

Date Test Holes Ready:

**COLUMBIA COUNTY
LAND DEVELOPMENT SERVICES
ST. HELENS, OREGON 97051
PHONE (503) 397-1501**

**SEPTIC APPLICATION
COMMERCIAL/INDUSTRIAL**

FOR OFFICE USE ONLY:

Date Received: _____

Fee: _____

Receipt No.: _____

PROPOSAL: _____

APPLICANT / INSTALLER:

PROPERTY LOCATION:

Name

Road Name (or address if assigned)

Mailing Address

City

MAP NUMBER:

City/Zip

Phone

PROPERTY OWNER:

LOT SIZE: _____

WATER SOURCES: (Locate on map)

Name

Present(circle one): (well) (community)

Mailing Address

Proposed(circle one): (well) (community)

City/Zip

Phone

DIRECTIONS TO PROPERTY: (Please be very specific) _____

By my signature, I certify that the information I have furnished is correct, and **hereby grant the Department of Land Development Services and its authorized agent permission to enter into the above described property.**

SIGNATURE (Owner / Licensed Installer / Authorized Agent)

DATE

Submit the following checked items and applicable fees with this application:

Vicinity or Tax Lot Map

Plot Plan

Septic System Plan and Materials List

Of Test Holes Required

Land Use Proposal

Map Locating Test Holes

Fee (evaluation) (new construction permit) (minor repair) (major repair) (authorization) (alteration)

FOR OFFICE USE ONLY:

USE	#'S	FLOW	TOTAL	QUESTIONS
				Ag Tile:
				Easements:
				Wells:
				Existing Septic:
				Chemical Processes:

TOTALS: