

Office Use Only

Umatilla County Public Health

Environmental Health for Umatilla & Morrow

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



Serving Umatilla and Morrow Counties

Receipt: _____

(Rev 10/16)

Construction Permit for Onsite Sewage Treatment System

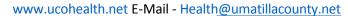
Completed Application Form and Fee			
Single Family Dwelling	Commercial System		
Standard Onsite Sewage Disposal System – \$1,108.00 With Pump or Siphon Add \$64.00 Capping Fill System \$1335.00	System Type:		
Gray Water Waste Disposal Sump – \$548.00 Pressure Distribution \$1335.00	Daily Flow:		
Sand Filter \$1620.00 Alternative Treatment Technologies (ATT) \$1335.00 Seepage Trench \$1108.00 Steep Slope \$1108.00	Fee is based on system type and design flow. Please contact REHS at 541-278-6394 or Health@umatillacounty.net to determine proper fee.		
Tile Dewatering \$1335.00 Other:			
•	ite paper. Include written directions to your ave a large parcel, please also show how to		
Tax Lot Map Available from your local County Assessor'	's or Planning Department's office.		
Land Use Compatibility State Signed and approved by the local County a			
Detailed Construction/Install Refer to your site Evaluation Report from drainfield and other approved construction	UCO Health for the approved location of the		
Statement of Site Status			
Notice Authorizing Representative			
This must be filled out, if the property owner is not submitting the application.			

Date Received: Amount Paid:



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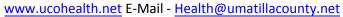
Application for Onsite Sewage Treatment System

			auta Carres	Information	<u> </u>		
		Prope	erty Owner	Information			
Name	Mailing Address				Phone Nu	umber	
		Lega	l Property I	Description			
				•			
Township	Range	Section	Tax Lot		Tax Account Number		Acreage or Lot Size
County		Subdivision Nan	ne		Lot	— -	Block
Property Address:							
<u></u>				City		State	Zip Code
Directions to Property:							
		Existing Facility/Pr	roposed Fac	cility/Water Inform	mation		
Existing Facility:		Proposed Fa		siney, water infor	Water Su	pplv:	
Single Family Residence	3	Single Famil	=	e	Public	F F - 7 -	Private
Bedrooms:		Bedrooms:	=		Ш		
Other:	-	Other:		_	System Na	ame:	
		Ţ	Type of App	lication	,		
Site Evaluation	Rene	wal Permit		Authorization	Notice for:		
Construction	Existi	Existing System Evaluation		Connecting to an existing system not in use			
Permit Repair	Perm	ermit Transfer		The addition of one or more bedrooms			
	Perm	ermit Reinstatement		Personal Hardship			
Alteration Permit				Temporar	y Housing		
Major Minor				Replacing a	mobile home or house with	h another r	nobile home or house
					ease specify):		
If the required fee and atta							
the entrance to the prope		ber the test holes. By my s its authorized agents perr	_	•			
County ricula	1 Department und	nts dutilonized agents peri	111331011 10 0111	er onto the above prop	erty for the sole purpose	2 01 (1113 (1	ррпсилоп.
Signature					Date		
				<u> </u>			
Applicant's Name- Please Pri	nt Legibly	Pł	hone Number	E-mail .	Address		
Applicant's Mailing			-				
Address				Applicant is:	Owner	□A	uthorized Rep
Office Use Only					☐ Licensed	Septic I	nstaller
Office Use Only		☐ Approved ☐ Denied	A	Authorization Form	Attached 🔲		
Date Received: Amount Paid:		Прешеа					
Receipt:	_	Date:		nstaller's Name:			
пессірі.		Initial:					
(Rev 10/16)		micial.					



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

plicant 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:
Section 2: To be completed b	by the Planning Department
Property Zoning:	
Property Zoning: Subject to: □ County Jurisdic □ Permit Not Required □ Permit Required □ Zoning □ Permit(s) Issued:	Location is: ☐ Inside UGB ☐ Outside UGB ction ☐ Shared City/County Jurisdiction ☐ City Jurisdiction g Permit ☐ Design Review ☐ Conditional Use ☐ Land Use Decision
Property Zoning: Subject to: County Jurisdice Permit Not Required Permit Required Permit(s) Issued: Department Name:	Location is: ☐ Inside UGB ☐ Outside UGB ction ☐ Shared City/County Jurisdiction ☐ City Jurisdiction g Permit ☐ Design Review ☐ Conditional Use ☐ Land Use Decision
Property Zoning:	Location is: ☐ Inside UGB ☐ Outside UGB ☐ City Grant ☐ City Jurisdiction ☐ City Jurisdiction ☐ Permit ☐ Design Review ☐ Conditional Use ☐ Land Use Decision



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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."

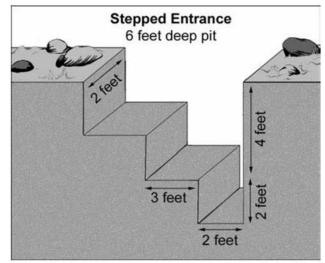
Preparing the test pit

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

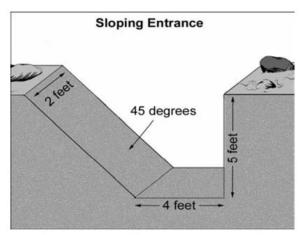
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



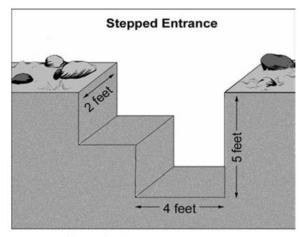
The entrance to a 6-foot test pit may be sloped or stepped as soil conditions warrant.

Providing Access to the Standard Test Pits

For easy access, one end of the test pit shall be either:

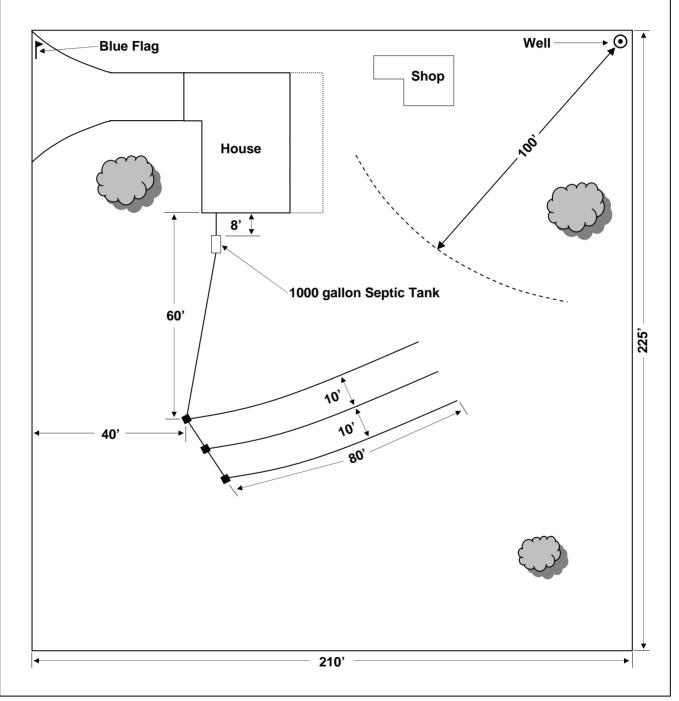


Sloped at approximately 45 degrees or less if the soils are dry or loose



Stepped when soils are wet

DETAILED SITE PLAN







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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 vells, etc.			
W E S			



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Statement of Site Status

Name:				
Address:				
City:		State:	Zip Code:	
Township:	Range:	Section:	Tax Lot:	
County:				
location; has not b		ne initial and replacement on red in any way since the orig Department.		
Signed:		Dat	e:	



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NOTICE AUTHORIZING REPRESENTATIVE

I,	, have authorized	
(Property Owner/F	Print Name)	
(Authorized Representative/Print Name)	to act as my agent in performing the activities n	ecessary to
	her onsite wastewater treatment program service: d in accordance with OAR chapter 340, division o responsibility.	,
PROPERTY IDENTIFICATIO	ON:	
	(Property Address or Street Name)	_
And described in the records of Umatil	lla or Morrow County (circle one) as:	
Township Range Section	1 Map ID	_ Tax Lot #(s)
Township Range Section	1 Map ID	_ Tax Lot #(s)
PROPERTY OWNER:		
Printed Name:		
Signature:	Date:	
Address:	Phone:	
City, State, Zip:	Fax:	
Email Address:		
AUTHORIZED REPRESENTA	ATIVE:	
Printed Name:		
Signature:	Date:	
Address:	Phone:	
City, State, Zip:	Fax:	
Email Address:		