Umatilla County Public Health
Environmental Health Division
200 SE 3rd St., Pendleton, OR 97801
Office: 541-278-6394 Fax: 541-278-5433
www.ucohealth.net E-Mail - Health@umatillacounty.net

Construction Permit for Onsite Sewage Treatment System

Completed Application Form and Fee

Single Family Dwelling	Commercial System
☐ Standard Onsite Sewage Disposal System – $1,108.00 ☐ With Pump or Siphon Add -- $64.00 ☐ Capping Fill System -- $1335.00 ☐ Gray Water Waste Disposal Sump – $548.00 ☐ Pressure Distribution -- $1335.00 ☐ Sand Filter -- $1620.00 ☐ Alternative Treatment Technologies (ATT) -- $1335.00 ☐ Seepage Trench -- $1108.00 ☐ Steep Slope -- $1108.00 ☐ Tile Dewatering -- $1335.00 Other: _____	System Type: _____ Daily Flow: _____ Fee is based on system type and design flow. Please contact REHS at 541-278-6394 or Health@umatillacounty.net to determine proper fee.

☐ **Map to Your Property**
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.

☐ **Tax Lot Map**
Available from your local County Assessor's or Planning Department's office.

☐ **Land Use Compatibility Statement**
Signed and approved by the local County and/or City Planning Department.

☐ **Detailed Construction/Installation Plan.**
Refer to your site Evaluation Report from UCO Health for the approved location of the drainfield and other approved construction details.

☐ **Statement of Site Status**

☐ **Notice Authorizing Representative**
This must be filled out, if the property owner is not submitting the application.

Office Use Only
Date Received: _____ Amount Paid: _____ Receipt: _____
Initial: _____ (Rev 10/16)

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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
☐ Construction
☐ Permit Repair
☐ Major ☐ Minor
☐ Alteration Permit
☐ Major ☐ Minor

☐ Renewal Permit
☐ Existing System Evaluation
☐ Permit Transfer
☐ Permit Reinstatement

☐ Authorization Notice for:
☐ Connecting to an existing system not in use
☐ The addition of one or more bedrooms
☐ Personal Hardship
☐ 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: _____
Amount Paid: _____
Receipt: _____
☐ Approved
☐ Denied
Date: _____
Initial: _____

(Rev 10/16)

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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: _____

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Fax: (541)278-5433
health@umatillacounty.net

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

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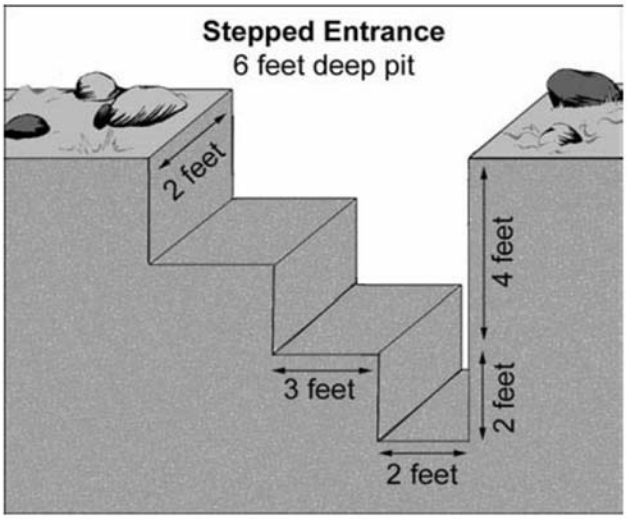
Test Pit Preparation for Onsite Sewage Evaluations

When do you need a "Test Pit?"
When you apply for a permit to construct an onsite sewage disposal system, a Umatilla County inspector will have to visit the proposed construction site. A *test pit* allows the inspector to test and examine the soil and soil layers and will help determine if it is appropriate to proceed with construction. This process is often referred to as a "site evaluation."

Preparing the test pit
To provide for pit stabilization and safe access, standard test pits for site evaluations must be prepared in the following manner:

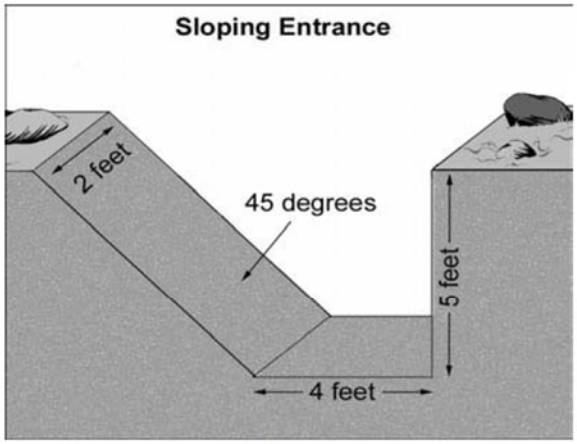
- The bottom of the pit shall be at least 2 feet wide and 4 feet long.
- The depth shall be at least 4.5 feet and shall not exceed 5 feet.
- In some instance, pits need only be excavated to the layer of hard rock or to the water table if that layer is less than 5 feet.

6 Foot test pits
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:

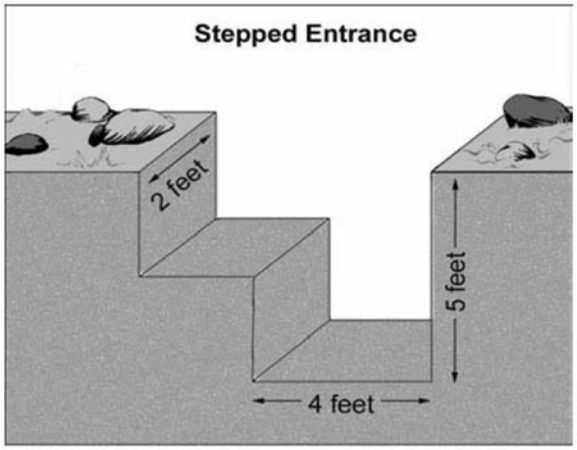


The entrance to a 6-foot test pit may be sloped or stepped as soil conditions warrant.

Providing Access to the Standard Test Pits
For easy access, one end of the test pit shall be either:



***Sloped** at approximately 45 degrees or less if the soils are dry or loose*



***Stepped** when soils are wet*

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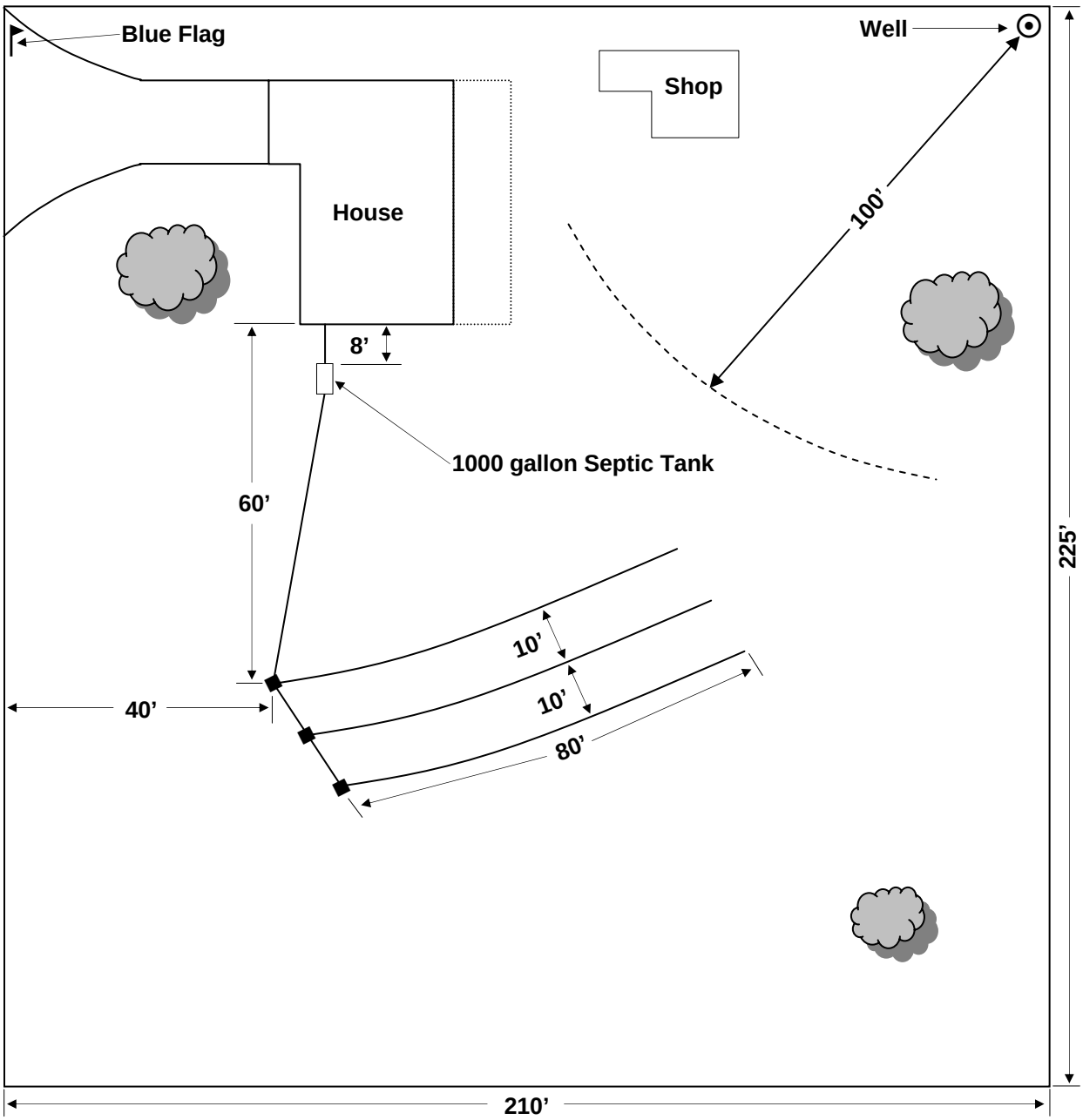
DETAILED SITE PLAN



Example

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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.

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Statement of Site Status

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Township: _____ Range: _____ Section: _____ Tax Lot: _____

County: _____

I certify by my signature that area for the initial and replacement onsite sewage disposal system for the above location; has not been cut, filled or altered in any way since the original site evaluation was performed by Umatilla County Environmental Health Department.

Signed: _____ Date: _____

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NOTICE AUTHORIZING REPRESENTATIVE

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

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

obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Umatilla County Public Health on the property described in accordance with OAR chapter 340, division 071. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

_____
(Property Address or Street Name)

And described in the records of Umatilla County as:

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

Township _____ Range _____ Section _____ Map ID _____ Tax Lot #(s) _____

PROPERTY OWNER:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email Address: _____

AUTHORIZED REPRESENTATIVE:

Printed Name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email Address: _____