

COLUMBIA COUNTY SUBSURFACE SEWAGECourthouse — Room 105
St. Helens, Oregon 97051

PERMIT NO. _____

 New Construction Repair Other _____

(Property Owner's Name) _____

(Township) _____

(Range) _____

(Section) _____

(Tax Lot/Acct. No.) _____

(Address of Site) _____

(Issued By) _____

(Date Issued) _____

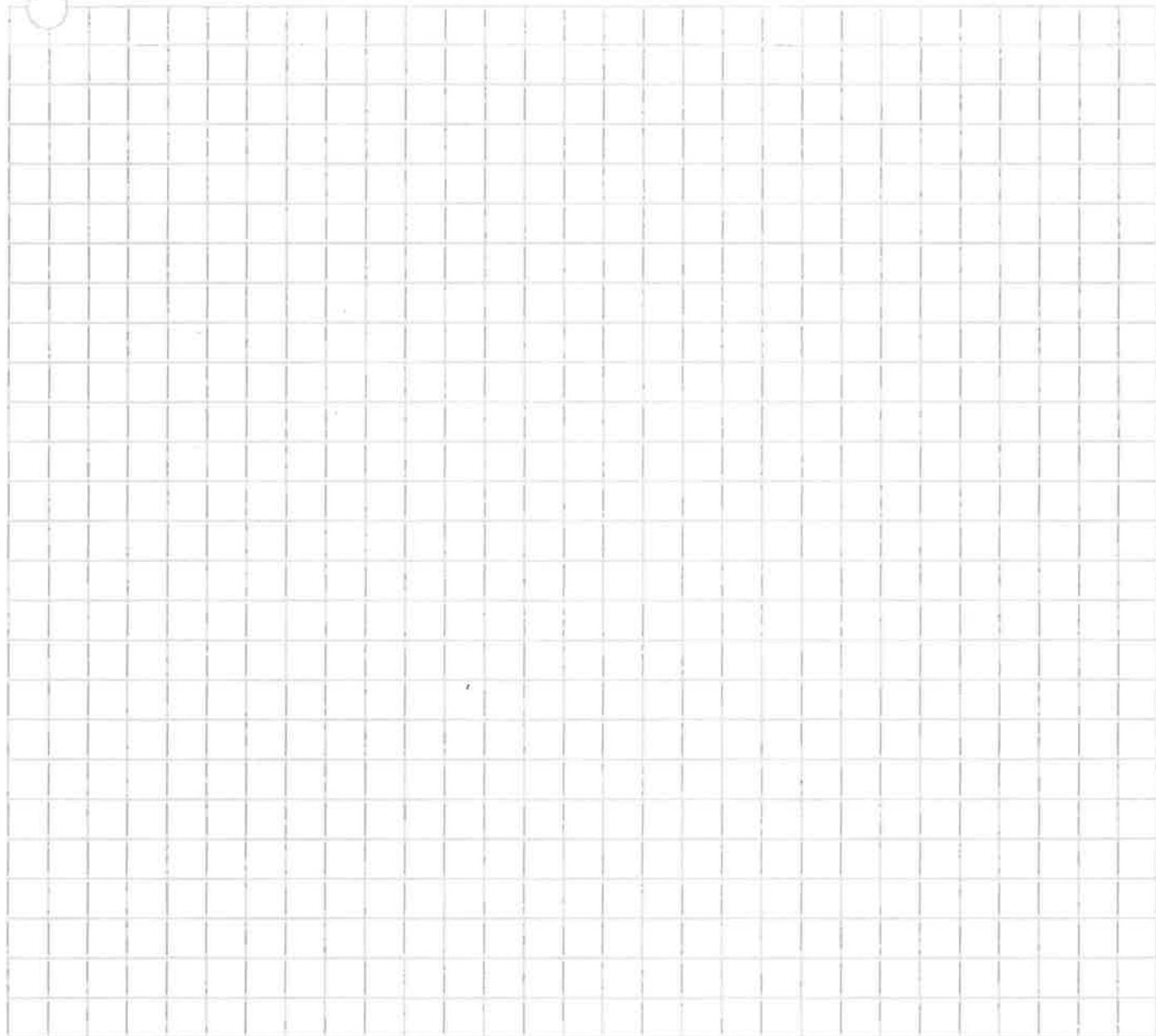
PERMITS ARE NOT TRANSFERABLE

ALL WORK TO CONFORM TO OREGON ADMINISTRATIVE RULES, CHAPTER 340. WORK
SHALL BE DONE BY PROPERTY OWNER OR BY LICENSED SEWAGE DISPOSAL SERVICE.
(MAKE NO CHANGES IN LOCATION OR SPECIFICATIONS WITHOUT WRITTEN APPROVAL.)

A certificate of satisfactory completion must be issued prior to use of the system (ORS 454.665.)

Indicate North in Circle

Indicate Scale:



**PROPOSED SEPTIC SYSTEM PLOT PLAN
AND MATERIALS LIST**

PLEASc COMPLETE ALL THREE SECTIONS AND ATTACH A COPY OF YOUR PLOT PLAN. PLOT PLAN SHOULD BE DONE TO SCALE AND INDICATE THE DIRECTION OF NORTH AND SHOW LOCATIONS OF ALL WELLS WITHIN 200 FEET OF THE SYSTEM.

Section 1: BASIC INFORMATION

Property Owner _____ Permit Number _____

Tax Account # _____

Job Address

Section 2: MATERIALS LIST

Section 3: CONSTRUCTION TO BE PERFORMED BY:

Property Owner

State of Oregon Licensed Septic Installer

(Print Full Business Name)

(License Number)

I certify that the information provided in this notice is correct, and that the construction of this system will be done in accordance with the permit and the rules regulating on-site sewage disposal systems.

(System Installer's Signature)

(Date)