

Department of Health and Human Services
Environmental Health Program
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 WashCoSeptic.com



Public Health
 Prevent. Promote. Protect.

APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM

Property Owner Name: _____				
Property Owner Mailing Address: (include city, state, zip) _____				
Lot Size Requirements - All property on community water is required to be no less than 20,000 sq. ft. Property served with private water is required to have a minimum of 2 acres unless designated as rural intermediate or natural resource property on the County comprehensive plan maps. Sites must fully comply with DEQ rules to be approved and permitted. DEQ site criteria related to topography, soil suitability and setbacks may affect lot size. Please note that Washington County Land Use regulations may also apply to the size of the lot. Permits require Land Use Compatibility Statement (LUCS) sign off.				
Legal Property Description				
Township: _____	Range: _____	Section: _____	Tax Lot #: _____	Acres: _____
Site Address (include road): _____				
City: _____	Oregon	Zip: _____	Parcel #: _____	Water Supply: _____
Directions to Property: _____				
COMPLETE ONLY ONE SECTION BELOW, MARKING ITEMS THAT APPLY				
1) SITE EVALUATION		2) EXISTING SYSTEM EVALUATION		
<input type="checkbox"/> Single Family Dwelling/# of bedrooms: _____ <input type="checkbox"/> Commercial: _____ Max # of Employees: _____ Max # of Patrons: _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Repair/replace <i>failing</i> drain lines (no fee)		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alternate System Review <input type="checkbox"/> File Review <input type="checkbox"/> Proposal: _____ _____ _____		
3) PERMIT REQUEST		4) AUTHORIZATION		
<input type="checkbox"/> Single Family Dwelling, # of bedrooms: _____ <input type="checkbox"/> Commercial: _____ <input type="checkbox"/> New <input type="checkbox"/> LUCS Statement attached <input type="checkbox"/> Renew Permit #: _____ <input type="checkbox"/> Standard (gal.): _____ <input type="checkbox"/> Alternative (gal.): _____ <input type="checkbox"/> Pump <input type="checkbox"/> Repair: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Alteration: <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> Licensed Installer (name): _____ License #: _____ <input type="checkbox"/> Owner Install		<input type="checkbox"/> Remodel (added bedrooms): _____ <input type="checkbox"/> Replacement Dwelling <input type="checkbox"/> Personal Hardship/Temporary Housing <input type="checkbox"/> # of Bedrooms in Existing Dwelling: _____ <input type="checkbox"/> # of Bedrooms in Proposed Dwelling: _____ <input type="checkbox"/> Residential to Commercial <input type="checkbox"/> Proposal: _____ System Currently in Use?: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No (date of last use): _____ <input type="checkbox"/> LUCS Statement attached		
I understand that this site must be prepared according to instruction in the guidance packet before action will be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant Washington County Environmental Health and authorized agent permission to enter onto the above described property for the purpose of this application.				
Applicant Information				
Applicant Name: _____			Phone: _____	
Applicant Email: _____				
Mailing Address: _____			City: _____	OR Zip: _____
Applicant is : <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached)				
Applicant Signature: _____			Date: _____	
DO NOT WRITE IN THE SPACE BELOW				
Fee Received: _____		Ck/MO/CC#: _____		Date: _____
Received By: _____		Project #: _____		Activity #: _____
<input type="checkbox"/> Call	<input type="checkbox"/> Hold for pickup	<input type="checkbox"/> Mail	Initial: _____	Date: _____