

Date Test Holes Ready:

**COLUMBIA COUNTY
LAND DEVELOPMENT SERVICES
ST. HELENS, OREGON 97051
PHONE (503) 397-1501**

**SEPTIC APPLICATION
COMMERCIAL/INDUSTRIAL**

FOR OFFICE USE ONLY:

Date Received: _____

Fee: _____

Receipt No.: _____

PROPOSAL: _____

APPLICANT / INSTALLER:

PROPERTY LOCATION:

Name

Road Name (or address if assigned)

Mailing Address

City

MAP NUMBER:

City/Zip

Phone

PROPERTY OWNER:

LOT SIZE: _____

WATER SOURCES: (Locate on map)

Name

Present(circle one): (well) (community)

Mailing Address

Proposed(circle one): (well) (community)

City/Zip

Phone

DIRECTIONS TO PROPERTY: (Please be very specific) _____

By my signature, I certify that the information I have furnished is correct, and **hereby grant the Department of Land Development Services and its authorized agent permission to enter into the above described property.**

SIGNATURE (Owner / Licensed Installer / Authorized Agent)

DATE

Submit the following checked items and applicable fees with this application:

____ Vicinity or Tax Lot Map ____ Plot Plan ____ Septic System Plan and Materials List

____ # Of Test Holes Required ____ Land Use Proposal ____ Map Locating Test Holes

____ Fee (evaluation) (new construction permit) (minor repair) (major repair) (authorization) (alteration)

NOTE: If this system requires a pump, a separate electrical permit is required prior to issuance of construction permit.

FOR OFFICE USE ONLY:

USE	#'S	FLOW	TOTAL	QUESTIONS
				Ag Tile:
				Easements:
				Wells:
				Existing Septic:
				Chemical Processes:

TOTALS: