JEFFERSON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT



Est. 1914

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

SITE EVALUATION APPLICATION

Application #:	Date Received	Received by	(Initials)
приссионт.		neceived by	(IIIIIIIII)
(PLEASE FILL OUT THOROUGHLY)			
OWNER NAME	SITE ADDRESS:		
MAILING			
ADDRESS	MAP TAX LOT:		
PHONE NUMBER		E	
DIRECTIONS TO PROPERTY			
PROPOSED FACILITY			ER SUPPLY
\square SINGLE FAMILY RESIDENCE # BEDROOMS	□ NEW or □ SYSTEM REPAI		
		•	ME)
*COMMERCIAL FACILITY # EMPLOYEES			
(*For Commercial Facilities Please attach des	cription of business)	(WE	LL, SHARED, LAKE, TANK
□ OTHER			
TEST HOLES Date Test Holes Dug N	Number of Test Holes Dug		ged or Posted
By my signature, I certify that the information I have pr above described property for the sole purpose of this a		EQ, and its authorized agents, pern	nission to enter the
Signature	 Date	-	
Applicant's Name (Please Print Legibly)	Applicant's Phone Number	Applicant's Email Address	
Applicant's Mailing Address			
Applicant is: ☐ Owner ☐ Licensed Septic Instal		 Certification No	
☐ Authorized Representative - Authorization For			

Permit Mumber Site Address ACCOUNT MAP: Site Address Certify that I am submitting all Items required by the instructions included with this application, that they are complete and accurate, and that I am submitting all representative as specified in OAR 340-071-0100 (102). If signing as owner's representative, the completed DEQ form totace Authorizing Representative* must be attached.		DRAWING SUB	MITTAL FOR:	
certify that I am submitting all items required by the instructions included with this application, that they are complete and accurate, and that I am a owner or owner's legal representative as specified in OAR 340-071-0100 (102). If signing as owner's representative, the completed DEQ form lottoc Authorizing Representative* must be strached.	Permit Number	ACCOUNT	MAP:	and we will recover the second and response and response and an extended their recovery designation and the second and the sec
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Signature Date	e owner or owner's legal representati	ve as specified in OAR 340-071-0100 (this application, that they are comple 102). If signing as owner's representa	te and accurate, and that I am tive, the completed DEQ form
	Signature		Date	

Site Evaluation Application Site map guide line.

In accordance with OAR 340-071-0160, a complete application for any of the above application must be submitted on approved forms and with applicable permit application fees. This application will be examined for completeness by the agent. Applications that are not completed in accordance with this section will not be accepted for filing and will be returned to the applicant for correction. Processing of the permit will not proceed until the application is complete in accordance with the following:

- An completed application by a person defined as "Owner" in accordance with OAR 340-071-0100 (102).
- Plans and Specifications, drawn in an engineering scale*, for the evaluation including:
 - a. Property Lines
 - b. Locations of all structures, both existing and proposed.
 - c. Wells, on the property or within 100' of the property.
 - d. Roads, driveways, and parking areas, both existing and proposed.
 - e. Utilities.
 - f. Areas exposed to livestock.
 - g. Encumbrances (easements, deed restrictions etc.)
 - Setbacks from terrain features and/or proposed improvements to items listed below.
 - i. Slope and contours.
 - j. Location of proposed drainfield area and test holes.
- 3. Any other information the agent deems necessary to complete the permit.
- * Engineering Scales 1"= 10', 20', 30', 40', 50' or 60'

LOCATION AND SETBACK ITEM LIST

Groundwater Supplies and Wells, Springs, Surface Public Waters, Intermittent Springs (piped or un-piped), Drainage Structures, Irrigation Canals (lined or un-lined), Cuts in Excess of 30 Inches, Escarpments, Water Lines, Foundation Lines (of any existing or proposed Building or Structure), utilities.