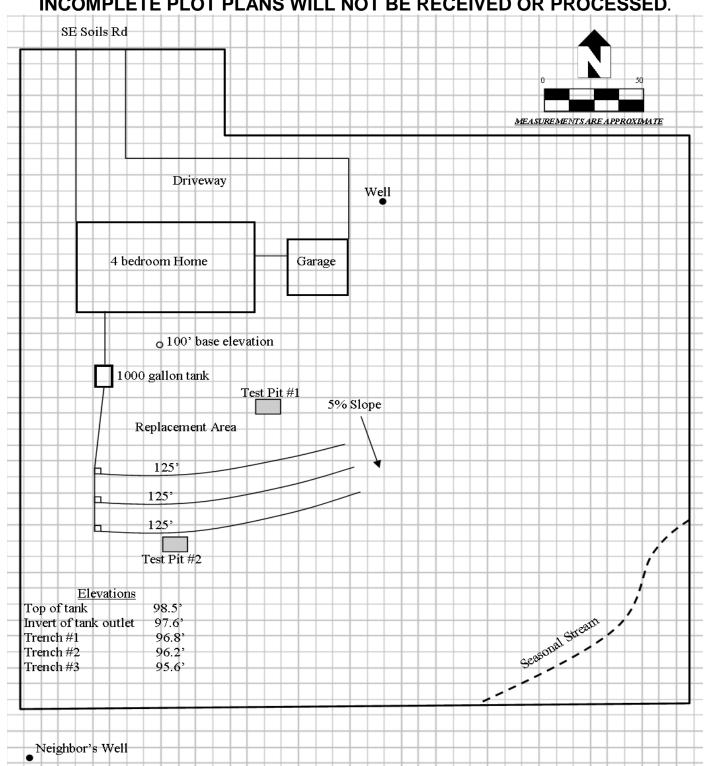
## Clackamas County Septic and Onsite Wastewater Systems SEPTIC INSTALLATION PLOT PLAN REQUIREMENTS

As part of your application for a septic permit, you must submit a plot plan of your proposed septic installation. This plan must show all of the items listed below. You may use the reverse side of this form for your plan.

## **ITEMS THAT MUST BE ON THE PLOT PLAN:**

- Applicant's name and property address.
- 2. Legal description of the property (Township, Range, Section and Tax Lot).
- 3. Location of the approved test pits.
- 4. North Arrow and Scale.
- 5. Driveway (existing or proposed) location.
- 6. All relevant structures (existing or proposed) including dwellings and outbuildings.
- 7. Location of property lines and/or easement boundaries
- 8. Location of all creeks, streams, rivers, lakes, ponds, springs, or other drainage ways (if applicable)
- 9. Location of any existing or proposed wells within 200' of the septic system.
- 10. Location of the existing and/or proposed septic tank, sand filter, ATT, drainfield, and drainfield replacement area (as applicable).
- 11. Length of each drainline.
- 12. Approximate ground slope percent and direction.
- 13. Relative elevations for septic tank top, invert of septic tank outlet, top of ATT or Sand Filter (if applicable), elevation of the header pipe invert of each drain line, and any applicable components.
- 14. If your system includes a pump, provide pump calculations, pump curve, and a cross section of the dosing tank with float settings

## INCOMPLETE PLOT PLANS WILL NOT BE RECEIVED OR PROCESSED.



## **SEPTIC PLOT PLAN**

| ApplicantRangeSectionTax Lot |  |  |        |   |          |    |       |   |  |  |  |  |          |      | _   |   |   |   |          |          |   |   |
|------------------------------|--|--|--------|---|----------|----|-------|---|--|--|--|--|----------|------|-----|---|---|---|----------|----------|---|---|
| Township_                    |  |  | _Range | ! |          | Se | ectio | n |  |  |  |  | _Ta      | x Lo | ot_ |   |   |   |          |          |   | _ |
| Address                      |  |  |        |   |          |    |       |   |  |  |  |  |          |      | _   |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
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|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
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|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
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|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          | _    |     | _ |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          | -    |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          | -    |     | - |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          | -    | -   | - |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  | _        | _    |     | _ | _ | _ |          | _        |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  | _        |      |     | _ |   |   | _        | _        |   |   |
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|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  | $\dashv$ |      |     |   |   |   | $\dashv$ | $\dashv$ |   |   |
|                              |  |  |        |   |          |    |       |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |
|                              |  |  |        |   |          |    | -     |   |  |  |  |  |          |      |     |   |   |   |          |          |   |   |