around	100'	50'
<del>☒</del> Seasonal	50'	50'
5. Intermittent Streams:		
<del>☒</del> Piped (watertight not less than 25' from any part of the on-site system.	20'	20'
<del>☒</del> Unpiped	50'	50'
6. Groundwater Interceptors:		
<del>☒</del> On a slope of 3% or less	20'	10'
<del>☒</del> On a slope greater than 3%		
* Upgradient	10'	5'
* Downgradient	50'	10'
7. Irrigation Canals:		
<del>☒</del> Lined (watertight canal)	25'	25'
<del>☒</del> Unlined		
* Upgradient	25'	25'
* Downgradient	50'	50'
8. Man made cuts in excess of 30" (top of down slope cut):		
<del>☒</del> Which intersect layers that limit effective soil depth within 48" of surface.	50'	25'
<del>☒</del> Which <u>do not</u> intersect layers that limit effective soil depth.	25'	10'
9. Escarpments:		
<del>☒</del> Which intersect layers that limit effective soil depth.	50'	10'
<del>☒</del> Which <u>do not</u> intersect layers that limit effective soil depth.	25'	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 crossings of pressure effluent sewers.		

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM  
SITE DEVELOPMENT PLAN**

Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Location: T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_ Tax Lot \_\_\_\_\_

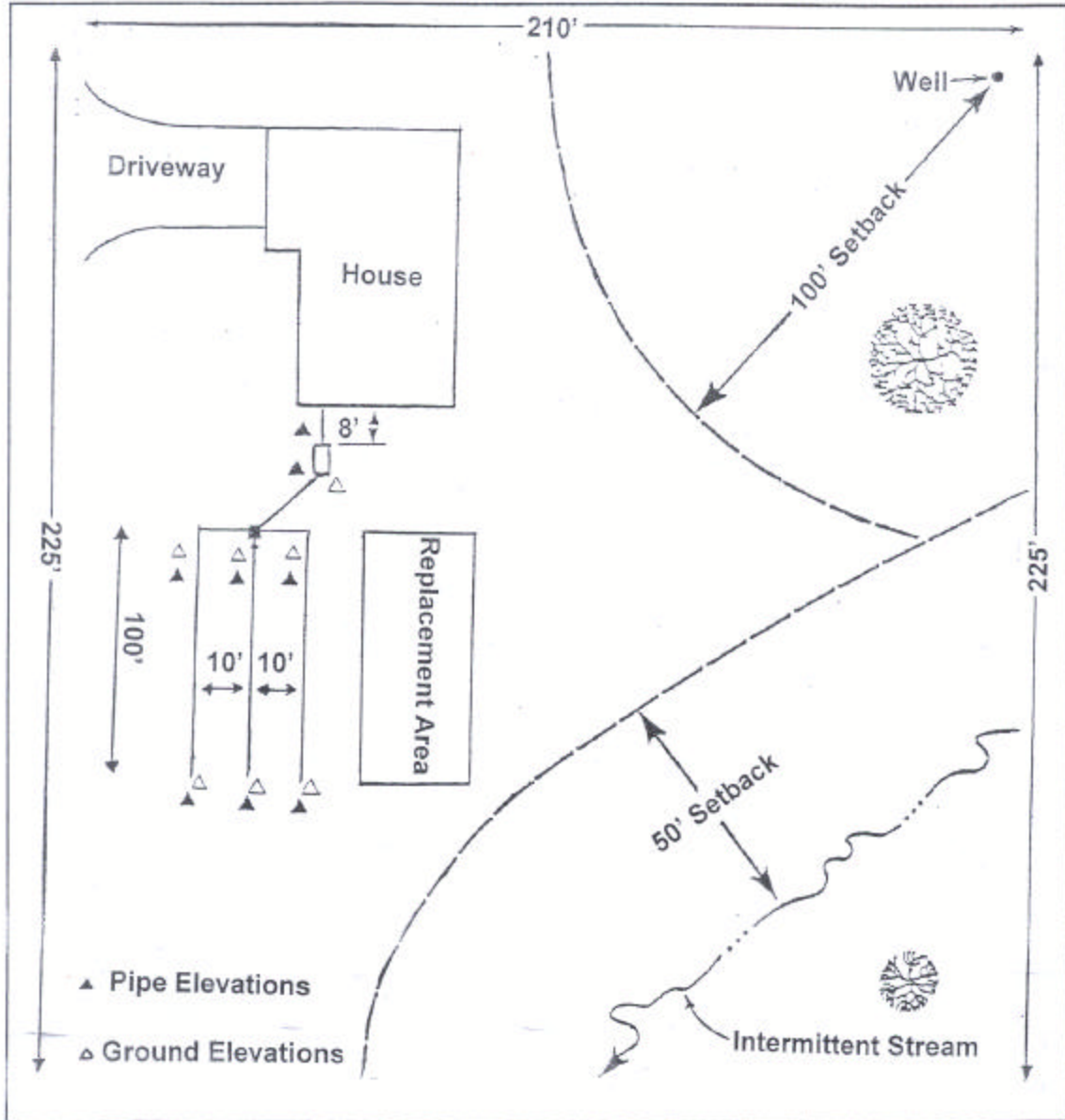
DEPARTMENT OF ENVIRONMENTAL QUALITY  
PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

# EXAMPLE B

**SITE DEVELOPMENT PLAN**

Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Location: T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_ Tax Lot \_\_\_\_\_



# Example A

23S 30E 14DD

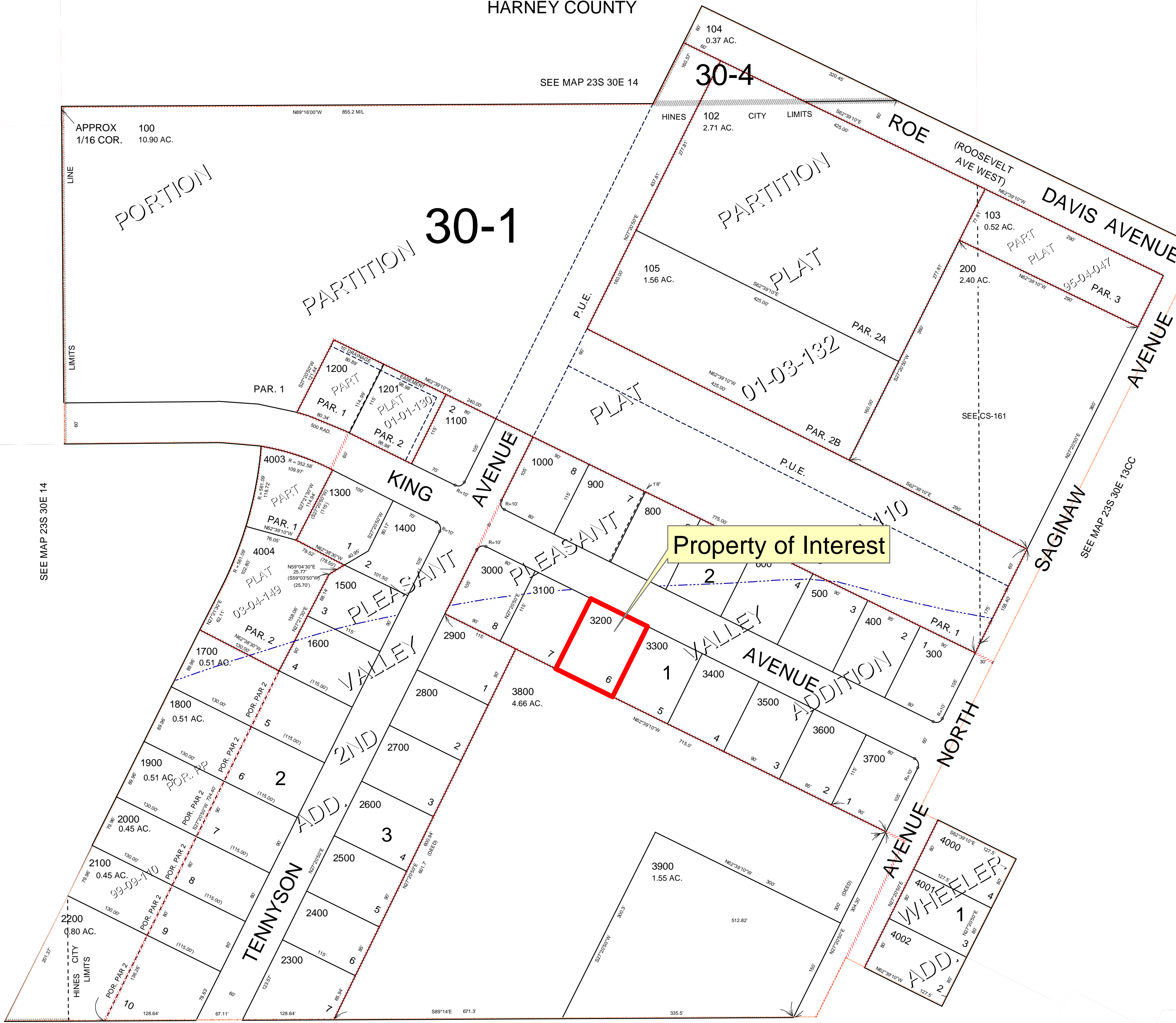
THIS MAP WAS PREPARED FOR  
ASSESSMENT PURPOSE ONLY

SE1/4 SE1/4 SECTION 14 T.23S. R.30E. W.M.

HARNEY COUNTY



- CANCELLED NO.
- 100M1
- 101
- 200M1
- 300M1
- 400M1
- 500M1
- 600M1
- 700M1
- 800M1
- 900M1
- 1000M1
- 1100M1
- 1200M1
- 1300M1
- 1400M1
- 1500M1
- 1600M1
- 1700M1
- 1800M1
- 1900M1
- 2000M1
- 2100M1
- 2200M1
- 2300M1
- 2400M1
- 2500M1
- 2600M1
- 2700M1
- 2800M1
- 2900M1
- 3000M1
- 3100M1
- 3200M1
- 3300M1
- 3400M1
- 3500M1
- 3600M1
- 3700M1
- 3800M1
- 3900M1
- 4000M1



SEE M

PRINTED ON  
Jun 27, 2003  
23S 30E 14DD