MALHEUR COUNTY ENVIRONMENTAL HEALTH

251 B Street West, #9 Vale, Oregon 97918
Phone (541) 473-5186 Fax (541) 473-5580

Application for On-Site Sewage Treatment System

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

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 _____

County Malheur Subdivision Name _____ Lot # _____ Block # _____

Property Address: Address _____ City _____ State _____ Zip Code _____

Directions to Property: _____

C. Existing Facility / Proposed Facility / Water Information

☐ Existing Facility:
- ☐ Single Family Residence
- ☐Other _____
- ☐ Manufactured Home ☐ Stick Built
  Number of Bedrooms _____
- Basement: ☐ Yes ■ No
  If yes, Plumbing? ☐ Yes ■ No
- ☐ Other: _____

☐ Proposed Facility:
- ☐ Single Family Residence
- ☐ Other
- ☐ Manufactured Home ☐ Stick Built
  Number of Bedrooms _____
- Basement: ☐ Yes ☐ No
  If yes, Plumbing? ☐ Yes ☐ No
- ☐ Other: _____

Water Supply:
- ☐Public: _____ Name
- ☐Private: Well, Spring, Shared

D. Type of Application

- ☐ Site Evaluation
- ☐Construction Permit
- ☐Repair Permit
- ☐ Alteration Permit
- ☐Capping Fill Permit Sand
- ☐Filter Permit
- ☐Authorization Notice
  - ☐ Connecting to Existing System Not in Use
  - ☐ Replacement of Existing Home
  - ☐ Addition of One or More Bedrooms
  - ☐ Hardship Dwelling
  - ☐ Other: _____
- ☐ Permit Renewal/Reinstatement Existing
- ☐System Report
- ☐ 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 # _____

Revised 1-2-2014

Plot Plan on Reverse