



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

SEPTIC REPAIR PERMIT APPLICATION INSTRUCTIONS

- A septic **REPAIR** permit is required when sewage is surfacing on the ground, backing up into the house, or the septic system has been damaged. *A failing septic system must be immediately repaired to eliminate the public health hazard per OAR 340-071-0215.*
- A **MINOR** REPAIR permit includes a new Septic TANK ONLY.
- A **MAJOR** REPAIR includes a new DRAINFIELD or TREATMENT UNIT and may include the Septic TANK.

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.

When applying for a repair permit, give an explanation of the problem with the septic system. In order to make a reasonable assessment of what is needed for the repair, we must know how the system is malfunctioning. This may require excavation of portions of the system to determine the cause of the failure.

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:

Required for Major Repairs 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.



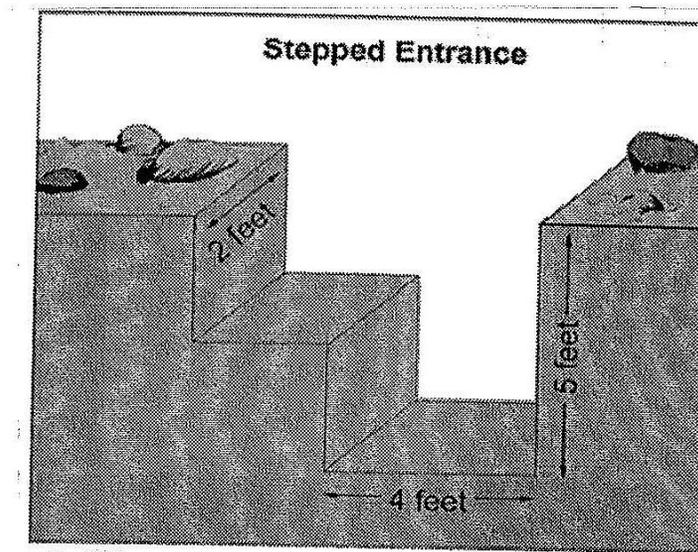
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TEST PIT REQUIREMENTS

Soil Test Pits are required any time an evaluation of the soil is required prior to issuing a site evaluation or construction permit. In order to adequately evaluate the soils, it is necessary to physically get into the hole and examine the soil layers. The minimum requirements for test pits are:

1. Number: a minimum of two (2) test pits are required.
2. Dimensions: at least two (2) feet wide by four (4) feet long by five (5) feet deep.
3. Location: one test pit in the area of the initial system and one test pit in the future replacement area and approximately seventy-five (75) feet apart. The test pits should be located approximately at or near the center of initial and replacement system areas.
4. To facilitate climbing in and out of the test pits and to minimize potential injuries, they shall be dug with one end of each pit with steps.

Providing Access to the Test Pits:



All spoils need to be a minimum of 2 feet from the pit edge.

When the test pits have been dug, please notify this office so that a field visit can be scheduled. A plot plan must be submitted showing the location and measurements to the test pits. The orange site card must be posted at the road access to the property and the test pits must be flagged.

Attached are the setback requirements that apply to septic systems.



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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 # _____