



**Umatilla County Public Health**  
**Environmental Health for Umatilla, Morrow, & Gilliam**  
 200 SE 3<sup>rd</sup> St., Pendleton, OR 97801  
 Phone: 541-278-6394 Fax: 541-278-5433  
 Website: [www.ucohealth.net](http://www.ucohealth.net) E-Mail: Health@umatillacounty.gov



## Repair/Alteration Permit

<b>Completed Application Form and Fee</b>		
<b>Repair</b>		<b>Alteration</b>
Single Family Dwelling: <input type="checkbox"/> Major Repair - \$676.00 <input type="checkbox"/> Minor Repair - \$386.00	Commercial Facility: <input type="checkbox"/> Major Repair - \$1,168.00 <input type="checkbox"/> Minor Repair - \$602.00	<input type="checkbox"/> Major Alteration - \$694.00 <input type="checkbox"/> Minor Alteration - \$395.00
Major = Modifications to full system, or drainfield only.		Minor = Modifications to Septic Tank only, or distribution technique.
<input type="checkbox"/> <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.		
<input type="checkbox"/> <b>Tax Lot Map</b> Available from your local County Assessor's or Planning Department's office.		
<input type="checkbox"/> <b>Land Use Compatibility Statement</b> Signed and approved by the local County and/or City Planning Department.		
<input type="checkbox"/> <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.		
<input type="checkbox"/> <b>Detailed Construction/Installation Plan</b>		
<input type="checkbox"/> <b>Existing System Description</b> The attached form needs to be filled out as completely as possible.		
<input type="checkbox"/> <b>Notice Authorizing Representative</b> This must be filled out if the property owner is not submitting the application.		

<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

<b>Existing Facility:</b>	<b>Proposed Facility:</b>	<b>Water Supply:</b>
Single Family Residence _____	Single Family Residence _____	<input type="checkbox"/> Private Well
Bedrooms: _____	Bedrooms: _____	<input type="checkbox"/> Public Water System Name: _____
Other Establishment: _____	Other Establishment: _____	

### Type of Application

<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"/> Permit Repair	<input type="checkbox"/> Permit Transfer	
<input type="checkbox"/> Alteration Permit	<input type="checkbox"/> Permit Reinstatement	
<input type="checkbox"/> Major <input type="checkbox"/> Minor		
<input type="checkbox"/> Major <input type="checkbox"/> Minor		

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

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

Rev 11/25

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

## 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.

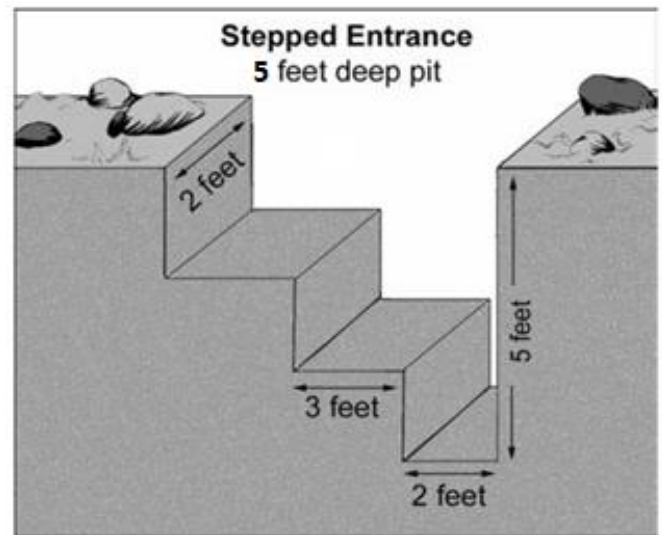
### Preparing the test pit

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

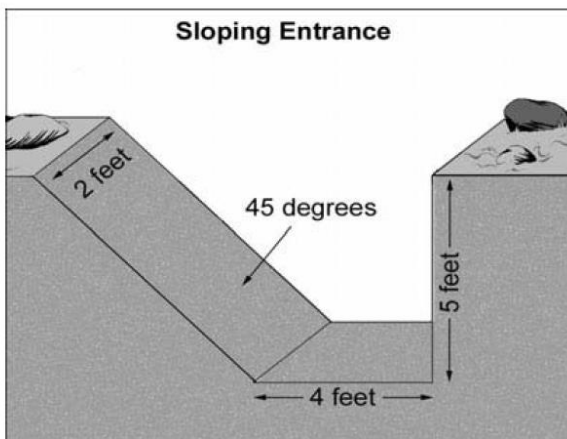
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



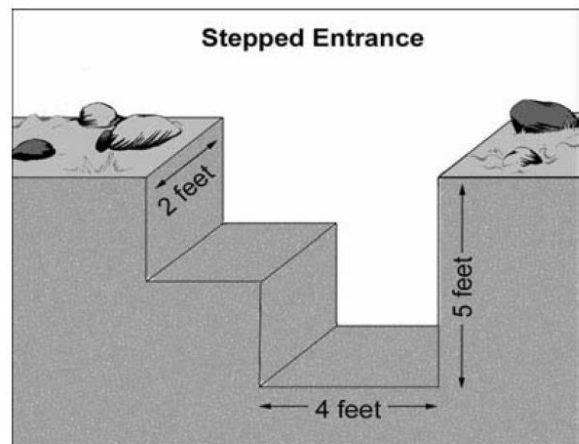
*The entrance to a 5-foot test pit may be sloped or stepped as soil conditions warrant.*

### Providing Access to the Standard Test Pits

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

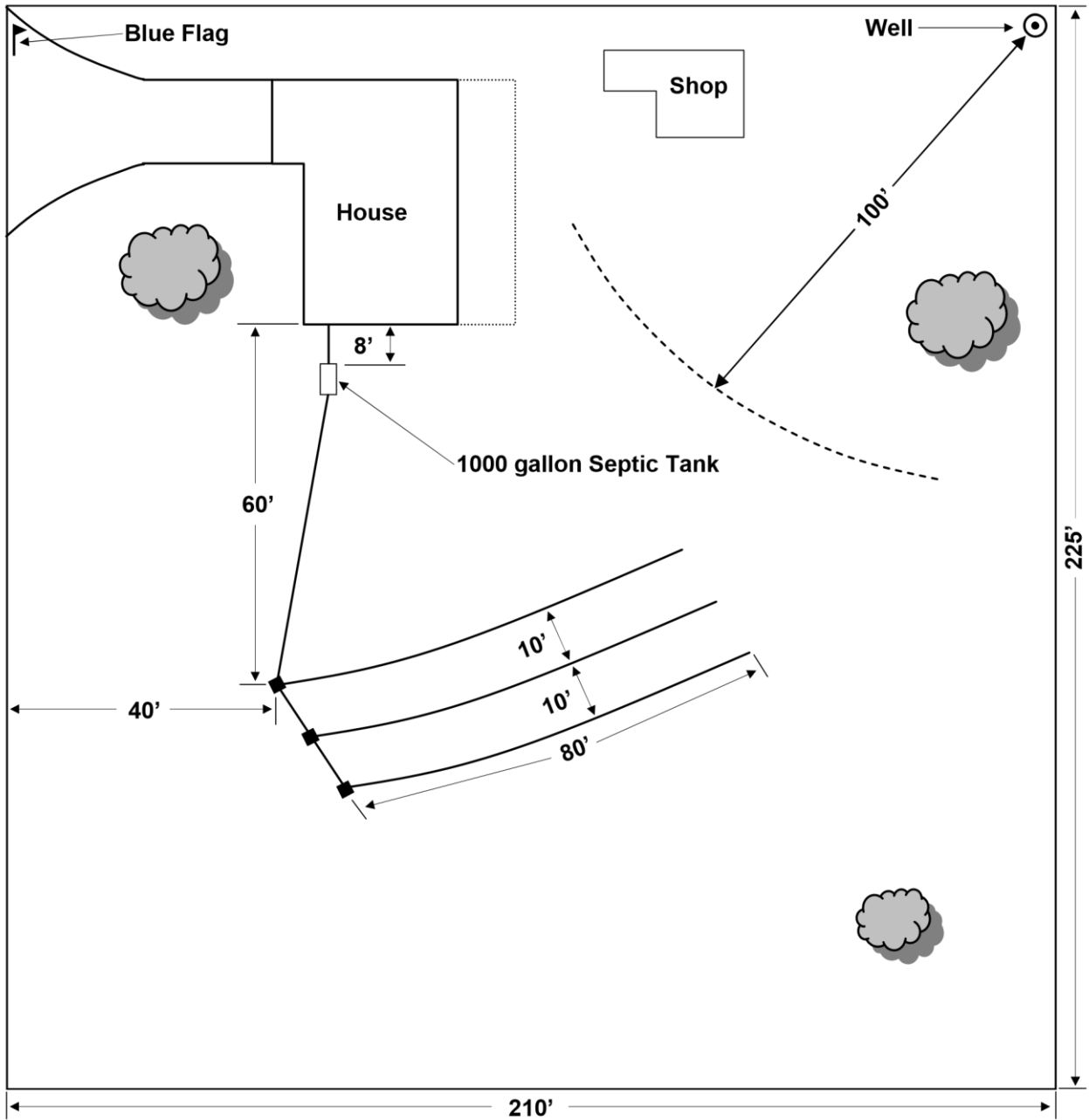


*Sloped at approximately 45 degrees or less if the soils are dry or loose*



*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.





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