



## Umatilla County Public Health

Environmental Health for Umatilla and Morrow

200 SE 3rd 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)



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## Repair/Alteration Permit

Completed Application Form and Fee		
Repair		Alteration
Single Family Dwelling: Major Repair - \$635.00 Minor Repair - \$356.00	Commercial Facility: Major Repair - \$1,108.00 Minor Repair - \$563.00	Major Alteration - \$652.00 Minor Alteration - \$364.00
Major = Modifications to full system, or drainfield only.		Minor = Modifications to Septic Tank only, or distribution technique.
<b>Map to Your Property</b> 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.		
<b>Tax Lot Map</b> Available from your local County Assessor's or Planning Department's office.		
<b>Land Use Compatibility Statement</b> Signed and approved by the local County and/or City Planning Department.		
<b>Detailed Site Plan</b> 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.		
<b>Detailed Construction/Installation Plan</b>		
<b>Existing System Description</b> The attached form needs to be filled out as completely as possible.		
<b>Notice Authorizing Representative</b> 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:

Single Family Dwelling

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

If not Single Family Home:

Type: \_\_\_\_\_

# of people/day: \_\_\_\_\_

#### Proposed Facility:

Single Family Dwelling

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

If not Single Family Home:

Type: \_\_\_\_\_

# of people/day: \_\_\_\_\_

Water Supply:

☐ Public ☐ Private

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

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

## 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."

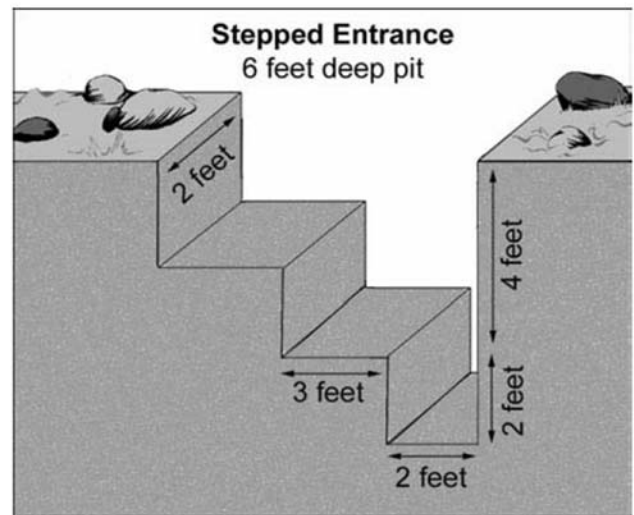
### Preparing the test pit

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

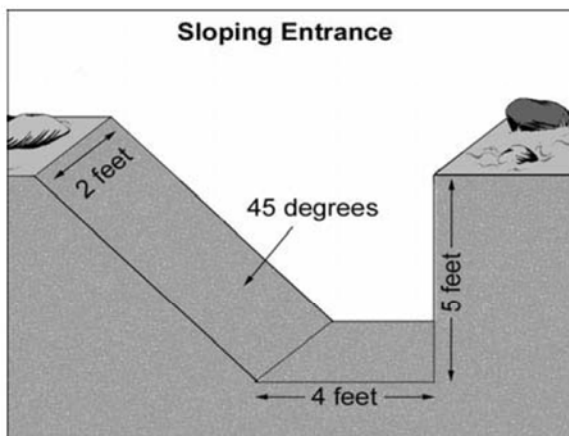
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



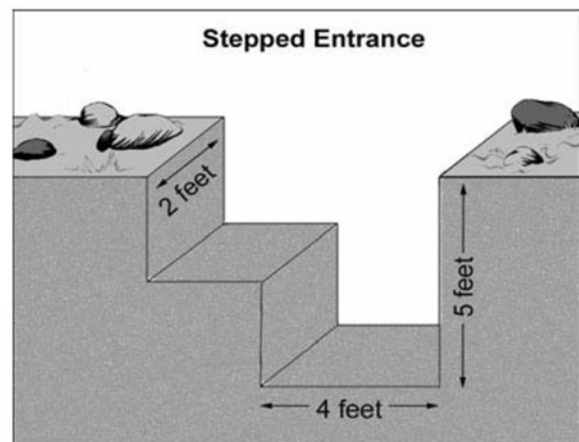
*The entrance to a 6-foot test pit may be sloped or stepped as soil conditions warrant.*

### Providing Access to the Standard Test Pits

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

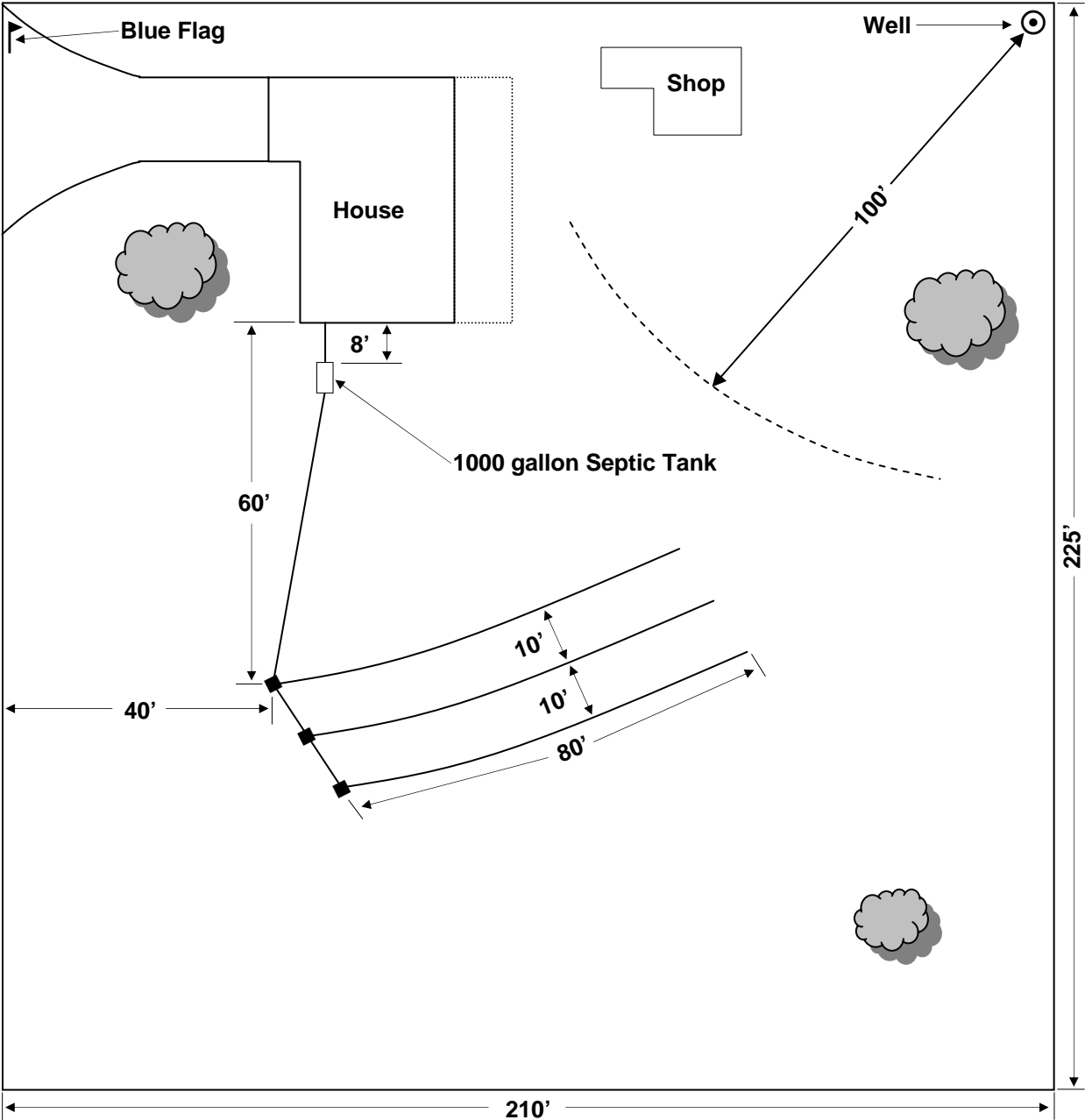


*Sloped at approximately 45 degrees or less if the soils are dry or loose*



*Stepped when soils are wet*

**DETAILED SITE PLAN**



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 or Morrow County (circle one) 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: \_\_\_\_\_