Application for Onsite Sewage Treatment System

Lake County Building Department
513 Center Street
Lakeview, OR 97630

Phone: (541) 947-6032
Fax: (541) 947-2144

A. Property Owner Information

Name ___________________________ Mailing Address (Street or PO Box, City, State, Zip Code) ___________________________ Phone Number ___________________________

B. Legal Property Description

Township ______ Range ______ Section ______ Tax Lot ______ Tax Account Number ______ Acreage or Lot Size ______

County ______ Subdivision Name ______ Lot ______ Block ______

Property Address: Address ___________________________ City ___________________________ State ______ Zip Code ______

Directions to Property: ____________________________________________

C. Existing Facility / Proposed Facility / Water Information

Existing Facility: ☐ Single Family Residence ☐ Other ______

Number of Bedrooms ______

Proposed Facility: ☐ Single Family Residence ☐ Other ______

Number of Bedrooms ______

Water Supply: ☐ Public ______

☐ Private ______ Name ______

☐ Well, Spring, Shared ______

D. Type of Application

☐ Site Evaluation ______ ☐ Renewal Permit ______ ☐ Authorization Notice for:  ☐ Connecting to an Existing System Not in Use ______

☐ Construction Permit ______ ☐ Existing System Evaluation ______ ☐ Replacing a Mobile Home or House with Another Mobile Home or House ______

☐ Repair Permit ______ ☐ Permit Transfer ______ ☐ The Addition of One or More Bedrooms ______

☐ Major ☐ Minor ______ ☐ Permit Reinstatement ______ ☐ Personal Hardship ______

☐ Alteration Permit ______ ☐ Major ☐ Minor ______ ☐ Temporary Housing ______

☐ Major ☐ Minor ______ ☐ Other — Please Specify ______

If the required fee and attachments are not included with this application, it will be returned to you as incomplete. Post a flag or sign with your name and address at the entrance to the property. Flag and number the test holes.

By my signature, I certify that the information I have furnished is correct, and hereby grant Lake County and its authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature ___________________________ Date ___________________________

Applicant’s Name — Please Print Legibly ___________________________ Applicant’s Phone Number ___________________________ Applicant’s E-mail Address ___________________________

Applicant’s Mailing Address ___________________________

Applicant is the ☐ Owner ☐ Authorized Representative ☐ Licensed Septic Installer

☐ Authorization Attached ______

Installer’s Name ___________________________

Rev 5-25-2011 rev
NOTICE AUTHORIZING REPRESENTATIVE

Let it be known that _________________________________ (Authorized Representative/Print Name)

Has been retained by me (property owner) to act as my authorized representative as defined in Oregon Administrative Rules, Chapter 340, Divisions 71 & 72 and to perform all acts necessary in the establishment to obtain site evaluation, repair, permits, and other onsite wastewater treatment program services on my property provided by Lake County. I agree that any costs not satisfied by the Authorized Representative are my responsibility.

PROPERTY IDENTIFICATION:

Property Situs or Road Address

And described in the records of ___________________________ County as:

Township _____ Range _____ Section ______ Map ID _______ Tax Lot #(s) _________

Township _____ Range _____ Section ______ Map ID _______ Tax Lot # (s) _________

I further understand that costs which are not satisfied by the Authorized Representative are the responsibility of me, the undersigned property owner.

PROPERTY OWNER:

Printed Name: ________________________________________________

Signature: ___________________________ Date: ________________

Address: ___________________________________________ Phone: __________________

City, State, Zip ___________________________ Fax: __________________

E-Mail Address: ____________________________

AUTHORIZED REPRESENTATIVE:

Printed Name: ________________________________________________

Signature: ___________________________ Date: ________________

Address: ___________________________________________ Phone: __________________

City, State, Zip: ___________________________ Fax: __________________

E-Mail Address: ____________________________
1. Applicant Name/Property Owner: 
   Mailing Address: 
   City, State Zip Code: 
   Telephone: 

2. Property Information: 
   County: ___________________________ Tax Lot No.: 
   Township: ___________________________ Range: ___________________________ Section: 
   Physical Address: 
   Block: ___________________________ Lot: 
   Subdivision Name (if applicable): 

3. This proposed facility if for: 
   ☐ An individual, single-family dwelling  ☐ Number of Bedrooms ________
   ☐ Describe the type of development, business, or facility and the provided services or products:
   ☐ Water Source: Spring ____, Well _____, Public Source ________

4. Permit or approval being requested: 
   ☐ Construction-Installation permit for:  ☐ New Construction  ☐ Repair  ☐ Alteration
   ☐ Non-water-carried facility requests (for example, pit privy/vault toilet for campgrounds)
   ☐ Authorization Notice for:  ☐ Replacement of dwelling  ☐ Bedroom addition (number ________)
   ☐ Other changes in land use involving potential sewage flow increases: 

5. Property Zoning: ___________________________ Zoning Minimum Parcel Size: 

6. The facility is located:  ☐ inside city limits  ☐ inside UGB  ☐ outside UGB
   If inside UGB, the proposed facility is subject to:
   ☐ City jurisdiction  ☐ County jurisdiction  ☐ Shared City/County jurisdiction

7. Does the proposed facility comply with all applicable local land use requirements:  ☐ Yes  ☐ No
   If you answered "Yes" above, was this compliance based on:
   ☐ Compliance with local comprehensive plans and land use requirements (provide a citation to the applicable provisions)
   ☐ Conditional approval (provided findings and citation or attach a copy of the applicable land use decision)
   ☐ Measure 49 waiver (provided Department of Land Conservation and Development approval number)
   Either provide reasons for affirmative compliance decision or attach findings of fact: 

8. Planning Official Signature: 
   Print Name: ___________________________ Date: ___________________________
   Title: ___________________________ Telephone: ___________________________
EXISTING SEPTIC SYSTEM DESCRIPTION

Please answer the following questions as completely as possible, and to the best of your knowledge.

1. Your existing septic system consists of (check all that apply):
   - [ ] Septic Tank
   - [ ] Disposal Trenches
   - [ ] Capping Fill
   - [ ] Sandfilter
   - [ ] Seepage Bed
   - [ ] Cesspool or Pit
   - [ ] Unknown
   - [ ] Other (Describe) ____________________________

2. When was your septic system installed? ____________ (Date) ____________ (Permit Number)

3. Tank material:  [ ] Concrete  [ ] Steel  [ ] Plastic or Fiberglass  [ ] Unknown

4. Septic tank volume (in gallons) ____________________________

5. When was the septic tank last pumped? ____________ Attach receipt if available.

6. Number of disposal trenches ____________

7. Total length of disposal trenches (in feet) ____________

8. Do you propose to use the existing septic system?  Yes [ ]  No [ ]

9. Is your septic system currently in use?  Yes [ ]  No [ ]  If no, date of last use ____________

10. If the septic system currently serves a dwelling:
    How many bedrooms are in the dwelling? ____________ How many people occupy the dwelling? ____________

11. How many bedrooms will be in the proposed dwelling? ____________ How many occupants? ____________

12. If the septic system serves a business:
    How many total employees are there? ____________
    Type of business ____________________________

13. Is there a proposed change of use of your structure (home or business)?  Yes [ ]  No [ ]
    If yes, please explain ____________________________

14. Provide a plot plan (sketch) on the reverse side of this form showing the best estimated or actual measurements that locate the existing septic tank and disposal trenches, property lines, easements, existing structures, driveways, and water supply. Indicate the direction of north. If you are proposing to replace the septic system, indicate the test hole location.

By my signature, I certify that the above information and the plot plan on the reverse side of this form are accurate and true to the best of my knowledge.

__________________________________________  ______________________________________
(Date)                                             Signature of Property Owner or Legally Authorized Representative

DEQ use only: Record of existing system:  Yes [ ]  No [ ]  Attached [ ]  Date Issued ____________
Permit Number ____________ Certificate of Satisfactory Completion Issued:  Yes [ ]  No [ ]  Initials ____________
Other file information: ____________________________

Last Updated 10-30-02 by BIK
WHAT IS A LUCS? The Land Use Compatibility Statement is the process used by the DEQ to determine whether DEQ 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 A LUCS REQUIRED? Oregon law requires state agency activities that impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules (OAR) Chapter 340, Division 18 identifies agency activities or programs that significantly affect land use and the process for ensuring consistency.

WHEN IS A LUCS REQUIRED? A LUCS is required for nearly all DEQ permits, registrations under general permits, and certain other approvals and certifications that affect land use. This form only applies to onsite wastewater treatment system permits and activities. WPCF applicants must complete DEQ’s General LUCS form.

HOW TO COMPLETE A LUCS:

<table>
<thead>
<tr>
<th>Step</th>
<th>Who Does It</th>
<th>What Happens</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicant</td>
<td>Completes Section 1 of the LUCS and submits it to the appropriate city or county planning office.</td>
</tr>
<tr>
<td>2</td>
<td>City or County Planning Office</td>
<td>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 with findings of fact for any local reviews or necessary planning approvals.</td>
</tr>
<tr>
<td>3</td>
<td>Applicant</td>
<td>Includes the completed LUCS with findings of fact with the DEQ permit or approval submittal application to the DEQ.</td>
</tr>
</tbody>
</table>

A permit cannot be issued if the proposed 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: Questions about the LUCS process can be directed to the region staff responsible for processing the onsite permits. Headquarters and regional offices may also be reached using DEQ’s toll-free telephone number 1-800-452-4011.

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, extension 232.
SITE PLAN FOR PROPOSED SEPTIC REPAIR

Site Plan Must Be Current

Site Address: _______________________________ City: _______________________________
Tax Lot#: ___________________ Acres: _______ Subdivision:
Lot: ___________ Block: ___________ Property Owner: __________________________________

Scale: 1 Square = _______ Feet  SITE PLAN MUST SHOW ALL PROPERTY LINES AND DIMENSIONS

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

I am the [ ] Owner or [ ] Authorized Agent. Name (please print): ____________________________

Signature: ___________________________ Date: ________________
TAX LOT MAP

NE ¼ NE ¼ Sec. 15 T.5N R.28E.W.M.
Umatilla County

Example
PRELIMINARY

SITE DEVELOPMENT PLAN

Example