State of Oregon
DEQ Department of Environmental Quality

Application for Onsite Wastewater Treatment (Septic) System
Submit this application to the DEQ Onsite Program through Oregon ePermitting

Property owner information				
Name:			**Email:**	
Mailing address:			**Phone number:**	

Legal property description

Township	Range	Section	Tax lot	Acreage or lot size

Subdivision name	Block	Lot	County

Property address:		**Account number:**	

Directions to property:

Existing facility/Proposed facility/Water supply information

Existing facility	Proposed facility	Water supply
☐ **Single family residence**	☐ **Single family residence**	☐ **Public**
Number of bedrooms:	Number of bedrooms:	Name:
☐ **Other. Description:**	☐ **Other. Description:**	☐ **Private**
		Well, spring, shared:

Type of application

☐ Site Evaluation
☐ Construction-Installation Permit
☐ Repair Permit
  ☐ Major ☐ Minor
☐ Alteration Permit
  ☐ Major ☐ Minor
	☐ Renewal Permit
	☐ Existing System Evaluation
	☐ Permit Transfer
	☐ Permit Reinstatement
		☐ Authorization Notice for:
		  ☐ Connecting to an existing system not in use
		  ☐ Replacing a dwelling
		  ☐ The addition of one or more bedrooms
		  ☐ Personal hardship
		  ☐ Temporary housing
		  ☐ Other – please specify: _____

All applications and required documents must be submitted through Oregon ePermitting. Email, mail, or in-person submissions are not accepted. Contact the local onsite office to request application submittal training or to request a reasonable accommodation, such as needing to make a one-time manual submittal because you live in an area underserved by broadband internet. Applications missing required fees or exhibits will be considered incomplete, and you will be notified accordingly.

Post a flag or sign with your name and address at the property entrance, and flag and number the test holes, if applicable.

By signing below, I certify that the information I have provided is accurate and authorize the Department of Environmental Quality and its agents to enter the property described above for the sole purpose of this application.

Signature	Date
Applicant's name – please print legibly	Applicant's phone number
Applicant's mailing address	Applicant's email address

Applicant is the:	☐ Owner	☐ Authorized representative	☐ Licensed septic installer	
		☐ Authorized representative form attached	Installer name:	License/certification number: