



**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](mailto:Health@umatillacounty.gov)



## Construction Permit for Onsite Sewage Treatment System

<b>Completed Application Form and Fee</b>	
<b>Single Family Dwelling</b>	<b>Commercial System</b>
<input type="checkbox"/> Standard Onsite Sewage Disposal System – \$1,168.00 <input type="checkbox"/> With Pump or Siphon Add -- \$67.00 <input type="checkbox"/> Capping Fill System -- \$1,404.00 <input type="checkbox"/> Gray Water Waste Disposal Sump – \$586.00 <input type="checkbox"/> Pressure Distribution -- \$1,404.00 <input type="checkbox"/> Sand Filter -- \$1,701.00 <input type="checkbox"/> Alternative Treatment Technologies (ATT) -- 1,404.00 <input type="checkbox"/> Seepage Trench -- \$1,168.00 <input type="checkbox"/> Steep Slope -- \$1,168.00 <input type="checkbox"/> Tile Dewatering -- \$1,404.00 Other: _____	System Type: _____  Daily Flow: _____  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.
<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 Construction/Installation Plan.</b> Refer to your site Evaluation Report from UCO Health for the approved location of the drainfield and other approved construction details.	
<input type="checkbox"/> <b>Statement of Site Status</b>	
<input type="checkbox"/> <b>Notice Authorizing Representative</b> This must be filled out, if the property owner is not submitting the application.	

<small>Office Use Only</small>		
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:** 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  Renewal Permit  Authorization Notice for:

Construction  Existing System Evaluation  Connecting to an existing system not in use

Permit Repair  Major  Minor  Permit Transfer  The addition of one or more bedrooms

Alteration Permit  Major  Minor  Permit Reinstatement  Personal Hardship

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. 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: \_\_\_\_\_  Approved  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:

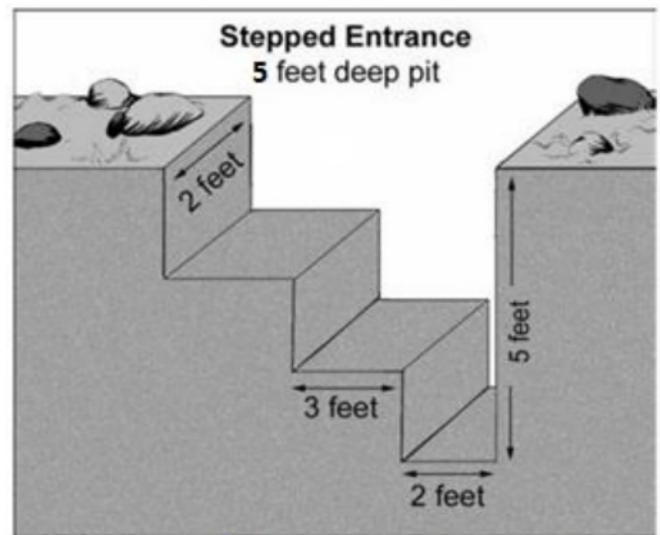
The bottom of the pit shall be at least 2 feet wide and 4 feet long.

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

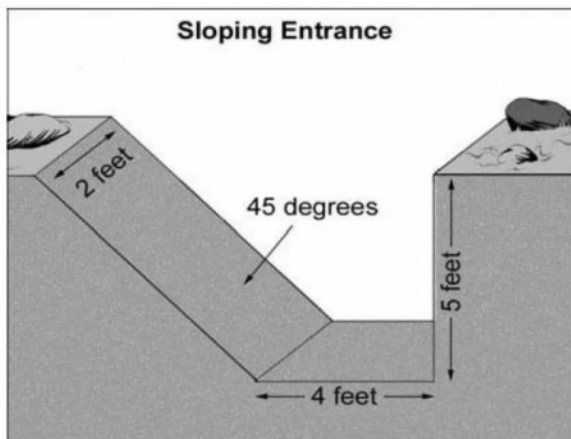
Only if requested by the inspector, test pits may need to be excavated to a depth of 6 feet as shown in the figure below:



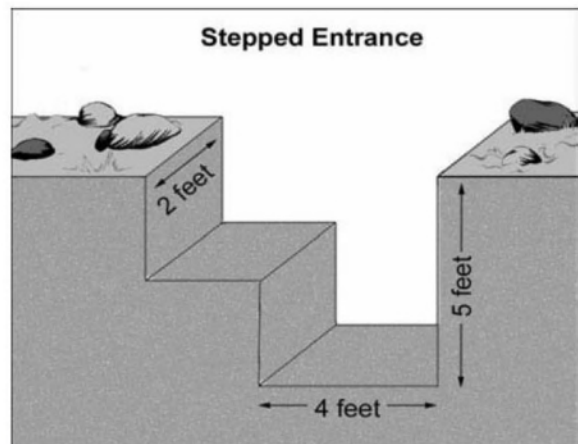
*The entrance to a 5-foot test pit may be sloped or stepped as soil conditions warrant.*

### Providing Access to the Standard Test Pits

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

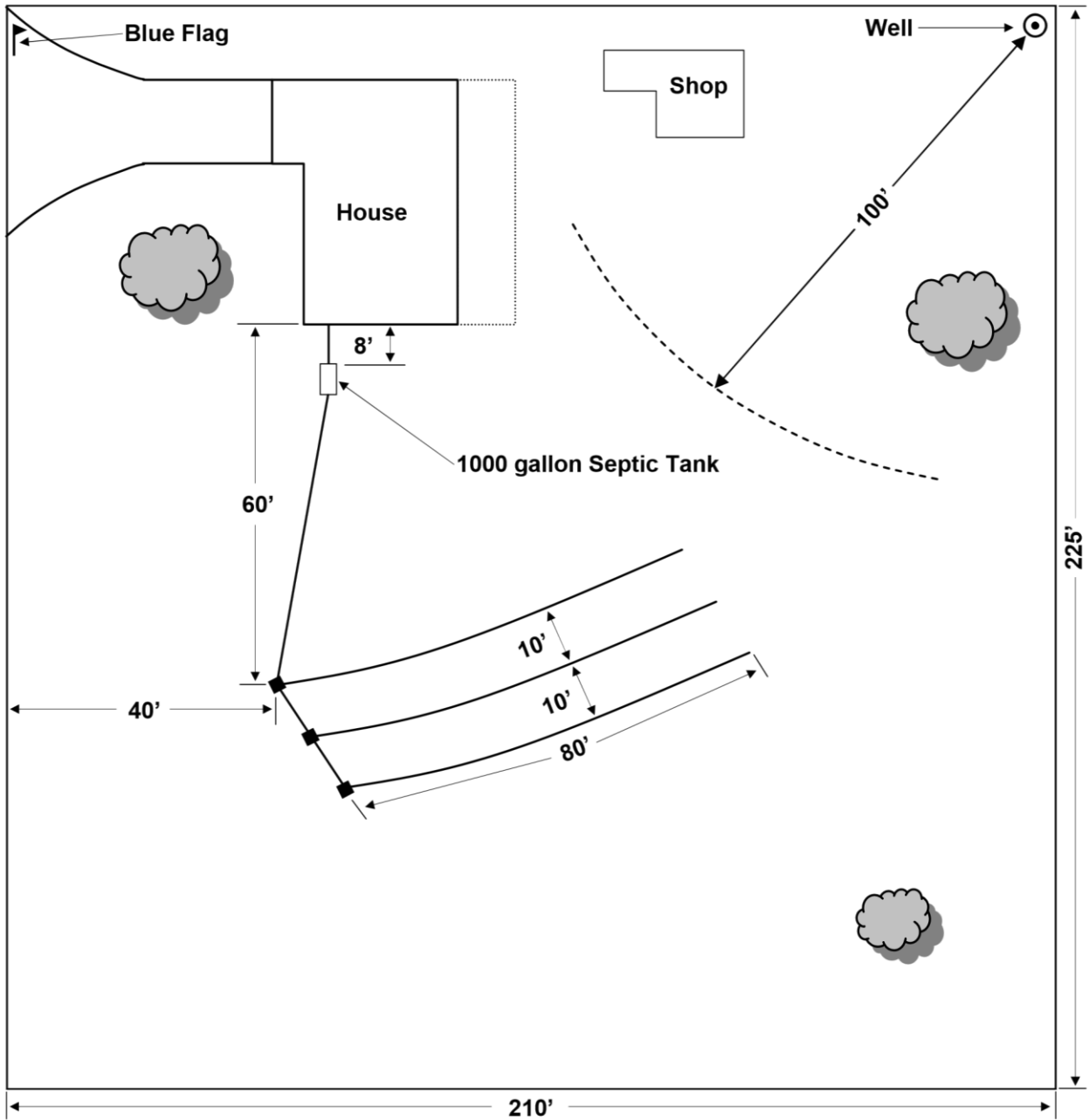


*Sloped at approximately 45 degrees or less if the soils are dry or loose*



*Stepped when soils are wet*

# DETAILED SITE PLAN



# Example





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