

# REPLACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
 Division of Health Engineering  
 (503) 296-3100

PROPERTY ADDRESS: 11111 Island  
 CITY: Portland  
 COUNTY: Clatsop  
 OWNER/APPLICANT NAME: Charlotte  
 LAST NAME: Island Bay Services  
 ADDRESS: Divont Ave

**PORTLAND**      PERMIT #: 2,939      TOWN COPY

Date Permitted: 6/21/88      FEE: \$205      L.P.I. # \_\_\_\_\_

Local Planning Director's Signature: \_\_\_\_\_

**Owner/Applicant Statement**  
 I certify that the information submitted is correct to the best of my knowledge and understand that any false information is cause for the Local Planning Inspector to deny a Permit.  
 Signature of Owner/Applicant: [Signature]      Date: 6/20/88

**CAUTION - Inspection Required**  
 This inspection is required for installation authorized where it is found to be in compliance with the applicable Water Disposal Rules.  
 Local Planning Director's Signature: [Signature]      Date: JUN 22 1988

**THIS APPLICATION IS FOR:**

1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. SEASONAL CONVERSION
5. EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1. NO RULE VARIANCE REQUIRED
2. NEW SYSTEM VARIANCE  
Attach New System Variance Form
3. REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
4. Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

1. NON ENGINEERED SYSTEM
2. PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ENGINEERED 1+2000 GPD
4. TREATMENT TANK (ONLY)
5. HOLDING TANK
6. ALTERNATIVE TOILET (ONLY)
7. NON ENGINEERED DISPOSAL AREA (ONLY)
8. ENGINEERED DISPOSAL AREA (ONLY)
9. SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
 YEAR REPLACEMENT SYSTEM INSTALLED: 1987  
 TYPE OF SYSTEMS:  
 1. TRENCH       2. CHAMBER       3. OTHER

**DISPOSAL SYSTEM TO SERVE:**

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER

SIZE OF PROPERTY: 20' x 100'

**TREATMENT TANK**

1. SEP TIC       Regular       Low Profile
2. AERCBIC

SIZE: \_\_\_\_\_ GALS

**WATER CONSERVATION**

1. NONE
2. LOW FLOWING TOILET
3. SEPARATED LAUNDRY SYSTEM
4. WATER SAVING TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

1. NOT REQUIRED
2. MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED

ROSE: \_\_\_\_\_ GALS

**SOIL CONDITIONS FOR DESIGN PURPOSES**

PROF. \_\_\_\_\_      LOCATION \_\_\_\_\_

DEPTH TO LIVING FACTOR: \_\_\_\_\_

**DESIGN DETAILS (SYSTEM LAYOUT SEE PLAN OR PAGE 3)**

**SIZE OF SYSTEMS USED FOR DESIGN PURPOSES**

1. SMALL
2. MEDIUM
3. MEDIUM LARGE
4. LARGE
5. EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1. \_\_\_\_\_ Sq Ft
2. CHAMBER \_\_\_\_\_ Sq Ft
3. TRENCH \_\_\_\_\_ Linear Ft
4. \_\_\_\_\_

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**  
 On \_\_\_\_\_ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Waste Water Disposal Rules.

Site Evaluator or Professional Engineer's Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
 Local Planning Director's Signature if a Local Site Evaluation Waiver under a Local Order: \_\_\_\_\_      Date: \_\_\_\_\_