

# ALTERATION CHECKLIST

- Application
- Planning Clearance or LUCS
- 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

# Alteration Permit Guide for Septic Systems

## Alteration Permits

Minor Alteration permits are for changes to an existing system that do not involve the drainfield. Changes in tank location or effluent sewer would be considered a minor alteration.

Major Alteration permits are for the expansion, or the change in location, of an existing system that involves the drainfield, treatment unit, or any part thereof.

Click on blue links below to access forms and example documents.

## Items required to process your application

1. Application form and fee: Please make sure your [application](#) is complete. Incomplete applications cannot be accepted and will be returned.
2. [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.
3. [Alteration Permit Site Plan](#): Draw and upload a site plan from actual measurements of the existing development. Draw any proposed changes and show the location of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, water lines, drainage areas and other physical features. Be sure to show the location of the septic tank, distribution box or drop boxes, drainfield and any other components, and the test pit.
4. [Tax lot map](#): This map may be obtained at the local county assessor's office or planning department. Tax Lot maps are [online](#).
5. [Land Use Compatibility Statement or County planning approval](#): This must be approved and signed by your county and/or city planning department.
6. [Notice Authorizing Representative form](#): Required if someone other than the property owner is submitting the application.
7. [Existing Septic System Description form](#): Fill out and upload the existing septic system description form, as completely as possible.
6. 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 require other components to be exposed
8. [Test pit](#): Major Alterations 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.



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.

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 alteration.

9. [Detailed Construction/ Installation Plan - Equal Distribution:](#)  
[Detailed Construction/ Installation Plan - Serial Distribution:](#)

This needs to be completed and uploaded after the site is inspected, and it has been determined what construction/ installation will be completed. [Equal Distribution Example;](#) [Serial Distribution Example.](#)

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

[Apply online.](#) You can also mail or hand-deliver the [application.](#) fee and attachments to the appropriate DEQ regional office.

**Accessibility**

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

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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: \_\_\_\_\_