



## Permit Renewal/Reinstatement Guide For Septic Systems

A renewal construction/installation permit is required when you have not installed your system and a construction permit was issued more than one (1) year ago.

### Items required to process your application:

1. **Application Form and Fee:**

Please make sure your application is complete. Incomplete applications cannot be accepted and will be returned.

2. **Land Use Compatibility Statement:**

This **must** be approved and signed by the Clatsop County Planning Department.

3. **Notice Authorizing Representative Form:**

Required if someone other than the property owner is submitting the application.

4. **Statement of Site Status:**

To be signed by the property owner or applicant certifying there have been no changes at the site since the original site evaluation was performed.

5. **Site Development Plan:**

- You may use your original approved plan if nothing has changed; resubmit the plan with your renewal application and indicate that no changes have been made to your proposal
- Refer to your Site Evaluation Report, as it shows the approved drainfield location, the approved area as described in your site evaluation report and other construction details.
- Draw a site plan from actual measurements that shows the location of all buildings, roads, driveways, property lines, easements, springs, wells, lakes, ponds, rivers, streams, water lines, drainage areas and other physical features. Make sure you indicate the location of the septic tank, distribution box or drip boxes, disposal lines, and drainfield.
- 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. Also include the number and length of the disposal trenches and show the replacement/repair area.

6. **Other Information:**

Please include your name, map ID and tax account number on all maps and drawings submitted.

Submit by mail, e-mail or hand delivery, the completed application, fee and attachments to the Clatsop County Community Development Department. Payment may be made by cash, check or credit card.

**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](mailto:comdev@co.clatsop.or.us)  
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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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## 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 <b>with findings of fact for any local reviews or necessary planning approvals.</b>
3	Applicant	Includes the completed LUCS with <b>findings of fact</b> 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: \_\_\_\_\_



# Clatsop County

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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:

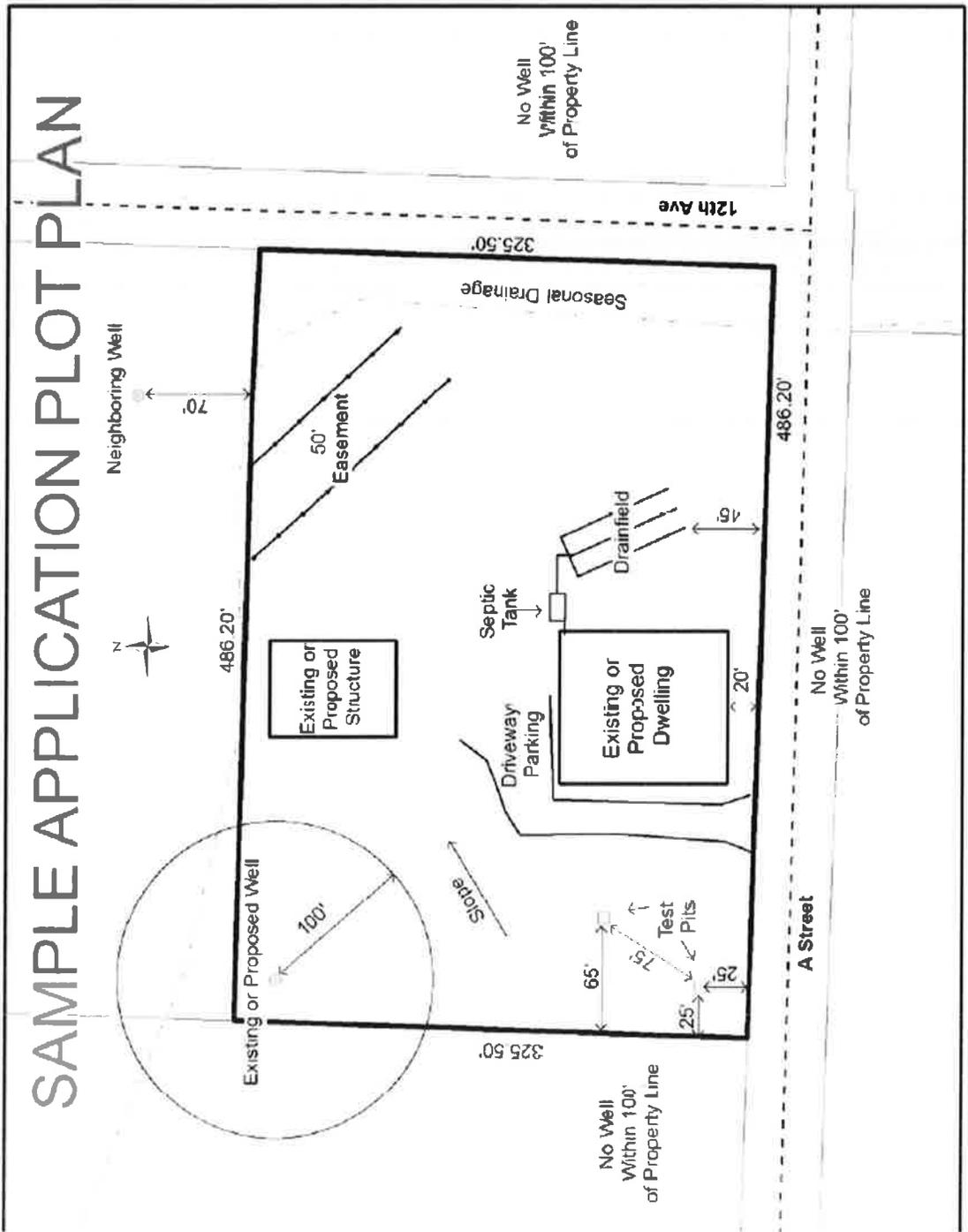
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mail Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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/ 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