

Date Test Holes Ready:

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

FOR OFFICE USE ONLY:

Date Received: _____

Fee: _____

Receipt No.: _____

SEPTIC APPLICATION
SINGLE FAMILY RESIDENTIAL

____ Lot Evaluation _____ Alteration _____ Authorization _____ Other
____ Septic Permit _____ Minor Repair _____ Major Repair _____ Renew/Reinstate

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)

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

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

Name

Mailing Address

City/Zip

Phone

PROPOSED RESIDENCE: New Dwelling, Bedrooms _____ Replacement Dwelling, Bedrooms _____

EXISTING RESIDENCE: Remodel, Bedrooms (total) _____ Other _____

IS THERE ANY AGRICULTURAL TILING ON THIS PROPERTY? (Circle one) NO YES(locate on map)

ARE THERE ANY EASEMENTS FOR THIS PROPERTY? (Circle one) NO YES (attach copy)

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 signature required, or authorization document)

DATE

Submit the following checked items with this application:

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

____ Test Hole (1 or 2) _____ Land Use Proposal _____ Map Locating Test Holes

____ Authorization Notice (AN) requirements & additional documentation (refer to AN Requirements Guide)

____ Fee

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