



# 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)



*Serving Umatilla and Morrow Counties*

## Authorization Notice / Existing System Report

### Completed Application Form and Fee

#### Authorization Notice:

Field Visit Required - \$724.00  
Field Visit Not Required - \$260.00

Existing System Report - \$740.00

**If no records of the system exist, a field visit will be required**

### 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.  
*(Not required for Existing System Report)*

### Detailed Site Plan

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.

### Existing System Description

The attached form needs to be filled out as completely as possible.

### 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: \_\_\_\_\_



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## Application for Onsite Sewage Treatment System

### Property Owner Information

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

**Note:** If E-mail address is provided, all correspondence and permits will be sent electronically. \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### Legal Property Description

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

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_ Tax Account Number \_\_\_\_\_ County \_\_\_\_\_ Acreage/Lot size \_\_\_\_\_

Directions to Property: \_\_\_\_\_  
(Attach map if necessary) \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

### Existing Facility/Proposed Facility/Water Information

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
Single Family Dwelling	Single Family Dwelling	<input type="checkbox"/> Public <input type="checkbox"/> Private
Bedrooms: _____	Bedrooms: _____	
<u>If not Single Family Home:</u>	<u>If not Single Family Home:</u>	System Name: _____
Type: _____	Type: _____	
# of people/day: _____	# of people/day: _____	

### Existing Facility/Proposed Facility/Water Information

<input type="checkbox"/> Site Evaluation	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Authorization Notice for:
<input type="checkbox"/> Construction	<input type="checkbox"/> Existing System Evaluation	<input type="checkbox"/> Connection to an existing system not in use
<input type="checkbox"/> Permit Repair	<input type="checkbox"/> Permit Transfer	<input type="checkbox"/> The addition of one more more bedrooms
<input type="checkbox"/> Major <input type="checkbox"/> Minor	<input type="checkbox"/> Permit Reinstatement	<input type="checkbox"/> Personal Hardship
<input type="checkbox"/> Alteration Permit		<input type="checkbox"/> Temporary Housing
<input type="checkbox"/> Major <input type="checkbox"/> Minor		<input type="checkbox"/> Replacing a mobile home or house with another mobile home or house
Installer's Name: _____		<input type="checkbox"/> Other (Please specify): _____

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

Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Mailing Address \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Applicant's E-Mail Address \_\_\_\_\_



# Umatilla County Public Health

## Environmental Health for Umatilla & Morrow

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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.

### 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: \_\_\_\_\_

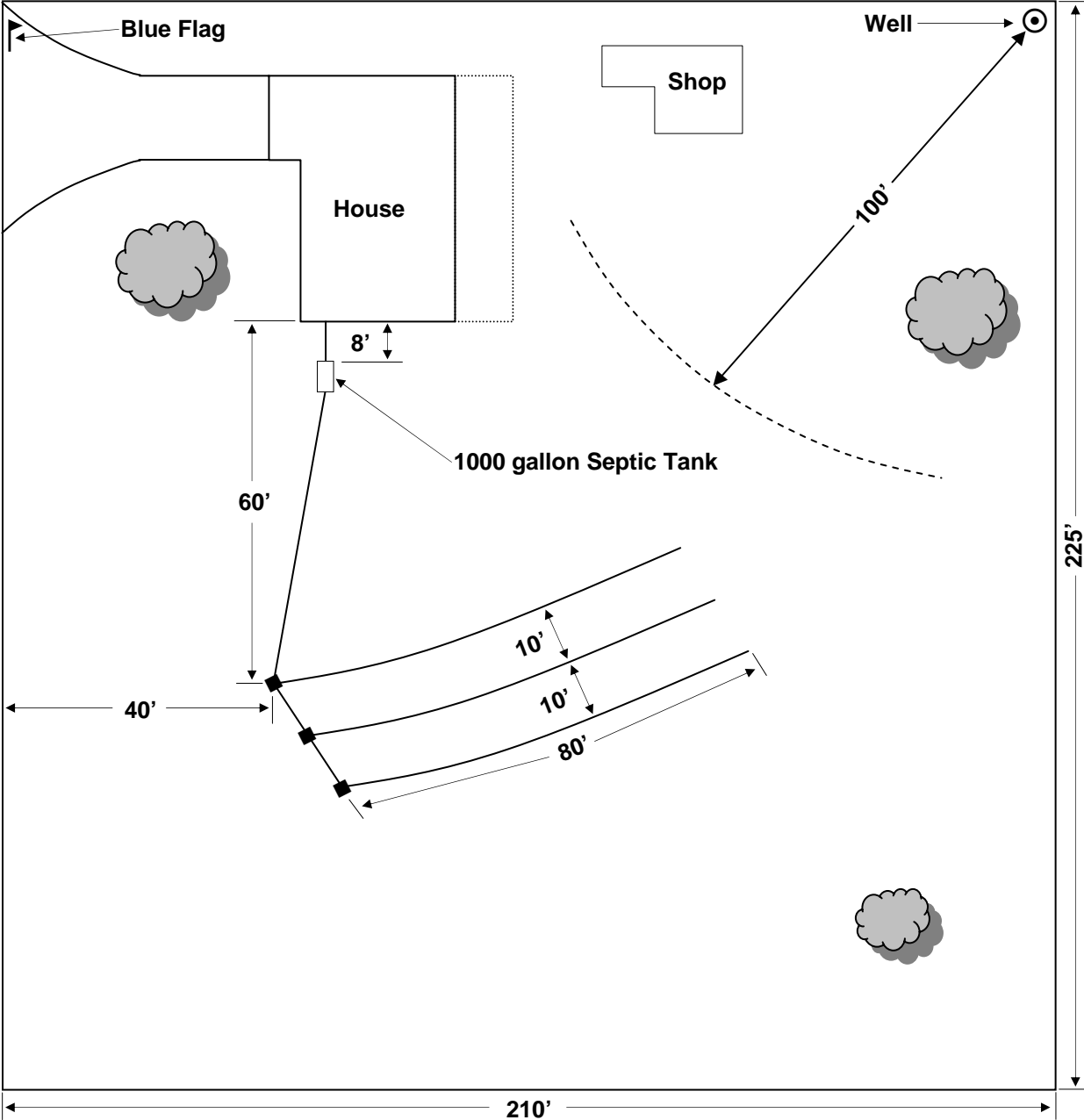
Department Name: \_\_\_\_\_

Planning Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

# 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.



Large empty rectangular area for drawing the site plan.



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## 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)



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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: \_\_\_\_\_