



# COMMUNITY DEVELOPMENT DEPARTMENT

## Application For Onsite Wastewater System

<b>Office Use Only</b>	Building Permit #:	Onsite Permit #:
<input checked="" type="checkbox"/> New Installation	<input type="checkbox"/> Minor Alteration	<input type="checkbox"/> Major Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Tank replacement           Authorization <input type="checkbox"/> with field visit; or <input type="checkbox"/> w/o field visit

<b>A. Job Site Information and Location</b>	<b>B. Application For:</b>
<i>(If property is in City limits a Building Permit Release Form signed by the city planning and engineering staff is required)</i> <b>Property Address:</b> 20440 Swalley Road Bend Or 97701	<input checked="" type="checkbox"/> New System Installation <input type="checkbox"/> Tank replacement <input type="checkbox"/> Connecting to an existing system <input type="checkbox"/> Replacing a dwelling with another dwelling <input type="checkbox"/> The addition of one or more bedrooms <input type="checkbox"/> Temporary housing/Medical Hardship <input type="checkbox"/> Personal Hardship <input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Manufactured Dwelling <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Commercial/Industrial	
Water Supply: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Other _____	

<b>C. For New Systems (New Construction Only)</b>			
<b>Proposed Use of Structure:</b> <input checked="" type="checkbox"/> Full-time Residence <input type="checkbox"/> Vacation Home <input checked="" type="checkbox"/> Shop <input type="checkbox"/> Barn <input type="checkbox"/> Accessory Dwelling <input type="checkbox"/> Business/Commercial <input type="checkbox"/> Other, provide description: _____ Include a detailed description of the proposal _____			
<b>Proposed # of bedrooms:</b>	3	<b>Proposed # of employees:</b>	
<b>Proposed # of bathrooms:</b>	4	<b>Proposed # of wet bars:</b>	
<b>Proposed System Type:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input checked="" type="checkbox"/> ATT <input type="checkbox"/> Sand Filter <input type="checkbox"/> Pressure Distribution			
<b>Proposed Tank Material:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Fiberglass <b>Use of sewage ejector pump?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>Site Evaluation Permit #:</b>	247-FS23689	<b>Site Evaluation Date:</b>	

<b>D. Existing System Information (Required for Authorizations, Alterations, Repairs, &amp; Tank Replacements)</b>			
<b>Use of Existing Structures:</b> <input type="checkbox"/> Full-time Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Shop <input type="checkbox"/> Barn <input type="checkbox"/> Accessory Dwelling <input checked="" type="checkbox"/> Business/Commercial, provide description: _____ <input type="checkbox"/> Other, provide description: _____			
<b>Existing # of bedrooms:</b>		<b>Existing # of employees:</b>	
<b>Existing # of bathrooms:</b>		<b>Existing # of wet bars:</b>	
<b>Existing System Type:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Capping Fill <input type="checkbox"/> ATT <input type="checkbox"/> Sand Filter <input type="checkbox"/> Pressure Distribution			
<b>Existing Tank Material:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Poly <input type="checkbox"/> Fiberglass <b>Use of sewage ejector pump?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			

*Note: If adequate onsite wastewater records do not exist, you may be required to expose the entire top of a septic tank, junction boxes, the beginning and end of each drain line, and/or dig test pits.*



# Application For Onsite Wastewater System (Continued)

### E. Proposed Changes (Required for Authorizations, Alterations, Repairs, & Tank Replacements)

- |  |  |
|--|--|
| <input type="checkbox"/> Fix failing or sub-standard system  | <input type="checkbox"/> Add a bathroom to a new or existing accessory structure |
| <input type="checkbox"/> Add a bedroom to single family dwelling   | <input type="checkbox"/> Add a bedroom to a new or existing accessory structure  |
| <input type="checkbox"/> Change a residential use to a commercial use <i>(Include information about the proposed operation and specific information regarding wastewater characteristics and the size of the flow)</i> | <input type="checkbox"/> Other <i>(provide details below)</i>                    |

Detailed Description : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Total # of proposed bedrooms (existing + new):</b>	<b>Total # of proposed employees (existing + new):</b>
<b>Total # of proposed bathrooms (existing + new):</b>	<b>Total # of proposed wet bars (existing + new):</b>

### F. Proposed Modifications to Septic System (Required for Authorizations, Alterations, Repairs, & Tank Replacements)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Use existing system as is | <input type="checkbox"/> Replace septic tank (only) | <input type="checkbox"/> Add drainfield | <b>Add sewage ejector pump?</b><br><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> Other _____               |   |   |   |

### G. Property Owner Information

Owner Name:	Jon and Karen McKnight	Email:	
Mailing Address:	20440 Swalley Road Bend Or 97701	Phone #:	

### H. Installer Information

Business Name:	Bee Excavation	Installer Name:	Bob Owen
Business Address:	67550 Cloverdale Rd Sisters Or 97759	DEQ License #:	
Phone #:	541.388.8133	Email:	beexcavation@aol.com

### I. Applicant Information

Applicant Name:	Chris Christianson
Applicant Address:	PO Box 1807 Redmond Or 97756
Phone #:	5412791895
Email:	chris@sunriseoregon.com

All information provided in this application is complete and accurate and does not contain omissions. Incomplete applications may delay the application review and permitting process.

**Signature:** \_\_\_\_\_ **Date:** 03/09/2023

Digitally signed by Chris Christianson  
 DN: cn=Chris Christianson, o=Deschutes County, ou=Deschutes County, email=chris@sunriseoregon.com, c=US