

**LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM**<https://www.linncountyhealth.org/eh>PO Box 100 | 315 SW 4TH AVE | ALBANY, OR 97321

PH: (541) 967-3821 | LinnEH@linncountyhealth.org

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:		