

Alteration Permit Guide for Septic Systems

Minor Alteration permits are for changes to an existing system that do not involve the drainfield. Changes in tank location or effluent sewer would be considered a Minor Alteration.

Major Alteration permits are for the expansion, or the change in location, of an existing system that involves the drainfield, treatment unit, or any part thereof.

Items required to process your application

1. **Application Form and Fee:** Make sure your application is complete. Incomplete applications cannot be accepted and will be returned.
2. **Notice Authorizing Representative Form:** Required if someone other than the property owner is submitting the application.
3. **Existing Septic System Description Form:** Fill out the existing septic system description form, as completely as possible, and to the best of your knowledge.
4. **Land Use Compatibility Statement:** This **must** be approved and signed by the county or city planning department.
5. **Detailed Site Plan:** Draw a site plan from actual measurements of the existing development. Draw any proposed changes and indicate the location of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, water lines, drainage areas and any other physical features. Be sure to show the location of the septic tank, distribution box or drop boxes, drainfield and any other components including the test pit(s).
6. **Expose Existing System:** *If required by the inspector,*
 - Uncover the septic tank lid (do not remove the lid).
 - Uncover the distribution box or drop boxes (do not remove lids).
 - The inspector may require other components to be exposed, if necessary.
7. **Test Pit:**

Major Alterations may require at least one test hole to be dug in the proposed area for the new drainfield. Check with the inspector to determine if this is required **prior** to submitting a permit application.

Test pits should be dug in accordance with guidelines described in "[Test Pit Preparation for Onsite Sewage Evaluations](#)". A test pit may not be necessary if applying for a Minor Alteration.
8. **Detailed Construction / Installation Plan:** This needs to be completed after the site is inspected and it has been determined what construction and/or installation will be completed. See equal and serial distribution examples.
9. **Other information:** Include your name, township, range, section and tax account number on all submitted paperwork, maps and drawings.

Submit completed applications and fees to:

**Clatsop County Environmental Health
Onsite Septic Program**
820 Exchange Street, Suite 100
Astoria, OR 97103
Phone: 503-325-9302
EnvHealth@co.clatsop.or.us



Clatsop County

Environmental Health/Onsite Septic Program

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Application for Onsite Sewage Treatment System

A. Property Owner Information

Name _____ Mailing Address (Street, PO Box, City, State, Zip) _____ 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: _____
(Street, City, State, Zip)

Directions to Property _____

C. Existing Facility / Proposed Facility / Water Information

Existing Facility

- ☐ Single Family Residence

Number of Bedrooms _____
☐ Other _____

Proposed Facility

- ☐ Single Family Residence

Number of Bedrooms _____
☐ Other _____

Water Supply

- ☐ Public _____
Name _____
☐ Private _____
Well, Spring, Shared

D. Type of Application

- | | | |
|--|---|--|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Renewal Permit | <input type="checkbox"/> Authorization Notice for: |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Existing System Evaluation | <input type="checkbox"/> Connecting to an Existing System Not in Use |
| <input type="checkbox"/> Permit Repair | <input type="checkbox"/> Permit Transfer | <input type="checkbox"/> Replacing a Mobile Home or House with Another |
| <input type="checkbox"/> Major | <input type="checkbox"/> Permit Reinstatement | <input type="checkbox"/> Mobile Home or House |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Compliance Record Review | <input type="checkbox"/> The Addition of One or More Bedrooms |
| <input type="checkbox"/> Alteration Permit | | <input type="checkbox"/> Personal Hardship |
| <input type="checkbox"/> Major | | <input type="checkbox"/> Temporary Housing |
| <input type="checkbox"/> Minor | | <input type="checkbox"/> 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 Clatsop 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 _____ Applicant's E-Mail Address _____

Applicant's Mailing Address _____

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

☐ Authorization Attached

Installers Name _____



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Notice Authorizing Representative

I, _____, have authorized
(Property Owner – Please Print)

(Authorized Representative – Please Print) To act as my agent in performing
the activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by Clatsop 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 Situs or Road Address

And described in the records of Clatsop County as:

Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____
Township _____ Range _____ Section _____ Tax Lot _____ Map ID _____

PROPERTY OWNER:

Name: _____ Email: _____
Mail Address: _____ City/State/Zip _____
Phone: _____ FAX: _____
Signature: _____ Date: _____

AUTHORIZED REPRESENTATIVE:

Name: _____ Email: _____
Mail Address: _____ City/State/Zip _____
Phone: _____ FAX: _____
Signature: _____ Date: _____



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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):

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Disposal Trenches	<input type="checkbox"/> Capping Fill	<input type="checkbox"/> Sand Filter
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Cesspool or Pit	<input type="checkbox"/> Unknown	
<input type="checkbox"/> 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 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 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.

Signature: _____ Date: _____



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Land Use Compatibility Statement (LUCS) For Onsite Wastewater Treatment System Permits

WHAT IS A LUCS? The Land Use Compatibility Statement is the process used to determine whether Onsite Wastewater Treatment 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 activities that impact land use be consistent with local comprehensive plans and land use regulations. Oregon Administrative Rules (OAR) Chapter 340, Division 28 identifies 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 Onsite Wastewater Treatment permits, registrations under general permits, and certain other approvals and certifications that affect land use. The attached form applies only to onsite wastewater treatment system permits and activities. WPCF applicants must complete a General LUCS Form.

HOW TO COMPLETE A LUCS:

Step	Who Does It	What Happens
1	Applicant	Completes Section 1 of the LUCS and submit it to the 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 with findings of fact for any local reviews or necessary planning approvals.
3	Applicant	Includes the completed LUCS with findings of fact with the permit or approval submittal application to the county.

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.

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.

DEQ Land Use Compatibility Statement

COMPLETED BY APPLICANT

1. Property Owner Name(s): _____
Mailing Address: _____
Telephone 1: _____ Telephone 2: _____
Email Address: _____
2. Applicant Name: _____
Mailing Address: _____
Telephone 1: _____ Telephone 2: _____
Email Address: _____
3. **Property Information:**
Situs Address: _____
Township _____ Range _____ Section _____ Tax Lot _____
Subdivision Name (if applicable): _____
4. Proposed Development:
☐ Single Family Dwelling ☐ Accessory Structure ☐ Other _____
5. Permit or Approval Requested:
Construction or Installation Permit: ☐ New Construction ☐ Repair ☐ Alteration
Authorization for Replacement of: ☐ Dwelling ☐ Bedroom Addition
☐ Other: _____

COMPLETED BY COUNTY PLANNING OFFICIAL

PERMIT #:

PAYMENT ID:

1. Property Zoning 1 _____ Property Zoning 2 _____ Overlays _____
2. Minimum Parcel Size _____ Actual Parcel Size _____ ☐ LOR needed LOR Permit # _____
3. The facility is located: ☐ Inside City Limits ☐ Inside a UGB ☐ Outside UGB (county jurisdiction)
4. Does the proposed facility comply with all applicable land use requirements: ☐ Yes ☐ No
5. Compliance is based on:
 - a. ☐ Compliance with local comprehensive plans and land use requirements. Citation: _____
 - b. ☐ Conditional Approval – *Findings and citation attached or a copy of the applicable land use decision is attached.*
 - c. ☐ Measure 49 Waiver – DLCD Approval Number: _____

Comments: _____

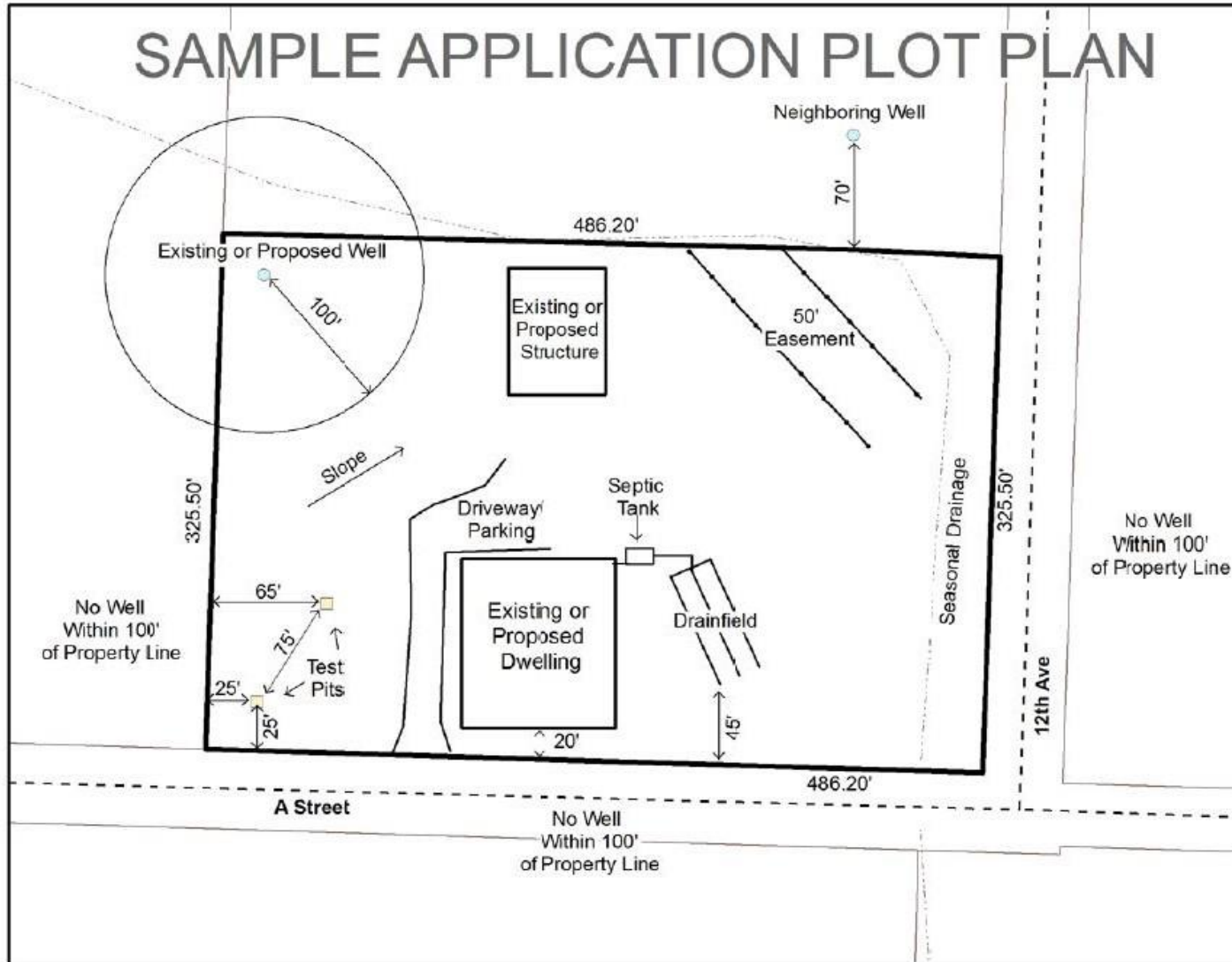
Planning Official Signature _____ Date _____

SAMPLE PLOT PLAN

Property ID: _____ Site Address: _____

Applicant Signature: _____ Date: _____

By my signature, I certify the information provided on this plot plan is complete and accurate.



Required Information

- ✓ Owner name
- ✓ Legal description, map number
- ✓ North arrow
- ✓ Property dimensions
- ✓ Neighboring wells w/in 100'
- ✓ All wells/waterlines on property
- ✓ Roads, driveways, parking areas
- ✓ Buildings and fences
- ✓ Septic and pump tank(s) and drainfield(s)
- ✓ Areas of excavation (cuts, fills)
- ✓ Easements, deed restrictions, etc.
- ✓ Lakes, springs, streams, ditches, etc.
- ✓ Water bodies w/in 100' of proposed drainfield
- ✓ Field drainage tiles (French/curtain drains, etc.)
- ✓ Test pits with distance to property lines
- ✓ Direction of slope

PLOT PLAN

Property ID: _____ Site Address: _____

Applicant Signature: _____ Date: _____

By my signature, I certify the information provided on this plot plan is complete and accurate.

Required Information

- Owner name
- Legal description, map number
- North arrow
- Property dimensions
- Neighboring wells/waterlines w/in 100'
- All wells/waterlines on property
- Roads, driveways, parking areas
- Buildings and fences
- Septic tanks and drain fields
- Areas of excavation (cuts, fills)
- Easements, deed restrictions, etc.
- Lakes, springs, streams, ditches, etc.
- Neighboring water bodies w/i 100' of property line
- Field drainage tiles (French drain, etc.)
- Test pits with distance to property lines
- Direction of slope

Legend

- O Wells
- Test Pits
- Drainage



1 inch = 20 feet