



**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*

# Construction Permit for Onsite Sewage Treatment System

| <b>Completed Application Form and Fee</b>   |   |
|---|---|
| <b>Single Family Dwelling</b>   | <b>Commercial System</b>  |
| <p>Standard Onsite Sewage Disposal System – \$1,108.00<br/>With Pump or Siphon Add -- \$64.00<br/>Capping Fill System -- \$1335.00<br/>Gray Water Waste Disposal Sump – \$548.00<br/>Pressure Distribution -- \$1335.00<br/>Sand Filter -- \$1620.00<br/>Alternative Treatment Technologies (ATT) -- \$1335.00<br/>Seepage Trench -- \$1108.00<br/>Steep Slope -- \$1108.00<br/>Tile Dewatering -- \$1335.00<br/>Other: _____</p> | <p>System Type: _____<br/><br/>Daily Flow: _____<br/><br/>Fee is based on system type and design flow. Please contact REHS at 541-278-6394 or <a href="mailto:Health@umatillacounty.net">Health@umatillacounty.net</a> to determine proper fee.</p> |
| <p><b>Map to Your Property</b><br/>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.</p>  |   |
| <p><b>Tax Lot Map</b><br/>Available from your local County Assessor's or Planning Department's office.</p>  |   |
| <p><b>Land Use Compatibility Statement</b><br/>Signed and approved by the local County and/or City Planning Department.</p>   |   |
| <p><b>Detailed Construction/Installation Plan.</b><br/>Refer to your site Evaluation Report from UCO Health for the approved location of the drainfield and other approved construction details.</p>  |   |
| <p><b>Statement of Site Status</b></p>  |   |
| <p><b>Notice Authorizing Representative</b><br/>This must be filled out, if the property owner is not submitting the application.</p>   |   |

|                        |                    |                |
|------------------------|--------------------|----------------|
| <u>Office Use Only</u> |                    |                |
| Date Received: _____   | Amount Paid: _____ | Receipt: _____ |
| Initial: _____         | (Rev 10/16)        |                |



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## Application for Onsite Sewage Treatment System

### Property Owner Information

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

### 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: \_\_\_\_\_  
**Proposed Facility:** Single Family Residence Bedrooms: \_\_\_\_\_ Other: \_\_\_\_\_  
**Water Supply:**  Public  Private 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 \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name- Please Print Legibly \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

|                        |                                   |
|------------------------|-----------------------------------|
| <b>Office Use Only</b> | <input type="checkbox"/> Approved |
| Date Received: _____   | <input type="checkbox"/> Denied   |
| Amount Paid: _____     |                                   |
| Receipt: _____         | Date: _____                       |
|                        | Initial: _____                    |

Applicant is:  Owner  Authorized Rep  
 Licensed Septic Installer  
Authorization Form Attached   
Installer's Name: \_\_\_\_\_



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

# 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."

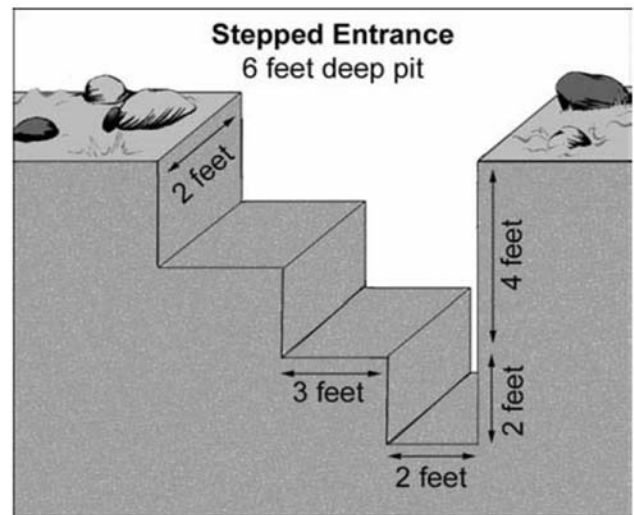
## Preparing the test pit

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

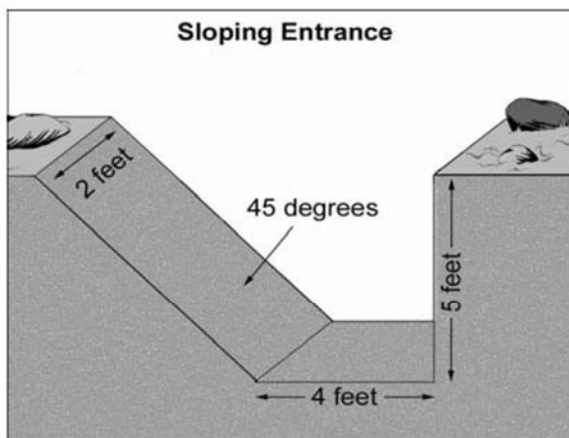
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



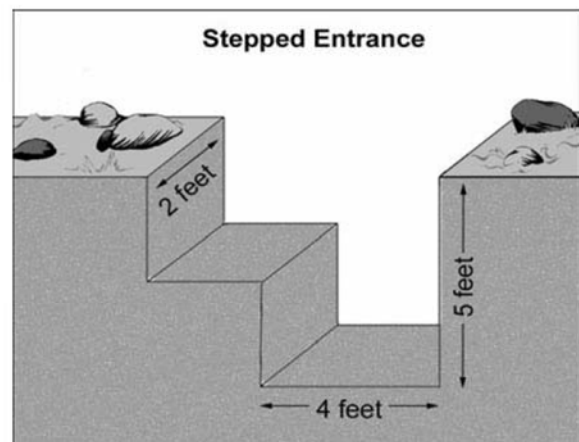
*The entrance to a 6-foot test pit may be sloped or stepped as soil conditions warrant.*

## Providing Access to the Standard Test Pits

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

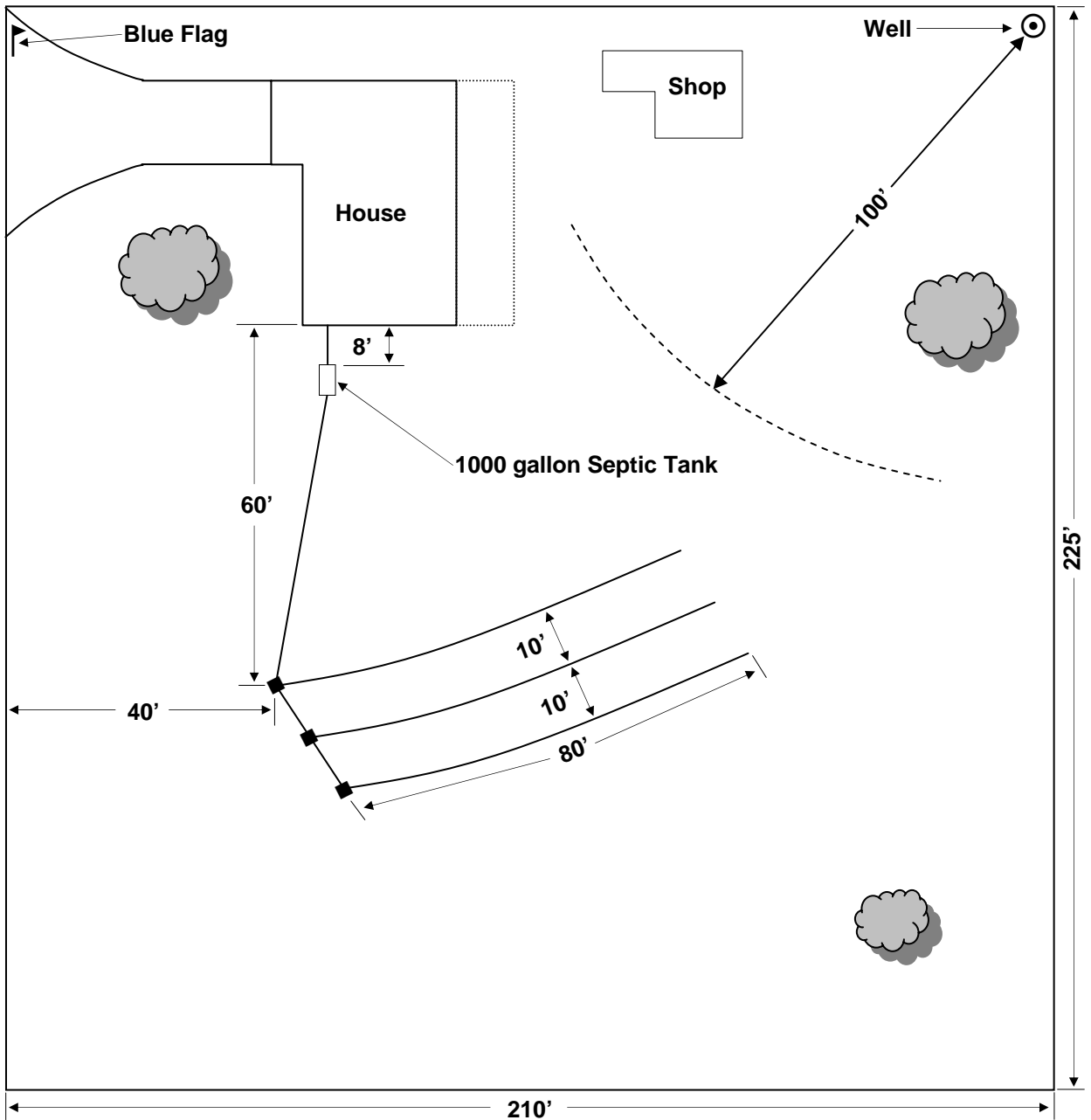


*Sloped at approximately 45 degrees or less if the soils are dry or loose*



*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.



Large empty rectangular area for drawing the site plan.



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## Statement of Site Status

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

County: \_\_\_\_\_

I certify by my signature that area for the initial and replacement onsite sewage disposal system for the above location; has not been cut, filled or altered in any way since the original site evaluation was performed by Umatilla County Environmental Health Department.

Signed: \_\_\_\_\_ 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: \_\_\_\_\_