



FILE REVIEW INSTRUCTIONS

1. Complete Application Information:

- Name, address & 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)
- Check File Review box in the Existing System Evaluation section

2. Complete and Sign Authorization of Representative Form (if applicable)

3. Attachments Required:

- Tax Lot Map (provided by Environmental Health)
- Site Development Map identifying the following and drawn to scale:
 - All property lines and easements
 - Arrow indicating North
 - All existing structures (i.e., homes, outbuilding locations, roads, driveway, etc.)
 - All wells or springs within 200 feet of property lines (include neighboring properties)
 - Existing septic system location, showing all components of the system
 - All temporary and permanent water runoff areas identified (i.e., ponds, ditches, streams, swales, etc.)

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



Public Health
 Prevent. Promote. Protect.

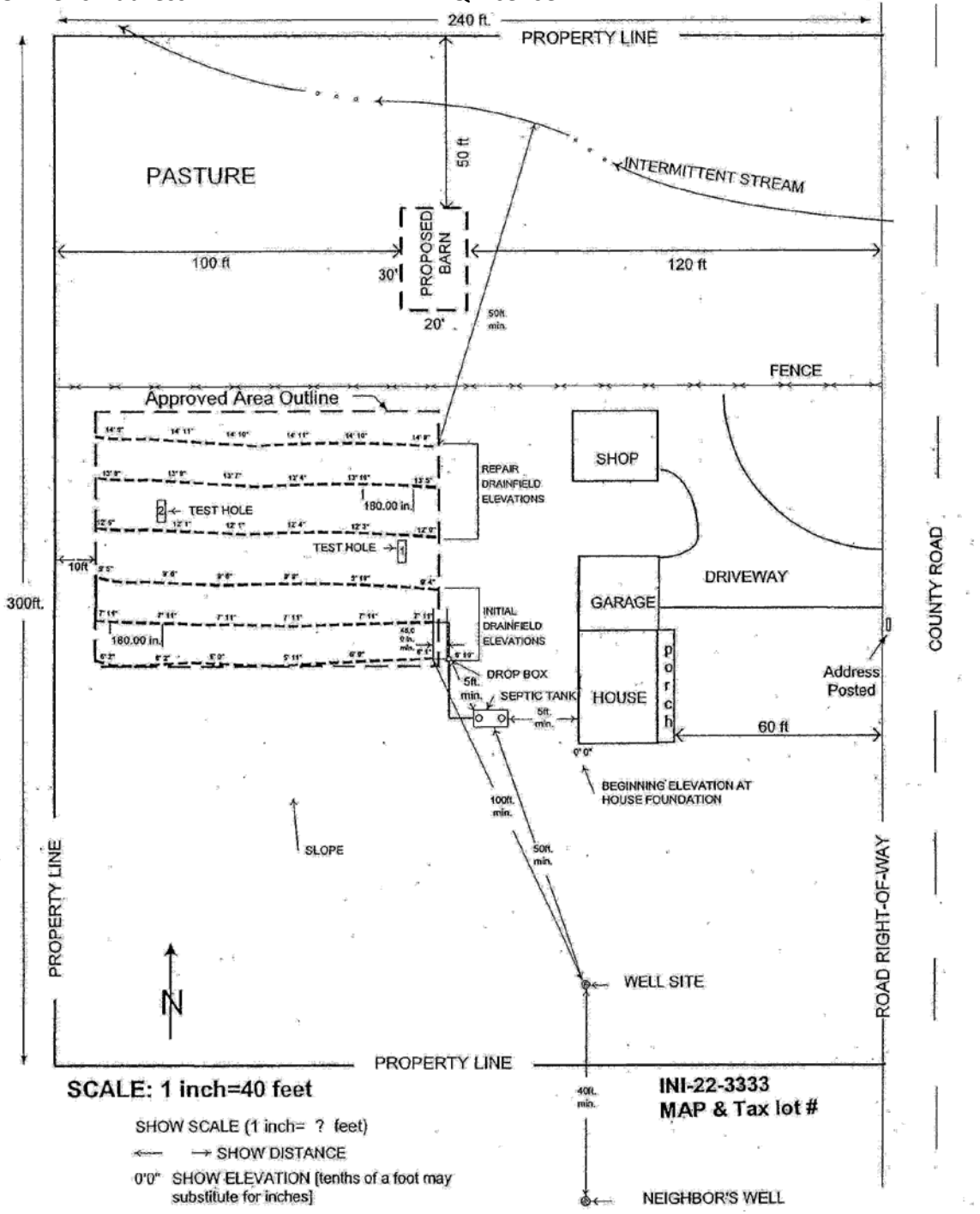
APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM

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: _____

SAMPLE PLOT PLAN

Sample Plot Plan must include the following:

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