



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
 155 North First Avenue, MS 5, Suite 160
 Hillsboro, OR 97124
 Telephone: (503) 846-8722 ♦ Fax: (503) 846-3705
www.co.washington.or.us/hhs/environmentalhealth

APPLICATION FOR ONSITE SEWAGE TREATMENT SYSTEM

Property Owner Name:					
Property Owner Mailing Address: (include city, state, zip)					
Lot Size Requirements - All property on community water is required to be no less than 20,000 sq. ft. Property served with private water is required to have a minimum of 2 acres unless designated as rural intermediate or natural resource property on the County comprehensive plan maps. Sites must fully comply with DEQ rules to be approved and permitted. DEQ site criteria related to topography, soil suitability and setbacks may affect lot size. Please note that Washington County Land Use regulations may also apply to the size of the lot. Permits require Land Use Compatibility Statement (LUCS) sign off.					
Legal Property Description					
Township:	Range:	Section:	Tax Lot #:	Acres:	Water Supply:
Subdivision:		Lot:		Block:	
Property Address: (include city, state, zip)					
Directions to Property: _____					

COMPLETE ONLY ONE SECTION BELOW, MARKING ITEMS THAT APPLY

SITE EVALUATION	EXISTING SYSTEM EVALUATION
<input type="checkbox"/> Single Family Dwelling / # of bedrooms: _____ <input type="checkbox"/> Commercial: _____ Max # of Employees: _____ Max # of Patrons: _____ <input type="checkbox"/> Showers <input type="checkbox"/> Food Preparation <input type="checkbox"/> Other: _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Lender's Request <input type="checkbox"/> Owner's Request <input type="checkbox"/> Buyer's Request <input type="checkbox"/> File Review <input type="checkbox"/> Sand Filter Biennial <input type="checkbox"/> Alternate System Review <input type="checkbox"/> Other: _____
PERMIT REQUEST	AUTHORIZATION
<input type="checkbox"/> Single Family Dwelling, # of bedrooms: _____ <input type="checkbox"/> Commercial: _____ <input type="checkbox"/> New or <input type="checkbox"/> Renew <input type="checkbox"/> Standard or <input type="checkbox"/> Alternative <input type="checkbox"/> Repair or <input type="checkbox"/> Alteration <input type="checkbox"/> Minor Tank Only or <input type="checkbox"/> Major Tank and/or Drainfield <input type="checkbox"/> Licensed Installer, license #: _____ <input type="checkbox"/> Owner Install <input type="checkbox"/> LUCS Statement attached	<input type="checkbox"/> Replace House or Mobile Home # of Bedrooms in Existing Dwelling: _____ # of Bedrooms in Proposed Dwelling: _____ <input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Personal Hardship/Temporary Housing <input type="checkbox"/> Other: _____ <input type="checkbox"/> System Currently in Use? <input type="checkbox"/> Yes <input type="checkbox"/> No, date of last use: _____ <input type="checkbox"/> LUCS Statement attached

I understand that this site must be prepared according to instruction in the guidance packet before action will be taken on this application. By my signature, I certify that the information I have furnished is correct, and hereby grant Washington County Environmental Health and authorized agent permission to enter onto the above described property for the purpose of this application.

Applicant Information	
Applicant Name:	Phone:
Mailing Address: (include city, state, zip)	
Applicant is : <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Representative (authorization attached) <input type="checkbox"/> Licensed Septic Installer (name) _____	
Applicant Signature:	Date:

DO NOT WRITE IN THE SPACE BELOW

Fee Received:	Ck/MO#:	Date:
Received By:	Project #:	Activity #: