



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

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

Existing Facility:	Proposed Facility:	
Single Family Dwelling	Single Family Dwelling	Water Supply:
Bedrooms: _____	Bedrooms: _____	<input type="checkbox"/> Public <input type="checkbox"/> Private
<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



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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: _____

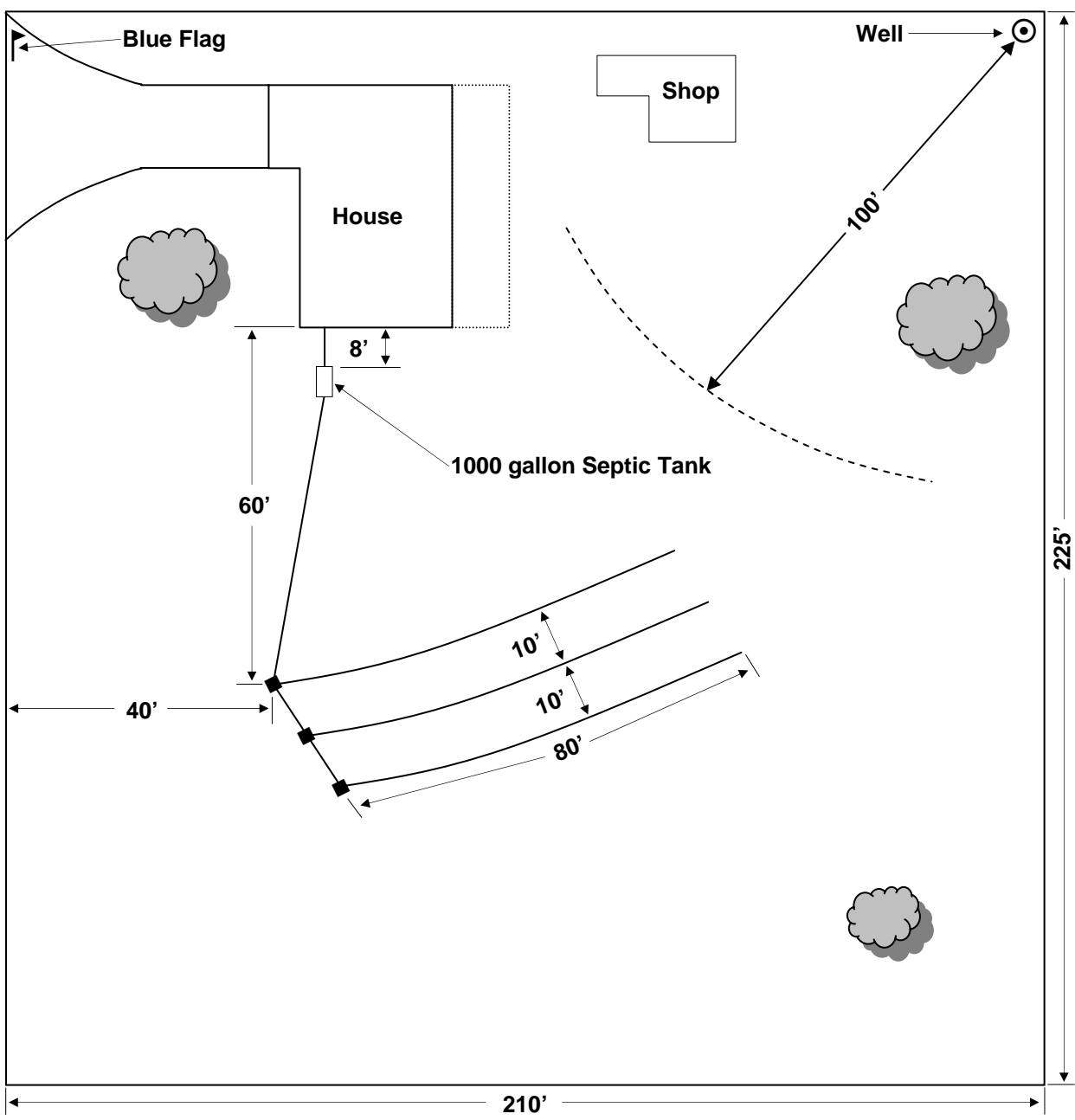
Department Name: _____

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.





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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: _____