



NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East Seventh Street
The Dalles, OR 97058
(541) 506-2600

Fee: _____
Date Paid: _____
Permit #: _____
Office Use Only

AUTHORIZATION NOTICE

Date: _____

RE: Twp. _____ Range _____ Section _____ Tax Lot _____

I, _____
(Name of property owner)

have no information that the existing on-site sewage disposal system located on property referenced above has ever failed by discharging sewage onto the ground surface or into public waters, by clogging or backing up in household plumbing, or in any other manner.

The existing system consists of _____ (linear feet of disposal field) and last served or now serves a dwelling having _____ bedrooms (include all rooms that could be used as bedrooms though actually used for other purposes, such as dens or sewing rooms) on _____ (date).

-or-

A business _____ (type of) consisting of _____ (number of employees or occupancy) on _____ (date).

To the best of my knowledge, the existing septic tank has a _____ gallon liquid capacity; determined by _____ (pumping record, permit, etc.).

The existing on-site system was installed on _____ (date).

I intend to connect a dwelling having _____ bedrooms (include all rooms that could be used as bedrooms even though they may actually be used for other purposes, such as dens, sewing rooms) or a business _____ (type of) consisting of _____ (number of employees or occupancy) on _____ (date).

Or: I intend to add to my existing structure (state all the rooms to be added) _____
_____.

Property Owner's Signature

COMPLETE THIS SIDE ONLY

4/6/2023



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AUTHORIZATION NOTICE
(To Be Filled Out By Specialist)

OWNER: _____ DATE: _____

PROPERTY ADDRESS: _____

TWP. _____ RANGE _____ SEC. _____ TAX LOT _____

TYPE OF SEPTIC SYSTEM: _____

THIS AUTHORIZATION NOTICE ACKNOWLEDES THAT THE ON-SITE SEWAGE SYSTEM LOCATED ON THE PACREL IDENTIFIED APPEARS ADEQUATE, ON THE BASIS OF A _____,
(FIELD INSPECTION OR RECORD REVIEW)

TO SERVE A _____ WITH A
(NUMBER OF BEDROOMS AND TYPE OF STUCTURE)

SEWAGE FLOW UP TO _____ GALLONS PER DAY.

SPECIAL CONDITIONS OF APPROVAL:

ENVIRONMENTAL HEALTH SPECIALIST

NOTE:

1. THIS AUTHORIZATION NOTICE DOES NOT GUARANTEE SATISFACTORY OR CONTINUOUS OPERATION OF THE ON-SITE SYSTEM IDENTIFIED.
2. A PERMIT AND INSPECTION OF THE BUILDING SEWER CONNECTION TO THE SEWAGE SYSTEM MAY BE REQUIRED BY THE DEPARTMENT OF COMMERCE OR ITS AUTHORIZED REPRESENTATIVE.