



MARION COUNTY PUBLIC WORKS
BUILDING INSPECTION DIVISION
5155 Silverton Rd NE
Salem OR 97305
(503) 588-5147 Fax (503) 588-7948
<http://publicworks.co.marion.or.us/building>

RECIRCULATING GRAVEL FILTER (RGF) CONSTRUCTION- INSTALLATION PERMIT APPLICATION INSTRUCTIONS

Refer to your Site Evaluation report for approved disposal field location, the type of approved system, and other construction details. The proposed development plan submitted with your application will be evaluated based on the original site approval specifications for compatibility and compliance.

ITEMS NEEDED TO PROCESS YOUR APPLICATION:

1. Completed Application Form and Fee:

Oregon Administrative Rule (OAR) 340-071-0160 does not allow Marion County to accept incomplete applications. Please return the completed application form, with the appropriate fee and attachments:

The application form must be signed by the owner or owner's authorized representative. "*Authorized Representative*" means a person with written authorization to act as another person's delegate. If needed, an **Authorization to Apply** form is attached for your convenience.

* Indicate the proposed use of the system, number of bedrooms, employees, etc.

2. A Detailed Site Plan:

Instructions are listed on the backside of site plan form.

3. Land Use Compatibility Statement (LUCS):

Required when a property is located inside the city limits, or urban growth boundary of a city. Instructions are provided with the LUCS form.

4. Detailed Plans of System Design meeting OAR 340-071-0302:

Hydraulic Calculations and System Design requirements including tanks, pumps, etc. Indicate whether the RGF meets Treatment Standard 1 or 2.

5. Stakeout of Proposed Septic System:

A stakeout is used to show that the proposed septic system will fit on the property while meeting all DEQ-required setbacks. If the system does not fit, other options may be considered such as a different type of septic system or obtaining an easement to place the system or a portion of it on an adjacent property.

6. Service Contract:

The owner of an RGF system must maintain a contract with a maintenance provider certified by the manufacturer to serve and maintain the onsite system. A service contract must be entered before the system is installed and must be maintained until the system is decommissioned. A single service contract and maintenance provider for both the RGF and the other components is preferable to multiple contracts for maintenance providers.

The service contract must provide the following:

- (A) Provide for a minimum of four inspection and service visits by a maintenance provider scheduled once every six months over the two-year period to inspect, adjust, and service the RGF.
- (B) Provide for an RGF-effluent quality inspection by a maintenance provider consisting of but not limited to a visual assessment for color, turbidity, and scum overflow; an olfactory assessment for odor; and any other performance assessment or operational diagnosis, which may include sampling of treated effluent (post-disinfection if disinfection is used) necessary to determine or ensure proper operation of the facility.
- (C) Include a clause stating that the maintenance provider must notify the system owner in writing about any improper system function that cannot be remedied during the time of inspection and include an estimated date of correction.
- (D) Include other information and conditions of the agreement such as:
 - (i) Owner's name and address;
 - (ii) Property address and legal description;
 - (iii) Permit requirements;
 - (iv) Contact information for the owner, maintenance provider, and agent;
 - (v) Details of service to be provided, including the service required in this section;
 - (vi) Schedule of maintenance provider duties;
 - (vii) Cost and length of service contract and time period covered;
 - (viii) Details of any warranty; and
 - (ix) Owner's responsibilities under the contract for routine operation of the onsite system.

7. Certified Maintenance Provider:

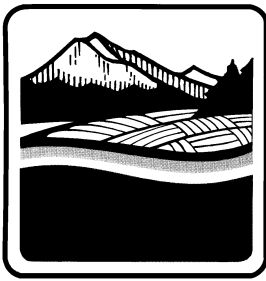
Maintenance providers. A maintenance provider under a contract required in this section must comply with the following requirements:

- (A) A maintenance provider must observe and record conditions in the drainfield during all operation and maintenance activities for the system and report those observations to the

system owner. System owners must report evidence of any system failures to the agent and take appropriate action approved by the agent to correct the problem. Any Repair or Alteration must comply with OAR 340-071-0215, 340-071-0210, and other applicable requirements in this division.

- (B) Maintenance providers must maintain accurate records of their service contracts, customers, performance data, and time lines for renewing the contracts. These records must be available for inspection upon request by the agent.
- (C) Within 30 days of their termination or expiration, maintenance providers must notify the agent of service contracts that are terminated or not renewed.
- (D) Maintenance providers must make emergency service available within 48 hours of a service request.
- (E) The maintenance provider must submit the annual report required in OAR 340-071-0130(17)(a) and the annual evaluation fee in OAR 340-071-0140(3)(k)(B) for each system under contract to be serviced by the maintenance provider.

**Return the completed application form, fee and attachments to:
Marion County Building Inspection Division at the address listed above.**



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NOTICE AUTHORIZING REPRESENTATIVE

I, _____, have authorized
 (Property Owner / Print Name)

_____ to act as my agent in performing the
 (Authorized Representative / Print Name)

activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Department of Environmental Quality or County Agent on the property described below in accordance with OAR chapter 340, division 071.

PROPERTY IDENTIFICATION:

_____ Property Situs or Street Address

And described in the records of MARION County as:

Legal Description _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip _____ Fax: _____

E-mail Address _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Company Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip _____ Fax: _____

E-mail Address _____

DEQ License # _____ CCB # _____