



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.



**MARION COUNTY PUBLIC WORKS  
BUILDING INSPECTION DIVISION**  
5155 Silverton Rd NE  
Salem OR 97305  
(503) 588-5147 Fax (503) 588-7948  
<http://www.co.marion.or.us/PW/BuildingInspection>

## **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 # \_\_\_\_\_

G:\FORMS\SEPTIC\S-07 Auth to Apply.doc



# Application for Onsite Wastewater Treatment System

Date Stamp:

## 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/PW/BuildingInspection](http://www.co.marion.or.us/PW/BuildingInspection)

### A. Property Owner Information

Name

Mailing Address

City, State, and Zip

(Area Code) Phone #

### B. Legal Property Description

Property Address

City

State

Zip Code

Parcel #

Tax Lot

Acreage or Lot Size

Directions to Property: \_\_\_\_\_  
\_\_\_\_\_

### C. Existing Facility / Proposed Facility / Water Information

Existing Residential:

Proposed Residential:

Existing Commercial:

Proposed Commercial:

Water Supply:

Number of Bedrooms

Number of Bedrooms

Number of Employees/  
Seating

Number of Employees/  
Seating

☐ Public \_\_\_\_\_  
Name

☐ Private \_\_\_\_\_  
Well, Spring, Shared

### D. Type of Application

- ☐ Site Evaluation  
☐ Construction Permit  
☐ Repair Permit  
    ☐ Major ☐ Minor  
☐ Alteration Permit  
    ☐ Major ☐ Minor

- ☐ Renewal Permit  
☐ Permit Reinstatement  
☐ Permit Transfer  
☐ Existing System Evaluation  
☐ Record Review  
☐ Other \_\_\_\_\_

- ☐ **Authorization Notice for:**  
☐ Replacing a Dwelling  
☐ The Addition of One or More Bedrooms  
☐ Personal Hardship  
☐ Temporary Housing  
☐ Connecting to an Existing System Never in Use  
    (over 5-yrs old)  
☐ Other – Please Specify \_\_\_\_\_

*If the required fee and attachments are not included with this application, it will be returned to you as incomplete.  
Post the orange card at the entrance to the property. Flag the test holes.*

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

Applicant's Name – Please Print Legibly

Applicant's Phone Number

DEQ Lic. # (if applicable)

Applicant's Mailing Address

Email:

Signature

Applicant is the

☐ Owner

Date:

☐ Authorized Representative (form attached)

CCB# (if applicable)

## Marion County Onsite Disposal System Fee Schedule

New Site Evaluations	Marion County Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Single Family Dwelling - First Lot	\$ 912.25	\$ 117.00	\$ 1,029.25
- each add'l lot evaluated during initial visit	\$ 840.50	\$ 117.00	\$ 957.50
Commercial Facility System – First 1,000 Gallons	\$ 963.50	\$ 117.00	\$ 1,080.50
-Each Additional 500 Gallons	\$ 184.50	-	\$ 184.50

Construction Installation Permits	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Standard System, Redundant System, Sapro-lite, Seepage Pit, Steep Slope	\$ 1,107.00	\$ 117.00	\$ 1,224.00
Alternate Treatment Technologies, Capping Fill, Pressure Distribution, Tile Dewatering	\$ 1,588.75	\$ 117.00	\$ 1,588.75
Sand Filter, Recirculation Gravel Filters	\$ 1,845.00	\$ 117.00	\$ 1,962.00
Gray Water Disposal Sump	\$ 440.75	\$ 117.00	\$ 557.75
Holding Tank	\$ 840.50	\$ 117.00	\$ 957.50
Major Repair	\$ 686.75	\$ 117.00	\$ 803.75
Minor Repair	\$ 348.50	\$ 117.00	\$ 465.50
Major Alteration Permit	\$ 871.25	\$ 117.00	\$ 988.25
Minor Alteration Permit	\$ 481.75	\$ 117.00	\$ 597.75
Permit w/sewage flow > 1000 gallons per day in addition to above, per 500 gallons per day	\$ 112.75	-	\$ 112.75
Pump System - in addition to permit fee	\$ 71.75	-	\$ 71.75
Permit Renewal/Transfer - Field Visit	\$ 512.50	\$ 117.00	\$ 629.50
Permit Renewal/Transfer - No Field Visit	\$ 41.00	\$ 117.00	\$ 158.00
Commercial Plan Review	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Gallon/day = 601 - 1000 Gallons	\$379.25	-	\$ 379.25
Each 500 Gallons per day above 1000	\$71.75	-	\$ 71.75
Other Onsite Activities	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Authorization Notice with Field Visit	\$ 717.50	\$ 117.00	\$ 834.50
Authorization Notice without Field Visit	\$ 225.50	\$ 117.00	\$ 342.50
Pumper Truck Inspection - First Truck	\$ 194.75	-	\$ 194.75
Pumper Truck Inspection - Additional Truck	\$ 102.50	-	\$ 102.50
Existing System Report	\$ 666.25	\$ 117.00	\$ 783.25
Mobile Hardship Renewal Inspection	\$ 379.25	\$ 117.00	\$ 496.25
Annual Report Evaluation Fee Holding Tanks/ Alternate Systems	\$ 82.00	-	\$ 82.00
Alternate System Inspection Fee	\$ 533.00	-	\$ 533.00
Hourly Inspection Rate	\$ 82.00	-	\$ 82.00
Reinspection Fee	\$ 82.00	-	\$ 82.00
Compliance Recovery Fee (For work done without permits) when authorized by OAR 340-071-0140 is equal to the application fee.	Varies	-	-
Record Review	\$ 71.75	-	\$ 71.75