



MARION COUNTY PUBLIC WORKS  
BUILDING INSPECTION DIVISION  
5155 Silverton Rd NE  
Salem OR 97305  
(503) 588-5147  
FAX (503) 588-7948  
[www.co.marion.or.us](http://www.co.marion.or.us)

## **SEPTIC ALTERATION PERMIT APPLICATION INSTRUCTIONS**

- A septic **ALTERATION** permit is required when altering or relocating the existing septic system (tank and/or drainfield) up to 50% or 300-gallons per day increase of the original system design capacity. *If this capacity is exceeded, a septic SITE EVALUATION and CONSTRUCTION-INSTALLATION permit are required.*
- A **MINOR** ALTERATION permit includes a new Septic TANK ONLY.
- A **MAJOR** ALTERATION permit includes a new DRAINFIELD or TREATMENT UNIT and may include the Septic TANK.

### ITEMS NEEDED TO PROCESS YOUR APPLICATION:

#### **1. Existing System Information (required for Alterations only):**

A copy of the Certificate of Satisfactory Completion (CSC) or As-Built drawing showing the components and location of the existing system.

- OR -

If the Certificate of Satisfactory Completion (CSC) or As-Built drawing is unavailable, the components of the system must be *carefully* uncovered for determination. This includes uncovering the septic tank top, inlet and outlet, distribution or drop boxes (if there are any), and the ends of all disposal field lines to determine their length and fall. *This must be done with a hand shovel to avoid damaging the system.*

*NOTE: All uncovering must be done before the application is accepted.*

#### **2. Completed Application Form and Fee:**

Oregon Administrative Rule (OAR) 340-071-0160 does not allow Marion County to accept incomplete applications. Please return the completed application form, with the appropriate fee and attachments:

The application form must be signed by the owner or owner's authorized representative. "*Authorized Representative*" means a person with written authorization to act as another person's delegate. If needed, an **Authorization to Apply** form is attached for your convenience.

\* Indicate the proposed use of the system, number of bedrooms, employees, etc.

#### **3. A Detailed Site Plan:**

Instructions are listed on the backside of site plan form.

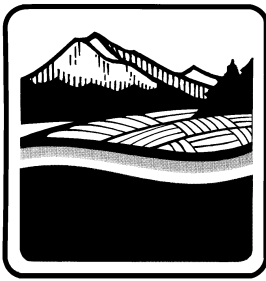
#### **4. Land Use Compatibility Statement (LUCS):**

Required when a property is located *inside the city limits, or urban growth boundary* of a city. Instructions are provided with the LUCS form.

**5. Test Holes:**

Required for Major Alterations only. Instructions for Test Hole preparation are included on the attached Test Hole document.

**Return the completed application form, fee and attachments to:**  
Marion County Building Inspection Division at the address listed above.



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**NOTICE AUTHORIZING REPRESENTATIVE**

I, \_\_\_\_\_, have authorized  
 (Property Owner / Print Name)

\_\_\_\_\_ to act as my agent in performing the  
 (Authorized Representative / Print Name)

activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality or County Agent on the property described below in accordance with OAR chapter 340, division 071.

**PROPERTY IDENTIFICATION:**

\_\_\_\_\_ Property Situs or Street Address

And described in the records of MARION County as:

Legal Description \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

**PROPERTY OWNER:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address \_\_\_\_\_

DEQ License # \_\_\_\_\_ CCB # \_\_\_\_\_