

REPAIR PERMIT GUIDE

ITEMS NEEDED TO PROCESS YOUR 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 Example A) 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 the 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. Location of Existing System: Uncover the septic tank lid (do not remove the lid) and stake the location of either the distribution box or drop boxes and the ends of the disposal field lines.
7. Test Holes: Dig one test hole 5' deep, 2' wide, and 4' long sloped at one end in the general area of the possible system replacement area.

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 3RD ST., Rm #12, Prineville, OR 97754. We will give you a receipt when we issue you the permit.

THE REPAIR PERMIT APPLICATION WILL NOT BE ACCEPTED WITHOUT AN ADEQUATE REPAIR PLOT PLAN



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 st response	_____	
Date of 2 nd 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"> <input type="checkbox"/> Site Evaluation <input type="checkbox"/> Construction <input type="checkbox"/> Permit Repair <ul style="list-style-type: none"> <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Alteration Permit <ul style="list-style-type: none"> <input type="checkbox"/> Major <input type="checkbox"/> Minor | <ul style="list-style-type: none"> <input type="checkbox"/> Renewal Permit <input type="checkbox"/> Existing System Evaluation <input type="checkbox"/> Permit Transfer <input type="checkbox"/> Permit Reinstatement | <ul style="list-style-type: none"> <input type="checkbox"/> Authorization Notice for: <ul style="list-style-type: none"> <input type="checkbox"/> Connecting to an Existing System Not in Use <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 _____

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



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 <u>with findings of fact for any local reviews or necessary planning approvals.</u>
3	Applicant	Includes the completed LUCS with <u>findings of fact</u> 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.

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 (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: _____

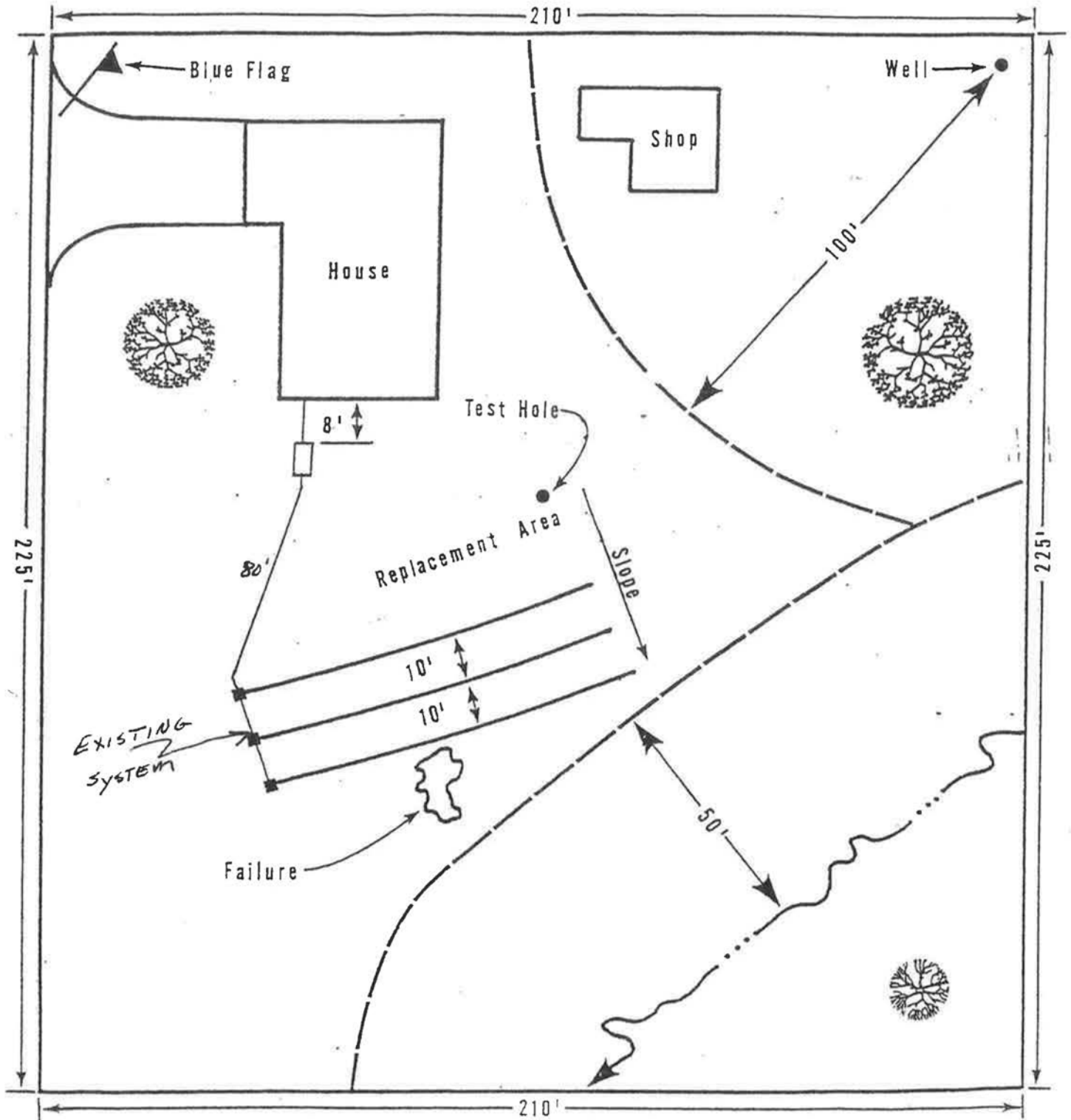
8. Planning Official Signature: _____

Print Name: _____ Title: _____

Telephone: _____ Date: _____

DETAILED SITE PLAN

REPAIR EXAMPLE A





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 FOR CONSTRUCTION / INSTALLATION

Site Plan Must Be Current Property Owner: _____ Site ID: _____

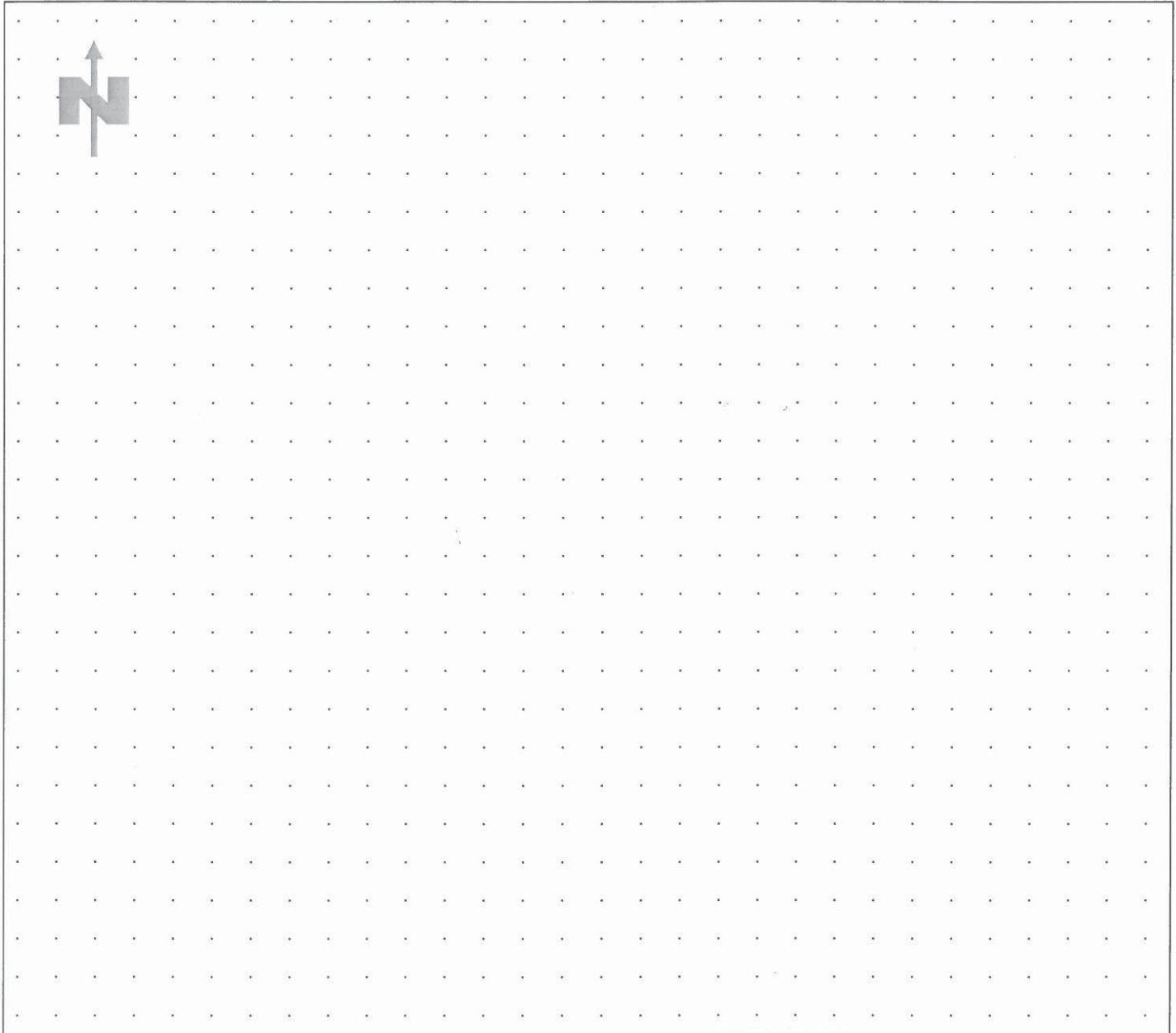
Site Address: _____ City: _____ County: _____

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: _____