

# REPAIR CHECKLIST

- Application
- Planning Clearance (Major) or LUCS (Minor)
- Plot Plan – Showing proposed or current home, septic layout, well, driveway, and outbuildings, water sources, escarpments etc., signed and dated. \*Note: If Major Repair a test hole is required, should be noted on plot plan.
- Authorizing Representative (If necessary)
- Fee

# Repair Permit Guide for Septic Systems



State of Oregon  
Department of  
Environmental  
Quality

## Onsite Program

165 E. Seventh Ave.  
Suite 100  
Eugene, OR 97401  
Phone: 541-687-7338  
800-844-8467  
Fax: 541-686-7551  
Contact: Randy Trox  
[www.oregon.gov/DEQ](http://www.oregon.gov/DEQ)

DEQ is a leader in restoring, maintaining and enhancing the quality of Oregon's air, land and water.

Minor Repair permits are for the replacement of a septic tank, broken pipe, distribution unit, or any part of the onsite system outside the septic tank or treatment facility, except the soil absorption system. Unless classified as a major repair or major maintenance, any replacement or a part of a system with a part that does not meet the original design specifications is a minor repair.

Major Repair permits are for the replacement of the soil absorption facility, treatment unit, or any part thereof.

To an extent, repairs are unique and not all of the listed exhibits may be required in your situation. Ask your local onsite agent how to proceed.

Click on link to access forms and example documents.

## Items required to process your application:

Application form and fee: Please make sure your [application](#) is complete. Incomplete applications cannot be accepted and will be returned.

1. **[Vicinity/Locator map](#)**: Please provide your address or specific GPS coordinates and a link to the Google map. On large parcels or in remote areas where the site is difficult to find, please upload to your application record a drawing that shows how to find your site and provide flagging at the entrance to your property. A tax lot map may be obtained from the local county assessor's or planning department. Tax lot maps are [online](#).
2. **[Land Use Compatibility Statement or County planning approval](#)**: DEQ does not require a Land Use Compatibility Statement before applying for a repair permit, unless an inspector determines the need to do so. DEQ recommends that you contact your local planning department to check on other land-use criteria concerning your project. If you are in a flood zone, be sure to check with the National Flood Insurance Program, which may also affect any proposed repairs to your system.
3. **[Notice Authorizing Representative form](#)**: Required if someone other than the property owner is submitting the application.
4. **[Test pit](#)** : Major repairs may require at least one test pit to be dug in the proposed area for the new drainfield. Check with the inspector to determine if this is required before submitting a permit application.

Test pits should be dug in accordance with guidelines described in [Test Pit Preparation for Onsite Sewage Evaluations](#).

A test pit may not be necessary if applying for a minor repair.

## 5. [Detailed Site Plan](#):

- Refer to your Site Evaluation Report, if you have one, as it would show the approved system type and drainfield location.
- Draw and upload a site plan from actual measurements showing the location of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, water lines, drainage areas and other physical features. Make sure you show the location of the existing septic tank, treatment unit, and drainfield.

6. **Existing Septic System Description form:**

Fill out the existing septic system description form, as completely as possible, and to the best of your knowledge.

7. Expose existing system:

If required by the inspector,

- Uncover the septic tank lid, but don't remove the lid
- Uncover the distribution box or drop boxes, but don't remove lids
- The inspector may need access to other components to be exposed

8. **Detailed Construction/ Installation Plan - Equal Distribution:**

**Detailed Construction/ Installation Plan - Serial Distribution:**

This needs to be completed and uploaded after the site has been inspected, and it has been determined what construction/ installation will be completed **Equal Distribution** example and **Serial Distribution** example.

The person installing the septic system should use a transit or laser level to provide the following measurements: the elevations of the building sewer line, the inlet and outlet of the septic tank, and the distribution box or drop boxes. Also include the number and length of the disposal trenches and show the replacement/repair area.

If your approved system requires a pump, please provide a pump curve (hydraulic profile) for each pump and a cross section of the septic tank.

If your approved system is a sand filter, please provide a pump curve (hydraulic profile) for each pump, a cross section of the septic tank and sand filter plans, top and side views.

9. Other information: Please include your name, township, range, section, and tax account number on all maps and drawings that you submit.

**Apply online.** You can also mail or hand-deliver your **application**, fee and attachments to the appropriate DEQ regional office.

**Alternative formats**

Documents can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request a document in another format or language, call DEQ in Portland at 503-229-5696, or toll-free in Oregon at 800-452-4011, ext. 5696; or email [deqinfo@deq.state.or.us](mailto:deqinfo@deq.state.or.us).



# Application for Onsite Sewage Treatment System

Send this application to:  
Curry County Community Development  
94235 Moore Ste, Suite 113  
Gold Beach, OR 97444  
or  
[septicpermits@co.curry.or.us](mailto:septicpermits@co.curry.or.us)

For Curry County Use Only:		Date Stamp
Date received	_____	
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 <sup>st</sup> response	_____	
Date of 2 <sup>nd</sup> 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

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Public _____ Name _____
Number of Bedrooms _____	Number of Bedrooms _____	<input type="checkbox"/> Private _____ Well, Spring, Shared _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

## 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	<input type="checkbox"/> Existing System Evaluation	
<input type="checkbox"/> Permit Repair <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 Curry County and their 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



# EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

- Your existing septic system consists of (check all that apply):  
 Septic Tank       Disposal Trenches       Capping Fill       Sandfilter  
 Seepage Bed       Cesspool or Pit       Unknown  
 Other (Describe) \_\_\_\_\_
- When was your septic system installed? \_\_\_\_\_ (Date) \_\_\_\_\_ (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) \_\_\_\_\_
- When was the septic tank last pumped? \_\_\_\_\_ Attach receipt if available.
- Number of disposal trenches \_\_\_\_\_
- Total length of disposal trenches (in feet) \_\_\_\_\_
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use \_\_\_\_\_
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
- If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

\_\_\_\_\_  
(Date) Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system: Yes  No  Attached  Date Issued \_\_\_\_\_  
Permit Number \_\_\_\_\_ Certificate of Satisfactory Completion Issued: Yes  No  Initials \_\_\_\_\_  
Other file information: \_\_\_\_\_



## NOTICE AUTHORIZING REPRESENTATIVE

I, \_\_\_\_\_, have authorized \_\_\_\_\_ to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)  
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Curry/Josephine County 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 and I authorized Curry/Josephine County Onsite Septic agents to conduct required business activities on said property.

### PROPERTY IDENTIFICATION:

\_\_\_\_\_  
(Property Situs or Road Address)

And described in the records of \_\_\_\_\_ County as:

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

### PROPERTY OWNER:

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### AUTHORIZED REPRESENTATIVE:

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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