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

REPAIR PERMIT FOR A SEPTIC SYSTEM PROCEDURE & CRITERIA

Where is a Septic System Needed?

A septic system is needed in areas where no sewer service is available. An onsite sewage treatment and disposal system, also known as a septic system, treats and properly disposes of sewage including gray water.

Why are Permits Required?

Permits are required to ensure septic systems are sited and constructed so that human health and the environment are protected.

What is a Repair Permit?

A *Repair Construction-Installation Permit* is an authorization to replace and/or repair a septic system for a single family dwelling that is failing. Signs of a failing septic system are ponding water, foul odors, and/or dark gray or black soils in the area surrounding the drainfield. Another indicator of a failing septic system may be sewage backing up into the lowest drains in the dwelling. A repair permit application packet can be obtained from the Washington County Environmental Health Program.

There are minor and major repair permits. Minor repair permits are for repairs that do not involve the drainfield, typically this means replacing the septic tank. Major repair permits are for repairs/replacements of the drainfield. Permits are valid for one year from the date of issue.

A major repair requires the completion of a favorable site evaluation prior to obtaining a permit. The suitability of a proposed site for a septic system is largely determined by the type and depth of soil and the depth of the water table. Other factors include property size, site steepness, sewer service availability, and location of the system relative to streams, wells, cuts, and fills. There must also be enough area available for a full system replacement in case the system fails.

These criteria are prescribed in the Oregon Administrative Rules (OAR) Chapter 304, Division 071 and 073. Obtain a copy of the rules DEQ's Onsite website, www.oregon.gov/DEQ/. For more information, see the "Site Evaluation for a Septic System Procedure and Criteria".

What are the Permit Fees?

Permit fees are different for minor and major repair permits. Contact the Washington County Environmental Health Program for the fee schedule or to obtain specific information for a particular application.
Note: The site evaluation fee for a major repair permit is waived.

Permit Process

Step One: Complete the application, include the owner or legally authorized representative's signature, and submit it to the Washington County Environmental Health Program with the required fees.

If the drainfield is being replaced, provide at least one test pit in the proposed drainfield area. The specific requirements for test pits are provided with the site evaluation application packet.

Attach the following documents:

a) A vicinity/locator map
b) A detailed site development plan and directions to property

Step Two: After the Washington County Environmental Health Program receives a completed application, an Environmental Health Specialist will visit the property to perform the site evaluation. If drainfield work is proposed, more than one visit may be necessary. Upon approval, a Repair Construction Installation Permit will be issued to replace the septic system. Once the plans are approved and the permit issued, proceed with the replacement of the septic system as prescribed in the permit. Any changes must be approved by Washington County Environmental Health Program.

Note: *A septic system must be installed and constructed by the owner or a DEQ licensed installer using DEQ approved materials and equipment that meet minimum standards. All equipment must be installed and operated according to the manufacturers' specifications. Contact the Washington County Environmental Health Program if you have questions about approved materials and equipment. Visit the DEQ website at www.oregon.gov/DEQ/ for installer information.*

Step Three: A Pre-cover Inspection (before it is covered with soil) of the repair is required unless waived by the Washington County Environmental Health Program. Some complex systems, such as sand filters, require inspections at various stages of construction and these inspection requirements are specified in the permit.

To initiate the Pre-cover Inspection, the installer must complete the Final Inspection Request and Notice Form and submit it to this office. This form must be signed by the installer, certifying it was installed according to DEQ's specifications. Within seven days of receipt of this completed form, the Washington County Environmental Health Program will either waive or conduct the inspection.

Step Four: After completion of a satisfactory inspection, cover the installation. A Certificate of Satisfactory Completion will either be left onsite or mailed after a satisfactory inspection is complete; it is then permitted to use the septic system.

For more information, contact the Washington County Environmental Health Program at (503) 846-8722, DEQ at (503) 229-5696, or visit DEQ's website: www.oregon.gov/DEQ/.

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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

☐ Single Family Dwelling/# of bedrooms: _____
☐ Commercial: _____
Max # of Employees:_____Max # of Patrons: _____
☐ Showers ☐ Food Preparation ☐ Other: _____
☐ Repair/replace *failing* drain lines (no fee)

2) EXISTING SYSTEM EVALUATION

☐ **Residential** ☐ **Commercial**
☐ **Alternate System Review**
☐ **File Review** ☐ Proposal: _____
_____
_____

3) PERMIT REQUEST

☐ Single Family Dwelling, # of bedrooms: _____
☐ Commercial: _____
☐ **New** ☐ LUCS Statement attached
☐ **Renew Permit #**: _____

☐ Standard (gal.): _____ ☐ Alternative (gal.):_____ ☐Pump
☐ **Repair:** ☐Minor (tank only) ☐ Major (tank/drainfield)
☐ **Alteration:** ☐Minor (tank only) ☐ Major (tank/drainfield)
☐ Licensed Installer (name):_____
License #:_____
☐ Owner Install

4) AUTHORIZATION

☐ Remodel (added bedrooms): _____
☐ Replacement Dwelling
☐ Personal Hardship/Temporary Housing
☐ # of Bedrooms in Existing Dwelling: _____
☐ # of Bedrooms in Proposed Dwelling: _____
☐ Residential to Commercial
☐ Proposal: _____
_____
System Currently in Use?: _____
☐ Yes ☐ No (date of last use): _____
☐ 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 : ☐ Owner ☐ Authorized Representative (authorization attached)

Applicant Signature: Date:

DO NOT WRITE IN THE SPACE BELOW

Fee Received:	Ck/MO/CC#:	Date:
Received By:	Project #:	Activity #:

☐ Call ☐ Hold for pickup ☐ Mail Initial: _____ Date: _____

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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:

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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.

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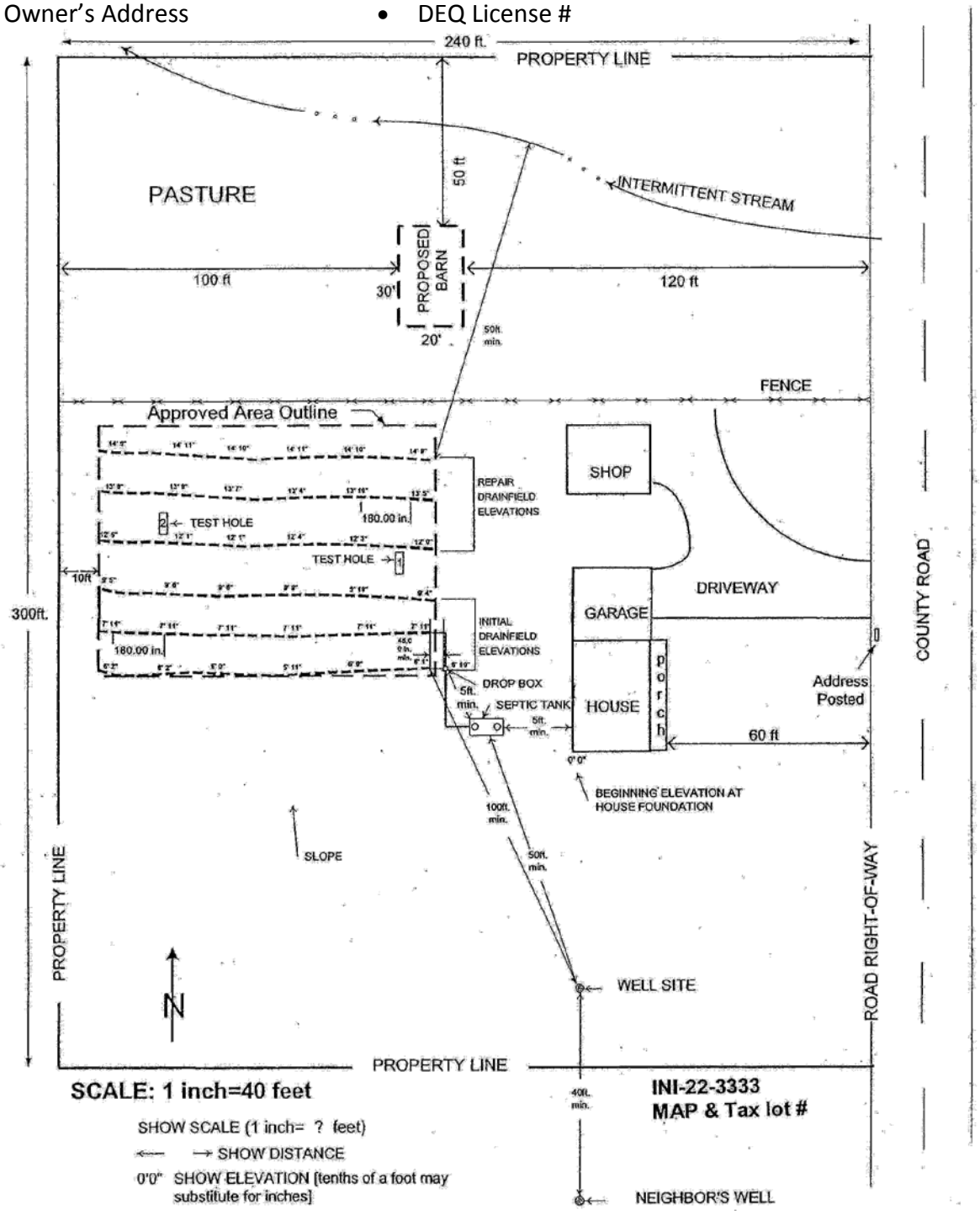
SAMPLE PLOT PLAN

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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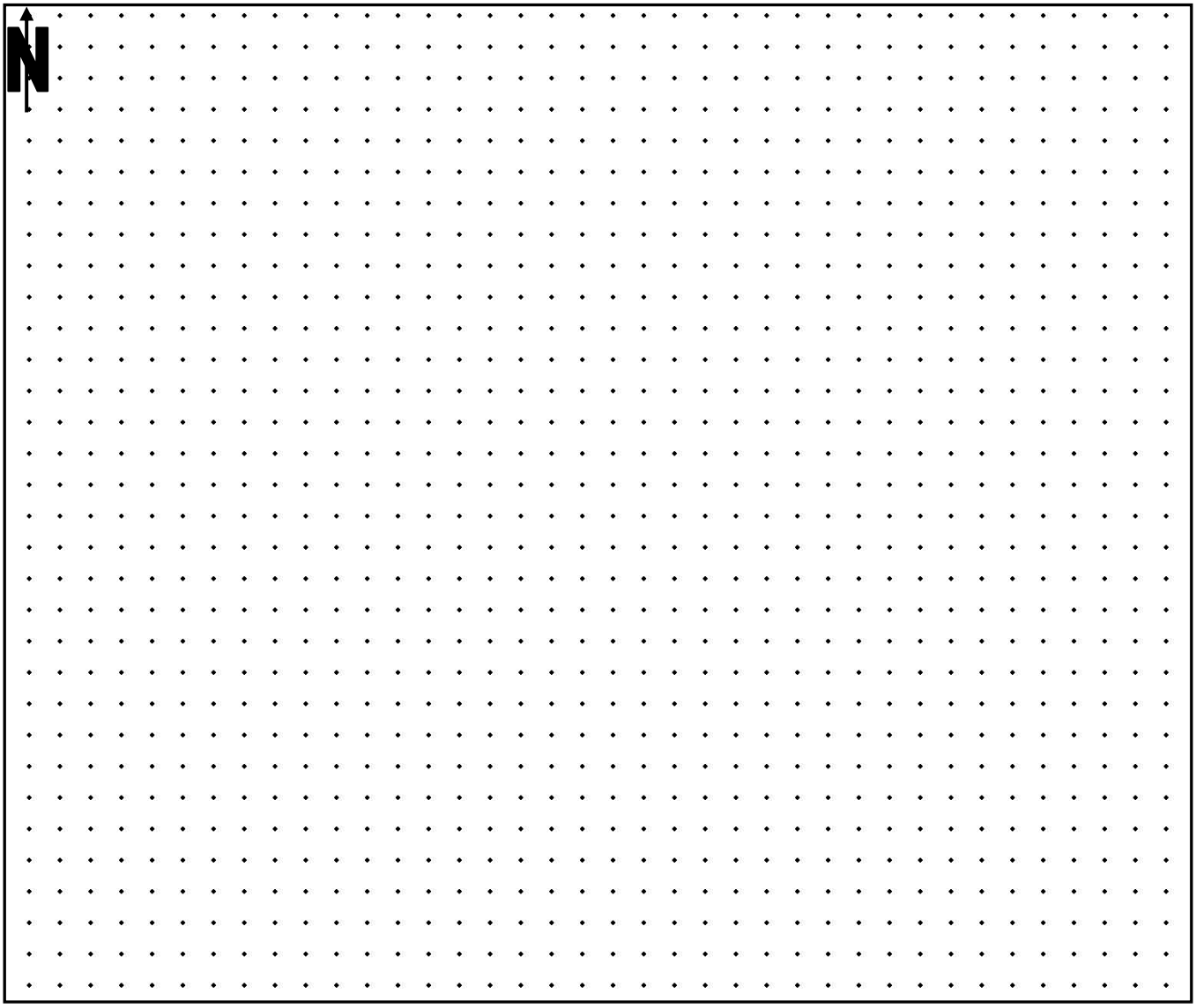
SYSTEM DESIGN

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



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:

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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 Gallons Per Day	Column 2 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 3RD & 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 P arks — 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

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