

## **A2-CONSTRUCTION-INSTALLATION PERMIT GUIDE**

### ITEMS REQUIRED TO PROCESS YOUR CONSTRUCTION INSTALLATION APPLICATION.

1. Completed Application Form and Fee: Incomplete applications will be returned.
2. Tax Lot Map: A copy can be obtained from our office.
3. 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. Omit the vicinity map if you attached one to your site evaluation application.
4. Land Use Compatibility Statement: The Onsite division will get this signed off for you. Please verify all Planning approval is completed or the Land use form will not be signed off.
5. Site Development Plan: (See Examples A & B) Draw a site plan with actual measurements that shows existing and proposed locations of all buildings, roads, driveways, property lines, easements, water sources, irrigation (flood) ditches, surface water bodies and other physical features. Show the exact location you propose to locate the septic tank, distribution box or drop boxes and disposal lines. Show the test hole locations on the plot plan. Show the locations of all existing and proposed wells within 200 feet of the drain fields. Refer to you Site Evaluation Report since it shows the approved disposal field location, the type of approved system and other construction details. You may want to have your septic system installer do the plans for you.
6. Site Status Form: Fill in and sign the Site Status Statement. Verifies that you have not modified or ruined the approved septic area.

### **THE CONSTRUCTION PERMIT APPLICATION WILL NOT BE ACCEPTED WITHOUT AN ADEQUATE CONSTRUCTION PLOT PLAN.**

Mail or hand deliver the application, signed Land Use Compatibility Statement, filled out and signed Site Status Statement, correct fee and other attachments to: Crook County Community Development, 300 NE 3<sup>RD</sup> ST., Rm #12, Prineville, OR 97754. We will give you a receipt when we issue you the Construction Permit.



# 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

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Site Evaluation</li> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Permit Repair               <ul style="list-style-type: none"> <li><input type="checkbox"/> Major</li> <li><input type="checkbox"/> Minor</li> </ul> </li> <li><input type="checkbox"/> Alteration Permit               <ul style="list-style-type: none"> <li><input type="checkbox"/> Major</li> <li><input type="checkbox"/> Minor</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Renewal Permit</li> <li><input type="checkbox"/> Existing System Evaluation</li> <li><input type="checkbox"/> Permit Transfer</li> <li><input type="checkbox"/> Permit Reinstatement</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Authorization Notice for:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Connecting to an Existing System Not in Use</li> <li><input type="checkbox"/> Replacing a Mobile Home or House with Another Mobile Home or House</li> <li><input type="checkbox"/> The Addition of One or More Bedrooms</li> <li><input type="checkbox"/> Personal Hardship</li> <li><input type="checkbox"/> Temporary Housing</li> </ul> </li> <li><input type="checkbox"/> Other-please specify _____</li> </ul> |
|---|---|---|

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 \_\_\_\_\_

**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: \_\_\_\_\_



## Statement of Site Status

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

County: \_\_\_\_\_

I certify by my signature the area for the initial and replacement onsite sewage disposal system has not been cut, filled or altered in any way since the original site evaluation was performed by the Department of Environmental Quality.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

# DETAILED CONSTRUCTION/ INSTALLATION PLAN

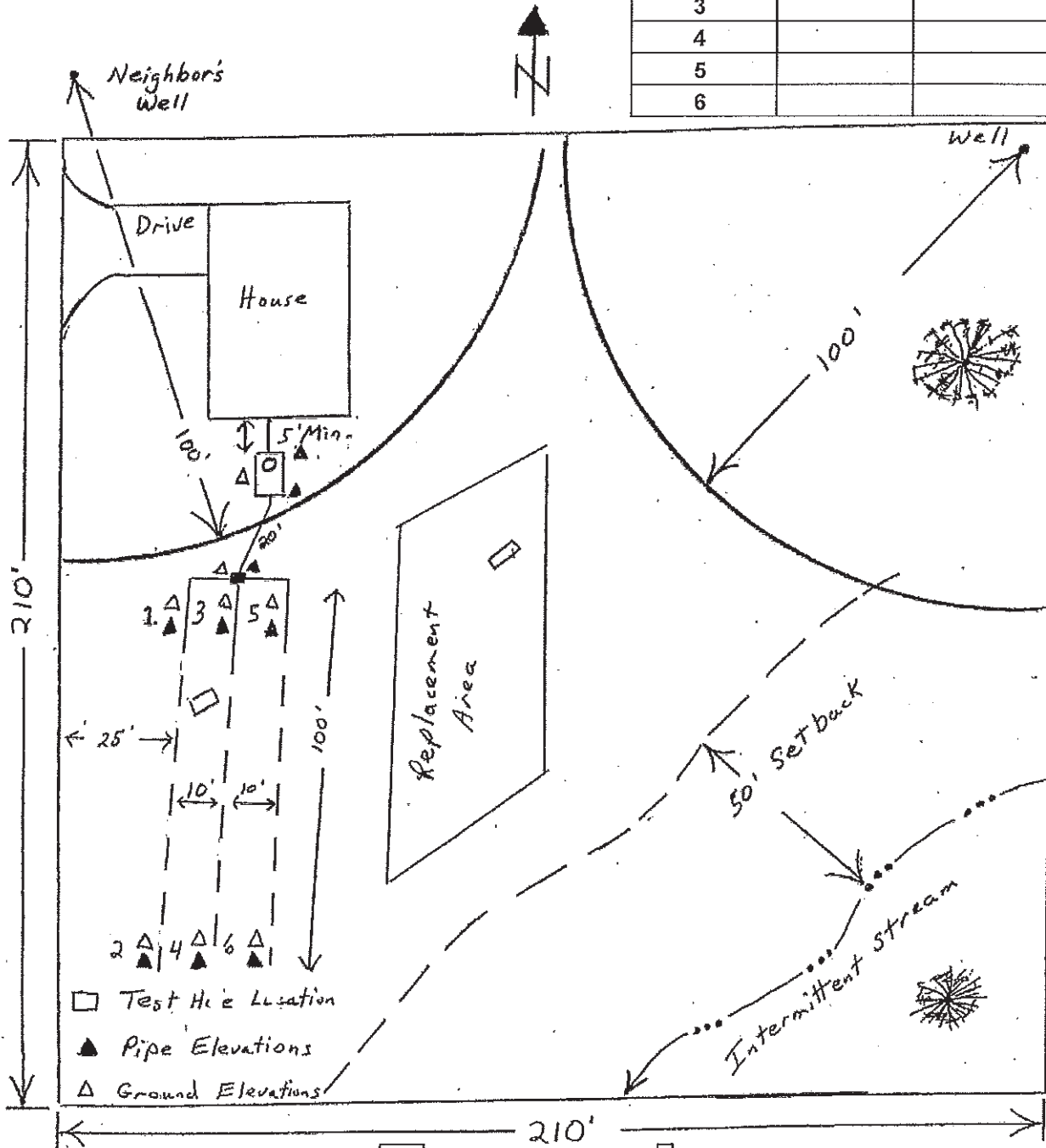
## EQUAL DISTRIBUTION

### Materials

Tank Size.....1000 gal  
 Tank Material.....Concrete  
 Drainfield..... $\frac{3}{4}$  x 2  $\frac{1}{2}$  Gravel  
 Distribution Box.....Concrete

### Elevations (ft)

Location	△	▲
Tank Inlet		
Tank Outlet		
Distrib. Box		
1		
2		
3		
4		
5		
6		



210'

# Example

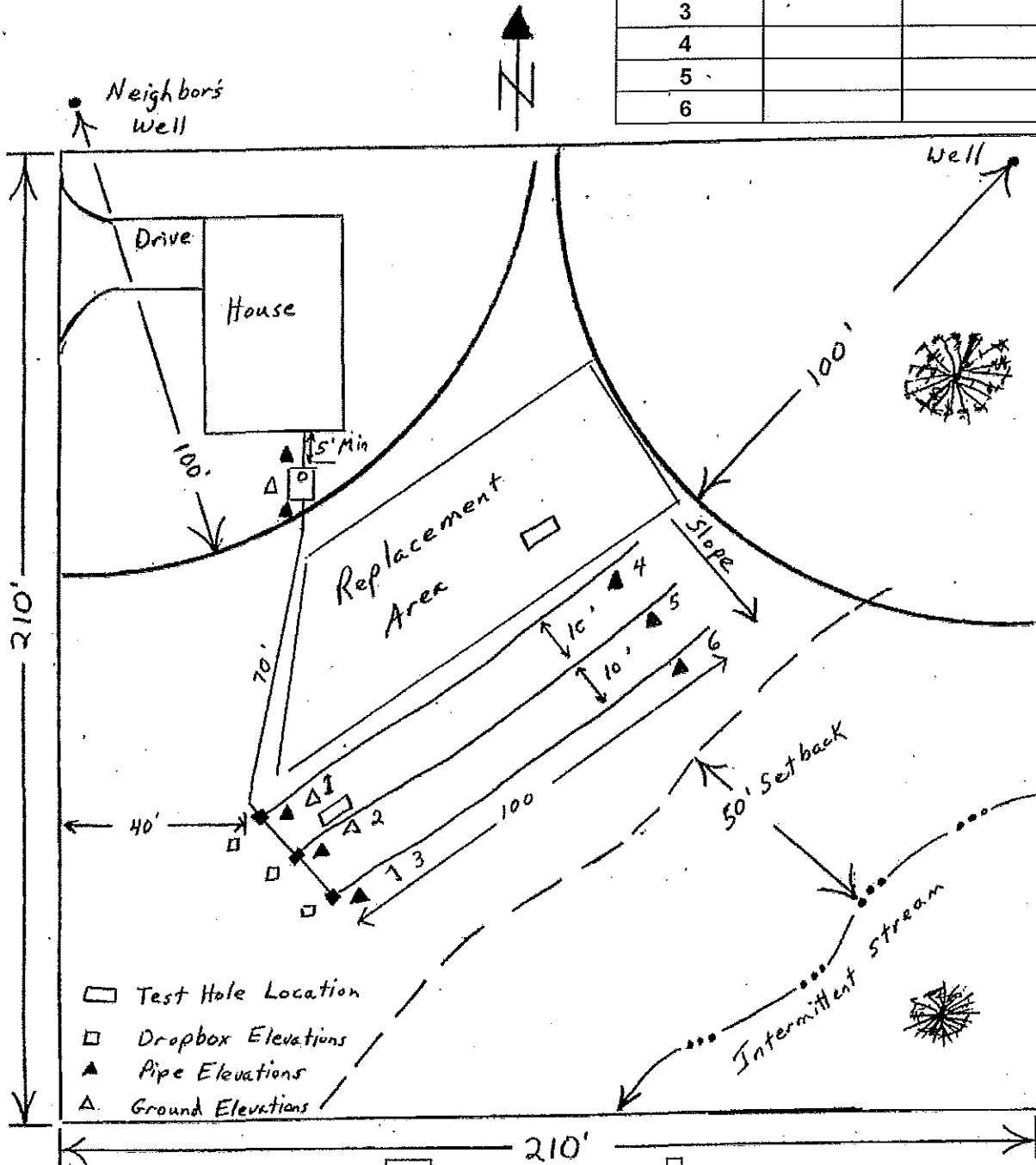
# DETAILED CONSTRUCTION/INSTALLATION PLAN

## SERIAL DISTRIBUTION

**Materials**

Tank Size.....1000 gal  
 Tank Material.....Concrete  
 Drainfield..... $\frac{3}{4}$  x 2  $\frac{1}{2}$  Gravel  
 Drop Box.....Concrete

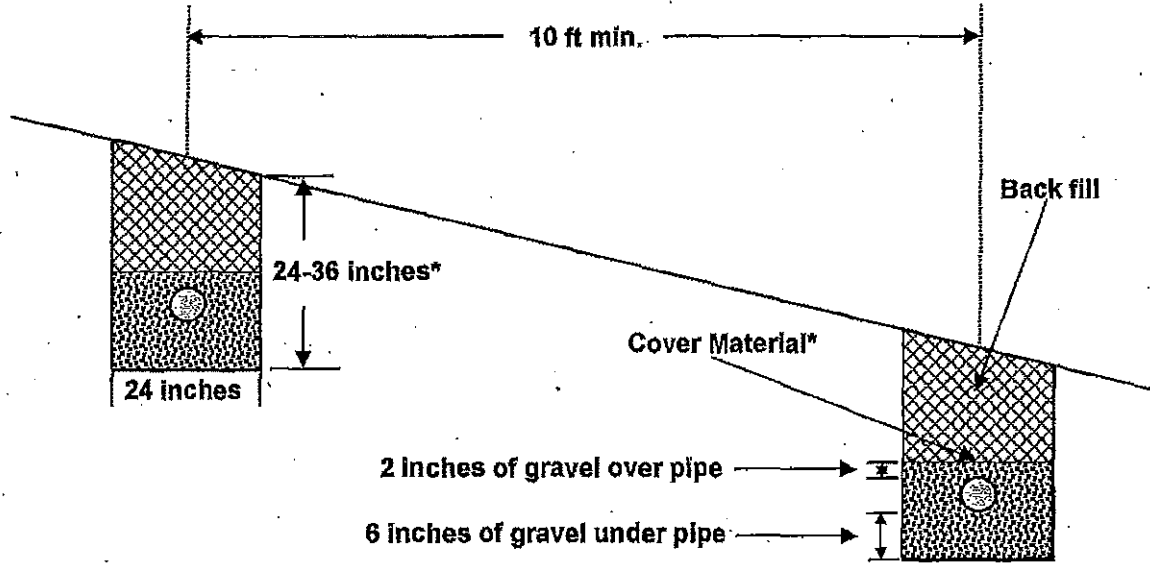
Location	Elevations (ft)	
	△	▲
Tank Inlet		
Tank Outlet		
Drop Box		
1		
2		
3		
4		
5		
6		



210'

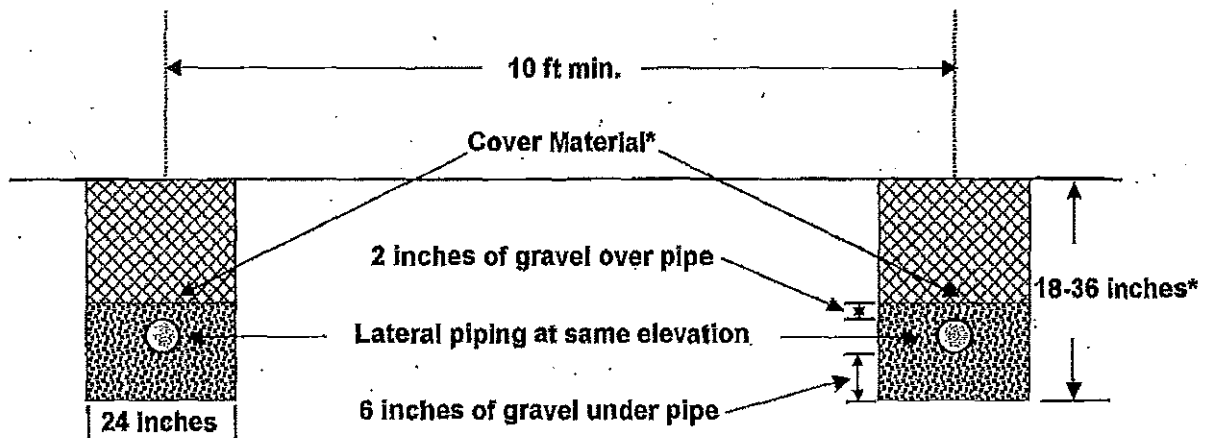
# Example

## SERIAL DISTRIBUTION



*\* See permit conditions for trench depth and cover material specifications*

## EQUAL DISTRIBUTION



*\* See permit conditions for trench depth and cover material specifications*

# Example



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

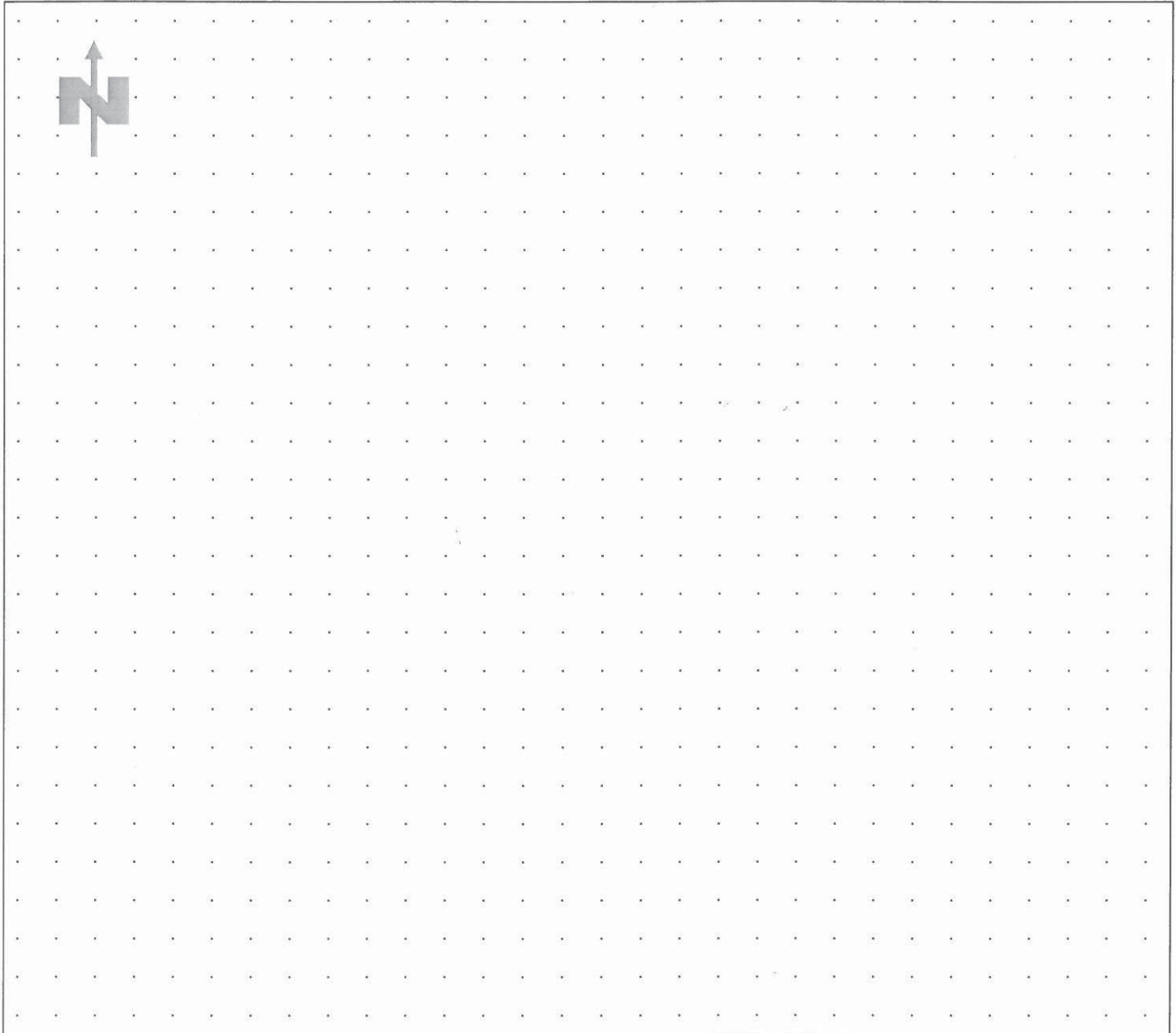
Site Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

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: \_\_\_\_\_



# 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: \_\_\_\_\_