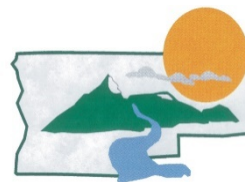


JEFFERSON COUNTY

COMMUNITY DEVELOPMENT ONSITE DEPARTMENT



Est. 1914

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

AUTHORIZATION APPLICATION

OFFICE USE:

Permit Number: _____ Date Received _____ Received by _____ (Initials)

OWNER NAME _____
MAILING _____
ADDRESS _____
PHONE NUMBER _____

SITE ADDRESS: _____
ACCOUNT # _____
MAP TAX LOT: _____
LOT SIZE/ACREAGE _____ ZONING _____

EXISTING SYSTEM

PREVIOUS USE: SINGLE FAMILY RESIDENCE # BEDROOMS _____
 *COMMERCIAL FACILITY # EMPLOYEES _____
(*For Commercial Facilities Please Attach Description of Business)

PROPOSED USE: SINGLE FAMILY RESIDENCE # BEDROOMS _____
 *COMMERCIAL FACILITY # EMPLOYEES _____
(*For Commercial Facilities Please Attach Description of Business)

OTHER _____

WATER SUPPLY

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

TEST HOLES (If Applicable)

Date Test Holes Dug _____ Number of Test Holes Dug _____

TYPE OF APPLICATION

Connecting to an Existing System Not currently in Use In Use The Addition of One or More Bedrooms
 Replacing a Single Family Residence with another Single Family Residence Medical Hardship
 Other-Please Specify _____

Date Septic Tank Was Last Pumped _____
Size of Tank _____ gallons
Tank Material _____
(Metal, Concrete, Poly, Fiberglass)

Total Footage of Existing Drainlines (If Known) _____
Number of Existing Drainlines (If Known) _____

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: _____

JEFFERSON COUNTY LAND USE COMPATIBILITY STATEMENT FOR ON SITE SEWAGE DISPOSAL SYSTEMS

Account: _____

Project: _____

Site address: _____

Owner _____

PROPOSED LAND USE: NEW REPLACEMENT

PLEASE CHECK ONE:

- SINGLE FAMILY DWELLING, _____ BED ROOMS
- DUPLEX, _____ BED ROOMS
- PRIMARY FARM DWELLINGS, _____ BED ROOMS
- ACCESSORY FARM DWELLING, _____ BED ROOMS
- TRAVELERS ACCOMMODATION
- NON-FARM US
- COMMERCIAL FACILITY: FARM USE
- COMMERCIAL FACILITY; NON FARM USE, _____
- OTHER: DESCRIBE _____

- NEW SYSTEM
- REPAIR TO EXISTING SYSTEM
- ALTERATION OF EXISTING SYSTEM
- AUTHORIZATION TO CONNECT TO EXISTING
- MEDICAL HARDSHIP AUTHORIZATION

I certify that: The information submitted on this form and related documents regarding the proposed use is complete and accurate.

OWNER _____

_____ date

OWNER'S AGENT signature

date

**STATEMENT OF COMPATIBILITY FROM APPROPRIATE LAND USE AUTHORITY
FOR OFFICIAL USE ONLY**

PROPERTY ZONING DESIGNATION _____

- SENSITIVE BIRD SITE RIPARIAN SETBACK IN CITY LIMITS
- WITHIN URBAN GROWTH BOUNDARY, OUTSIDE CITY LIMITS
- OUTSIDE URBAN GROWTH BOUNDARY

COMPATIBLE
YES NO

- LCDC ACKNOWLEDGED COMPREHENSIVE PLAN
- STATEWIDE PLANNING GOALS
- JEFFERSON COUNTY ZONING ORDINANCE

REASON IF INCOMPATIBLE _____

LAND USE AUTHORITY: _____

SIGNATURE OF PLANNING AUTHORITY _____ DATE: _____

EXPOSE THE FOLLOWING FOR SYSTEM EVALUATION OR AUTHORIZATION

1. INLET LINE TO TANK
2. INLET MANHOLE OR INSPECTION PORT (TYPE-LOCATION DEPENDS ON TYPE OF TANK)
3. OUTLET MANHOLE OR INSPECTION PORT
4. OUTLET LINE TO DRAINFIELD
5. FIRST DROP BOX, DISTRIBUTION BOX OR FIXTURE SERVING DRAINFIELD

