

NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 EAST SEVENTH STREET

THE DALLES, OR 97058

541-506-2600

NAME _____ Township ____ Range ____ Section ____
Tax Lot# _____

PLOT PLAN (please use pencil)

Installer's Name
(MUST BE LICENSED BY D.E.Q.)

House ____ Mobile Home ____ Bedrooms ____ Baths ____ Basement: ____ Yes ____ No
Feet from Well: Drainfield _____ Septic Tank _____

CONSTRUCTION PERMITS ARE
FOR ONE (1) YEAR FROM DATE

SYSTEM MUST BE INSPECTED BEFORE
BACKFILLING

ALL MATERIALS MUST BE D.E.Q. APPROVED

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

DATE _____

(Applicant's Signature)

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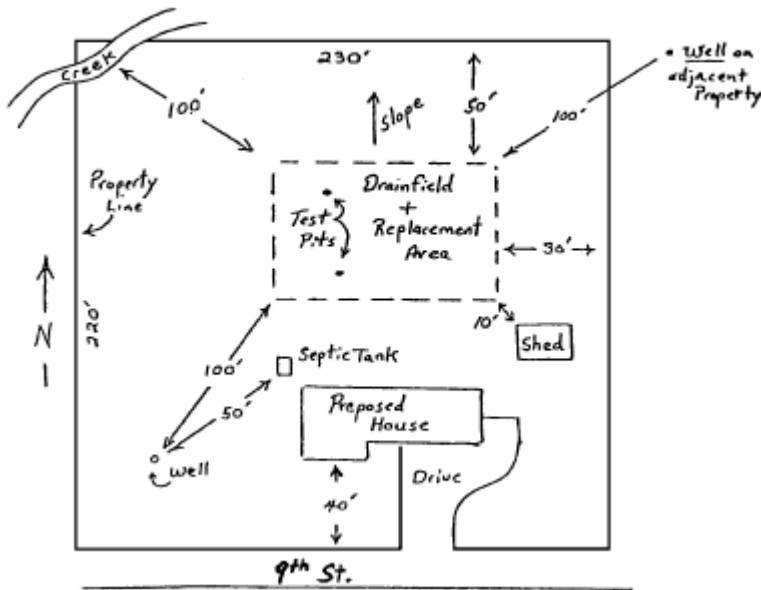
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FOR LOCAL GOVERNMENTS APPROVAL OF A BUILDING PERMIT A PLOT PLAN WITH THE FOLLOWING INFORMATION WILL NEED TO BE PROVIDED:

1. Property lines (show dimensions)
2. Location of the:
 - a. Proposed structure(s)
 - b. Drainfield area
 - c. Well or water source
 - d. Access roads (public or private)
3. Location and distances to other structure(s)
4. Direction of North
5. Direction of slope

Other information may be necessary in some instances.
The reverse side can be used for the plot plan.

PLOT PLAN GUIDE



Minimum Separation Distances

From	Drainfields	Septic Tanks
All Wells	100'	50'
Springs	100'	50'
Surface Water	100'	50'
Property Lines	10'	5'
Water Lines	10'	10'
Building Foundations	10'	5'