



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



Site Evaluation

Completed Application Form and Fee	
Single Family Dwelling	Commercial System
\$937.00 each lot Number of Lots: _____	Design Capacity: _____ 1,000 gallons per day or less ----- \$937.00 1,001 - 1,500 gallons per day ---- \$1,138.00 1,501 - 2,000 gallons per day ---- \$1,225.00 2,001 - 2,500 gallons per day ---- \$1,427.00
☐ 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.	
☐ Site Development Plan Show test pit locations, existing structures, proposed structures, future structures, property lines, easements, existing and proposed wells, etc.	
☐ Notice Authorizing Representative This must be filled out, if the property owner is not submitting the application.	

Please note that **2 test pits are required** for each lot evaluation. These pits must be dug to the standards found on the test pit instruction page, included with this packet.

<u>Office Use Only</u>		
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

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:	Proposed Facility:	Water Supply:
Single Family Residence _____	Single Family Residence _____	☐ Private Well ☐ Public Water
Bedrooms: _____	Bedrooms: _____	System Name: _____
Other Establishment: _____	Other Establishment: _____	

Type of Application

☐ Site Evaluation	☐ Renewal Permit	☐ Authorization Notice for:
☐ Construction	☐ Existing System Evaluation	☐ Connecting to an existing system not in use
☐ Permit Repair	☐ Permit Transfer	☐ The addition of one or more bedrooms
☐ Major ☐ Minor		☐ Personal Hardship
☐ Alteration Permit	☐ Permit Reinstatement	☐ Temporary Housing
☐ Major ☐ Minor		☐ 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

Authorized Form Attached: ☐ Yes ☐ No

Installer's Name: _____

Office Use Only

Date Received: _____

Amount Paid: _____

Receipt: _____

☐ Approved

☐ Denied

Date: _____

Initial: _____

(Rev 07/26)

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." A "Site Evaluation" requires 2 test pits at least 75 feet apart, in the area where the drainfield is to be installed.

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:

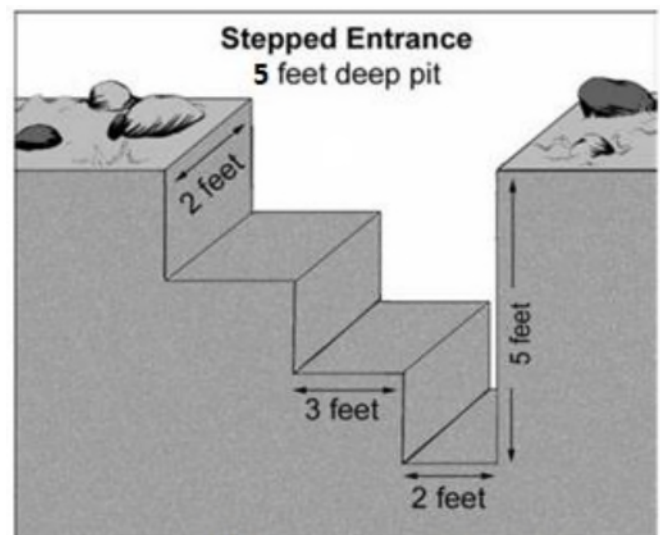
The bottom of the pit shall be at least 2 feet wide and 4 feet long.

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.

5 Foot test pits

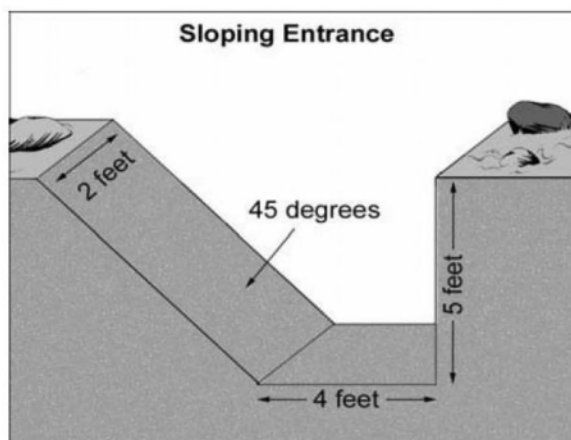
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



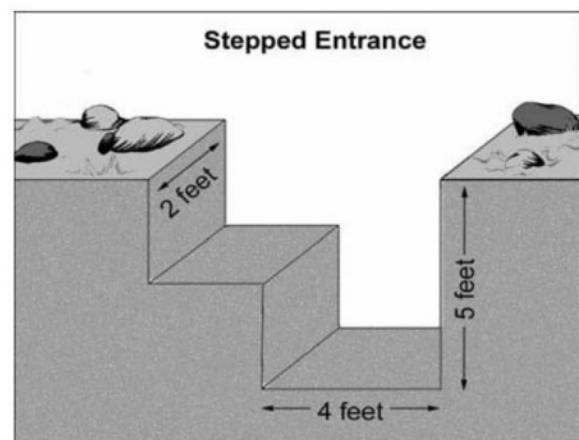
The entrance to a 5-foot test pit may be sloped or stepped as soil conditions warrant.

Providing Access to the Standard Test Pits

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

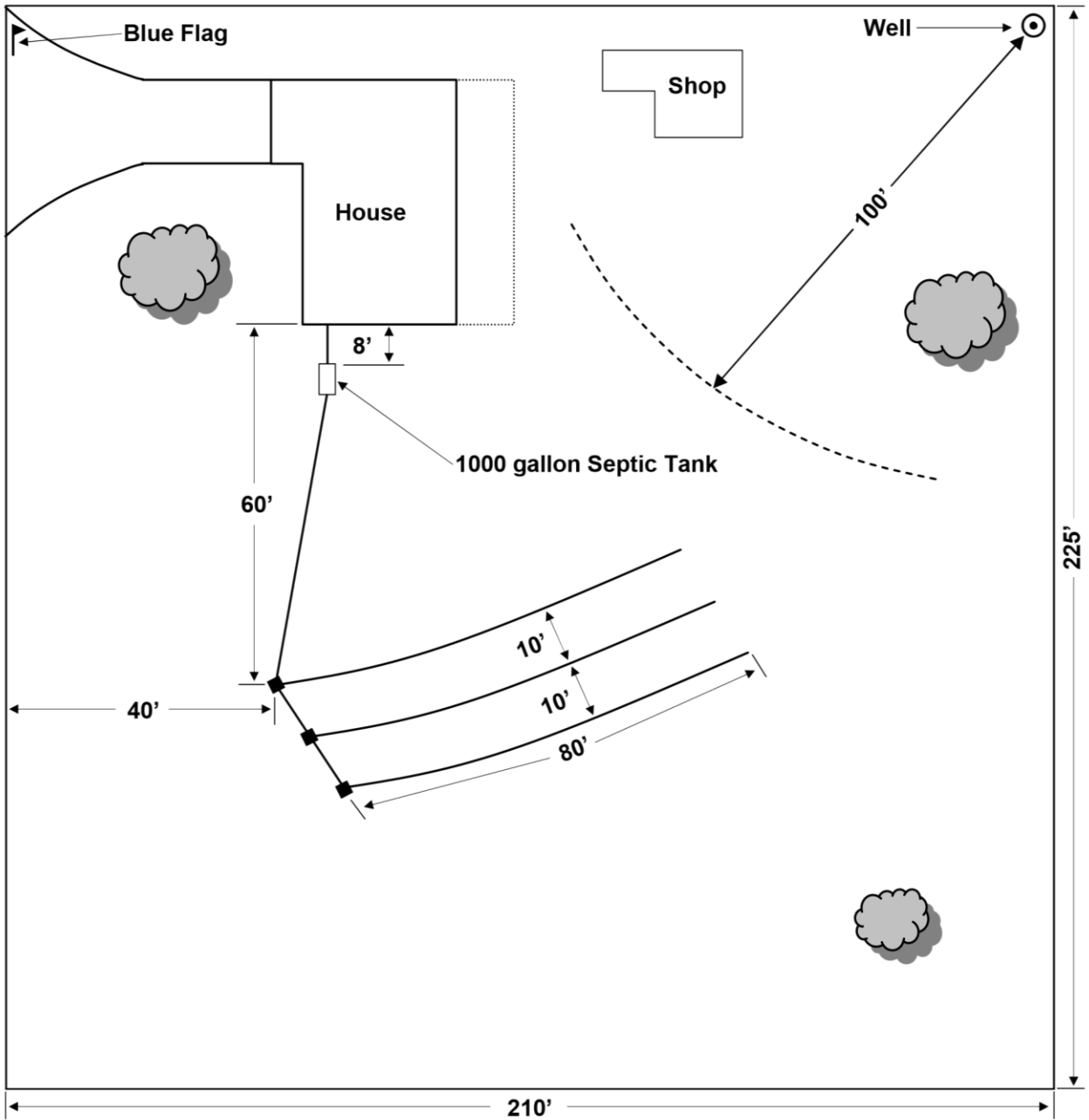


Sloped at approximately 45 degrees or less if the soils are dry or loose



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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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: _____