

**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>

SEPTIC SITE EVALUATION APPLICATION INSTRUCTIONS

A Septic Site Evaluation is required to determine septic feasibility of undeveloped parcels or proposed parcels in the partitioning process.

ITEMS NEEDED TO PROCESS YOUR APPLICATION:

1. **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.*

2. **A Detailed Site Plan:**

Instructions are listed on the backside of site plan form.

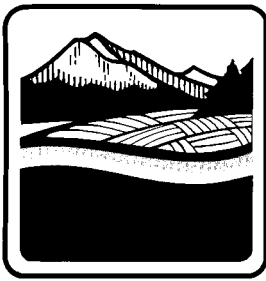
3. **Land Use Compatibility Statement (LUCS):**

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

4. **Test Holes:**

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 # _____



Application for Onsite Wastewater Treatment System

Date Stamp:

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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 _____ Date: _____ CCB# (if applicable) _____
Applicant is the Owner Authorized Representative (form attached)

Marion County Onsite Disposal System Fee Schedule

Effective August 1, 2024

New Site Evaluations	Marion County Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Single Family Dwelling - First Lot	\$890	\$117	\$1,007
- each add'l lot evaluated during initial visit	\$820	\$117	\$937
Commercial Facility System – First 1,000 Gallons	\$940	\$117	\$1,057
-Each Additional 500 Gallons	\$180	-	\$180

Construction Installation Permits	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Standard System, Redundant System, Sapro-lite, Seepage Pit, Steep Slope	\$1,080	\$117	\$1,197
Alternate Treatment Technologies, Capping Fill, Pressure Distribution, Tile Dewatering	\$1,550	\$117	\$1667
Sand Filter, Recirculation Gravel Filters	\$1,800	\$117	\$1,917
Gray Water Disposal Sump	\$430	\$117	\$547
Holding Tank	\$820	\$117	\$937
Major Repair	\$670	\$117	\$787
Minor Repair	\$340	\$117	\$457
Major Alteration Permit	\$850	\$117	\$967
Minor Alteration Permit	\$470	\$117	\$587
Permit w/sewage flow > 1000 gallons per day in addition to above, per 500 gallons per day	\$110	-	\$110
Pump System - in addition to permit fee	\$70	-	\$70
Permit Renewal/Transfer - Field Visit	\$500	\$117	\$617
Permit Renewal/Transfer - No Field Visit	\$40	\$117	\$157
Commercial Plan Review	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Gallon/day = 601 - 1000 Gallons	\$370	-	\$370
Each 500 Gallons per day above 1000	\$70	-	\$70
Other Onsite Activities	Fee	DEQ Surcharge	Total Fee w/DEQ Surcharge
Authorization Notice with Field Visit	\$700	\$117	\$817
Authorization Notice without Field Visit	\$220	\$117	\$337
Pumper Truck Inspection - First Truck	\$190	-	\$190
Pumper Truck Inspection - Additional Truck	\$100	-	\$100
Existing System Report	\$650	\$117	\$767
Mobile Hardship Renewal Inspection	\$370	\$117	\$487
Annual Report Evaluation Fee Holding Tanks/ Alternate Systems	\$80	-	\$80
Alternate System Inspection Fee	\$520	-	\$520
Hourly Inspection Rate	\$80	-	\$80
Reinspection Fee	\$80	-	\$80
Compliance Recovery Fee (For work done without permits) when authorized by OAR 340-071-0140 is equal to the application fee.	Varies		
Record Review	\$70	-	\$70