



# Umatilla County Public Health

## Environmental Health Division

200 SE 3<sup>rd</sup> St., Pendleton, OR 97801

Office: 541-278-6394 Fax: 541-278-5433

[www.ucohealth.net](http://www.ucohealth.net) E-Mail - [Health@umatillacounty.net](mailto:Health@umatillacounty.net)



## Authorization Notice / Existing System Report

<b>Completed Application Form and Fee</b>	
<p>Authorization Notice:</p> <p>Field Visit Required - \$724.00</p> <p>Field Visit Not Required - \$260.00</p>	<p>Existing System Report - \$740.00</p>
<p><b>If no records of the system exist, a field visit will be required</b></p>	
<p><b>Map to Your Property</b></p> <p>Draw your map on an 8.5 x 11 sheet of white paper. Include written directions to your property on the application page. If you have a large parcel, please also show how to find the disposal field area.</p>	
<p><b>Tax Lot Map</b></p> <p>Available from your local County Assessor's or Planning Department's office.</p>	
<p><b>Land Use Compatibility Statement</b></p> <p>Signed and approved by the local County and/or City Planning Department. <i>(Not required for Existing System Report)</i></p>	
<p><b>Detailed Site Plan</b></p> <p>Show the location of all existing septic system components. Please include Test hole locations, existing structures, proposed structures, property lines, easements, existing and proposed wells, etc.</p>	
<p><b>Existing System Description</b></p> <p>The attached form needs to be filled out as completely as possible.</p>	
<p><b>Notice Authorizing Representative</b></p> <p>This must be filled out if the property owner is not submitting the application.</p>	

<u>Office Use Only</u>		
Date Received: _____	Amount Paid: _____	Receipt: _____
Initial: _____		



# Umatilla County Public Health

## Environmental Health Division

200 SE 3<sup>rd</sup> St., Pendleton, OR 97801

Office: 541-278-6394 Fax: 541-278-5433

[www.ucohealth.net](http://www.ucohealth.net) E-Mail - [Health@umatillacounty.net](mailto:Health@umatillacounty.net)



### Application for Onsite Sewage Treatment System

#### Property Owner Information

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Legal Property Description

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Tax Account Number \_\_\_\_\_ Acreage or Lot Size \_\_\_\_\_

County \_\_\_\_\_ Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Property Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Directions to Property: \_\_\_\_\_

#### Existing Facility/Proposed Facility/Water Information

##### Existing Facility:

Single Family Residence

Bedrooms: \_\_\_\_\_

Other: \_\_\_\_\_

##### Proposed Facility:

Single Family Residence

Bedrooms: \_\_\_\_\_

Other: \_\_\_\_\_

##### Water Supply:

Public

Private

System Name: \_\_\_\_\_

#### Type of Application

Site Evaluation

Renewal Permit

Authorization Notice for:

Construction

Existing System Evaluation

Connecting to an existing system not in use

Permit Repair

Permit Transfer

The addition of one or more bedrooms

Major  Minor

Permit Reinstatement

Personal Hardship

Alteration Permit

Major  Minor

Temporary Housing

Replacing a mobile home or house with another mobile home or house

Other (please specify): \_\_\_\_\_

**If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes. By my signature, I certify that the information I have furnished is correct; and hereby grant Umatilla County Health Department and its authorized agents permission to enter onto the above property for the sole purpose of this application.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name- Please Print Legibly \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Applicant is:

Owner

Authorized Rep

Licensed Septic Installer

Authorization Form Attached

Installer's Name: \_\_\_\_\_

#### Office Use Only

Date Received: \_\_\_\_\_

Approved

Denied

Amount Paid: \_\_\_\_\_

Receipt: \_\_\_\_\_

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

(Rev 10/16)



**Umatilla County Public Health  
Environmental Health Division**



# Land Use Compatibility Statement

This form must be completed by the Umatilla County Planning Department to ensure the proposed activity is consistent with zoning and land use regulations. Please submit completed form to Umatilla County Environmental Health.

**Section 1: To be completed by the applicant:**

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Property Information:**

Property Owner: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot No: \_\_\_\_\_ Account #: \_\_\_\_\_  
Map: \_\_\_\_\_ Directions to property: \_\_\_\_\_  
\_\_\_\_\_

**Describe the proposed use: (Use additional pages as needed)**

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: To be completed by the Planning Department**

Property Zoning: \_\_\_\_\_ Location is:  Inside UGB  Outside UGB  
Subject to:  County Jurisdiction  Shared City/County Jurisdiction  City Jurisdiction  
 Permit Not Required  
 Permit Required  Zoning Permit  Design Review  Conditional Use  Land Use Decision  
 Permit(s) Issued: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

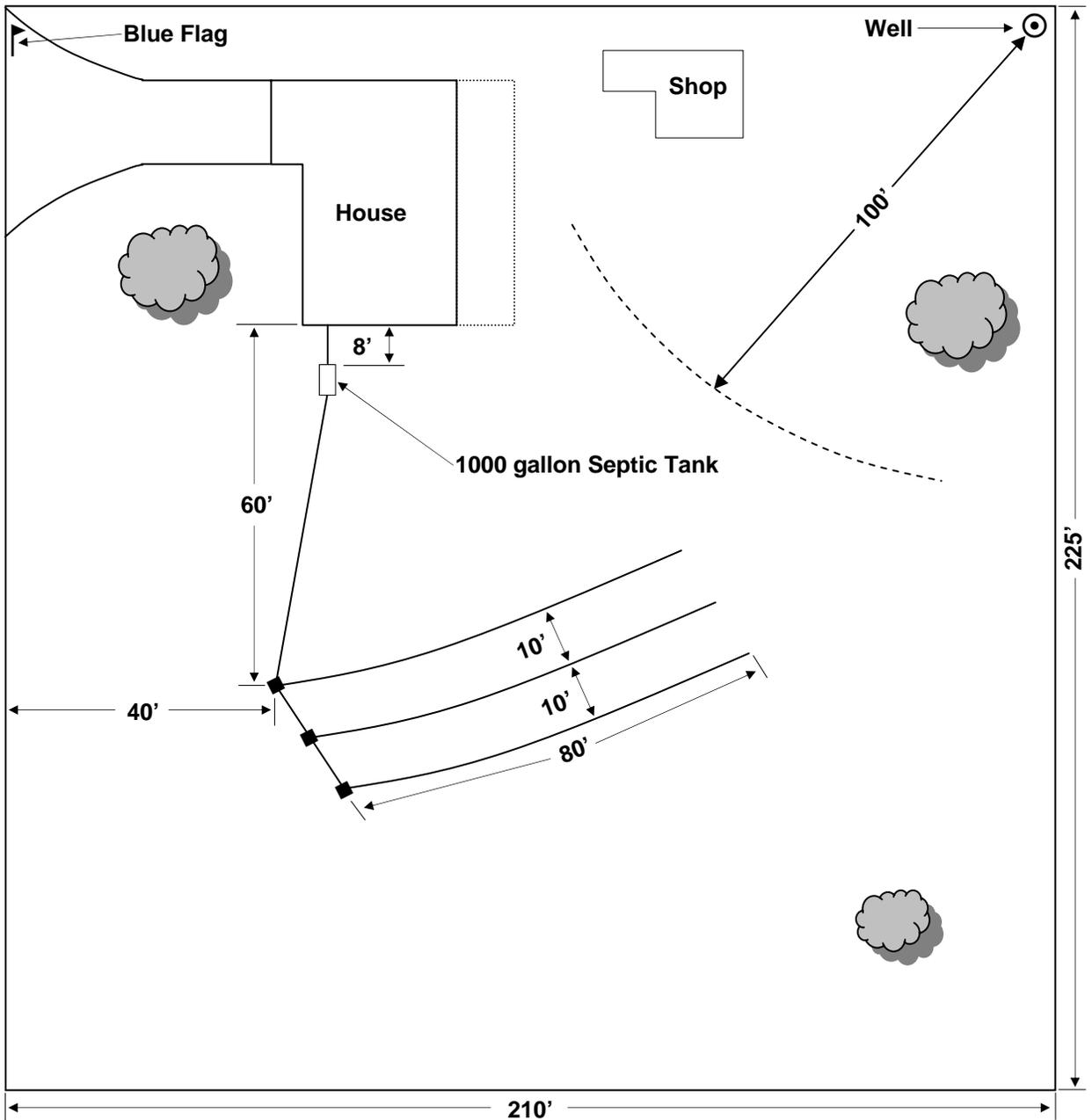
Planning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Umatilla County Environmental Health**  
200 SE 3<sup>rd</sup> Street  
Pendleton, OR 97801  
Ph: (541)278-6394  
Fax: (541)278-5433  
health@umatillacounty.net

**Umatilla County Planning Department**  
214 SE 4<sup>th</sup> Street  
Pendleton, OR 97801  
Phone: (541)278-6252  
Fax: (541) 278-5480  
planning@umatillacounty.net

# DETAILED SITE PLAN



# Example



# Umatilla County Public Health

## Environmental Health Division

200 SE 3<sup>rd</sup> St., Pendleton, OR 97801

Office: 541-278-6394 Fax: 541-278-5433

[www.ucohealth.net](http://www.ucohealth.net) E-Mail - [Health@umatillacounty.net](mailto:Health@umatillacounty.net)



# Site Plan for Proposed Septic

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Please include locations for any Test Pits, existing structures, future structures, property lines, easements, existing and proposed wells, etc.



A large, empty rectangular box with a thin blue border, intended for the site plan drawing.



# Umatilla County Public Health

## Environmental Health Division

200 SE 3<sup>rd</sup> St., Pendleton, OR 97801

Office: 541-278-6394 Fax: 541-278-5433

[www.co.umatilla.or.us/health](http://www.co.umatilla.or.us/health) E-Mail - [Health@umatillacounty.net](mailto:Health@umatillacounty.net)



## Existing Septic System Description

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):

- Septic tank   
  Disposal trenches   
  Capping fill   
  Sandfilter   
  Seepage Bed  
 Cesspool or pit   
  Unknown

Other (Describe) \_\_\_\_\_

2. When was your septic system installed? \_\_\_\_\_ (Date) \_\_\_\_\_ (Permit Number)

3. Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown

4. Septic tank volume (in gallons) \_\_\_\_\_

5. When was the septic tank last pumped? \_\_\_\_\_ Attach receipt if available.

6. Number of disposal trenches: \_\_\_\_\_

7. Total length of disposal trenches (in feet): \_\_\_\_\_

8. Do you propose to use the existing septic system?  Yes     No    If yes, what part? \_\_\_\_\_

9. Is your septic system currently in use?  Yes     No    If no, date of last use: \_\_\_\_\_

10. If the septic system currently serves as a dwelling:  
How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_

11. How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_

12. If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business: \_\_\_\_\_

13. Is there a proposed change of use of your structure (home or business)?  Yes     No

If yes, please explain: \_\_\_\_\_

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property line, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Property Owner or Legally Authorized Representative

\_\_\_\_\_  
(Date)