



# Application for Onsite Sewage Treatment System

Harney County Planning Department  
Onsite Program  
360 N Alvord  
Burns, OR 97720  
541-573-8174 or 541-589-2696

Date Stamp:	<b>FOR COUNTY USE ONLY:</b>
	Date Received: _____ Fee Paid: _____ Application Permit #: _____ Date of 1st Response: _____ Date of 2nd 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)	Phone #
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## B. Legal Property Description

Township	Range	Section	Tax Lot #	Tax Account #	Acreage/Lot Size
County	Subdivision Name		Lot	Block	

Property Address: \_\_\_\_\_  
Address, City, Zip

Directions to Property: \_\_\_\_\_

## C. Existing Facilities/ Proposed Facility/ Water Information

### Existing Facilities:

Single Family  
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 Permit  
     Major  Minor  
 Alteration Permit  
     Major  Minor

Renewal Permit  
Permit # \_\_\_\_\_  
 Existing Systems Evaluation  
 Permit Transfer  
 Permit Reinstatement

### Authorization Notice For:

Connection 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 Grant, Harney and Wheeler and it's authorized agents permission to enter onto the above described property for the sole purpose of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (Please Print Legibly) Address, Phone # and e-mail \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Applicant is the  Owner  Authorized Representative  Licensed Septic Installer



**SITE PLAN FOR CONSTRUCTION/INSTALLATION**

*Site Plan MUST Be Current*

Property Owner: \_\_\_\_\_ Site ID: \_\_\_\_\_

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

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: \_\_\_\_\_



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

**WHAT IS 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 plan 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, regulations 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.**

Step	Who Does it	What Happens
1	Applicant	Completes Section 1 of the LUCS and submits it to the appropriate city or county planning
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 DEQ permit or approval submittal

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 Harney County Planning Department staff at 541-573-8174 for lands in Harney County and to the Grant County Planning Department Staff at 541-575-1519 for lands in Grant County.

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

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

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

Block \_\_\_\_\_ Lot \_\_\_\_\_ Subdivision Name (if applicable): \_\_\_\_\_

**3. This proposal 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:

- 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: \_\_\_\_\_ Phone #: \_\_\_\_\_



**Harney County Planning Department**

*Onsite Program*

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**NOTICE AUTHORIZING REPRESENTATIVE**

I, \_\_\_\_\_, have authorized  
(Property Owner– PRINT NAME)

\_\_\_\_\_ to act as my agent in performing the  
(Authorized Representative– PRINT NAME)

activities necessary to obtain site evaluations, permits, and other onsite wastewater treatment program services provided by the Harney County Planning Department on the property described below in accordance with OAR Chapter 340, Division 071. I agree that any costs no satisfied by the Authorized Representative are my responsibility.

**PROPERTY IDENTIFICATION**

Property Situs or Road Address and as described in the records or Harney OR Grant County as: \_\_\_\_\_

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

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

**PROPERTY OWNER:**

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

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE:**

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

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_