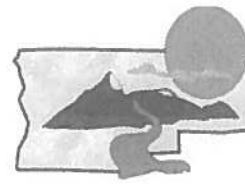


JEFFERSON COUNTY COMMUNITY DEVELOPMENT ONSITE DEPARTMENT



85 S.E. "D" St • Madras, Oregon 97741 • Ph: (541) 475-4453 • FAX: (541) 325-5004

Est. 1914

PERMIT APPLICATION – REPAIR/ALTERATION

OFFICE USE:

Permit Number: _____	Date Received _____	Received by _____ (Initials)
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OWNER NAME _____	SITE ADDRESS: _____
MAILING _____	ACCOUNT # _____
EMAIL _____	MAP TAX LOT: _____
PHONE NUMBER _____	LOT SIZE/ACREAGE _____ ZONING _____

EXISTING FACILITY

REPAIR FOR FAILING SYSTEM or ALTERATION OF NON-FAILING SYSTEM

- SINGLE FAMILY RESIDENCE # BEDROOMS _____
- MINOR REPAIR (TANK ONLY) MAJOR REPAIR (DRAINFIELD or TANK & DRAINFIELD)
- Or
- MINOR ALTERATION (TANK ONLY) MAJOR ALTERATION (DRAINFIELD or TANK & DRAINFIELD)

- *COMMERCIAL FACILITY # EMPLOYEES _____
- (*For Commercial Facilities Please Attach Description of Business)

- MINOR REPAIR (TANK ONLY) MAJOR REPAIR (DRAINFIELD or TANK & DRAINFIELD)
- Or
- MINOR ALTERATION (TANK ONLY) MAJOR ALTERATION (DRAINFIELD or TANK & DRAINFIELD)

WATER SUPPLY

- PUBLIC _____
(NAME)
- PRIVATE _____
(WELL, SHARED, LAKE, SPRING, CISTERN)

TEST HOLES (If Applicable)

Date Test Holes Dug _____ Number of Test Holes Dug _____

By my signature, I certify that the information I have provided is correct, and hereby grant the DEQ, and its authorized agents, permission to enter the above described property for the sole purpose of this application.

Signature _____ Date _____

Applicant's Name (Please Print Legibly) _____ Applicant's Phone Number _____ Applicant's Email Address _____

Applicant's Mailing Address _____

Applicant is: Owner Authorized Representative Licensed Septic Installer

Authorization Attached _____ _____

DEQ License No. Installer's Certification No

DRAWING SUBMITTAL FOR:

Acct.:

Tax Map:

Address:

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent

Name (please print): _____

Signature: _____

Date: _____