

LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM

PO BOX 100 | 315 SW 4TH AVE | ALBANY, OR 97321
PHONE (541) 967-3821 | LinnEH@linncountyhealth.org
www.linncountyhealth.org/eh



FACT SHEET: CONSTRUCTION/INSTALLATION OR MINOR REPAIR/ALTERATION PERMITS

APPLICATION TYPE

- **Construction/Installation Permit:** Construction of new sewage disposal systems to serve new site development (approved site evaluation required prior to permit application)
- **Minor Repair Permit:** Repair or replacement of a failing septic tank or distribution unit (does not include the drainfield)
- **Minor Alteration Permit:** Replace or change the location of a septic tank or distribution unit (does not include the drainfield)

GENERAL INFORMATION

Permits are only issued to the owner of the property, a contract purchaser in control of the property, or the owner's legal representative.

Permits expire one year after the date of issuance. Permits may be renewed or reinstated by the original permittee if they are renewed before they expire or reinstated within one year after the expiration date of the permit. Permits may be transferred from the original permittee to a new property owner if the new owner applies before the original permit expires, and if no other changes in the permit are needed. Permit transfer does not extend the valid period before permit expiration.

APPLICATION INSTRUCTIONS

A complete application must be submitted to this office. Scaled plot plans can be created, all forms and permit plan checklists found at <https://www.linncountyhealth.org/eh/page/septic-systems> Incomplete or inaccurate information may delay the application process. A complete application must contain the following:

- A signed and complete application form. All fields are required. If signed by an agent, the agent must submit a "Notice Authorizing Representative" form with the application.
- A detailed plot plan showing the proposed development and detailed layout of the system (see sample system plan for requirements). Scaled plot plans can be created at <https://www.linncountyhealth.org/eh/page/septic-systems> or you can contact our office for maps of your property.
- Elevation profile and tank schematic with float switch settings if pumping is required (obtain this from your distributor or the manufacturer of the tank you have selected)
- On-Site System Material List
- Any additional, required information needed for the installation of a Pressurized Distribution system, Capping Fill, Sand Filter or ATT
- Applications can be submitted online (preferred) at BuildingPermits.Oregon.gov or in office.
- Application fees can be found at linncountyhealth.org/eh/page/onsite-fees
- In the event that an application is incomplete and additional action by or information from the applicant is required for completion, we will close the file one year after the application date and the application fee will be forfeit. A new application and fee will be required to re-activate the file.

Please refer to the "Preserve Your Suitable Disposal Areas: Know Your Setbacks" fact sheet for a detailed list of all required setbacks.

CONSTRUCTION SEASON

Generally, the installation of the drainfield is only allowed during the summer and fall months, when soil conditions are dry. This helps to ensure that the system will function satisfactorily. Exceptions to this rule may be made on a case-by-case basis.

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.

SELF-INSTALLERS

Sewage disposal systems may be installed either by a licensed sewage disposal service, or by the property owner. Additional information for self-installers are available at <https://www.linncountyhealth.org/eh/page/septic-systems>

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OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY:

TRANSFER TO/FROM:

RECORD #:

APPLICATION FOR ON-SITE SEWAGE DISPOSAL

OWNER INFO	Owner Name:		Phone:		
	Owner Email:				
	Mailing Address:		City:	ST: Zip:	
APPLICANT INFO	Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached)				
	Applicant Name:		Phone:		
	Applicant Email:				
	Mailing Address:		City:	ST: Zip:	
PROPERTY DESCRIPTION	Township:	Range:	Section:	Tax Lot #:	Acres:
	Site Address (include road):				
	City:	Oregon	Zip:	Parcel #:	
	Directions to Property:				
	Water Supply: <input type="checkbox"/> Existing Private Well/Spring <input type="checkbox"/> Proposed Private Well/Spring <input type="checkbox"/> Public Water System				
	Will the size of the property change? <input type="checkbox"/> No <input type="checkbox"/> Yes - Proposed Lot Size:				
APPLICATION TYPE	COMPLETE ONLY ONE APPLICATION TYPE SECTION BELOW				
	PERMIT REQUEST		AUTHORIZATION <input type="checkbox"/> Record Review <input type="checkbox"/> Field Visit		
	<input type="checkbox"/> Construction Permit (New Site Development)		<input type="checkbox"/> Remodel (added bedrooms) <input type="checkbox"/> Replacement Dwelling		
	<input type="checkbox"/> Repair: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield)		<input type="checkbox"/> # of Bedrooms Existing: _____		
	<input type="checkbox"/> Alteration: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield)		<input type="checkbox"/> # of Bedrooms Proposed: _____		
	<input type="checkbox"/> Renew/Transfer Permit #: _____		<input type="checkbox"/> Personal Hardship/Temporary Housing		
	<input type="checkbox"/> Single Family Dwelling - Number of bedrooms: _____		<input type="checkbox"/> # of Bedrooms Proposed: _____		
	<input type="checkbox"/> Accessory Dwelling Unit - Number of bedrooms: _____		<input type="checkbox"/> Change of Use (describe in detail in proposal below)		
	<input type="checkbox"/> Commercial: _____		<input type="checkbox"/> Accessory Dwelling Unit		
	Max # of Employees: _____ Max # of Patrons: _____		<input type="checkbox"/> # of Bedrooms Proposed: _____		
<input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Licensed Installer (name): _____		System Currently in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No (date of last use): _____			
License #: _____					
<input type="checkbox"/> Owner Install					
SITE EVALUATION (New Lot Development)		PLANNING REVIEW			
<input type="checkbox"/> Single Family Dwelling - Number of bedrooms: _____		<input type="checkbox"/> Proposed Partition			
<input type="checkbox"/> Accessory Dwelling Unit - Number of bedrooms: _____		<input type="checkbox"/> Proposed Property Line Adjustment			
<input type="checkbox"/> Commercial: _____		<input type="checkbox"/> Proposed Lot size: _____			
Max # of Employees: _____ Max # of Patrons: _____					
<input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____					
<input type="checkbox"/> Amend Report - Record #: _____					
PROPOSAL	Description of work to be completed:				
SITE VISIT	When will the site be ready for inspection? (Major Repair, Major Alteration, Authorization Field Visit, Site Evaluation, Planning Review)				
	<input type="checkbox"/> Ready on ___/___/___ <input type="checkbox"/> Will contact Env. Health when ready <input type="checkbox"/> Contact <input type="checkbox"/> Owner <input type="checkbox"/> Applicant to schedule				
SIGNATURE	I understand that this site must be prepared according to instruction in the guidance packet before action will be taken on this application. By my signature, I certify that all information provided on this application and the accompanying plot plan or system plan is correct; and I hereby grant the Linn County permission to enter onto the above-described property for the purpose of this application.				
	Owner Signature:		Date:		
	Applicant Signature:		Date:		



State of Oregon Department of Environmental Quality

Notice Authorizing Representative



I, _____, have authorized _____
(Property Owner/Print Name) (Authorized Representative/Print Name)

to act as my 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:

Township _____ Range _____ Section _____ Map ID _____ 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: _____



ON-SITE SYSTEM MATERIAL LIST

DIRECTIONS & DEFINITIONS ON BACK

Township	Range	Section	Tax Lot	Owner	Record #
1. <u>SEPTIC TANKS</u>					
<input type="checkbox"/> SEPTIC TANK:	MFG:	MODEL #:	CAPACITY:	MATERIAL:	
<input type="checkbox"/> DOSING TANK:	MFG:	MODEL #:	CAPACITY:	MATERIAL:	
<input type="checkbox"/> SEPTIC/DOSING TANK:	MFG:	MODEL #:	CAPACITY:	MATERIAL:	
<input type="checkbox"/> SINGLE COMPARTMENT <input type="checkbox"/> TWO COMPARTMENT <input type="checkbox"/> FLOW-THROUGH					
2. <u>PUMPING ASSEMBLIES</u>					
PUMP 1:	MFG:	MODEL:	<input type="checkbox"/> PERFORMANCE CURVE, CALCULATIONS & MFG SPECS REQUIRED		
PUMP 2:	MFG:	MODEL:	<input type="checkbox"/> PERFORMANCE CURVE, CALCULATIONS & MFG SPECS REQUIRED		
CONTROL PANEL:	MFG:	MODEL:	<input type="checkbox"/> MFG SPECS EQUIRED		
HYDROSPITTER:	MFG:	MODEL:	<input type="checkbox"/> MFG SPECS EQUIRED		
EFFLUENT FILTER:	MFG:	MODEL:	<input type="checkbox"/> MFG SPECS EQUIRED		
DISTRIBUTION/DROP BOX:	MFG:	MODEL:	<input type="checkbox"/> MFG SPECS EQUIRED		
3. <u>EFFLUENT TRANSPORT PIPING</u>					
<input type="checkbox"/> GRAVITY EFFLUENT SEWER:	LENGTH:	DIAMETER:	MATERIAL:	FALL (IN INCHES):	
<input type="checkbox"/> PRESSURE PIPING:	LENGTH:	DIAMETER:	MATERIAL:	PSI:	
4. <u>DISPOSAL FIELD (DRAINFIELD)</u>					
DISTRIBUTION TECHNIQUE:	EQUAL	<input type="checkbox"/> LOOP	<input type="checkbox"/> SERIAL	<input type="checkbox"/> PRESSURIZED	
TOTAL LINEAR FOOTAGE:	Trench Depth: Min		Max		
DRAIN MEDIA:					
<input type="checkbox"/> ROCK & PIPE - TOTAL DEPTH:	DEPTH BELOW PIPE:				
<input type="checkbox"/> CHAMBERS	MFG :	MODEL:			
<input type="checkbox"/> EZ-FLOW	<input type="checkbox"/> GRAVELESS ABSORPTION (FOLLOWS ATT OR SF ONLY)			<input type="checkbox"/> OTHER	
CAPPING FILL DEPTH (DEPTH OF CAP):					
5. <u>DEWATERING SYSTEM (IF REQUIRED)</u>					
<input type="checkbox"/> CURTAIN DRAIN	<input type="checkbox"/> TILE DeWATERING				
TRENCH DEPTH:	PERFORATED PIPING - DIAMETER:		MATERIAL:		
DRAIN MEDIA:	<input type="checkbox"/> CHAMBERS	<input type="checkbox"/> EZ-FLOW	<input type="checkbox"/> ROCK & PIPE	TOTAL DEPTH:	DEPTH BELOW PIPE:
6. <u>ADVANCED TREATMENT UNITS</u>					
<input type="checkbox"/> ATT:	MFG:	MODEL:	<input type="checkbox"/> APPROVED CONFIGURATION INCLUDED		
<input type="checkbox"/> SAND FILTER	<input type="checkbox"/> RECIRCULATING GRAVEL FILTER				
7. <u>SETBACKS</u>					
SETBACKS FROM WELLS:		SEPTIC TANK:	SF OR ATT UNIT:	DRAINFIELD:	

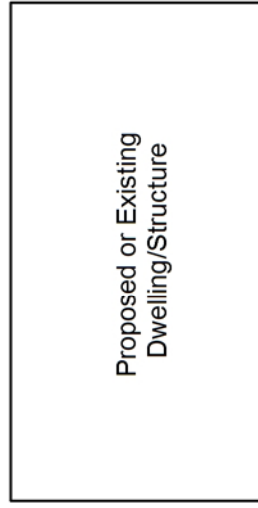
ONSITE SYSTEM MATERIAL LIST INSTRUCTION SHEET

The Onsite System Material List is a necessary and important part of the pre-permit system plans. This document allows us to catch any potential problems before the system is installed and allows you to familiarize yourself with the materials and construction requirements for the system. This form must be completed, submitted, and approved before we can issue a permit. Once approved, this document becomes part of the permit and will be used to perform the inspection of your installed septic system.

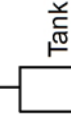
1. **Tank information:** Enter septic tank, dosing tank (only if pumping is required), or septic/dosing tank information
 - a. Mfg: Is the name of the manufacturer who made the tank.
 - b. Model #: This is the manufacturer's model number for the tank.
 - c. Capacity: Is the capacity of the tank in gallons.
 - d. Material: Is what material the septic tank is constructed from (concrete, steel, polyethylene, etc.).
2. **Pumping information:** This section is only for systems that use pumps or effluent filters. Please enter the data as appropriate or skip this section if your system does not have any of these components. **Be sure to include manufacturer's specifications for all sections that apply.**
 - a. Pump: Enter the manufacturer (MFG) and model of the pump. ***Pump curves, calculations and manufacturers specifications must be submitted with your plans.***
 - b. Control Panel: Enter the manufacturer and model number of your control panel.
 - c. Hydrosplitter: If you are installing a hydrosplitter, enter the manufacturer and model. Hydrosplitter orifice selections must be obtained from the manufacturer.
 - d. Effluent filter: If you are installing an effluent filter, enter the manufacturer and model information.
 - e. Distribution valve: If you are installing a distribution valve, enter the manufacturer and model information.
3. **Effluent transport piping information:** The effluent sewer is the pipe that connects the outlet of the septic tank to the drainfield. The pressure piping is the pipe between the pump discharge and the drainfield.
 - a. Enter information about the gravity effluent sewer as follows:
 - i. Length: Is the length of the effluent sewer.
 - ii. Diameter: The diameter of the effluent sewer.
 - iii. Material: Is the actual material from which the pipe is made, and its specification number
 - iv. Fall: Is the difference in elevation, in inches, between the effluent sewer pipe at the outlet of the septic tank and the header pipe where it leaves the d-box.
 - b. Enter information about pressure transport piping as follows:
 - i. Length: Enter the length of the pressure piping from the tank to the drainfield, the hydrosplitter, or the start of the pressure network.
 - ii. Diameter: Enter the diameter of the pressure piping that you are going to use.
 - iii. Material: Enter the actual material from which the pipe is made and its specification number
 - iv. PSI: Enter the pressure rating of the pressure piping that you are going to use.
4. **Disposal trenches:**
 - a. Distribution technique: Check the box next to the distribution technique you are going to use.
 - b. Total Linear Footage: Is the total length of the perforated pipe, chambers, or other approved disposal media. It does not include headers or other solid pipe.
 - c. Drain Media: Check the box to indicate which media you are going to use. Include the total depth of the drainfield rock (if it is being used), and the depth of the drainfield rock below the pipe.
 - d. Trench Depth: Is the minimum and maximum depth of the trench below the original ground surface.
 - e. Capping Fill Depth: If you are constructing a capping fill drainfield enter the depth of the fill material above the original ground surface.
 - f. Setbacks from Wells: Enter the distance (in feet) from the well to the septic tank, to the sand filter or other treatment device, and to the drainfield.
5. **Dewatering Systems:** (If used)
 - a. Check the box next to the dewatering system that is required.
 - i. Trench Depth: Is the depth of the dewatering trench below the original ground surface.
 - ii. Drain Media: Check the box to indicate which media you are going to use. Include the total depth of the drainfield rock (if it is being used), and, for a curtain drain, the depth of the drainfield rock below the pipe. If a curtain drain is required, filter fabric must be placed above the drain media.
 - iii. Perforated Piping: Enter the diameter and material of the perforated piping that will be used.
6. **Advanced Treatment Units:** Indicate if you will be using an ATT, Sand Filter or Recirculating Gravel Filter
 - a. If using an ATT, indicate the manufacturer and model number. ***The approved manufacturer's configuration schematic must be submitted with your plans.***



SAMPLE SYSTEM PLAN



Temporary
Benchmark
100'



Total linear footage=375'

A-B=40'

B-E=125'

C-F=125'

D-G=125'

B-D=20'

E-G=25'

120'

A

Effluent line

B

C

D

55'

55'

97.5'

97.1'

96.3'

97.4'

96.9'

96.3'

97.5'

97.0'

96.4'

20'

20'

Repair Area

Legend

- Wells
- Test pits
- Disposal areas



Application System Plan

Property ID: 00S00W00 00000

Record Number: 00000

Date Produced: 3/14/2008

Provide and check the following:

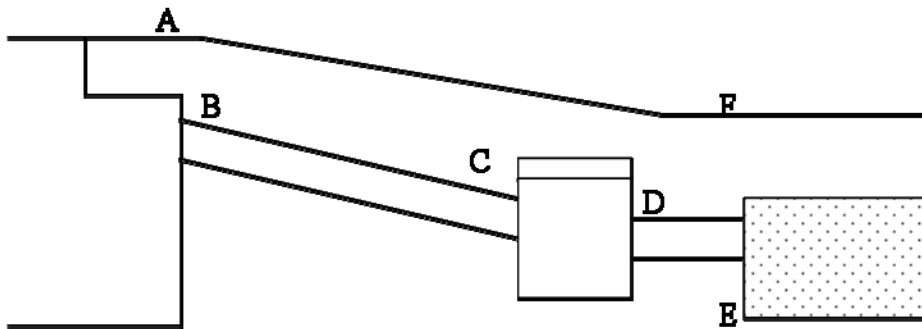
- ☐ Temporary benchmark or elevation control point
- ☐ Measurements from the ends of the outside disposal lines to a property line or other fixed point
- ☐ Line lengths indicated (total must equal required)
- ☐ Relative elevations (at least 3 per line)
- ☐ Effluent or pressure transport line located
- ☐ Area reserved for replacement system indicated

SAMPLE ELEVATION PROFILE

(Not all possible configurations shown)

Submit an elevation profile along with your Application Plot Plan and Application System Plan. Below are several examples of elevation profiles and the required elevation readings. If your system requires a pump, a Float Settings Worksheet is also required.

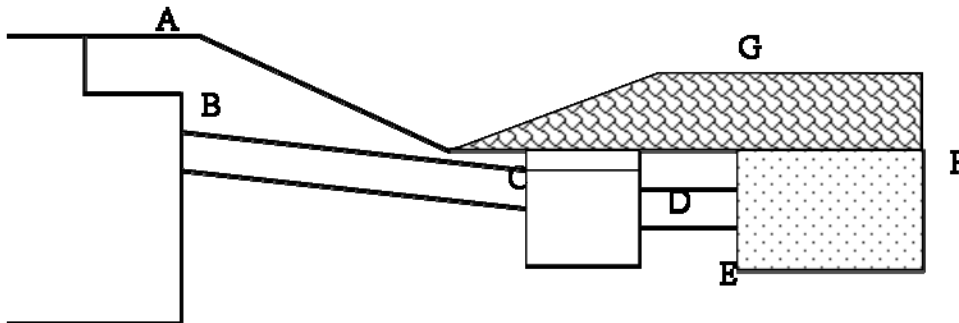
1. Standard Gravity System



Required Elevations

- A – Ground surface above tank
- B – Tank outlet
- C – Inlet into box
- D – Header pipe
- E – Bottom of disposal trench
- F – Ground surface above first disposal trench

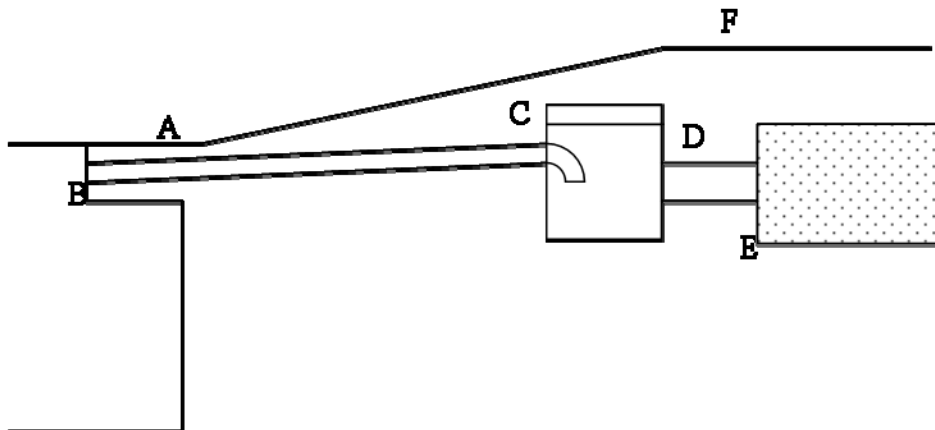
2. Capping Fill System



Required Elevations

- A – Ground surface above tank
- B – Tank outlet
- C – Inlet into box
- D – Header pipe
- E – Bottom of disposal trench
- F – Original ground surface above first disposal trench
- G – Ground surface after placement of cap

3. Effluent Lift Pump System



Required Elevations

- A – Ground surface above tank
- B – Pressure line outlet
- C – Pressure line into box
- D – Header pipe
- E – Bottom of disposal trench
- F – Ground surface above first disposal trench

Preserve Your Suitable Disposal Areas: KNOW YOUR SETBACKS

A site evaluation is the first step in the process of obtaining a construction permit for an on-site sewage disposal system. For alteration and repair permits, we often waive the fee, formality and some of the restrictions of the site evaluation. Nevertheless, we also delineate an "approved disposal area" for every on-site permit. Two separate areas may be designated for the initial and replacement systems, or a single large disposal area may be designated for both. Sometimes site and soil conditions necessitate the approval of two different types of systems for the initial and replacement areas. Alteration and repair permits may or may not have a designated replacement area.

An on-site sewage disposal system should effectively do two things: Treat and dispose of septic tank effluent. It's obvious when the disposal part isn't working, and we want to make sure the treatment part works to avoid ground water pollution. An approved disposal area, for either the initial or replacement system, may not be altered in any way that will impact the installation or the proper functioning of a disposal system. A system must be installed in native, unaltered soil. Severe soil or site alteration may render an area unsuitable for sewage disposal and void any previous site approvals. The two major problems we find are soil disturbances and setback issues.

Oregon Administrative Rule 340-71-220(e) states that a site is only suitable for sewage disposal if it "... has not been filled or the soil has not been modified in a way that would, in the opinion of the Agent, adversely affect functioning of the system." Decisions about sites that have been disturbed must be made at the site and on a case-by-case basis. To avoid problems, do not cut, level or fill the approved area. Felling trees and pulling up stumps with big, heavy tractors on clayey soils in the winter rain is a recipe for voiding your approval. Laying a driveway through the middle of your approved area will usually void your approval. **Before making any changes to the approved area, call us for consultation at (541) 967-3821.**

Table 1 of Oregon Administrative Rule 340-71 lists all the necessary setbacks and is found on the other side of this form. We designate approved areas based on the information supplied on the plot plan with the application. If a feature that requires a setback, such as a neighbor's well, is not disclosed on the plot plan, the required setback may later invalidate the approval. Any changes to the site, such as drilling a new well, must adhere to the required setbacks or the approval may be voided. Different setbacks apply to different site and soil conditions. **If the setbacks that pertain to your site are unclear, call us for a consultation at (541) 967-3821, before making any changes near the approved area.**

The following are some general setbacks. They are by no means all the setbacks that apply to your site.

<u>Setbacks from:</u>	<u>Approved disposal area</u>	<u>Tanks, sand filter, effluent line etc.</u>
Wells (on or adjacent to property)	100'	50'
Year round water bodies	100'	50'
Seasonal water bodies	50'	50'
Downslope cuts	50'	25'
Water lines	10'	10'
Building foundations	10'	5'
Underground utilities	10'	
Property lines	10'	5'

See the back side of this page for complete list.

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.