



MALHEUR COUNTY ENVIRONMENTAL HEALTH
251 B Street West, #9 Vale, Oregon 97918
Phone (541) 473-5186 Fax (541) 473-5168

FOR OFFICE USE ONLY	
Required Fee	_____
Date Rec'd	_____
Receipt #	_____
Control #	_____
Date Completed	_____

Application for On-Site Sewage Treatment System

A. Property Owner Information

 Name Mailing Address(Street or P.O. Box, City, State, Zip Code) Phone Number

B. Legal Property Description

_____ Township	_____ Range	_____ Section	_____ Tax Lot #	_____ Reference #	_____ Acreage or Lot Size
<u>Malheur</u>					
_____ County	_____ Subdivision Name		_____ Lot #	_____ Block #	
Property Address:					
_____ Address		_____ City	_____ State	_____ Zip Code	

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

<input type="checkbox"/> Existing Facility:	<input type="checkbox"/> Proposed Facility:	Water Supply:
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other	Name
<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Stick Built	<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Stick Built	<input type="checkbox"/> Private: Well, Spring, Shared
Number of Bedrooms _____	Number of Bedrooms _____	
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Plumbing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

D. Type of Application

<input type="checkbox"/> Site Evaluation (\$425)	<input type="checkbox"/> Authorization Notice (\$235/\$100)	<input type="checkbox"/> Permit Renewal/Reinstatement (\$145/\$85)
<input type="checkbox"/> Construction Permit (\$275)	<input type="checkbox"/> Connecting to Existing System Not in Use	<input type="checkbox"/> Existing System Report (\$235)
<input type="checkbox"/> Repair Permit (\$200/\$170)	<input type="checkbox"/> Replacement of Existing Home	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Alteration Permit (\$250/\$170)	<input type="checkbox"/> Addition of One or More Bedrooms	
<input type="checkbox"/> Capping Fill Permit (\$500)	<input type="checkbox"/> Hardship Dwelling	
<input type="checkbox"/> Sand Filter Permit (\$500)	<input type="checkbox"/> Other: _____	

If the required fee and attachments are not included with this application, it will be returned to you as incomplete.

By my signature, I certify that the information I have furnished is correct, and hereby grant the Department of Environmental Quality and its authorized agent permission to enter onto the above described property for the purpose of this application.

 Signature Date

Applicant's Name – Please Print Legibly _____ Applicant's Phone # _____

Applicant's Mailing Address _____

Applicant is the Owner Authorized Representative Licensed Septic Installer

S.D.S License # _____