



AUTHORIZATION INSTRUCTIONS

1. Complete Application Information:

- Name, address, and telephone number of applicant and owner (include site address if different)
- Water supply on property
- Tax Lot Number
- Subdivision Name - Lot and Block Number (if applicable)

2. Attachments Required:

- An Authorization of Representative Form (if applicable)
- If this is for a NEW hardship connection, a copy of a Doctor's (or Primary Care Provider) letter explaining the need for the hardship request is required
- Land Use Compatibility Statement (must be completed and signed by Washington County Land Use and Transportation and/or city planning department and included with the application)
- Site Development Map identifying:
 - ≡ All property lines and easements
 - ≡ Existing and proposed home(s), additions, and outbuilding locations
 - ≡ Existing and proposed driveway locations
 - ≡ All wells or springs within 200 feet of property lines, including neighboring properties
 - ≡ Existing septic tank, drainfield, and replacement area for drainfield
 - ≡ All temporary and permanent water runoff areas identified (i.e., ponds, ditches, streams, swales, etc.)
 - ≡ Arrow indicating North
- Copy of a pumper's report from a DEQ licensed pumper (reports completed within the last 5 years are acceptable)
- Tax Lot Map (provided by Environmental Health)

3. Uncover the first drop box in drainfield for inspection

Note: Include all distances, setbacks, and lengths of drainlines.
For setback requirements see Table 1, Minimum Separation Distance

Department of Health and Human Services
Environmental Health Program
 155 N. First Ave, MS 5, Suite 170
 Hillsboro, OR 97124
 Telephone: 503-846-8722 Fax: 503-846-3705
 WashCoSeptic.com



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: _____



AUTHORIZATION OF REPRESENTATIVE

I, _____, have authorized _____
Print Name of Property Owner Print Name of Authorized Representative
to act as my agent in performing the activities necessary to obtain site evaluations, permits and other onsite
wastewater treatment program services provided by Washington County on the property described below
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:	
Township:	Section:
Range:	Tax Lot Number (s):

PROPERTY OWNER INFORMATION

Name:	
Mailing Address: (include city, state, zip)	
Telephone:	Fax:
E-mail:	
Signature of Property Owner:	Date:

AUTHORIZED REPRESENTATIVE

Name:	
Mailing Address: (include city, state, zip)	
Telephone:	Fax:
E-mail:	
Signature of Authorized Representative:	Date:



LAND USE COMPATIBILITY STATEMENT (LUCS)

SECTION 1 – Completed by Applicant			
Name:		E-mail:	
Mailing Address: (include city, state, zip)			
Phone:		Fax:	
Legal Property Description			
Township:	Range:	Section:	Tax Lot #:
Acreage/Lot Size:	Water Supply:	Lot:	Block:
Subdivision:			
Property Address: (include city, state, zip)			
Proposal for: <input type="checkbox"/> An individual or single family dwelling <input type="checkbox"/> Other – Describe type of development, business or facility and the provided services: _____			
Type of Permit or Approval Requested: <input type="checkbox"/> Construction/Installation permit for: <input type="checkbox"/> New Construction <input type="checkbox"/> Repair <input type="checkbox"/> Non-Water carried facility requests (i.e., pit, privies, vault toilets for campgrounds) <input type="checkbox"/> Authorization Notices for: <input type="checkbox"/> Replacement of Dwelling <input type="checkbox"/> Bedroom Addition <input type="checkbox"/> Hardship <input type="checkbox"/> Other changes in land use involving potential sewer flow increases			
SECTION 2 – Completed by City or County Planning Office			
Property Zoning:		Zoning Minimum Parcel Size:	
The facility proposal is located: <input type="checkbox"/> Inside City Limits <input type="checkbox"/> Inside UGB <input type="checkbox"/> Outside UGB			
If inside UGB, facility is subject to: <input type="checkbox"/> City Jurisdiction <input type="checkbox"/> County Jurisdiction <input type="checkbox"/> Shared City/county Jurisdiction			
The business or facility complies with all applicable local land use requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered “yes”, was this compliance based on:			
<input type="checkbox"/> Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)			
<input type="checkbox"/> Conditional approval (provide findings and citation or attach a copy of the applicable land use decision)			
<input type="checkbox"/> Measure 49 waiver (provide Department of Land Conservation and Development approval number)			
Either provide reasons for affirmative compliance decision or attach finding of fact: _____			
Planning Official Signature:			
Print Name:		Date:	
Title:		Phone:	

LAND USE COMPATIBILITY STATEMENT (LUCS), continued

Onsite Wastewater Treatment System Permits

What is LUCS?

Land Use Compatibility Statement is the process used by the Environmental Health Program to determine whether Environmental Health Program permits and other approvals affecting land use are consistent with local government comprehensive plans. The LUCS form is included in the onsite permit application approval packet.

Why is LUCS required?

Oregon Law requires that state agency activities which impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules, (OAR) Chapter 340 Division 18 identifies agency activities/programs that significantly affect land use and the process of ensuring consistency.

When is LUCS required?

A LUCS statement is required for affect land use. **This form only applies to onsite wastewater treatment system permits and activities.** *Water Pollution Control Facilities (WPCF) applicants must complete DEQ's General LUCS form.*

How to complete a LUCS:

Step	Who Does It	What Happens
1.	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.
2.	City or County Planning Office	Completes Section 2 of the LUCS by determining if the activity or use meets all local planning requirements, and returns to the applicant the signed and dated LUCS form <u>with findings of fact for any local reviews or necessary planning approvals.</u>
3.	Applicant	Includes the completed LUCS with <u>findings of fact</u> with the DEQ permit or approval submittal application to the Washington County Environmental Health Program.

A permit cannot be issued if the business or facility does not comply with all applicable local land use requirements. The applicant is responsible for working with the local planning office to comply with land use requirements.

Where to get help: If you have questions regarding the LUCS, please contact Washington County Environmental Health Program at (503) 846-8722.

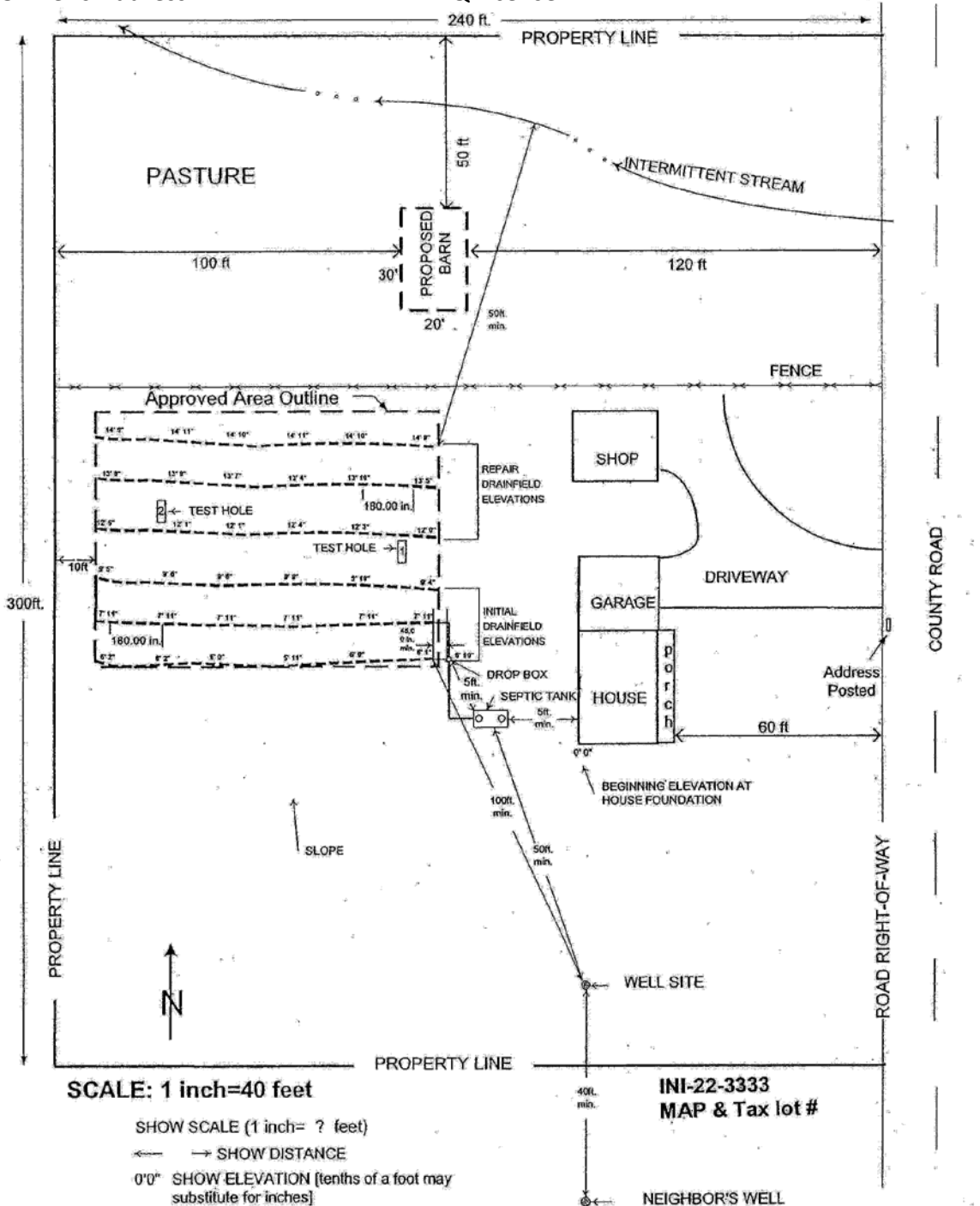
CULTURAL RESOURCES PROTECTION LAWS: Applicants involved in ground-disturbing activities should be aware of Federal and State cultural resources protection laws. ORS 358.920 prohibits the excavation, injury, destruction or alteration of an archeological site or object or removal of archeological objects from public and private lands without an archeological permit issued by the State Historic Preservation Office. 16 USC 470, Section 106, National Historic Preservation Act of 1966 requires a federal agency, prior to any undertaking, to take into account the effect of the undertaking that is included on or eligible for inclusion in the National Register. For further information, contact the State Historic Preservation Office at (503) 378-4168, ext. 232.



SAMPLE PLOT PLAN

Sample Plot Plan must include the following:

- Owner's Name
- Owner's Address
- Installer's Name
- DEQ License #
- Property Map
- Tax Lot #



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SYSTEM DESIGN

Name of Property Owner: _____

Site Address: (include city) _____

Township:	Range:	Section:	Tax Lot:	Acres:
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Subdivision:	Lot:	Block:
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Scale: 1 Square = Feet _____ PLEASE SEE PROCEDURE & CRITERIA FOR REQUIRED INFORMATION

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I certify that the above information is accurate and complete to the best of my knowledge. This system is based on actual measures and conditions on the site.

License Applicant Signature: _____	I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent
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Printed Name: _____	Date: _____
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DO NOT WRITE IN THE SPACE BELOW

Received By: _____	Date: _____
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MINIMUM SEPARATION DISTANCES

TABLE 1 - OAR 340-071-0220

Items Requiring Setback	From Subsurface Absorption Area Including Replacement Area	From Septic Tank and Other Treatment Units, Effluent Sewer and Distribution Units
1. Groundwater Supplies and Wells	*100'	50'
2. Springs:		
• Upgradient	50'	50'
• Downgradient	100'	50'
3. **Surface Public Waters		
• Year round	100'	50'
• Seasonal	50'	50'
4. Intermittent Streams		
• Piped (watertight not less than 25' from any part of the onsite system).	20'	20'
• Unpiped	50'	50'
5. Groundwater Interceptors:		
• On a slope of 3% or less	20'	10'
• On a slope greater than 3%		
▪ Upgradient	10'	5'
▪ Downgradient	50'	10'
6. Irrigation Canals:		
• Lines (watertight canal)	25'	25'
• Unlined:		
▪ Upgradient	25'	25'
▪ Downgradient	50'	50'
7. Cuts Manmade in Excess of 30 inches (top of downslope cut):		
• Which intersect layers that limit effective soil depth within 48 inches of surface	50'	25'
• Which do not intersect layers that limit effective soil depth	25'	10'
8. Escarpments		
• Which intersect layers that limit effective soil depth	50'	10'
• Which do not intersect layers that limit effective soil depth	25'	10'
9. Property Lines	10'	5'
10. Water Lines	10'	10'
11. Foundation Lines of any building, including garages and outbuildings	10'	5'
12. Underground Utilities	10'	--
*50-foot setback for wells constructed with special standards granted by WRD.		
**This does not prevent stream crossings of pressure effluent sewers.		

QUANTITIES OF SEWAGE FLOWS

TABLE 2 - OAR 340-071-0220

Type of Establishment		Column 1	Column 2
		Gallons Per Day	Minimum Gallons Per Establishment per Day
Airports		5 (per passenger)	150
Bathhouses and swimming pools		10 (per person)	300
Camps: 4 persons per campsite, where applicable	Campground with central comfort stations	35 (per person)	700
	With flush toilets, no showers	25 (per person)	500
	Construction camps — semi-permanent	50 (per person)	1000
	Day camps — no meals served	15 (per person)	300
	Resort camps (night and day) with limited plumbing	50 (per person)	1000
	Luxury camps	100 (per person)	2000
	Churches	5 (per person)	150
	Country clubs	100 (per resident member)	2000
	Country clubs	25 (per non-resident member present)	---
Dwellings	Boarding houses	150 (per bedroom)	600
	Boarding houses — additional for non-residential boarders	10 (per person)	---
	Rooming houses	80 (per person)	500
	Condominiums, Multiple family dwellings — including apartments	300 (per unit)	900
	Single family dwellings	300 (not exceeding 2 bedrooms)	450*
	Single family dwellings — with more than 2 bedrooms	75 (for 3 RD & each succeeding bedroom)	450
Factories (exclusive of industrial wastes — with shower facilities)		35 (per person per shift)	300
Factories (exclusive of industrial wastes — without shower facilities)		15 (per person per shift)	150
Hospitals		250 (per bed space)	2500
Hotels with private baths		120 (per room)	600
Hotels without private baths		100 (per room)	500
Institutions other than hospitals		125 (per bed space)	1250
Laundries — self-service		500 (per machine)	2500
Mobile home parks		250 (per space)	750
Motels — with bath, toilet, and kitchen wastes		100 (per bedroom)	500
Motels — without kitchens		80 (per bedroom)	400
Picnic Parks — toilet wastes only		5 (per picnicker)	150
Picnic Parks — with bathhouses, showers, and flush toilets		10 (per picnicker)	300
Restaurants		40 (per seat)	800
Restaurants — single-service		2 (per customer)	300
Restaurants — with bars and/or lounges		50 (per seat)	1000
Schools	Boarding	100 (per person)	3000
	Day — without gyms, cafeterias, or showers	15 (per person)	450
	Day — with gyms, cafeterias and showers	25 (per person)	750
	Day — with cafeteria, but without gyms or showers	20 (per person)	600
Service Stations		10 (per vehicle served)	500
Swimming pools and bathhouses		10 (per person)	300
Theaters	Movie	5 (per seat)	300
	Drive-in	20 (per car space)	1000
Travel trailer parks — without individual water and sewer hookups		50 (per space)	300
Travel trailer parks — with individual water and sewer hookups		100 (per space)	500
Workers	Construction — as semi-permanent camps	50 (per person)	1000
	Day — at schools and offices	15 (per shift)	150

* Except as otherwise provided in these rules