



## Repair Permit Guide for Septic Systems

**Minor repair** permits are for the replacement of a septic tank, broken pipe, distribution unit (d-box), or any part of the onsite system external to the septic tank or treatment facility (i.e., sandfilter), except the soil absorption system (drainfield).

**Major repair** permits are for the replacement of the soil absorption facility (drainfield), treatment unit (i.e., sandfilter), or any other part.

**Every repair is unique and not all of the listed exhibits may be required in your situation. Please contact the Clatsop County Onsite Septic System Program for guidance on how to proceed.**

### Items required to process your application

1. **Application form and fee:** Please make sure your application is complete. Incomplete applications cannot be accepted and will not be processed. Please include your name, township, range, section and tax account number on all submitted paperwork, maps and drawings.
2. **Notice Authorizing Representative Form:** Required if someone other than the property owner is submitting the application.
3. **Existing System Description Form:** Fill out the existing septic system description form as completely as possible and to the best of your knowledge.
4. **Test Pit:** Major repairs may require at least one test hole to be dug in the proposed area for the new drainfield. Check with the inspector to determine if this is required **prior** to submitting a permit application.
  - Test pits should be dug in accordance with guidelines described in "Test Pit Preparation for Onsite Sewage Evaluations".
  - A test pit may not be necessary if applying for a minor repair.
5. **Site Plan:** Refer to your Site Evaluation Report, if you have one, as it will indicate the approved system type and drainfield location. Draw a site plan from actual measurements indicating locations of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, water lines, drainage areas and other physical features. Make sure you indicate the location of the **existing** septic tank, treatment unit and drainfield.
6. **Material List:** Fill out the septic system installed materials list form as completely as possible.
7. **Expose Existing System:** If required by the inspector:
  - Uncover the septic tank lid (do not remove the lid).
  - Uncover the distribution box or drop boxes.
  - The inspector may require other components to be exposed, if necessary.
8. **Detailed Construction / Installation Plan:** This needs to be completed after the site has been inspected, and it has been determined what construction / installation will be completed. Please reference **Equal Distribution** and **Serial Distribution** examples.
  - The person installing the septic system should use a transit or laser level to provide the following measurements: the elevations of the building sewer line, the inlet and outlet of the septic tank, and the distribution box or drop boxes. Also include the number and length of disposal trenches and show the replacement / . repair area.
  - If your approved system requires a pump, please provide a pump curve (hydraulic profile) for each pump and a cross section of the septic tank.
  - If your approved system is a sand filter, please provide a pump curve (hydraulic profile) for each pump, a cross section of the septic tank and sand filter plans, top and side views.
9. **Submit applications and fees to:**

Clatsop County Environmental Health  
Onsite Septic Program  
820 Exchange Street, Suite 100  
Astoria, OR 97103  
Phone: 503-325-9302  
Fax: 503-325-9303  
Email: [EnvHealth@co.clatsop.or.us](mailto:EnvHealth@co.clatsop.or.us)



# Clatsop County

## Environmental Health/Onsite Septic Program

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### Application for Onsite Sewage Treatment System

#### A. Property Owner Information

Name \_\_\_\_\_ Mailing Address (Street, PO Box, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_

#### B. Legal Property Description

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Tax Account Number \_\_\_\_\_ Acreage or Lot Size \_\_\_\_\_

County \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: \_\_\_\_\_  
(Street, City, State, Zip)

Directions to Property \_\_\_\_\_

#### C. Existing Facility / Proposed Facility / Water Information

##### Existing Facility

- ☐ Single Family Residence  
\_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_  
  
☐ Other \_\_\_\_\_

##### Proposed Facility

- ☐ Single Family Residence  
\_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_  
  
☐ Other \_\_\_\_\_

##### Water Supply

- ☐ Public \_\_\_\_\_  
Name \_\_\_\_\_  
  
☐ Private \_\_\_\_\_  
Well, Spring, Shared

#### D. Type of Application

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Site Evaluation   | <input type="checkbox"/> Renewal Permit             | <input type="checkbox"/> Authorization Notice for:                     |
| <input type="checkbox"/> Construction      | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use   |
| <input type="checkbox"/> Permit Repair     | <input type="checkbox"/> Permit Transfer            | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input type="checkbox"/> Major             | <input type="checkbox"/> Permit Reinstatement       | <input type="checkbox"/> Mobile Home or House                          |
| <input type="checkbox"/> Minor             | <input type="checkbox"/> Compliance Record Review   | <input type="checkbox"/> The Addition of One or More Bedrooms          |
| <input type="checkbox"/> Alteration Permit |   | <input type="checkbox"/> Personal Hardship                             |
| <input type="checkbox"/> Major             |   | <input type="checkbox"/> Temporary Housing                             |
| <input type="checkbox"/> Minor             |   | <input type="checkbox"/> Other-Please Specify _____                    |

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature I certify that the information I have furnished is correct and hereby grant Clatsop County and its' authorized agents' permission to enter onto the above described property for the sole purpose of this application

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Please Print Legibly) \_\_\_\_\_ Applicant's Phone \_\_\_\_\_ Applicant's E-Mail Address \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Applicant is the ☐ Owner ☐ Authorized Representative ☐ Licensed Septic Installer  
☐ Authorization Attached  
Installers Name \_\_\_\_\_



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### Notice Authorizing Representative

I, \_\_\_\_\_, have authorized  
(Property Owner – Please Print)

\_\_\_\_\_  
(Authorized Representative – Please Print) To act as my agent in performing  
the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop County on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

#### PROPERTY IDENTIFICATION

\_\_\_\_\_  
Property Situs or Road Address

And described in the records of Clatsop County as:

Township _____	Range _____	Section _____	Tax Lot _____	Map ID _____
Township _____	Range _____	Section _____	Tax Lot _____	Map ID _____

#### PROPERTY OWNER:

Name: _____	Email: _____
Mail Address: _____	City/State/Zip _____
Phone: _____	FAX: _____
Signature: _____	Date: _____

#### AUTHORIZED REPRESENTATIVE:

Name: _____	Email: _____
Mail Address: _____	City/State/Zip _____
Phone: _____	FAX: _____
Signature: _____	Date: _____



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### Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):  

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Disposal Trenches	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Cesspool or Pit	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (describe): _____			
2. When was your septic system installed? \_\_\_\_\_  

Date

Permit Number
3. Tank material: ☐ Concrete ☐ Steel ☐ Plastic or Fiberglass ☐ Unknown
4. Septic tank volume (in gallons): \_\_\_\_\_
5. When was the septic tank last pumped? (Attach receipt if available) \_\_\_\_\_
6. Number of disposal trenches: \_\_\_\_\_
7. Total length of disposal trenches (in feet): \_\_\_\_\_
8. Do you propose to use the existing septic system? ☐ Yes ☐ No
9. Is your septic system currently in use? ☐ Yes ☐ No  
If no, date of last use: \_\_\_\_\_
10. If the septic system currently serves a dwelling,  
How many bedrooms in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
11. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
12. If the septic system serves a business,  
How many total employees are there? \_\_\_\_\_ Type of business: \_\_\_\_\_
13. Is there a proposed change of use of your structure (home or business)? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

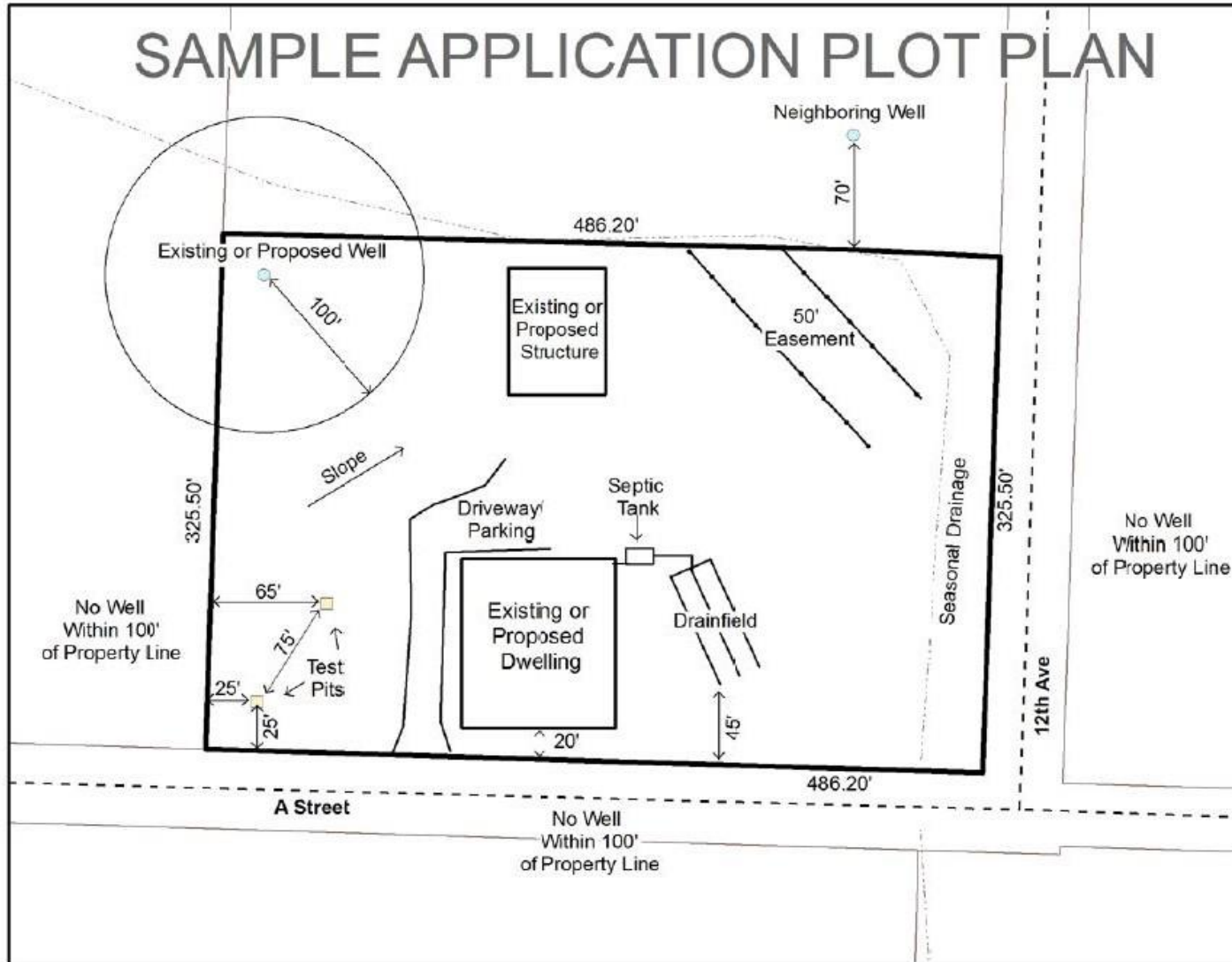
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SAMPLE PLOT PLAN

Property ID: \_\_\_\_\_ Site Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I certify the information provided on this plot plan is complete and accurate.



## Required Information

- ✓ Owner name
- ✓ Legal description, map number
- ✓ North arrow
- ✓ Property dimensions
- ✓ Neighboring wells w/in 100'
- ✓ All wells/waterlines on property
- ✓ Roads, driveways, parking areas
- ✓ Buildings and fences
- ✓ Septic and pump tank(s) and drainfield(s)
- ✓ Areas of excavation (cuts, fills)
- ✓ Easements, deed restrictions, etc.
- ✓ Lakes, springs, streams, ditches, etc.
- ✓ Water bodies w/in 100' of proposed drainfield
- ✓ Field drainage tiles (French/curtain drains, etc.)
- ✓ Test pits with distance to property lines
- ✓ Direction of slope

# PLOT PLAN

Property ID: \_\_\_\_\_ Site Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I certify the information provided on this plot plan is complete and accurate.

## Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

## Legend

- O Wells
- Test Pits
- .... Drainage



1 inch = 20 feet



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### SEPTIC SYSTEM MATERIALS LIST:

INSTALLERS MUST NOTIFY THE DEPARTMENT WHEN A SEPTIC SYSTEM IS COMPLETED UNDER A PERMIT. ALL COMPONENTS LISTED BELOW SHOULD BE INSTALLED BUT NOT BACKFILLED. FAILURE TO DO SO MAY RESULT IN A REINSPECTION FEE UNLESS OTHER ARRANGEMENTS ARE MADE.  
FILL OUT ALL APPLICABLE SECTIONS OF THIS DOCUMENT.

#### Section 1

Property Owner: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_  
Situs Address: \_\_\_\_\_

#### Section 2: COMPLETE, AS APPLICABLE:

**\*\*MUST PROVIDE MAKE, MODEL, MATERIAL AND APPLICABLE MEASUREMENTS\*\***

Septic Tank: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Effluent Filter: \_\_\_\_\_  
Effluent Sewer Pipe: \_\_\_\_\_  
Dose Tank/Vault: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Tank Pump: \_\_\_\_\_  
Float Settings (Provide inches from top of tank to water level @ float function):  
Alarm: \_\_\_\_\_ On: \_\_\_\_\_ Off: \_\_\_\_\_ RO: \_\_\_\_\_  
Pressure Pipe from Tank to Pretreatment and/or Drainfield: \_\_\_\_\_  
Drop or Distribution Box: \_\_\_\_\_ Qty: \_\_\_\_\_  
HydroSplitter Orifice Size(s): \_\_\_\_\_  
Header Pipes: \_\_\_\_\_  
Leach Lines: \_\_\_\_\_ Linear Ft: \_\_\_\_\_  
Pressure Bed Dimensions: \_\_\_\_\_ Square Ft: \_\_\_\_\_  
Capping Fill (Depth over top of drain media, in inches): \_\_\_\_\_  
GWI or Tile Dewater System (Depth/Depth of gravel, in inches): \_\_\_\_\_

ATT: Manufacturer: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Serial# \_\_\_\_\_  
Sand Filter Type: Bottomless ☐ Conventional ☐ Dimension: \_\_\_\_\_ X \_\_\_\_\_ Ft  
Control Panel: \_\_\_\_\_

#### Tank Timer Settings (Provide seconds on / minutes off):

Normal Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.  
High Water Alarm Operations: \_\_\_\_\_ Sec. \_\_\_\_\_ Min.

#### Pretreatment Pump:

Inches below vault top: Alarm \_\_\_\_\_ On \_\_\_\_\_ Off  
Inches from vault top to top of underdrain pipe: \_\_\_\_\_  
Pump or Aerator Interlock Function:  
Verify the tank pump will not function if pretreatment is in "ALARM" (Circle one): YES / NO

Air Coil / Monitoring Ports: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_