

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. Roll marking tape will be provided if you need to mark a trail to the test hole site.
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 owner's 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. This area will be where the future drain field has to be installed. Test holes should be up to 5' (only dig till you hit hardpan) 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. The evaluator can not work in snow covered or frozen ground. 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 due to OSHA regulations.

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. If a parcel or area cannot be located by your directions the holes will not be evaluated and you will be charged a \$75.00 return fee if we must return to the property.

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

CROOK COUNTY ENVIRONMENTAL HEALTH
300 NE 3RD ST.
PRINEVILLE, OR 97754

Make checks payable to: Crook County Environmental Health

If accepted you will be mailed a receipt and the Site Evaluation Report. If the application is missing any required information you will be notified as to what to provide. After 20 days any incomplete applications will be refunded and returned.

Call The Environmental Health Department if you have questions. The number is (541) 447-8155.

***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. Your neighbor's construction may void your approval.

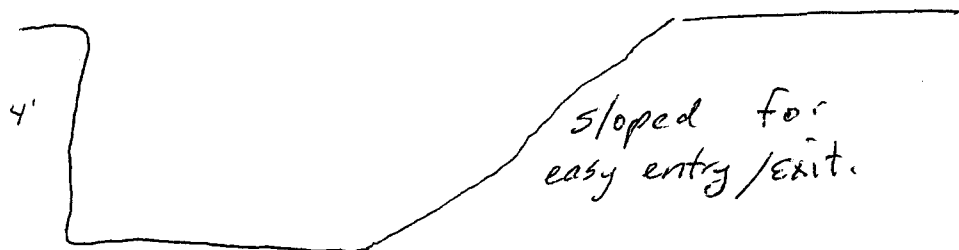
The Site Evaluation Report consists of an approval letter, plot plan, and a description of soil conditions. The plot plan shows orientation, slope gradient and direction, test pit locations, physical features (property lines, fences, roads buildings, surface water bodies, water source, power poles, etc.)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

If you decide not to install the drain field 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.

***Proper Test Hole Construction-**required due to past injury of soil evaluators getting in and out of the test holes. Test holes not dug and sloped properly will not be entered and a \$75 re visit charge will assessed.





Application for Onsite Sewage Treatment System



Crook County Community Development
ENVIRONMENTAL HEALTH 300 NE 3rd Street •
Prineville, Oregon 97754
Phone (541) 447-8155 FAX 416-2139

For DEQ Use Only:	
Date Received	_____
Fee Paid	_____
Receipt Number	_____
Application Number	_____
Date of 1st Response	_____
Date of 2nd 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

- | | | |
|---|---|---|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for:
<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 _____ |
| <input type="checkbox"/> Construction Permit | <input type="checkbox"/> Existing System Evaluation | |
| <input type="checkbox"/> Repair Permit
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Transfer | |
| <input type="checkbox"/> Alteration Permit
<input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Permit Reinstatement | |

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

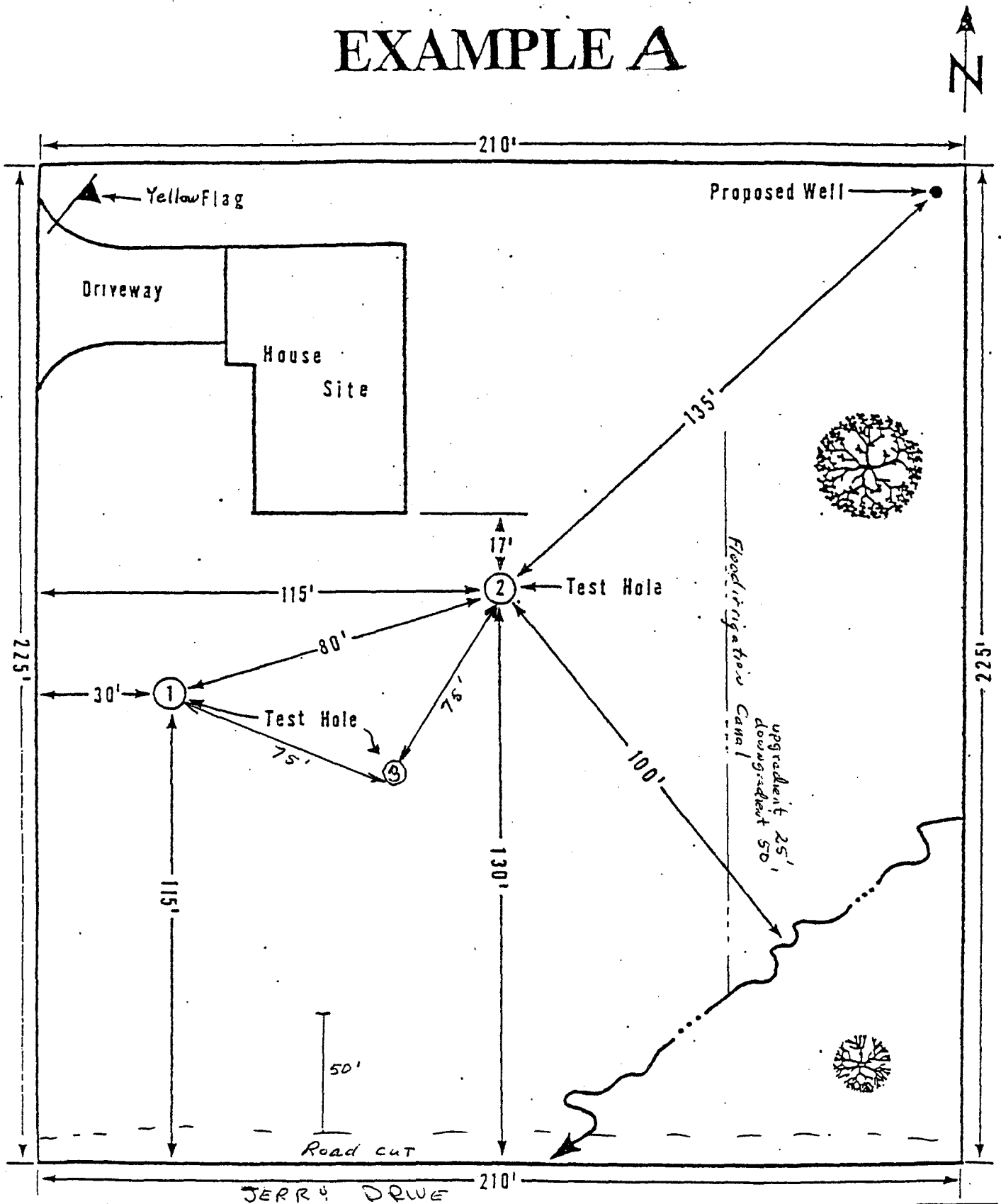


TABLE 1
OAR 340-071-0220

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.	50'	50'
• Downgradient.	100'	50'
**3. Surface Public Waters:		
• Year round.	100'	50'
• Seasonal.	50'	50'
4. Intermittent Streams:		
• Piped (watertight not less than 25' from any part of the on-site system).	20'	20'
• Unpiped.	50'	50'
5. Groundwater Interceptors:		
• On a slope of 3% or less.	20'	10'
• On a slope greater than 3%:		
• Upgradient.	10'	5'
• Downgradient.	50'	10'
6. Irrigation Canals:		
• Lined (watertight canal).	25'	25'
• Unlined:		
• Upgradient.	25'	25'
• Downgradient.	50'	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.	50'	25'
• Which Do Not Intersect Layers that Limit Effective Soil Depth.	25'	10'
8. Escarpments:		
• Which Intersect Layers that Limit Effective Soil Depth.	50'	10'
• Which Do Not Intersect Layers that Limit Effective Soil Depth.	25'	10'
9. Property Lines.	10'	5'
10. Water Lines.	10'	10'
11. Foundation Lines of any Building or Structure, 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.		



Department of Environmental Quality
Bend
 475 NE Bellevue, Suite 110
 Bend, OR 97701
 Phone: (541) 388-6146

Return to: Crook County
Environmental Health
300 NE 3rd St.
Prineville, OR 97754
(541)-447-8155

NOTICE AUTHORIZING REPRESENTATIVE

I, _____, have authorized
 (Property Owner/Print Name)

_____ to act as my agent in performing
 (Authorized Representative/ Print Name)

the activities necessary to obtain site evaluations, permits, and other 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.

PROPERTY IDENTIFICATION:

_____ Property Situs or Road Address

And described in the records of _____ County as:

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

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

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

E-mail Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

E-mail Address: _____