

## C-AUTHORIZATION NOTICE GUIDE

### AN AUTHORIZATION NOTICE IS REQUIRED;

- a) When connecting or re-connecting to an existing on-site sewage disposal system.  
There is an exception when placing into service a previously unused system for which a Certificate of Satisfactory Completion has been issued within 5 years. This determination is made by review of the onsite completed construction permit's office records and confirmation that a Certificate exists.
- b) When replacing one residence (mobile, manufactured or modular home, or commercial stick built home) with another or with any other structure. Again there is an exception when a mobile home or RV is to be replaced with a similar mobile home or RV which is located within a lawful Mobile Home or RV Park.
- c) When rebuilding or replacing any structure, even if destroyed by fire or other natural disaster.
- d) When adding bedrooms or additional apartment facilities to an existing dwelling.
- e) When connecting a second dwelling. Allows temporary housing for a family member suffering medical hardship for up to 5 years or till cessation of hardship-whichever comes first-can be extended after submitting a new application.
- f) When adding a residential commercial business that will increase wither sewage flow or effluent waste strength. You **MAY** be required to file with DEQ-depend on waste strength and flow. Will be determined at the time of application.
- g) Any proposed change in use that will result in an increase to either the quantity or strength of the sewage waste flows into the existing system.

Some of the above situations may require changes to the sewage disposal system. If, based on your application, we find that you will have to change your sewage disposal system, we will advise you on how to proceed. Some of the above situations may also require that you apply through the DEQ, Bend Office.

An Authorization Notice is usually **NOT** needed if you are adding more square footage, bathrooms, garages, kitchens, etc. to your structure and are **NOT** increasing the number of bedrooms, however the planning or building department may require you to get a statement from us concerning your sewage disposal system. If so, please refer to the Existing System Evaluation Report Guide.

ITEMS NEEDED TO PROCESS YOUR APPLICATION:

1. **Complete Application Form and Fee:** Incomplete application will be returned.
2. **Land Use Compatibility Statement:** To be signed by the local planning authority. A fee will be charged by the Planning Department to complete this form.
3. **Tax Lot Map:** Obtain a copy from a title company or the county assessor's office.
4. **A Vicinity Map:** Show how to get to your property. This can be a copy of a county road map, a U.S. Geological Survey quadrangle map, or a hand drawn sketch. If your property is remote or hard to find, please describe in writing how to find it. Please flag the entrance to your property with the yellow flag provided by this office. If you have a large parcel, show on a sketch how to find the disposal area.
5. **Existing Sewage Disposal System Description:** Fill out the existing sewage disposal system description form. Check to see if any prior permits are on file, Include a site plan showing the existing septic tank, drain field location and area where the improvement will go.
6. **Site Preparation:** If your system was installed under a permit and a Certificate of Satisfactory completion was issued, call us before uncovering any portion of your system, otherwise with a hand shovel being careful not to damage any system components, uncover the septic tank lid (for accessibility of the agent) the pipe connection to the tank inlet and outlet, and either the distribution box or the drop box (s) and stake the ends of the disposal trenches. We suggest the use of either a metal or fiber glass rod or other detection device for locating the tank and box(s) before digging.

If an Authorization Notice is requested for a personal medical hardship for a family member, medical evidence documentation must be provided in addition to the above 6 items.

Mail or hand deliver the application, fee and attachments to:

Crook County Community Development  
300 NE 3<sup>rd</sup> St., Rm. 12  
Prineville, OR 97754



**Crook County Onsite Sewage Treatment System Application**

300 NE 3rd St, Rm 12  
Prineville, Or 97754  
541-447-3211



For DEQ Use Only:		Date Stamp
Date received	_____	
Fee paid	_____	
Receipt number	_____	
Application number	_____	
Date of 1 <sup>st</sup> response	_____	
Date of 2 <sup>nd</sup> response	_____	
Date of final response	_____	
Date of completion	_____	
Scanned	Data Entry	

**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
- 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"/> Permit Repair     | <input type="checkbox"/> Permit Transfer            |   |
| <input type="checkbox"/> Major             | <input type="checkbox"/> Permit Reinstatement       |   |
| <input type="checkbox"/> Minor             |   |   |
| <input type="checkbox"/> Alteration Permit |   |   |
| <input type="checkbox"/> Major             |   | <input type="checkbox"/> Connecting to an Existing System Not in Use                        |
| <input type="checkbox"/> Minor             |   | <input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House |
|  |   | <input type="checkbox"/> The Addition of One or More Bedrooms                               |
|  |   | <input type="checkbox"/> Personal Hardship  |
|  |   | <input type="checkbox"/> Temporary Housing  |
|  |   | <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 the Department of Environmental Quality and it's 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 \_\_\_\_\_



# EXISTING SEPTIC SYSTEM DESCRIPTION

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

- 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) \_\_\_\_\_
- When was your septic system installed? \_\_\_\_\_ (Date) \_\_\_\_\_ (Permit Number)
- Tank material:  Concrete     Steel     Plastic or Fiberglass     Unknown
- Septic tank volume (in gallons) \_\_\_\_\_
- When was the septic tank last pumped? \_\_\_\_\_ Attach receipt if available.
- Number of disposal trenches \_\_\_\_\_
- Total length of disposal trenches (in feet) \_\_\_\_\_
- Do you propose to use the existing septic system? Yes  No
- Is your septic system currently in use? Yes  No  If no, date of last use \_\_\_\_\_
- If the septic system currently serves a dwelling:  
How many bedrooms are in the dwelling? \_\_\_\_\_ How many people occupy the dwelling? \_\_\_\_\_
- How many bedrooms will be in the proposed dwelling? \_\_\_\_\_ How many occupants? \_\_\_\_\_
- If the septic system serves a business:  
How many total employees are there? \_\_\_\_\_  
Type of business \_\_\_\_\_
- Is there a proposed change of use of your structure (home or business)? Yes  No   
If yes, please explain \_\_\_\_\_
- 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: \_\_\_\_\_

**Department of Environmental Quality**  
**LAND USE COMPATIBILITY STATEMENT (LUCS)**  
**for Onsite Wastewater Treatment System Permits**

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**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:**

<u>Step</u>	<u>Who Does It</u>	<u>What Happens</u>
1	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or 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><u>with findings of fact for any local reviews or necessary planning approvals.</u></b>
3	Applicant	Includes the completed LUCS with <b><u>findings of fact</u></b> with the DEQ permit or approval submittal application to the DEQ.

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.

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***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.*

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**SECTION 1 - TO BE COMPLETED BY APPLICANT (may be filled in electronically by tabbing to each field)**

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.

Other. 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

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:

Outright 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: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

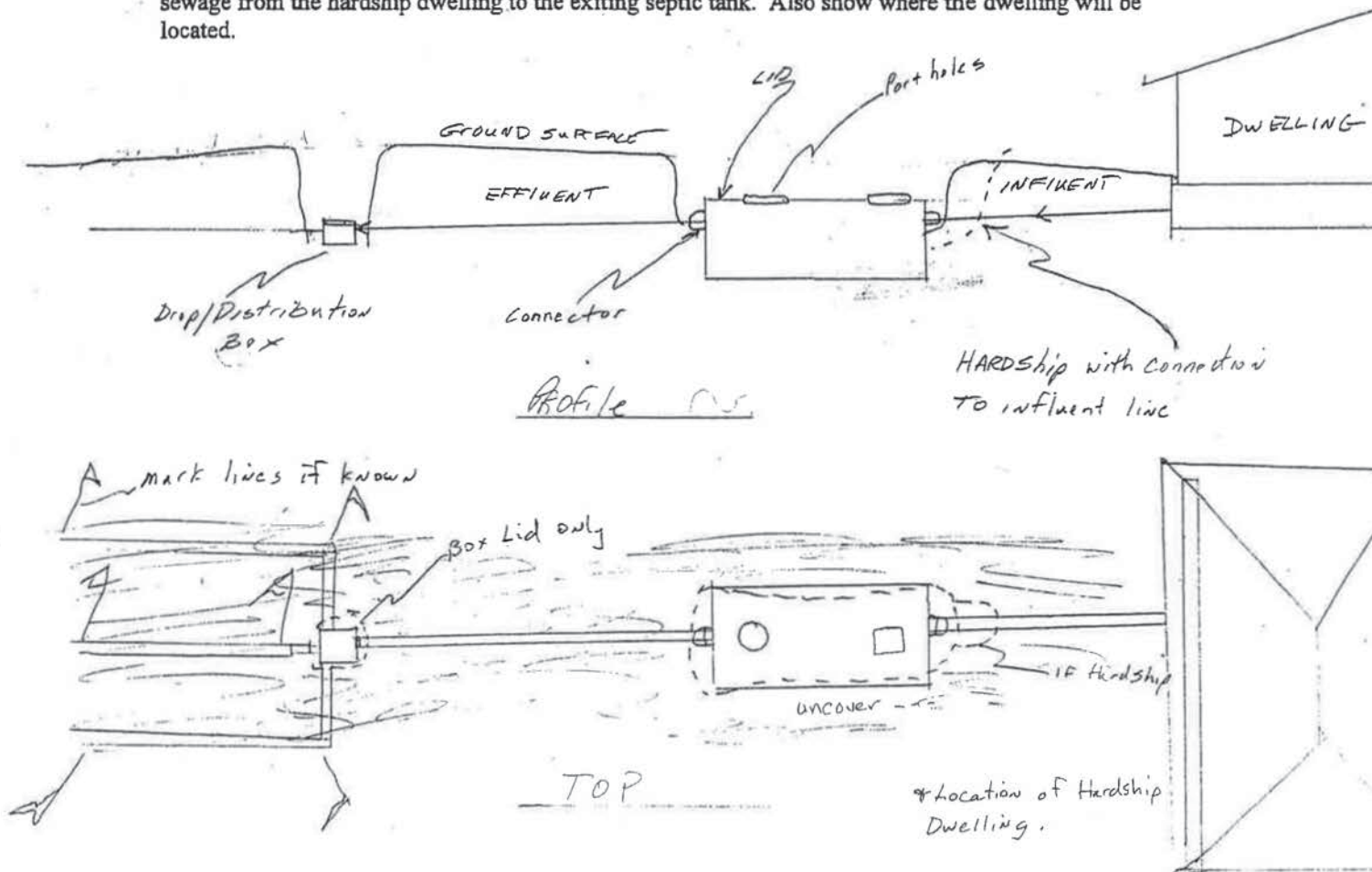
## Authorization/Repair/Hardship Site Preparation

The following guidance is provided to assist you in preparing the site for the visit of the on-site system evaluator. The Environmental Health permit technician will be able to tell you if you need to follow these guidelines.

1. Uncover the top of the tank lid so that the evaluator can gain access to the manhole/lid inspection port/s. He will need to determine if the tank is in sound condition and not rusted out or cracked. He will also look at the scum and sludge layer to determine if the tank needs pumping. He will calculate the size to determine if it meets current code requirements (1,000 gallon minimum).
2. Uncover the outlet end of the tank where it connects to the pipe leaving the tank. This is needed to determine what type connection was made and to determine if it is still connected.
3. If an authorization is for a hardship to connect to the existing tank then uncover the line into the septic tank to determine the size and type.
4. Try to determine where the drop box or distribution box is and where it connects to the drain field, and uncover the lid so that observation can be made in the box.
5. Mark the area where you think the drain field lines are. Do not uncover the drain field lines.
6. Mark any other gray water system or drainage system from the dwelling that is not connected to the septic tank, and drain field.

When uncovering the components of the system be careful and try not to damage any of the system parts.

If you are applying for a hardship dwelling show on the plot plan how you think you are going to get the sewage from the hardship dwelling to the existing septic tank. Also show where the dwelling will be located.





# NOTICE AUTHORIZING REPRESENTATIVE

I, \_\_\_\_\_, have authorized \_\_\_\_\_ to act as my  
(Property Owner/Print Name) (Authorized Representative/Print Name)  
agent in performing the activities necessary to obtain all onsite wastewater treatment program services provided by the Department of Environmental Quality 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 and I authorized DEQ agents to conduct required business activities on said property.

### PROPERTY IDENTIFICATION:

\_\_\_\_\_  
(Property Situs or Road Address)

And described in the records of \_\_\_\_\_ County as:

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Map ID \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

### PROPERTY OWNER:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### AUTHORIZED REPRESENTATIVE:

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_



**Site Plan Must Be Current** Property Owner: \_\_\_\_\_ Site ID: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ Tax Lot: \_\_\_\_\_

Acres: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

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: \_\_\_\_\_