



**LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM**

<https://www.linncountyhealth.org/eh>

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**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

TRANSFER TO/FROM: \_\_\_\_\_

RECORD #: \_\_\_\_\_

**APPLICATION FOR ON-SITE SEWAGE DISPOSAL**

<b>OWNER INFO</b>	Owner Name: _____		Phone: _____		
	Owner Email: _____				
	Mailing Address: _____		City: _____	ST: _____	Zip: _____
<b>APPLICANT INFO</b>	Applicant is : <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached)				
	Applicant Name: _____		Phone: _____		
	Applicant Email: _____				
<b>PROPERTY DESCRIPTION</b>	Mailing Address: _____		City: _____	ST: _____	Zip: _____
	Township: _____	Range: _____	Section: _____	Tax Lot #: _____	Acres: _____
	Site Address (include road): _____				
	City: _____	Oregon	Zip: _____	Parcel #: _____	
	Directions to Property: _____				
	Water Supply: <input type="checkbox"/> Existing Private Well/Spring <input type="checkbox"/> Proposed Private Well/Spring <input type="checkbox"/> Public Water System				
	Will the size of the property change? <input type="checkbox"/> No <input type="checkbox"/> Yes - Proposed Lot Size: _____				
<b>APPLICATION TYPE</b>	<b>COMPLETE ONLY ONE APPLICATION TYPE SECTION BELOW</b>				
	<b>PERMIT REQUEST</b>		<b>AUTHORIZATION</b> <input type="checkbox"/> Record Review <input type="checkbox"/> Field Visit		
	<input type="checkbox"/> <b>Construction Permit</b> (New Site Development) <input type="checkbox"/> <b>Repair:</b> <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> <b>Alteration:</b> <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> <b>Renew/Transfer Permit #:</b> _____ <input type="checkbox"/> Single Family Dwelling - Number of bedrooms: _____ <input type="checkbox"/> Accessory Dwelling Unit - Number of bedrooms: _____ <input type="checkbox"/> Commercial: _____ Max # of Employees:_____Max # of Patrons: _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Licensed Installer (name): _____ License #: _____ <input type="checkbox"/> Owner Install		<input type="checkbox"/> <b>Remodel</b> (added bedrooms) <input type="checkbox"/> <b>Replacement Dwelling</b> <input type="checkbox"/> # of Bedrooms Existing: _____ <input type="checkbox"/> # of Bedrooms Proposed: _____ <input type="checkbox"/> <b>Personal Hardship/Temporary Housing</b> <input type="checkbox"/> # of Bedrooms Proposed: _____ <input type="checkbox"/> <b>Change of Use</b> (describe in detail in proposal below) <input type="checkbox"/> <b>Accessory Dwelling Unit</b> <input type="checkbox"/> # of Bedrooms Proposed: _____ <input type="checkbox"/> <b>Other</b> _____ System Currently in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No (date of last use): _____		
	<b>SITE EVALUATION (New Lot Development)</b>		<b>PLANNING REVIEW</b>		
	<input type="checkbox"/> Single Family Dwelling - Number of bedrooms: _____ <input type="checkbox"/> Accessory Dwelling Unit - Number of bedrooms: _____ <input type="checkbox"/> Commercial: _____ Max # of Employees:_____Max # of Patrons: _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>Amend Report - Record #:</b> _____		<input type="checkbox"/> Proposed Partition <input type="checkbox"/> Proposed Property Line Adjustment <input type="checkbox"/> Proposed Lot size: _____		
	<b>PROPOSAL</b> Description of work to be completed: _____ _____				
<b>SITE VISIT</b>	<b>When will the site be ready for inspection? (Major Repair, Major Alteration, Authorization Field Visit, Site Evaluation, Planning Review)</b> <input type="checkbox"/> Ready on ___/___/___ <input type="checkbox"/> Will contact Env. Health when ready <input type="checkbox"/> Contact <input type="checkbox"/> Owner <input type="checkbox"/> Applicant to schedule				
	<b>SIGNATURE</b> I understand that this site must be prepared according to instruction in the guidance packet before action will be taken on this application. By my signature, I certify that all information provided on this application and the accompanying plot plan or system plan is correct; and I hereby grant the Linn County permission to enter onto the above-described property for the purpose of this application.				
Owner Signature: _____		Date: _____			
Applicant Signature: _____		Date: _____			