



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. **Vicinity / Locator Map:** Include directions to your property using an 8½ by 11 inch sheet of white paper. Describe in writing how to locate the property and flag the entrance if it is hard to find. If you have a large parcel, indicate on a sketch the location of the test hole(s)/project area.
3. **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).
4. **Tax Lot Map:** This map may be obtained at the Clatsop County Assessor's Office, Planning Department or online at www.co.clatsop.or.us
5. **Land Use Compatibility Statement:** This must be approved and signed by the county or city planning department.
6. **Notice Authorizing Representative Form:** Required if someone other than the property owner is submitting the application.
7. **Existing Septic System Description Form:** Fill out the existing septic system description form, as completely as possible, and to the best of your knowledge.
8. **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.
9. **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.

10. **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.

11: **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
Community Development
800 Exchange Street, Suite 100
Astoria, OR 97103
Phone: 503-325-8611
Fax: 503-338-3606
comdev@co.clatsop.or.us
<http://www.co.clatsop.or.us>



Clatsop County

www.co.clatsop.or.us

Community Development

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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

Site Evaluation

Construction

Permit Repair

Major

Minor

Alteration Permit

Major

Minor

Renewal Permit

Existing System Evaluation

Permit Transfer

Permit Reinstatement

Authorization Notice for:

Connecting to an Existing System Not in Use

Replacing a Mobile Home or House with Another

Mobile Home or House

The Addition of One or More Bedrooms

Personal Hardship

Temporary Housing

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)

_____ To act as my agent in performing
(Authorized Representative – Please Print)
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):
 Septic Tank Disposal Trenches Capping Fill Sand Filter
 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 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.

SECTION 1 – TO BE COMPLETED BY APPLICANT

1. Applicant Name/Property Owner: _____
Mailing Address: _____
City/State/Zip: _____
Telephone: _____
2. Property Information:
County: _____ Tax Lot No: _____
Township: _____ Range: _____ Section: _____
Physical Address: _____
Block: _____ Lot: _____
Subdivision Name (if applicable): _____
3. This proposed facility is for:
 An individual, single family dwelling
 Describe the type of development, business or facility and the provided services or products: _____

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
 Other changes in land use involving potential sewage flow increases

SECTION 2 – TO BE COMPLETED BY CITY OR COUNTY PLANNING OFFICIAL

5. Property Zoning: _____ Zoning Minimum Parcel Size _____
6. The facility is located: inside city limits inside UGB outside UGB
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 (provide findings and citation or attach a copy of the applicable land use decision)
 Measure 49 waiver (provide Department of Land Conservation and Development approval number)
Either provide reasons for affirmative compliance decision or attach findings of fact: _____

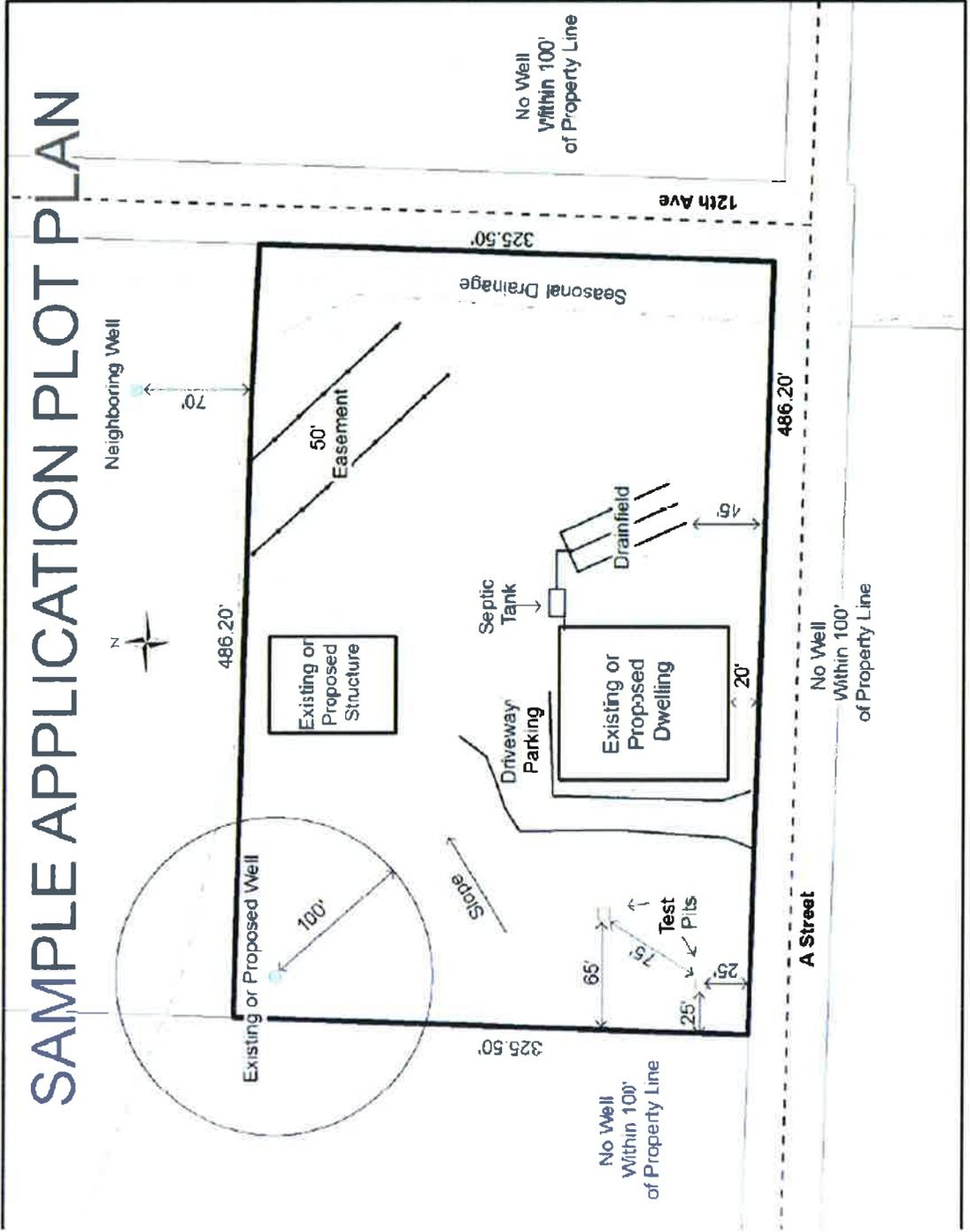
8. Planning Official Signature: _____
Print Name: _____ Date: _____
Title: _____ Telephone: _____

SAMPLE PLOT PLAN

Property ID: _____ Site Address: _____ Date: _____

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

1 inch = 100 feet

PLOT PLAN

Property ID: _____ Site Address: _____ Date: _____

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

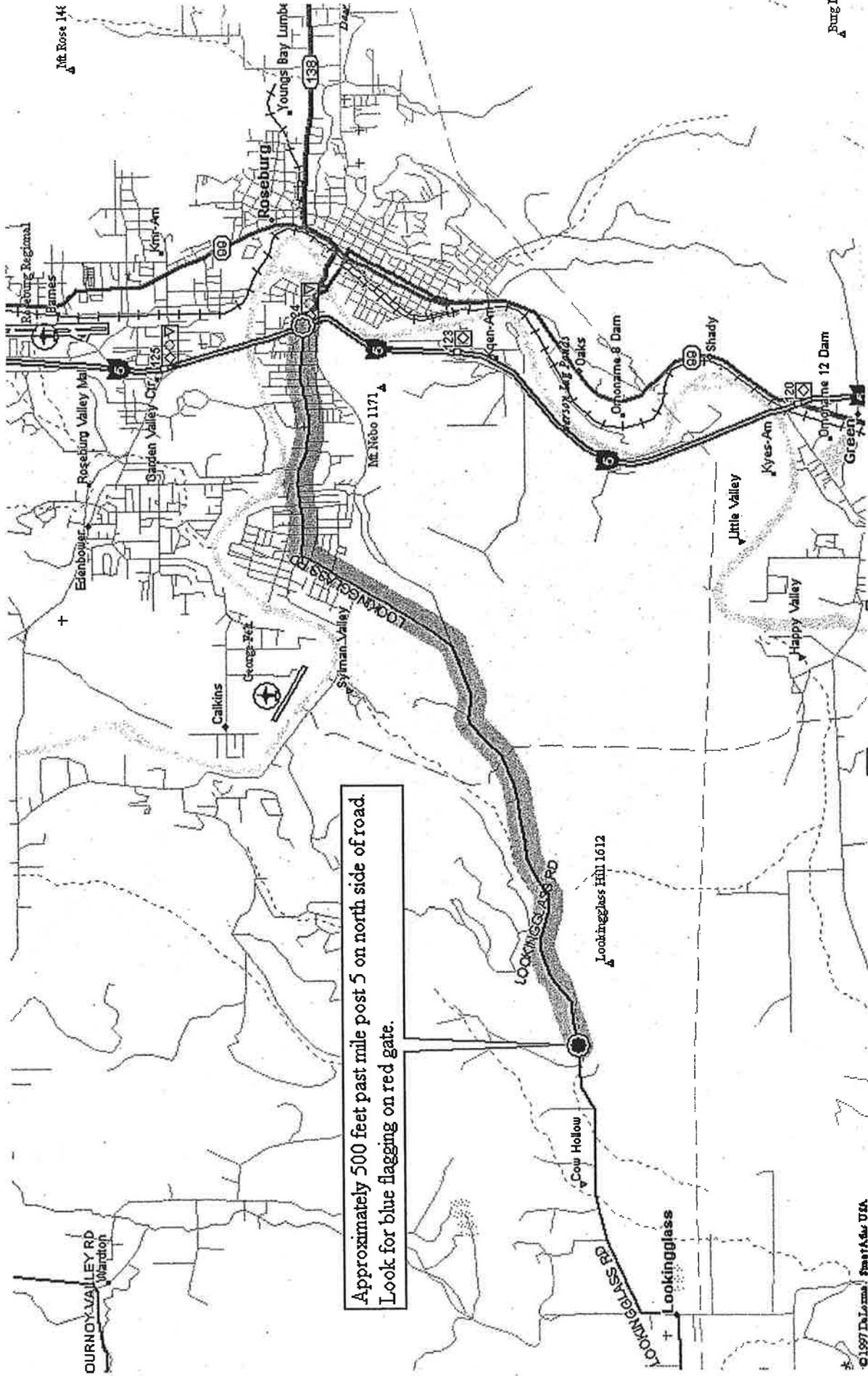
Legend

- Wells
- Test Pits
- Drainage



1 inch = 20 feet

EXAMPLE A
VICINITY LOCATOR MAP



Approximately 500 feet past mile post 5 on north side of road.
 Look for blue flagging on red gate.

Example

Licensed Sewage Disposal Services

Carlson Contracting, Inc.

Flint Carlson #33563
PO Box 157, Hammond, OR 97121
Phone: 503-861-2408
FAX: 503-861-2408
Cell: 503-741-0409
carcon@pacifier.com

Complete Septic Service

Jerry Lebo #37864
41092 Ziak-Gnat Creek Lane, Astoria, OR 97103
Phone: 503-458-6870
FAX: 503-458-5289
Cell: 503-338-8722

George Owen

Septic System Design
89647 Manion Drive, Warrenton, OR 97145
Phone: 503-717-8681
Cell: 503-717-2477
gntlmangeorge@gmail.com

Keith Keranen Excavating, Inc.

Keith Keranen #38452
37194 Highway 26, Seaside, OR 97138
Phone: 503-717-2200
FAX: 1-800-446-0263
kkeraneninc@hotmail.com

Kinney & Sons

Steve Kinney #186315
91569 George Hill Road, Astoria, OR 97103
Cell: 503-791-3481
sdkinney@centurytel.net

Hartman Construction Co.

Dean Hartman #38331
PO Box 158, Warrenton, OR 97146
Cell: 503-440-2092

Bill Hughes Excavation LLC

Bill Hughes #36171
42824 Old Highway 30, Astoria, OR 97103
Phone: 503-458-6706
FAX: 503-458-6706
Cell: 503-741-6706
Bchexc@gmail.com

Robert Martens Excavation

Robert Martens #37547
92859 Walluski Loop Road, Astoria, OR 97103
Phone: 503-325-0615
FAX: 503-325-0615
Cell: 503-440-2724
Martens92861@charter.net

Bob McEwan Construction, Inc.

Michael McEwan #37079
PO Box 2845, Gearhart, OR 97138
Phone: 503-738-3569
FAX: 503-738-4198
Cell: 503-440-0223
mmcewan3569@charter.net

Osburn-Olson, LLC

Ryan Osburn #38583
1369 Stillwater Court
Seaside, OR 97138
Phone: 503-717-3907
FAX: 503-717-8613
grosburn@hotmail.com

Cascade Phillips dba Seacoast Portable, Inc.

Bruce Phillips #38164
34781 Beeline Lane
Astoria, OR 97103
Phone: 503-325-9071
FAX: 503-325-9118
Bruce.phillips@unitedsiteservices.com

Dave Roberts Contracting, Inc #38149

PO Box 3424, Bay City, OR 97107
Phone: 503-377-4444
FAX: 503-377-4112
Cell: 503-801-1316

Sweet Septic & Portable Service

Brad Sweet #37303
PO Box 67, Manzanita, OR 97130
Phone: 503-436-9759
sweetseptic@charter.net

Vinson Brothers

Dennis Vinson #36845
92740 Knappa Dock Road, Astoria, OR 97103
Phone: 503-458-6561
FAX: 503-458-6763
Cell: 503-741-0170
Vbc.dennis@gmail.com

Ed's Septic Tank Cleaning Services

Clyde McDonald
92042 Koppisch Road
Astoria, OR 97103
Phone: 503-458-6521
Phone: 503-741-0673