

A1 - SITE EVALUATION GUIDE

ITEMS NEEDED TO PROCESS YOUR APPLICATION

1. **Completed Application Form and Fee:** Incomplete applications will be returned.
2. **Tax Lot Map:** A copy can be obtained from our office.
3. **Vicinity Map:** Show how to get to your property. This can be a copy of a county road map, a U.S. Geological Survey quadrangle map, or a hand drawn sketch. If your property is remote or hard to find, please describe in writing how to find it. Please flag (flags provided by this office) the entrance to your property. If you have a large parcel, show on a sketch where to find the disposal field area.
4. **Preliminary Site Development Plan:** (Example A) Show test hole locations, proposed and existing development, and physical features along with corresponding measurements and distances. Show property lines (property lines are the land owners responsibility and will not be verified by this office), easements, and north direction on the plot plan. Show the locations of all wells and springs within 200 feet of the preliminary site.
5. **Test Holes:** Dig three or more test holes (triangle or diamond pattern) in the area of the proposed disposal field. Test holes should be 5' deep, 2' wide, and 4' long, sloped at one end to allow the evaluator to enter the hole, and approximately 75' apart. Throw the dirt to the uphill side. All Measurements are taken on the downhill sidewall. If you encounter bedrock or other barrier material you should stop digging. Avoid swales, depressions, cuts (road cut banks), fills and steep slopes. Test holes may not be closer than 100 feet to wells, springs or surface water bodies. Do not dig test holes until the snow melts and the ground thaws. They should not be any closer than 50 feet from flood irrigation canals or ditches. The application will not be accepted until the test holes are dug. Test holes deeper than 5 feet can not be evaluated.

Yellow flags are available from our department to mark the test holes and the property entrance location. The flags are free and should be used.

Mail or hand deliver the application, fee and attachments to:

CROOK COUNTY COMMUNITY DEVELOPMENT
300 NE 3RD ST.
PRINEVILLE, OR 97754

Make checks payable to: CCCD

If accepted you will be mailed a receipt and the Site Evaluation Report. If application is missing any required information you will be notified as to what to provide.

Call The Community Development Department if you have questions. The number is 541-447-3211

***NOTE:** The Site Evaluation Report is a document that states the kind of on-site system approved for your parcel and conditions or limitations specific to installation of this system on your site. A favorable Site Evaluation Report is valid until you or a subsequent property owner obtains a construction-installation permit and installs an on-site sewage disposal system. However, any alternation (cutting, filling, well placement, etc.) of the natural conditions affecting the areas approved for the initial and replacement systems may make it impossible to issue a construction-installation permit.

The Site Evaluation Report consists of an approval letter, plot plan, and a description of soil conditions. The plot plan shows orientation, slope gradient and direction, test pit locations, physical features (property lines, fences, roads buildings, surface water bodies, water source, power poles, etc.) setbacks (if available) and location of initial and replacement systems.

If you decide not to install the drainfield in the approved area, you will need to pay for another site evaluation for another area.

Soil profile notes indicate depth, soil texture, soil color, gravel content, and other soil properties that affect system selection and sizing.

You should retain the Site Evaluation Report and refer to it in the construction installation permit application process.



Crook County Onsite Sewage Treatment System Application

300 NE 3rd St, Rm 12
Prineville, Or 97754
541-447-3211



For DEQ Use Only:		Date Stamp
Date received	_____	
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 st response	_____	
Date of 2 nd response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

A. Property Owner Information

Name _____ Mailing Address (Street or PO Box, City, State, Zip Code) _____ Phone Number _____

B. Legal Property Description

Township _____ Range _____ Section _____ Tax Lot _____ Tax Account Number _____ Acreage or Lot Size _____

County _____ 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
- Number of Bedrooms _____
- Other _____

Proposed Facility:

- Single Family Residence
- Number of Bedrooms _____
- Other _____

Water Supply:

- Public _____
Name _____
- Private _____
Well, Spring, Shared _____

D. Type of Application

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction <input type="checkbox"/> Permit Repair <ul style="list-style-type: none"> <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <ul style="list-style-type: none"> <input type="checkbox"/> Major <input type="checkbox"/> Minor | <ul style="list-style-type: none"> <input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement | <ul style="list-style-type: none"> <input type="checkbox"/> Authorization Notice for: <ul style="list-style-type: none"> <input type="checkbox"/> Connecting to an Existing System Not in Use <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House <input type="checkbox"/> The Addition of One or More Bedrooms <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Other-please specify _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

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

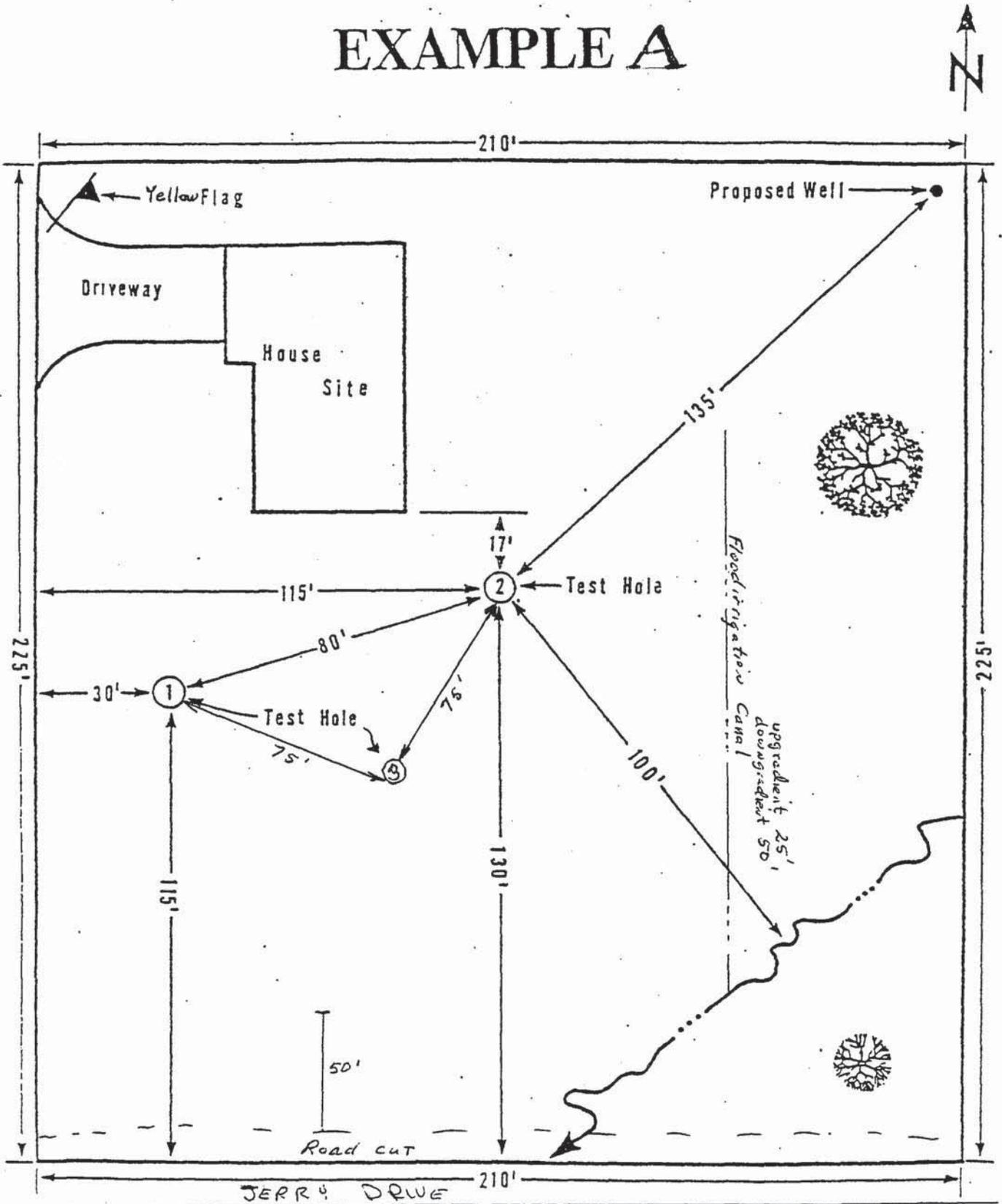
Signature _____ Date _____

Applicant's Name – Please Print Legibly _____ Applicant's Phone Number _____ Applicant's E-mail Address _____

Applicant's Mailing Address _____
Applicant is the Owner Authorized Representative Licensed Septic Installer
 Authorization Attached _____
Installer's Name _____

PRELIMINARY SITE DEVELOPMENT PLAN

EXAMPLE A





SITE PLAN FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current

Property Owner: _____ Site ID: _____

Site Address: _____ City: _____ County: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____

Acres: _____ Subdivision: _____ Lot: _____ Block: _____

Scale: 1 Square = _____ Feet

SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

I certify that the above information is accurate to the best of my knowledge. This site plan is based on actual measurements and conditions on the site.

I am the Owner or Authorized Agent. Name (please print): _____

Signature: _____ Date: _____

**TABLE 1
OAR 340-071-0220**

MINIMUM SEPARATION DISTANCES

Items Requiring Setback	From Subsurface Absorption Area Including Replacement Area	From Septic Tank and Other Treatment Units, Effluent Sewer and Distribution Units
1. Groundwater Supplies and Wells.	*100'	50'
2. Springs: • Upgradient. • Downgradient.	50' 100'	50' 50'
**3. Surface Public Waters: • Year round. • Seasonal.	100' 50'	50' 50'
4. Intermittent Streams: • Piped (watertight not less than 25' from any part of the on-site system). • Unpiped.	20' 50'	20' 50'
5. Groundwater Interceptors: • On a slope of 3% or less. • On a slope greater than 3%: • Upgradient. • Downgradient.	20' 10' 50'	10' 5' 10'
6. Irrigation Canals: • Lined (watertight canal). • Unlined: • Upgradient. • Downgradient.	25' 25' 50'	25' 25' 50'
7. Cuts Manmade in Excess of 30 Inches (top of downslope cut): • Which Intersect Layers that Limit Effective Soil Depth Within 48 Inches of Surface. • Which Do Not Intersect Layers that Limit Effective Soil Depth.	50' 25'	25' 10'
8. Escarpments: • Which Intersect Layers that Limit Effective Soil Depth. • Which Do Not Intersect Layers that Limit Effective Soil Depth.	50' 25'	10' 10'
9. Property Lines.	10'	5'
10. Water Lines.	10'	10'
11. Foundation Lines of any Building, Including Garages and Out Buildings.	10'	5'
12. Underground Utilities.	10'	—
* 50-foot setback for wells constructed with special standards granted by WRD. **This does not prevent stream crossings of pressure effluent sewers.		



NOTICE AUTHORIZING REPRESENTATIVE

I, _____, have authorized _____ to act as my
(Property Owner/Print Name) (Authorized Representative/Print Name)
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality on the property described below in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility and I authorized DEQ agents to conduct required business activities on said property.

PROPERTY IDENTIFICATION:

(Property Situs or Road Address)

And described in the records of _____ County as:

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____