

COLUMBIA COUNTY SUBSURFACE SEWAGE

Courthouse — 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)

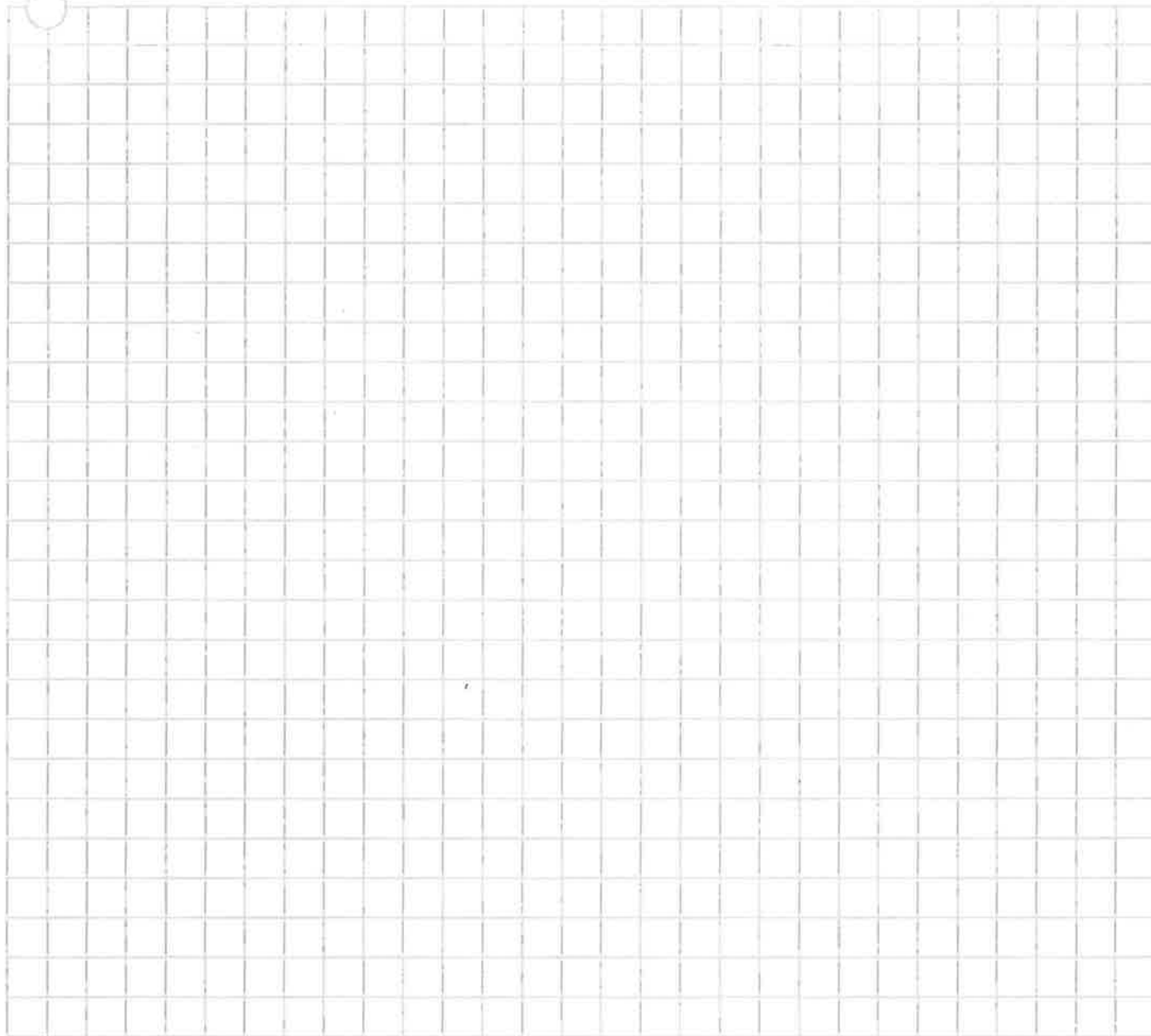
PERMITS ARE NOT TRANSFERABLE

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:



Date _____ Applicant's Signature _____

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

Please 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

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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)