Umatilla County Public Health

Environmental Health for Umatilla, Morrow, & Gilliam

200 SE 3rd St., Pendleton, OR 97801

Phone: 541-278-6394 Fax: 541-278-5433

Website: www.ucohealth.net E-Mail: Health@umatillacounty.gov

Authorization Notice / Existing System Report

Completed Application Form and Fee	
Authorization Notice: ☐ Field Visit Required ---------- $873.00 ☐ Field Visit Not Required ---- $342.00	☐ Existing System Report - $891.00
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: _____

(Rev 07/26)

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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

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 Establishment: _____

Proposed Facility:
Single Family Residence
Bedrooms: _____
Other Establishment: _____

Water Supply:
☐ Private Well
☐ Public Water 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 _____ Applicant's Mailing Address _____

Applicant's Name- Please Print Legibly _____ Date _____ E-mail Address _____

Phone Number _____

Applicant is: ☐ Owner ☐ Authorized Representative ☐ Licensed Installer

Office Use Only
Date Received: _____
Amount Paid: _____
Receipt: _____
(Rev 07/26)

☐ Approved
☐ Denied
Date: _____
Initial: _____

Authorized Form Attached: ☐ Yes ☐ No

Installer's Name: _____

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Land Use Compatibility Statement

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: _____

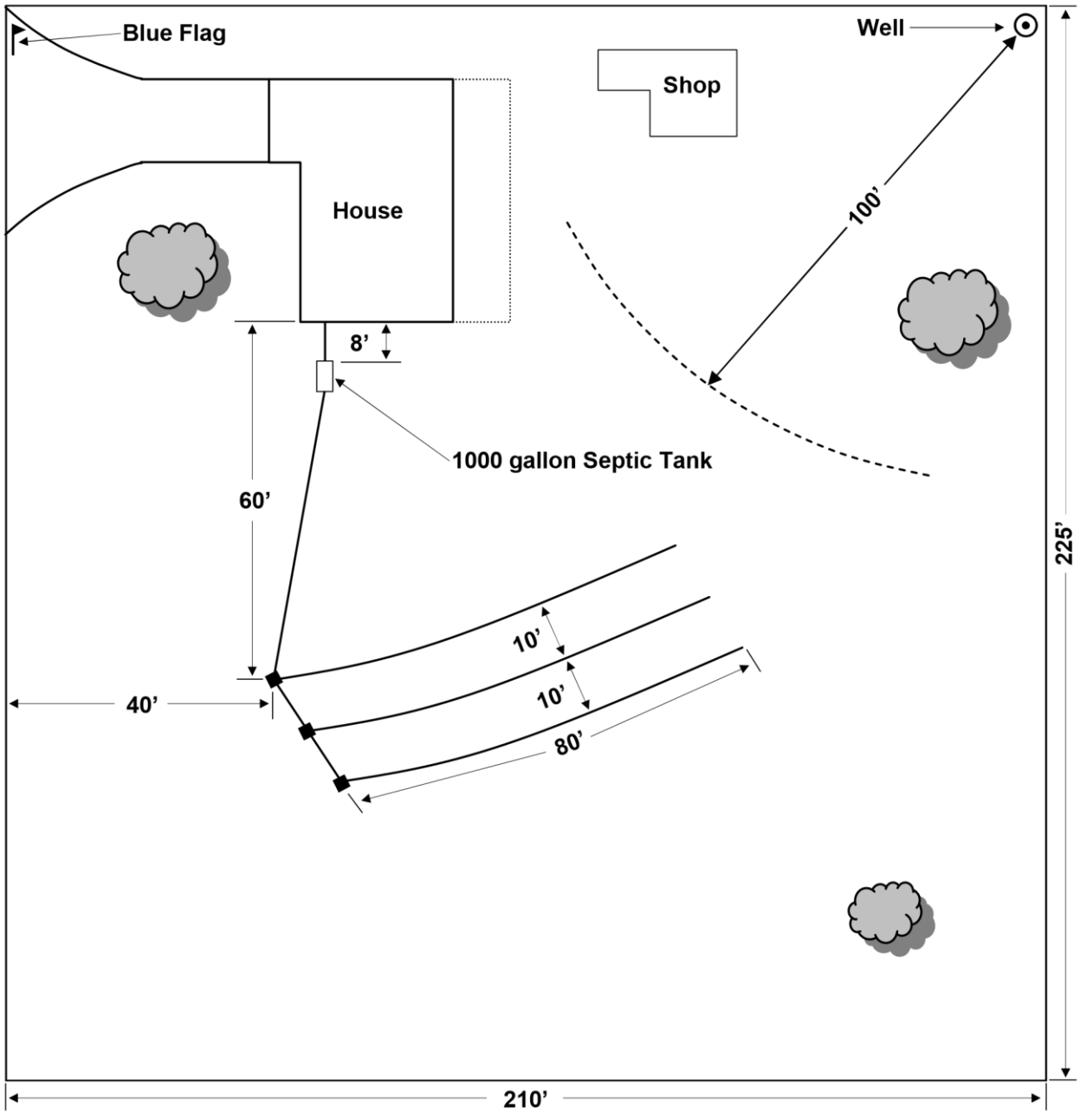
Print Name: _____ Title: _____

Planning Official Signature: _____ Date: _____

Telephone: _____ Email: _____

THIS DOCUMENTS IS VALID FOR ONE (1) YEAR FROM THE DATE SIGNED

DETAILED SITE PLAN



Example

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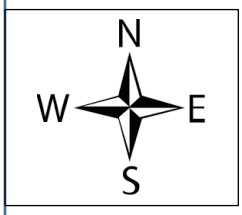
Site Plan for Proposed Septic

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

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

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: _____