

LINCOLN COUNTY

DEPARTMENT OF PLANNING AND DEVELOPMENT ON-SITE WASTE MANAGEMENT SECTION

210 S.W. 2ND STREET NEWPORT, OREGON 97365 (541) 265-4192 ext. 0225 FAX (541) 265-6945

OFFICE USE ONLY
PERMIT#
CHECK # / TOTAL
DATE
MAP & TAX LOT #

FAX (541) 265-6945	TAX LOT #				
TYPE OF	APPLICATION (CHECK ONE)				
SITE EVALUATION AUTHORIZATION NOTICE EXISTING SYSTEM REPORT ALTERATION PERMIT MAJOR	☐ SAND FILTER (REQUIRES ADDITIONAL APPLICATION FORM) ☐ ATT (REQUIRES ADDITIONAL FORMS) ☐ RENEWAL PERMIT ☐ MAJOR ☐ MINOR				
PROPERTY O	WNER/APPLICANT INFORMATION				
OWNER NAME	PHONE				
MAILING ADDRESS					
APPLICANT NAME	PHONE				
MAILING ADDRESS					
INSTALLER NAME[DEQ LICENSE # EXP. DATE: PHONE				
MAILING ADRESS					
	PHONE				
	PROPERTY INFORMATION				
LINCOLN COUNTY ASSESSOR'S MAP AND TAX LOT #	<u> </u>				
LINCOLN COUNTY ASSESSOR'S MAP AND TAX LOT #SIZE OF PROPERTY					
STREET ADDRESS					
IMPORTANT - NUMBER OF BEDROOMS CURREN	NTLYNUMBER OF BEDROOMS REQUESTED				
DIRECTIONS TO PROPERTY :					
SITE READY FOR INSPECTION? YES	□NO IF NOT, WHEN?				
HAVE YOU SUBMITTED A BUILDING/PLACEMENT PERM	MIT APPLICATION TO THIS OFFICE? YES NO				
PURPOSE OF APPLICATION OR TYPE OF FACILITY TO E	BE SERVED				
IS PROPERTY WITHIN A CITY OR A CITY'S URBAN GRO	OWTH BOUNDRY? YES NO				
IF ANSWER IS YES, THE CITY MUST SIGN OFF BEFOR	E APPLICATION IS SUBMITTED - SEE PAGE 2				
SIGNATURE:	DATE:				
Property Owner or Legal Representative Only	PLEASE ATTACH SCALED PLOT PLAN ⊏				

PLOT PLAN CHECKLIST REQUIREMENTS PAGE

CHECK EACH ONE OFF AS YOU COMPLETE PLOT PLAN

- 1. Scale to be used.
- 2. Property lines and lengths.
- 3. Easement areas and existing underground drains.
- 4. All streams, springs, etc.
- 5. Proposed location and names of future structures (dwellings, shop, etc.)
- 6. Drinking water source and water lines (include wells within 200 ft.)
- 7. Test hole locations / or approved test hole locations.
- 8. All cutbanks and / or escarpments greater than 50% in slope.
- * 9. Driveway and parking locations.
- **★** 10. Proposed septic tank location and size.
- **★** 11. Initial system location and dimensions, with grade shots.
- * 12. Name of initial system (standard, pressure bed, etc.)
- **★** 13. All planned distribution boxes, drop boxes, etc.
- **★** 14. Replacement system dimensions, with grade shots.
- ★ 15. Type of replacement system to be used. (To conserve room other than standard system may be designated.)
- * 16. Direction North.
- ★ 17. Any future cutbanks that may be created within 50 ft. of any system and which would be greater than 50 % in slope and 3 ft. in height.

*NOT REQUIRED ON SITE EVALUATION APPLICATIONS.

MINIMUM SEPARATION DISTANCES (Table 1)

Item Requiring	From	From Septic Tank and Other
Setbacks	Drainlines	Treatment Units, Effluent
	·	Sewer and Distribution Units
Wells	100 ft.	50 ft.
Temporary Abandoned Wells	100 ft.	50 ft.
Upslope Springs	50 ft.	50 ft.
Downslope Springs	100 ft.	50 ft.
Surface Waters	100 ft.	50 ft.
Intermittent Streams	50 ft.	50 ft.
Groundwater Drains	20 ft.	10 ft.
Upslope Curtain Drains	10 ft.	5 ft.
Downslope Curtain Drains / Footing	Drains 50 ft.	10 ft.
Cutbanks Over 30 " High	25 ft.	10 ft.
Escarpments	25 ft.	5 ft.
Property Lines	10 ft.	5 ft.
Water Lines	10 ft.	10 ft.
Building Foundations	10 ft.	5 ft.
Underground Utilities	10 ft.	

INSTRUCTIONS

SITE EVALUATION

FEE: \$1000

- 1) SUBMIT DETAILED PLOT PLAN, <u>DRAWN TO SCALE.</u> SHOWING REQUIREMENTS LISTED ON "REQUIREMENTS PAGE."
- 2) APPLICANT MUST SUPPLY TWO TEST HOLES PER SITE.
- DIG THE HOLES WHERE YOU WOULD LIKE TO PLACE THE DRAINFIELD. AVOID LOW, WET AREAS AND ANY AREA THAT IS NOT AT LEAST 100 FEET FROM WELLS AND SURFACE WATER.
- 4) TEST HOLES MUST BE AT LEAST 2' WIDE X 4' LONG AT BASE, 5' DEEP, STEPPED, AND SHOULD BE APPROXIMATELY 75' APART.
- 5) MARK TEST HOLES WITH STAKES AND RIBBONS. LABEL STAKES TO CORRESPOND. WITH PLOT PLAN SUBMITTED.
- 6) CLEARLY MARK AND LABEL PROPERTY LINES AND CORNERS WITH STAKES AND RIBBONS.

AUTHORIZATION NOTICE

FEE: \$825 MAJOR

- 1) SUBMIT DETAILED PLOT PLAN, <u>DRAWN TO SCALE.</u> SHOWING REQUIREMENTS LISTED ON "REQUIREMENT PAGE."
- APPLICANT MUST UNCOVER SEPTIC TANK LID FOR INSPECTION BY SANITARIAN.
- UNCOVER ANY DISTRIBUTION OR DROP BOXES.
- 4) MARK ENDS OF DRAINLINES WITH RIBBONS AND STAKES.

EXISTING SYSTEMS CHECK

FEE: \$800

- 1) SUBMIT DETAILED PLOT PLAN, <u>DRAWN TO SCALE.</u> SHOWING REQUIREMENTS LISTED ON "REQUIREMENTS PAGE."
- APPLICANT MUST UNCOVER SEPTIC TANK LID FOR INSPECTION BY SANITARIAN.
- MARK LOCATION OF ANY DISTRIBUTION, OR DROP BOXES AND ENDS OF DRAIN LINES.

CONSTRUCTION PERMIT

FEE: \$1,290 STANDARD \$1,890 CAPPING FILL \$1,890 PRESSURE DIST. \$2,165 SAND FILTER/ ALTERNATIVE SYSTEM

- 1) SUBMIT DETAILED PLOT PLAN DRAWN TO SCALE. SHOWING REQUIREMENTS LISTED ON "REQUIREMENTS PAGE" AND ALL APPLICABLE SETBACKS.
- IF REQUIRED, STAKE OUT INITIAL AND REPAIR SYSTEMS. LABEL STAKES TO SHOW WHICH SYSTEM I EACH DRAIN LINE REPRESENTS.
- 3) ATT'S REQUIRE SIGNED CONTRACT WITH A LICENSED MAINTENANCE PROVIDER.

REPAIR PERMITS

FEE: \$915 **MAJOR** \$475 TANK

REPLACEMENT

- 1) SUBMIT DETAILED PLOT PLAN, DRAWN TO SCALE. SHOWING REQUIREMENTS LISTED ON "REQUIREMENTS PAGE."
- INDICATE THE SYSTEM FAILURE ON THIS PLOT PLAN.
- 3) SHOW THE REPAIR YOU OR YOUR INSTALLER PROPOSES.
- 4) TEST HOLES MAY BE REQUIRED. TEST HOLES MUST BE AT LEAST 2' WIDE X 4' LONG AT BASE, 5' DEEP, AND STEPPED.

ALTERATION PERMITS

FEE: \$1290 MAJOR \$475 **MINOR**

- 1) SUBMIT DETAILED PLOT PLAN, DRAWN TO SCALE. SHOWING REQUIREMENTS LISTED ON" REQUIREMENTS PAGE."
- SHOW THE EXISTING SYSTEM
- 3) SHOW THE PROPOSED ALTERATION.
- 4) INDICATE THE REASON FOR AN ALTERATION.
- TEST HOLES MAY BE REQUIRED. TEST HOLES MUST BE AT LEAST 2' WIDE X 4' LONG AT BASE, 5' DEEP AND STEPPED

HOLDING TANK

HOLDING TANK FEE: \$475

1) PUMPING CONTRACT WITH A LICENSED PUMPER COMPANY.

RE-INSPECT FEE

FEE: \$125

1) CONTROL PANEL INSPECTION PAST EXPIRATION.



PERMIT RENEWAL

FEE: \$760 **MAJOR**

\$380 **MINOR**

PLANNING REQUIREMENT

	COUNTY PLANNING D	EPARTMENT USE ONLY		
Please check the following, if applicable:				
ZONE: LEGAL LOT:	FLOOD:	GEOLOGIC HAZARDS:	WETLANDS:	
ESTUARY: RECESSION SETBA	ACKS: SHOF	RELAND BOUNDARY:	ROAD ACCESS PERMIT:	
COMMENTS:				
WAS THE APPLICANT ADVISED?]YES NO			
THE ABOVE PROPOSAL: IS IS NOT	COMPATIBLE WITH C	INCOLN COUNTY CODE. OUNTY LAND USE CODE. NOT BE DETERMINED UNTI	L THE FOLLOWING APPROVALS	
PLANNING OFFICIAL SIGNATURE:			DATE:	
	<u>CITY P</u>	LANNING		
THE ABOVE PROPOSAL: IS IS IS NOT	_	LAND USE REGULATIONS A		
COMMENTS:				
CITY PLANNING OFFICIAL SIGNATURE:			DATE:	
LINCOLN CITY P	UBLIC WORKS DEPA	ARTMENT (if within UGB	of Lincoln City)	
CALL 24 HOURS IN ADVANCE FOR APPOINTMENT (541) 996-2154				
EROSION CONTROL PLAN IS NO	T REQUIRED			
EROSION CONTROL PLAN HAS B	EEN APPROVED			
LINCOLN CITY PUBLIC WORKS DEPARTMENT SIGNATURE:			DATE:	