



LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM

<https://www.linncountyhealth.org/eh>

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OFFICE USE ONLY	
DATE RECEIVED: _____	RECEIVED BY: _____
FEE: _____	RECEIPT #: _____
TRANSFER TO/FROM: _____	
RECORD #: _____	
PIN: _____	

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 _____)				
	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 SECTION)	1) PERMIT REQUEST		2) AUTHORIZATION <input type="checkbox"/> Record Review <input type="checkbox"/> Field Visit		
	<input type="checkbox"/> New		<input type="checkbox"/> Remodel (added bedrooms): _____		
	<input type="checkbox"/> Repair: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield)		<input type="checkbox"/> Replacement Dwelling		
	<input type="checkbox"/> Alteration: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield)		<input type="checkbox"/> Personal Hardship/Temporary Housing		
	<input type="checkbox"/> Renew/Transfer Permit #: _____		<input type="checkbox"/> # of Bedrooms in Existing Dwelling: _____		
	<input type="checkbox"/> Single Family Dwelling, # of bedrooms: _____		<input type="checkbox"/> # of Bedrooms in Proposed Dwelling: _____		
	<input type="checkbox"/> Commercial: _____		<input type="checkbox"/> Residential to Commercial <input type="checkbox"/> Other _____		
	<input type="checkbox"/> Licensed Installer (name): _____		System Currently in Use? <input type="checkbox"/> Yes		
	License #: _____		<input type="checkbox"/> No (date of last use): _____		
	<input type="checkbox"/> Owner Install				
3) SITE EVALUATION (New Lot Development)		4) PLANNING REVIEW			
<input type="checkbox"/> Single Family Dwelling - Number of bedrooms: _____		<input type="checkbox"/> Proposed Partition			
<input type="checkbox"/> Commercial: _____		<input type="checkbox"/> Proposed Property Line Adjustment			
Max # of Employees: _____ Max # of Patrons: _____		<input type="checkbox"/> Proposed Lot size: _____			
<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? (<i>Major Repair, Major Alteration, Authorization Field Visit, Site Evaluation, Planning Review</i>)				
	<input type="checkbox"/> Ready on ___/___/___ <input type="checkbox"/> Will contact Env. Health when ready 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: _____		