



## **NEW CONSTRUCTION/INSTALLATION PERMIT FOR A SEPTIC SYSTEM PROCEDURE & CRITERIA**

### **Complete Application Form and Fee:**

Complete application; incomplete applications will not be accepted for review. If the applicant is representing the owner of the property, include an Authorization of Representative Form.

### **Vicinity / Locator Map:**

On a sheet no bigger than 8 ½" x 11", indicate how to get to the property. If the property is remote or difficult to find, describe how to find it and flag the entrance to the property.

### **Land Use Compatibility Statement (LUCS):**

This form must be completed and signed by Washington County Land Use and Transportation and/or City Planning Department.

### **Construction / Installation Plan:**

Refer to Site Evaluation Report, it shows the approved drainfield location, the approved area as described in the site evaluation report, and other construction details.

Draw a site plan from actual measurements that show the location of all buildings, roads, driveways, property lines, easements, springs, well, lakes, ponds, rivers, streams, drainage areas, and other physical features. Make sure to show the location of the septic tank, distribution box, or drop boxes and disposal lines.

The person installing the septic system should use a transit or laser level to provide the following measurements: the elevations of the building sewer line, the inlet and outlet of the septic tank, and the distribution box or drop boxes. Include the number and length of the disposal trenches, and show the replacement/repair area. Also, provide elevations of the native soil surface at the septic tank and both ends and middle of all

drainfield trenches. In the replacement area, the elevation of the four corners will suffice.

If approved system requires a pump, provide a pump curve (hydraulic profile) for each pump and a cross section of the septic tank.

### **Sand Filter Systems:**

If approved system is a sand filter, provide a pump curve (hydraulic profile) for each pump, a drawing of the cross section of the septic tank, and sand filter plans showing top and side views.

### **Alternative Treatment Technology System:**

If approved system is an alternative treatment technology (ATT) system, provide a pump curve (hydraulic profile) for each pump, a drawing of the cross section of the septic tank, dose tank, and ATT system plans which show top and side views, and a copy of the service provider maintenance contract for the ATT system.

### **Other Information:**

Please include name, township, range, section, and tax lot or account number on all maps and drawings submitted.

Mail or hand-deliver the application fee and attachments to:

Washington County Environmental Health Program  
155 North First Avenue, MS 5, Suite 160  
Hillsboro, Oregon 97124

For more information on Construction / Installation Permits for Onsite Septic Systems, call (503) 846-8722.

**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) _____				
<b>Lot Size Requirements</b> - 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.				
<b>Legal Property Description</b>				
Township: _____	Range: _____	Section: _____	Tax Lot #: _____	Acres: _____
Site Address (include road): _____				
City: _____	Oregon	Zip: _____	Parcel #: _____	Water Supply: _____
Directions to Property: _____				
<b>COMPLETE ONLY ONE SECTION BELOW, MARKING ITEMS THAT APPLY</b>				
<b>1) SITE EVALUATION</b>		<b>2) EXISTING SYSTEM EVALUATION</b>		
<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: _____ _____ _____		
<b>3) PERMIT REQUEST</b>		<b>4) AUTHORIZATION</b>		
<input type="checkbox"/> Single Family Dwelling, # of bedrooms: _____ <input type="checkbox"/> Commercial: _____ <input type="checkbox"/> <b>New</b> <input type="checkbox"/> LUCS Statement attached <input type="checkbox"/> <b>Renew Permit #:</b> _____  <input type="checkbox"/> Standard (gal.): _____ <input type="checkbox"/> Alternative (gal.): _____ <input type="checkbox"/> Pump <input type="checkbox"/> <b>Repair:</b> <input type="checkbox"/> Minor (tank only) <input type="checkbox"/> Major (tank/drainfield) <input type="checkbox"/> <b>Alteration:</b> <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.				
<b>Applicant Information</b>				
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: _____	
<b>DO NOT WRITE IN THE SPACE BELOW</b>				
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: _____

**Department of Health and Human Services**  
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## 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)

<b>SECTION 1 – Completed by Applicant</b>			
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: _____			
<b>Planning Official Signature:</b>			
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	<b>Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.</b>
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 <b><u>with findings of fact for any local reviews or necessary planning approvals.</u></b>
3.	Applicant	Includes the completed LUCS with <b><u>findings of fact</u></b> 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.

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**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.



## **SYSTEM PLAN REQUIREMENTS FOR ALL SYSTEMS**

- A single copy of a plot plan drawn to scale on the “System Design” sheet included in this packet or on an 8.5” X 11” (or no larger than 11” X 17”) sheet of paper. Parcels larger than two (2) acres should include a detailed enlarged diagram of the area where the septic system components are located.
- Write the owner’s name, acreage, and map and tax lot number on the plot plan.
- On the plot plan include date completed and signature of person that drew it.
- Map all property line dimensions. Include an arrow indicating north direction.
- Indicate number of bedrooms for proposed home.
- Location of approved test pits from the “Site Evaluation” process.
- Direction and percentage of slope(s) within the approved initial drainfield and the replacement drainfield areas.
- Location, size, and material of all septic system components (i.e. tanks, transport lines, distribution boxes, treatment units, monitor ports, drainlines, replacement area, etc.)
- Distances of septic system components from each other including distance between drainlines and their length.
- Elevations of the native soil surface at the septic tank and both ends and middle of all drainlines. For the replacement area, (4) corner elevations are sufficient.
- Locations and distances from septic system components to all of the following that apply:
  - Surface waters – seasonal and year round (i.e. lakes, rivers, streams, ponds, springs, etc.)
  - Wells and waterlines on your property (both irrigation and potable)
  - Property lines and easements
  - Utility lines (both underground and overhead)
  - All structures
  - Roads and driveways
  - Escarpments, manmade cuts, and fills
  - Field tiles
  - Swales
  - Neighboring wells or springs within 100 feet of property lines.

### **Additional Information Required for Pressure Distribution, Sand Filters, and ATT Systems**

- Hydraulic calculations determining the total dynamic head (in feet) and net discharge rate (in gallons per minute)
- Make, model, and a pump curve for the pump(s) to be used.
- Make and model of control panel and float system to be used.
- Length, diameter, and location of discharge assembly, transport line, manifold, and distribution laterals.
- Orifice diameter and spacing
- Septic tank(s) capacity with a side view cross section showing pump, float configuration, discharge assembly, etc.
- Comparative elevations between low water level of tank and distribution laterals to determine if an anti-siphon valve is necessary.

### **Additional Information Required for Sand Filters**

- Type of container used for sand filter, concrete or plywood. (Engineered plans are required for proposals utilizing concrete containers).
- Overhead drawings of sand filter distribution layout. (Include transport pipe, manifold, laterals, orifice and cleanout locations as well as lateral and orifice spacing, etc.)
- Side view drawings of the sand filter. (Include under drain collection pipe, media and sand depth, pump basin, details, etc.)

### **Additional Information Required for ATT Systems**

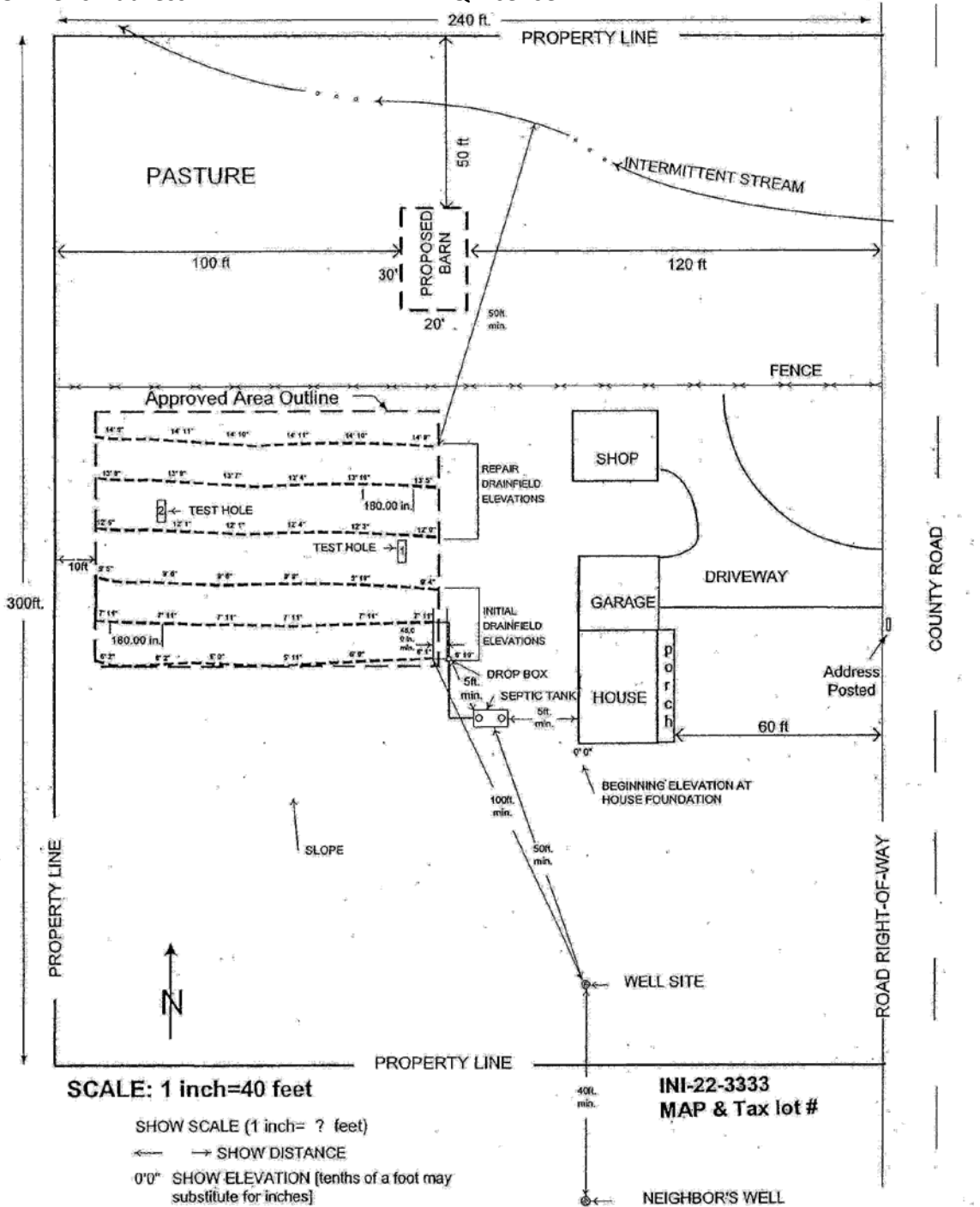
- Make, model, and mode of ATT system to be utilized.
- Completed, signed and dated copy of certified maintenance provider contract. (This document must be submitted before a permit can be issued.)
- Top and side view cross sections of the ATT treatment unit to be utilized.
- Location(s) of access/monitoring ports for operation and maintenance of the proposed ATT system.



## 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:

Subdivision:

Lot:

Block:

Scale: 1 Square = Feet \_\_\_\_\_

PLEASE SEE PROCEDURE & CRITERIA FOR REQUIRED INFORMATION

N

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:  Owner  Authorized Agent

**Printed Name:**

**Date:**

DO NOT WRITE IN THE SPACE BELOW

Received By:

Date: